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HUMAN RESOURCES FOR RURAL HEALTH

Funded by

SWISS-SOUTH AFRICAN CO-OPERATION INITIATIVE (SSACI)

Project Evaluation

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For SSACI

March 2012

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INTRODUCTION AND BACKGROUND

Rural Hospitals in South Africa, as elsewhere in the world, face enduring staff shortages, and enormous challenges in attracting and retaining suitably qualified staff. The reasons include shortage of healthcare workers in the public sector in general, the distance of rural hospitals from urban areas, difficult working conditions largely the result of understaffing, perceived lack of career and development opportunities, and lack of quality education for children and job opportunities for spouses.¹

Medical schools are not producing graduates who will work in rural areas. Of the approximately 1200 doctors who graduate each year, from all medical schools in the country, only between 25 and 35 new doctors end up in rural areas each year². From some medical schools, the rate at which doctors leave the country is as high as 65%.³

Rural hospitals were, and still are, heavily dependent on foreign doctors. Attracting foreign doctors, however, became more difficult in the early 2000s. Agreements between South Africa and countries like the United Kingdom, from where a high proportion of doctors came, to automatically recognise medical degrees, were abolished.⁴

In 2011, rural areas in South Africa, home to 43,6% of the population, were served by only 12% of South Africa's doctors and 19% of its nurses.⁵

SSACI's involvement in assisting human resources for rural health programmes stems from a vision for a scholarship scheme that started at Mosvold Hospital in 1999. It spread to the four other hospitals in the Umkhanyakude district in northern KwaZulu Natal. The scholarship scheme came out of the Friends of Mosvold Trust, which was formed in 1995 to support the work of the Mosvold Hospital.

This vision spread to the North West Province, through the Wits Initiative for Rural Health Education (WIRHE) based at the University of the Witwatersrand in 2003, and, through WIRHE, to Mpumalanga in 2011.

Umthombo Youth Development Foundation

A doctor at Mosvold Hospital, Dr Andrew Ross, who was the medical superintendent at the time, believed that the only long-term solution to the chronic staff shortages experienced at the hospital was to recruit youth from the surrounding areas, who would have ties to the area and an interest in working there. Despite the enormous historical and educational disadvantages local people faced in accessing and succeeding at tertiary education, there were young people with potential who, with

¹ Umthombo Youth Development Foundation, Annual Report 2010-2011

² Johansson, M (2010); *"Foreign Doctors Essential to Solve Critical Shortage of Care"*; in www.medicalchronicle.co.za accessed 2012/02/21. Also, Prof I Couper, Interview 7 November 2011

³ Reid, S; *Community Service for Health Professionals*. In South African Health Review 2002; quoted in Reid, G, MS and Torres, Julian ; *Training and Retaining More Rural Doctors for South Africa*; MEDICC Review, Winter 2008, Vol 10, No 1

⁴ Ken Duncan, Interview 17 October 2011

⁵ www.rhap.org.za; rural health facts.

the right kind of financial and other assistance, could succeed. They could qualify as health professionals, work in their own local areas, and begin to fill the gaps in rural hospitals. In time, they could then transform their own lives, and those of their families and communities.

Thus began the Friends of Mosvold Scholarship Scheme, with 4 recruits in its first year. Students were recruited to study various health sciences as well as medicine, including nursing, optometry, physiotherapy, occupational therapy, nutrition, social work, medical technology, speech therapy and audiology, environmental health, dental therapy, dentistry, psychology, radiography and pharmacy.

By 2008, with the assistance of SSACI and other donors, the scheme had grown to support 65 students, with 56 having graduated. 29 of those graduates were working in hospitals in the Umkhanyakude district⁶. In 2010, the Friends of Mosvold Scholarship Scheme changed its name to Umthombo Youth Development Foundation (UYDF) to reflect the growth and changes that had taken place in the organisation. By 2011, UYDF was supporting 152 students. At the end of 2011, 115 young people had graduated from university.

WIRHE (Wits Initiative for Rural Health Education)

The WIRHE scholarship programme began in 2003. Its founder, Dr Ian Couper, had been a colleague of Dr Ross in KwaZulu Natal. He joined the University of the Witwatersrand in 2002 as the first Chair of Rural Health in the Faculty of Health Sciences. Dr Couper immediately started looking to start a similar initiative, learning from his experience of the programme in KwaZulu Natal, but using the different institutional arrangements that came from his being a joint appointment between the North West Department of Health, and the University of the Witwatersrand.

WIRHE's first intake comprised 9 students, from 2 pilot sites, the Dr RS Mompoti district of the North West Province (near Vryburg) and Bushbuckridge in Limpopo. SSACI started assisting the WIRHE programme as a donor from April 2004.

By January 2011, the WIRHE programme was supporting 57 students from the North West Province, and had seen 11 students graduate. A further 12 students graduated at the end of 2011, taking the total number of graduates to date up to 23.

An agreement with the Mpumalanga Department of Health, has seen the WIRHE programme extended to a further 15 scholarship students from Mpumalanga.

WIRHE and UYDF drew on research confirming that in South Africa, as in countries with large rural populations such as the United States, Norway and Australia, medical students of rural origin are far more likely to choose to work in rural areas than their urban counterparts. Experience has also shown that the other important factor in attracting and retaining doctors in rural areas is their

⁶ Savage, M (2008); Evaluation of Friends of Mosvold Scholarship Scheme; SSACI; September 2008

intention, when they start studying, to work in primary health. In the long term, strategies to recruit larger numbers of students with rural origins could alleviate shortages of doctors in those areas.⁷

SSACI Goals and Involvement

SSACI supports programmes that aim to provide disadvantaged, out of school, youth between the ages of 16-35 with pathways to employment through skills training and job creation. Rural areas in South Africa offer few job opportunities for young people, very little tradition of self-employment, fairly high dependence on social grants, and often, poor health. The Friends of Mosvold, subsequently Umthombo Youth Development Foundation, and WIRHE scholarship programmes thus resonate strongly with SSACI's mission.

SSACI's core values are:

- to focus on youth unemployment, which it sees as an urgent national priority,
- to seek projects that have the potential for systemic impact, and
- to support programmes with the potential to achieve specific, measurable outcomes.

These are reflected strongly in the objectives of the two scholarship programmes. The scholarship programmes aim specifically to alleviate the shortages of health personnel in certain rural areas, but graduates from their programme will almost certainly find employment in the public sector, specifically in their own rural areas. That in itself benefits the local economies of those areas, which are so reliant on welfare grants, pension pay-outs, and remittances from urban areas.

A better functioning health sector, with greater access to healthcare for rural dwellers, with the scholarship schemes sustained in the long term by public sector finance is the major example of long term systemic impact these types of project can have. *"From SSACI's point of view, this is a good example of how to intervene to prime the pump. But the pump must then go on pumping by itself – in the public system with public funds".*⁸

SSACI hoped that the programmes, by creating role models who have succeeded, could also assist in addressing the high rates of HIV/AIDS infection in rural communities.

OBJECTIVES OF THE PROGRAMMES

Both programmes seek to recruit disadvantaged students from the rural areas in which they live into the health sciences. They then support them in becoming health professionals at approved institutions. Once they complete their training, the young professionals work at one of the hospitals in the districts from which they were recruited in return for each year of assistance received while training. The models in the North West and KZN are different, as will be shown in this evaluation,

⁷ De Vries, Elma and Reid, Steve (2003); *Do South African Rural Origin Medical Students Return to Rural Practice*; South African Medical Journal; May 2003

⁸ Ken Duncan, Interview 17 October 2011

and WIRHE's approach in Mpumalanga is also slightly different to that of the North West. Nevertheless, the broad objectives of both UYDF and WIRHE are the same.

SSACI's Grants and Targets

SSACI's financial commitments to the Friends of Mosvold Scholarship Scheme began in January 2002. The next tables summarise SSACI's grants to the two schemes, according to their contracts, and the targets that were set.

Table 1: SSACI Grant Agreements with Friends of Mosvold/UYDF 2002-2011

Contract Years	Amount	Year on Year Target
2002-2003	R 847 000	34 (15 in 2002, 19 in 2003)
2004-2005	R1 052 000	28 (8 in 2004, who had been supported in 2003, 20 in 2005, who were the remainder who had not yet graduated, and a new intake of 12-15 students)
2006-2008	R1 700 000	44 (20 in 2006, 14 in 2007, 10 in 2008. The intention was for students, already enrolled, to be supported until they graduated, with no new students to be taken on)
2009-2011	R1 625 000	30 (10 students for 3 years)
Total	R5 118 000	136 (44 individual students - some supported for multiple years)

The number of individual students from Friends of Mosvold/UYDF to be supported, according to the targets, was 44. In some years, the grant was to assist existing students to graduation. New intakes of students only happened in certain years.

Once the Friends of Mosvold programme became established, SSACI hoped that the scholarship programme would be embedded within the bursary systems and structures of the KZN Department of Health. This will be commented on later on.

At the start of its involvement with WIRHE in the North West, SSACI built in its expectation that after funding students for a year, the North West provincial government would take over the financial commitment to pay fees and accommodation for those students.

Table 2: SSACI Grant Agreements with WIRHE – North West Province 2004-2008

Contract Years	Amount	Year on Year target
2004-2006	R1 358 000	60 (20 per year for 3 years). In this period students were moved between funders, so some had received some funding for a year, but were not funded for the remainder of their studies). This led to the first contract being amended.
Amendment 2007 – 2009	R2 300 000	51 (17 students per year for 3 years)
2006-2008	R1 800 000	36 (12 different students per year). The North West Province had agreed to fund students after their first year.
Total	R5 458 000	137 (53 individual students after amendment)

Table 3: SSACI Grant Agreement with WIRHE – Mpumalanga – 2011-2013

Contract Years	Amount	Target – Students supported per year
2011-2013	R 1 125 000	60 (20 students per year, supported by bursaries from the Mpumalanga provincial administration.)
Total	R1 125 000	60

SSACI’s agreement with WIRHE for Mpumalanga stipulates that the Mpumalanga provincial administration is responsible for student fees, with SSACI funding intended to support the WIRHE scholarship office to provide administration, mentoring, and small vacation and subsistence allowances for students.

Over time, some of these objectives were revised in response to the prevailing conditions. The actual numbers achieved will be shown further on in the evaluation findings.

OBJECTIVES OF THE EVALUATION

The evaluation is summative and largely for the purpose of accountability, but may produce information that could serve a future developmental purpose, for example, improvements to project design, planning, curriculum, training and delivery. The most likely purposes to which the evaluation will be put are:

- To inform a decision by SSACI on whether and how it should continue its support for either the UYDF or WIRHE components of the project beyond their scheduled termination dates of December 2011, and December 2013 respectively.
- To inform decisions by UYDF and WIRHE regarding the nature of their scholarship and student support programmes.
- To support future proposals by UYDF and WIRHE to other potential funders and government departments.
- To improve the quality of planning and implementation of similar projects in future.

SSACI would like the evaluation to answer these key questions:

- **Is there a continuing need for initiatives of this nature?** This required responses from informed people such as provincial health authorities, health practitioners in rural area and health policy experts. Telephone and face-to face interviews with current and past students on the programmes were conducted.
- **Have the inputs led to the desired outputs, outcomes and systemic impact?** This involved an assessment of how many students commenced/completed their courses. How many are employed? Doing what? Have rural health systems and structures improved as a result of the interventions? If so, in what ways and to what extent? This was done through a review of project records, input from project staff, and telephonic or face to face interviews with project personnel, former students and public officials. The evaluation will look at how many students SSACI supported, and the impact this has had at different levels.

- **How will UYDF and WIRHE sustain their activities beyond the period of SSACI funding, and how will public benefits be sustained?** This involved an assessment of the sustainability of the programmes, how the programmes have or have not been embedded in the national and provincial health systems, and the obstacles they have faced in doing this. It will look at how much funding from government SSACI's involvement has been able to leverage.
- **What can (a) SSACI, (b) UYDF and WIRHE and c) relevant government departments (national or provincial) learn from this experience?** To what extent have overall objectives of the programmes been realised? What were the strengths and successes? What were the weaknesses or failures? How can we account for them? What lessons learned from these programmes could inform the planning and implementation of similar projects in the future? Are there any illuminating case studies and vignettes? In assessing whether and how the models used by each organisation can be replicated in other provinces, the evaluation will look at the different models used, and assess their relative strengths and disadvantages in relation to their provincial contexts.

The evaluation was also required to look at a previous evaluation of the Friends of Mosvold Scholarship Scheme, conducted in 2008 by Prof Mike Savage, in order to assess how UYDF has progressed since then.⁹

Very briefly, that evaluation found that the overall objectives of the project were being met “*with considerable distinction and merit*”, and it was set to make an increasing impact as its students graduate and return to take up professional posts in the Umkhanyakude district. It found many things other scholarship programmes could learn from, including the benefits of being firmly rooted in the community they serve, and the value of paying individual attention to each student.

It also identified challenges in the internal organisation of Umthombo, particularly those brought by growth, and the key partnerships that were important for the programme to go from strength to strength. This evaluation will refer to these, as many of the questions raised there are applicable to the WIRHE programme as well

A NOTE ON METHODOLOGY

Information for this evaluation was obtained from various sources:

- A review of project documentation, reports and correspondence between SSACI and the two implementation agencies.
- Previous evaluations of the UYDF (at the time called Friends of Mosvold) programme.
- Internet-based background research.
- Analysis of the UYDF student database, and WIRHE student information.
- Face-to-face or telephonic interviews with:
 - SSACI staff

⁹ Savage, M (2008); *Evaluation of the Friends of Mosvold Scholarship Scheme (FoMSS) for SSACI*; September 2008

- WIRHE and UYDF project staff
- Provincial officials from the North West Province and KwaZulu/Natal
- University staff in the North West, who are part-employed by the province
- Hospital management
- Public Health experts, other than project staff.
- Graduates of the WIRHE and UYDF programmes
- Current students in the UYDF and WIRHE programmes (in North West and Mpumalanga). Some of these students may have subsequently graduated, but when interviewed were still students.

A total of 48 interviews were conducted. Full details of the respondents interviewed are attached as Appendix A. The interview guides can also be found as appendices. Interviews with students have been written up, and can be found in Appendix C.

Obtaining information was made more difficult by:

- Students having left for their homes at the time fieldwork was conducted (November and early December).
- No response to emails, phone calls or sms's on the part of some students. In most cases, students were very willing to be interviewed. In a few cases, however, they either did not respond, or I had the wrong telephone numbers.
- Respondents not arriving for the scheduled interview, with no explanation. This involved a WHIRE student, and two hospital managers, one from the North West and one from KwaZulu/Natal. I tried to set up a telephone interview with one of the District Directors in the North West, who indicated her interest in the project and willingness to speak to me. After sending the questions I wanted to ask, however, I had no response to further attempts to speak to her.
- Reports from the implementation agencies not having some of the information required. This was especially true of the early years of both programmes' experience. Information from about 2007 was far more accessible and available.
- Reports giving conflicting information about student numbers.

Staff members from both agencies were willing to answer any questions, and offered information freely, where they had it. They also spent time compiling information on any further requests I had. UYDF, in particular, assisted in facilitating fieldwork and helping to set up interviews.

THE FINDINGS

1. THE PROGRAMME MODELS

The Context

WIRHE operates in a large geographical area, encompassing 4 districts in the North West, and also in Mpumalanga. The North West has some deep rural areas, and some bigger towns, which form part of the districts. Mpumalanga also combines deep rural areas with larger towns, like Witbank. The challenge in these provinces is to ensure that the WIRHE programme reaches its target market of rural youth, rather than youth from the towns.

UYDF operates in almost exclusively rural areas. From its beginnings, and main operations in the Umkhanyakude district, it has expanded to additional districts. The Eastern Cape Department of Health has approached UYDF to expand there, and discussions continue around this.

Both UYDF and WIRHE encounter two major systemic problems on the supply and demand sides of their activities. These problems, in reality, provide the reasons that these scholarship programmes exist at all.

- **Poor education for rural youth.** Young people in rural areas experience inferior education, especially in maths, the sciences, and English. They receive little or no career guidance to inform either their subject choices, or what opportunities there are when they finish school.

Since both programmes specifically target rural youth, they experience difficulties finding students who will be accepted at university to study one of the health sciences. As a result, both WIRHE and UYDF have had to devise strategies, with varying degrees of success, to promote their programmes at schools, and to encourage students to choose subjects with a view to higher education.

- **A dysfunctional public health system.** Budget cuts in all provinces have resulted in posts for health professionals being frozen, despite staff shortages. In some cases, medical personnel, or graduates who may want to work in rural areas, do not find posts. Human resource management tends to be weak, and there is little correlation between the human resource needs in the districts, and the available posts. Planning is not sufficiently strategic.

Relationships with provincial authorities are thus a critical part of UYDF and WIRHE's work, primarily because graduates from their programmes need to find posts. These relationships take various forms, and have evolved over the years as a result of intense efforts.

All provinces have a bursary scheme for students to study health sciences. Once students have been accepted into the scheme, their fees are paid provided they pass. When they complete their studies, they are supposed to work at any public hospital in the province. Programme staff and provincial authorities interviewed are united in their view that these programmes are not

effective. Students are generally not held accountable to honour their contracts when they complete their studies, and if they do, they hardly ever go to rural hospitals. No mentoring or support is offered, and students have no relationship with their district or local hospital, which could encourage them to return there.

UYDF and WIRHE have endeavoured to tap into these schemes. They have either tried to become less financially dependent on them, as UYDF has done in KwaZulu/Natal as a result of their not working sufficiently well, or they have tried to incorporate them into their model, as WIRHE has done in the North West, and in Mpumalanga. Although UYDF has ensured that they can sustain their programmes without the KZN Department of Health's financial assistance, it continuously engages with the province to attempt to influence their thinking about management of their bursary scheme.

The UYDF Model

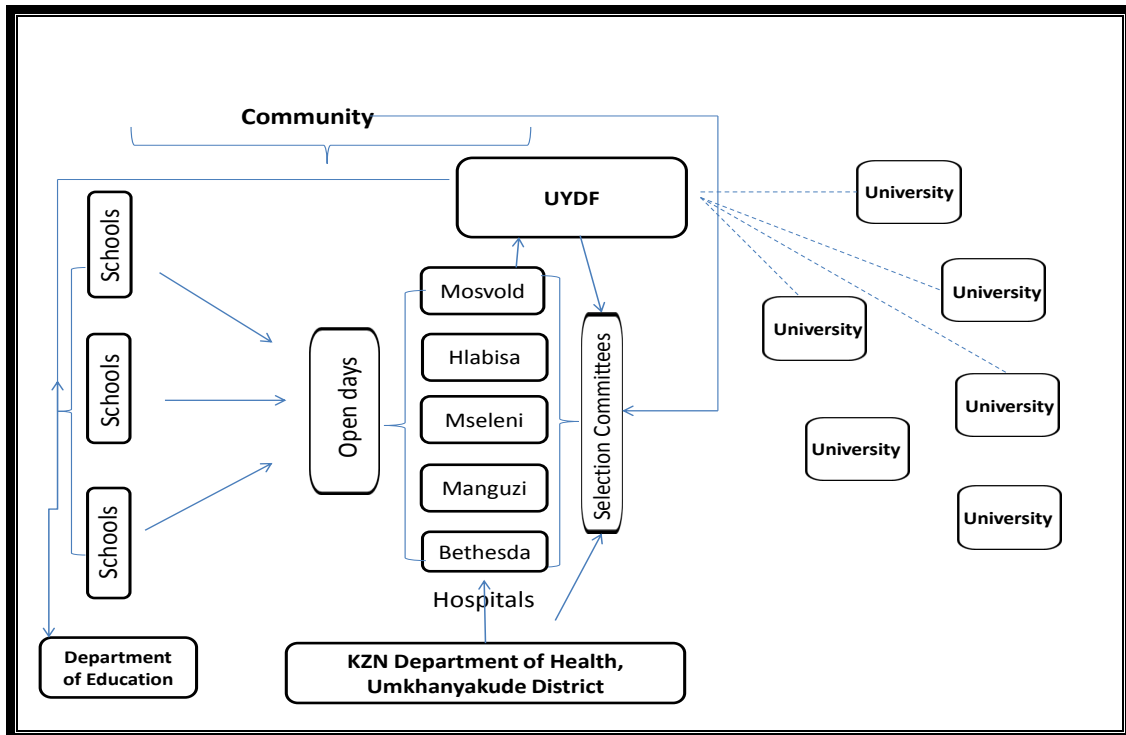
The UYDF is an independent NGO. It is not attached to any organisation, but operates through linkages with hospitals, the KZN Department of Health, and the community. It works with a number of universities, not only in the province, but has no formal ties with any. It has, however, cultivated informal linkages with certain departments where its students are.

It started with close links to Mosvold Hospital, with staff who were employed at the hospital. At the time, tribal authorities were approached to participate. They instructed each household in the area to contribute R1, facilitating community involvement. The programme then spread to the other hospitals in the district. Selection of students is done by committees at each hospital, on which there are representatives of tribal authorities, the district, and UYDF.

As the programme grew and evolved, the requirements for fundraising, and managing the programme became too much for people who were essentially doing it in their free time. A full-time director, and staff were thus appointed (this happened in 2008).

The UYDF programme has close community, and hospital-based roots. The following diagram broadly illustrates how it should work. Where UYDF works with other districts in the province, it follows the same model.

Figure 1: UYDF Model



The WIRHE Model

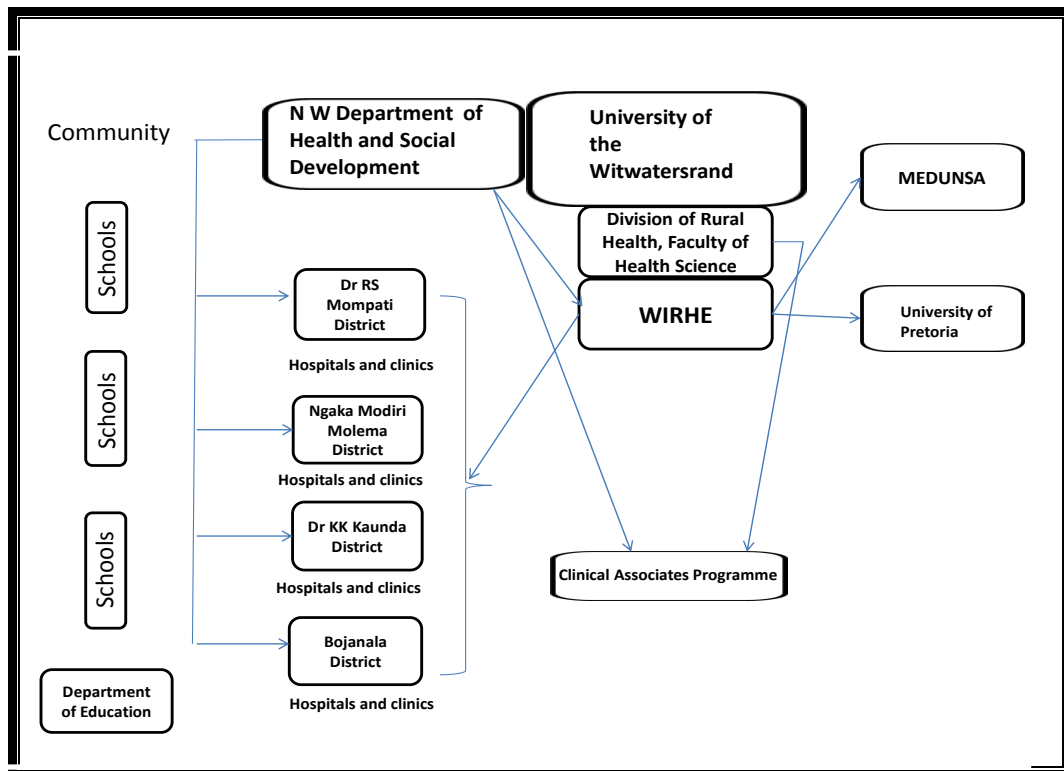
WIRHE was established within the Faculty of Health Sciences at the University of the Witwatersrand. It now forms part of the Division of Rural Health. Linkages with the provincial authorities were established at the outset, with the Director being a joint appointment by the University and the North West Department of Health and Social Development. WIRHE's linkages are therefore with the university, and the province.

It reaches the hospitals and schools through the four districts. Some district appointments, notably the family physicians, are also joint appointments of the province and the university. Selection of students is done in the districts, with input from WIRHE, and the family physicians. The province and university run a parallel programme, training rural-based clinical associates. Selections for this programme are done at the same time as for the WIRHE scholarship programme.

Increasingly, the province has become the major provider of scholarship funding for students. In those cases, students sign a contract with the province to work back for the years they receive scholarship. They also sign contracts with WIRHE.

Students selected go to Wits, MEDUNSA, and the University of Pretoria. Due to its location, WIRHE has closest links with Wits, but has created relationships with the other two universities as well. The diagram illustrates how it should work.

Figure 2: WIRHE Model – North West



In Mpumalanga, the WIRHE model differs. The province selects students, and pays directly for all years of study from the outset. WIRHE provides mentoring and support in building relationships, and holiday work. Students are required to sign a contract with the province to serve their district of origin year for year on completion of studies. The University of Pretoria is also more involved in this model, through their training of clinical associates for the province. At the moment, WIRHE has no input into the recruitment and selection of students, and together with the University of Pretoria, is trying to change this.

Student Profile

Both programmes are reaching disadvantaged students in rural areas, particularly in the North West and KwaZulu/Natal. Students' stories reveal the difficult backgrounds many have come from and the personal losses and traumas they have suffered. A number of students grew up with either one or no parents, and were raised by grandparents. Parents, grandparents or caregivers are generally either domestic workers or pensioners, or live hand to mouth doing odd jobs or selling goods.

Of the 11 UYDF students in KwaZulu/Natal interviewed, 8 have grown up without fathers. Siphesihle Madi lost both parents while at school. Thabo Nakedi and Senzo Khambule never knew their fathers, and lost their mothers at an early age. Only three still have both parents, Nozipho Myeni, whose parents are both pensioners, Zanele Mkhwanazi whose father is unemployed and mother a cleaner, and Sindiswa Thwala, whose family lives on her father's disability grant.

Boitumelo Mosimane, a 6th year WIRHE medical student, lost both parents while at school. Reneilwe Chiloane, Luther Monareng and Mmote Nkoe were raised by single mothers.

None of the students who had lost parents or siblings to illness mentioned the causes.

Although only 4 students were interviewed, Mpumalanga students seem to have a slightly different profile. All 4 have both parents, who are employed, and went to either former Model C-type, or private schools in Witbank and Ermelo.

Common elements

The UYDF and WIRHE models have common elements.

- **Outreach to schools so that the right students are selected.**

For UYDF this was initially quite sporadic. UYDF used graduates, so they tended to go to schools closest to hospitals, and often did not have time. Now UYDF has trained unemployed youth from those areas to do presentations to schools on its behalf. They take information and application forms, leave them at the schools, and encourage students to attend hospital open days. Through this, UYDF has been able to reach 157 schools in the Umkhanyakude district.

UYDF is, after a long process, working with the Department of Basic Education to identify a teacher in each school who will champion the programme, and to whom UYDF will provide resources such as a Health Science Career handbook, university forms and all the necessary information.

WIRHE does outreach to schools in conjunction with the districts, and with a lot of input from the Family Physicians, who organise open days and career exhibitions at hospitals. They use current students and graduates to attend the open days to talk to prospective students about different aspects of health care. Moleboheng Sekgotho, a physiotherapy graduate, made a big impression on high school learners when she spoke about physiotherapy at a hospital open day.

WIRHE is still not reaching all learners from remote schools. If WIRHE is better represented, it creates *“an awareness of health issues, and presents students at school with something that will encourage them to study”* (Sarah Tsholofelo Moloto, 2nd year OT). *“The kids at home don’t have hope, they need peers to motivate them”* (Olindah Silaule, 4th year OT).

The size of the province, and capacity of the organisation presents a challenge to ensure that outreach reaches more rural areas, and not only the schools closest to the larger and more established towns and hospitals, like Klerksdorp, Rustenburg and Potchefstroom.

WIRHE has been trying to involve the Department of Basic Education in its efforts to reach more schools. This has not yet been very successful.

- **Hospital Open Days**

The open days allow high school students to see what happens in the hospitals, and to learn about different health disciplines and what the job entails. Both programmes use students and graduates to come and talk to prospective students, as well as a range of different health professionals.

UYDF works with the hospitals, and the school nurse from the Department of Education, to organise the open days.

WIRHE works with the districts to hold open days and career exhibitions.

- **Financial Support and top-up funding where possible**

The scholarship programmes have relieved students of the financial stress of worrying about paying fees and accommodation. Students have been able to buy textbooks. UYDF has a monthly food allowance for students. WIRHE offered students a small allowance, but has had to stop this due to funding constraints.

Zanele Buthelezi, a nursing student, says UYDF has *“helped her to feel the same as other students. No-one can tell that (she) comes from a poor background. People in (her) class on Department of Health bursaries are exposed. They wait for so long to get letters and fees. Many people in (her) class experience that. (She) does not have to deal with the stress of worrying about whether fees are paid, and can concentrate on (her) studies.”*

- **Mentoring.**

The backbone of both programmes is the academic, social and emotional support they offer to students, in addition to financial support.

Challenges experienced going to university for the first time are similar for UYDF and WIRHE students. Learning in English, using computers, and adjusting to the academic requirements of university are difficult. They are away from their home and families in a new, unfamiliar place. The only person medical student Boitumelo Mosimane knew when she arrived at Wits was the driver from the Department of Health who had brought her.

In many ways, the programmes fulfil a parental role for students that their own parents are unable to do.

Students of both programmes admit to feeling overwhelmed by going to study either in Johannesburg or Durban. Doctor Kgopotso Moeng, from a small village in Mpumalanga, recalls that *“Joburg felt like a jungle, and Wits made it worse”*. The WIRHE staff showed him where to go, helped find accommodation for him, and helped him academically, meeting with him and discussing where his marks could improve.

Where students find that fees are not paid, they call the UYDF or WIRHE offices. Both programmes have organised counselling for students in need, and academic support.

Senzo Khambule, a UYDF student, was studying occupational therapy at Wits, and struggling. His mentors there helped him to realise that he should try to do something else, and suggested the clinical practice programme in Pretoria. UYDF supported him, *“especially to find the right discipline, and with personal growth”*. They helped him to set goals in his life, and to think about how to achieve them. Now he feels he has less need of his mentors.

Being university-based, WIRHE has been able to organise tutoring from the relevant departments when students have needed specific academic support. Wits students in particular drop in at the

WIRHE office. Some students (at MEDUNSA and the University of Pretoria) feel that although staff at WIRHE are always helpful, it is easier for Wits students to access assistance.

The programmes structure their mentoring activities differently. UYDF has a formal mentoring programme in place. Dumisani Gumede, a graduate, meets each student twice a year. He manages a pool of mentors, who meet with students once a month. Mentoring is compulsory, and UYDF pays students' monthly food allowances once they receive mentoring reports.

With WIRHE, mentoring is fairly individual, with the WIRHE office intervening as needed. WIRHE staff have compulsory meetings with students, and try to get them to identify issues early, so that timeous support can be provided.

- **Holiday work**

Holiday work, or community service in the students' home districts, or as close to them as possible, is a key component of both models.

It exposes students to genuine experiences, and practical examples of what they encounter in their studies. They can practice in an authentic environment where they are not being marked. This can give them an advantage over classmates who do not have the same opportunity.

Most students refer to their holiday work as a highlight of the WIRHE or UYDF programme. They feel pride in what they are doing to give back to their communities, they often develop a relationship with the hospital, and with other students there, and gain confidence in working in a rural setting.

For Haward Mathe, a physiotherapist (WIRHE), it confirmed that he was doing the right thing, even though physiotherapy had not been his first choice.

A few, mostly doctors, mentioned that in their first or second years they did not find it that useful, and doctors and nurses often found them an irritation. Once their clinical skills improved they found it more beneficial.

Some of the challenges regarding holiday work are:

- Supervision of students. There is no systematic way of supporting students doing holiday work, or set objectives for what they should be doing. Some students have found staff too busy to help, and that some hospitals are more willing to take on students than others.
- Communication to hospitals. Students sometimes arrived, and no-one knew what they were doing there. This was more of a problem in the earlier years.

- **Student meetings**

These are meetings of all students of the respective scholarship programmes where all students get together and share issues of common interest. WIRHE has 2 such meetings per year, and UYDF holds an annual Imbizo (meeting) for students where it incorporates lifeskills as well.

Students from both programmes find the networking valuable, especially when they meet students studying the same courses at different universities. It helps them to realise that their experiences are not unique.

At one time, WIRHE had someone offering lifeskills to students at a group level. That changed to individual sessions where needed, but some students have indicated a need to re-incorporate this at a more formal level. A medical graduate, Kgopotso Moeng, who has seen many of his classmates fall prey to alcoholism and other self-destructive behaviour, feels some life coaching or psychological services for all students would be helpful.

At its Imbizos, UYDF stresses students' responsibilities to the programme, and to the areas they come from. Zanele Mkhwanazi, a nursing student, had always thought she would go overseas if she became a nurse. Learning from people at the Imbizo has "*altered her mindset*" and shown her that there is an opportunity to help people at home.

Senzo Khambule studies at the University of Pretoria, where there are very few UYDF students. Most of the students at university are from urban areas. He has met people at the Imbizo with the same background, who can relate more to his own experience.

Differences

- UYDF requires **voluntary work at hospitals** before starting university as a prerequisite of applying for support.

The UYDF model requires students to do voluntary work as part of their selection criteria. This gives students some exposure to the health science discipline they are interested in studying, and confirm their decision that they do indeed wish to study that health science degree. It also gives some indication of students' commitment and desire.

Sphamandla Mngomezulu, a psychologist at Hlabisa Hospital, did voluntary work at an NGO caring for orphans. Volunteer work exposed Lungile Thwala, a 3rd year social work student, to what social workers did. Medical student Ndabazitha Khoza and nursing student Zanele Buthelezi did voluntary work after their interviews. At Hlabisa, Zanele "*helped the nurses bathing patients, and taking vital signs*". She got a big shock when she had to prepare a dead patient for the mortuary. Despite that, she realized from the experience that she would be able to handle it.

Volunteer work has sometimes brought students into contact with UYDF. A 3rd year social work student, Nombuso Ngubane, did volunteer community work with a youth project. She "*enjoyed going to schools and communities, discussing issues like drug abuse and domestic violence*". She realised that there were many people with her background, and that she could help other people. From that project, she was introduced to people at Mosvold hospital, where she worked as a volunteer, and applied for the scholarship. Thabo Nakedi, also a social work student, found out about the scholarship while volunteering at an NGO outside Mseleni Hospital.

Although not a formal part of the programme, it is also happening in the North West. Two students, who missed their interviews, are so desperate to get into medical school that they are working for a year as volunteers at a local clinic. They are hoping that by the next round of interviews they will have built up enough experience to be accepted.

- There are also other significant differences between the models. These are shown in the table below.

It is important to bear in mind that the programmes are at different levels of maturity, UYDF has been going since 1999, and WIRHE since 2003. UYDF has seen more graduates, and has had graduates who have completed their work-back requirements. WIRHE is only beginning to gain some momentum in terms of graduates working back. Until the end of 2011, there were only 11, and none had completed their work-back commitments.

UYDF	WIRHE
Community linkages	
Works mostly through hospitals in the district, and is strongly rooted in the community.	Works through the districts, and does not have such close links to the community, or hospitals. Efforts have been made to include representatives of community and civil structures in the selection processes.
Provincial Department of Health	
<p>The provincial Department of Health has not been very involved with the programme, and initially viewed it with some suspicion. That is slowly changing, with a Memorandum of Co-operation having been signed, committing the department to assist with holiday work, and to ensuring posts for graduates.</p> <p>The Department provides no scholarship funding, apart from a bursary programme which is completely separate.</p>	<p>The North West Department of Health and Social Development is an integral part of the model, through the districts, and its provision of scholarship funding. The WIRHE Director's being a joint appointment, and therefore an insider, has helped facilitate this relationship.</p> <p>Although not unproblematic, the districts are tasked with responsibilities to help with recruitment, selection, holiday placements and finding posts. Internal problems within the department, and lack of visible political support, have hampered smoother operations.</p>
Universities	
<p>UYDF has no formal relationships with universities.</p> <p>Students apply to the university of their choice on their own, and once accepted then apply for the scholarship. Informal linkages have been established with certain departments within universities to provide student support.</p> <p>UYDF students attend a variety of institutions, in and out of the province. These include UKZN, University of Zululand, Durban University of</p>	<p>WIRHE is part of a university structure. This enables it to provide support to students on university issues, such as fees not being paid, and academic issues. The university pays staff salaries.</p> <p>It also relieves the districts of a huge management and administrative load. From the beginning. WIRHE found that students were often not able to comply with all the necessary application procedures, and acts as a central collection point where it checks applications, or</p>

Technology, Mangosuthu University of Technology, Wits, University of Limpopo (Turloop and MEDUNSA campuses), University of the Western Cape, Stellenbosch, Rhodes, Walter Sisulu and the University of Pretoria.	highlights certain omissions, before sending them to the university Admissions offices (Wits, MEDUNSA and the University of Pretoria). WIRHE students are affiliated to three universities, Wits, MEDUNSA and the University of Pretoria
Programme Management	
UYDF has a full-time programme director and staff. This changed from 2008, when the programme became too big to be managed effectively by volunteer staff with other responsibilities. Organisational restructuring has had a major impact, and shows in increased student numbers, more structured outreach and mentoring, and fundraising, and an alumni programme	Programme staff members are not full-time, and have other responsibilities at the University. They are severely stretched, particularly with an increasing administrative load as a result of growth, and certain blockages and inefficiencies within the provincial department. This impacts on their capacity to implement certain aspects of the programme.
Graduate Structures	
UYDF has established an alumni body to help graduates network, to contribute to the programme, and to facilitate leadership development among UYDF graduates. As the programme has grown, students have less personal involvement with the vision and spirit of the programme. The alumni body is trying to address that.	WIRHE is in the process of establishing a graduate structure, but it is not yet operational.

Common issues

Three issues that affect both programmes are

- **Supervision**

Supervision of medical graduates doing internship is an ongoing challenge. In the first place, students have to go where there is accreditation and support. That is usually only at teaching hospitals at the bigger towns.

Graduates in other health disciplines, and even students doing holiday work experience a lack of supervision. This does depend on the hospital as well.

- **Doctors wanting to specialise.**

Many of the medical students interviewed indicated a desire to specialise, which could affect their work back commitments in rural areas. Specialisation training can only take place at teaching hospitals. In the North West, these are Klerksdorp and Rustenburg. For UYDF, specialists can work at Ngwelezane Hospital in Empangeni, but they are not trained there. Once qualified, specialists will

not be able to find posts in rural areas. A positive development has been the creation of specialist posts as part of the new district-based health care system, but these are very few.

WIRHE does not have a firm policy on this, but as the number of medical graduates increase, and they complete their internship and community service, it will become more pressing. WIRHE would encourage students to specialise in Family Medicine, or Public Health. It is not prepared to let students specialise immediately, but is open to discussions with students on deferring service commitments.

UYDF has had a policy of supporting graduates as a retention strategy, and encouraging them to attend short courses to keep abreast of developments in their professions. A number of graduates have completed a Masters in Public Health. As the numbers of medical graduates increase, more want to specialise fairly soon after qualifying, and decide on this while still at university.

To respond to this, UYDF discusses the issue openly with students, and reminds them of their priority to work back, and their financial commitments. They are looking for experienced doctors to speak to graduates about gaining more experience before making the decision to specialise. They are hoping that a new funding model, with NSFAS (National Students Financial Aid Scheme), will reduce the risk to them of having to recover money from graduates who may not honour their commitments.

Hospital leadership and management of graduates play a significant role in influencing doctors about specialisation.

- **Professional development of graduates**

A supportive programme after graduation is needed. In rural areas computer and Internet access are essential for graduates. There must be learning opportunities for young people. Clinical associate students at Lehurutshe Campus, near Mafikeng, have access to any academic institution worldwide. That is needed for all graduates.

Norman Thabede (UYDF), a biomedical technologist, left Bethesda Hospital as he had no supervision, and did not feel he was learning anything. After 2 years, he was still working in the same department, and had not rotated at all. He went to a private hospital, where he is learning a great deal, but is hoping to return to complete his work back commitments when management issues are resolved at Bethesda.

Moleboheng Sekgotho (WIRHE), who started a physiotherapy department in Wolmaranstad, is worried that if she stays in public health for more than 3 or 4 years, she will fall behind. Better leadership at her hospital could have changed that.

UYDF is focusing a lot on leadership development, and is promoting the idea that graduates will ultimately become hospital managers. Its alumni association is involved in that.

2. INPUTS AND OUTPUTS

UYDF

SSACI Funded Students

Over the period of SSACI support to UYDF, SSACI has supported 35 students. 20 of these have graduated. By backing certain activities, such as the hospital open days, and holiday work, SSACI has also made it possible for additional support to take place, and for other students to get scholarship funding from other sources.

Information about SSACI-sponsored students was obtained from a review of UYDF, and previously FOM, reports to SSACI, coupled with an analysis of the UYDF database of all students. The evaluation also looked at data in annual reports, but because there were discrepancies in the numbers, sometimes due to timing of graduation, chose to use the database as the main source of information. UYDF supplied certain information upon request.

Information may not be 100% accurate, especially pertaining to data captured prior to 2007. In a number of cases, particular students were reported on in reports to SSACI, but were not indicated as SSACI students in the database. We did try to rectify this as much as possible, but there may have been other students who were supported in the early years, who we have not been able to include.

Table 4: SSACI-Supported Students: UYDF 2002-2011

Year	New SSACI students taken on	Total Supported by SSACI	Obtained Provincial or Government Bursary	Self-funding or other scholarship	Excluded / withdrew or left
2002	6	6			
2003	6	9	3		
2004	6	15	2	1	
2005	5	14	6	3	
2006	0	13	9	1	
2007	0	8	4	1	1
2008	1	4	4		1
2009	9	13	1		2
2010	2	10	1		1
2011	0	10			
Total	35	102	31	6	5

The grant agreements targeted a total of 44 individual students. The actual numbers appear less than the targets agreed by both parties in their respective agreements. This is most likely due to the inconsistent capturing of information in the years before 2007/8, and the fact that 11 students, who were supported by SSACI, obtained provincial bursaries at some point in their studies. It may be that, given the lack of systems in the early years of the programme, a number of individual students were part-supported by the early SSACI grants, and are not reflected as such in the database.

Of the 35 students SSACI sponsored, 20 have graduated, and 10 are still studying health sciences. 5 were excluded due to multiple failures, or decided to leave the programme to pursue another discipline. Self-funding students, in most cases, had to take out a loan as they took longer to complete their degree. The scholarship programme allows an extra year under certain circumstances. One student, Sphamandla Mngomezulu was awarded a Ford Foundation scholarship to complete his Masters in Psychology. SSACI paid for his undergraduate and honours years. Psychologists may not be registered or practice if they do not have a masters.

SSACI Graduates

The breakdown of SSACI-sponsored graduates per year, and their professions, is shown in the next tables. Four are doctors, 4 nurses, 2 each are optometrists and biomedical technologists, and there is one each of dental therapy, nutrition, occupational therapy, physiotherapy, psychology, radiography, social work and speech therapy. They studied at a variety of institutions, namely Durban University of Technology, Mangosuthu University of Technology, UKZN, Wits, University of Zululand, MEDUNSA, and the University of Johannesburg

Table 5: SSACI Graduates - UYDF

Year	No of Graduates
2006	8
2007	4
2008	4
2009	3
2010	0
2011	1
Total	20

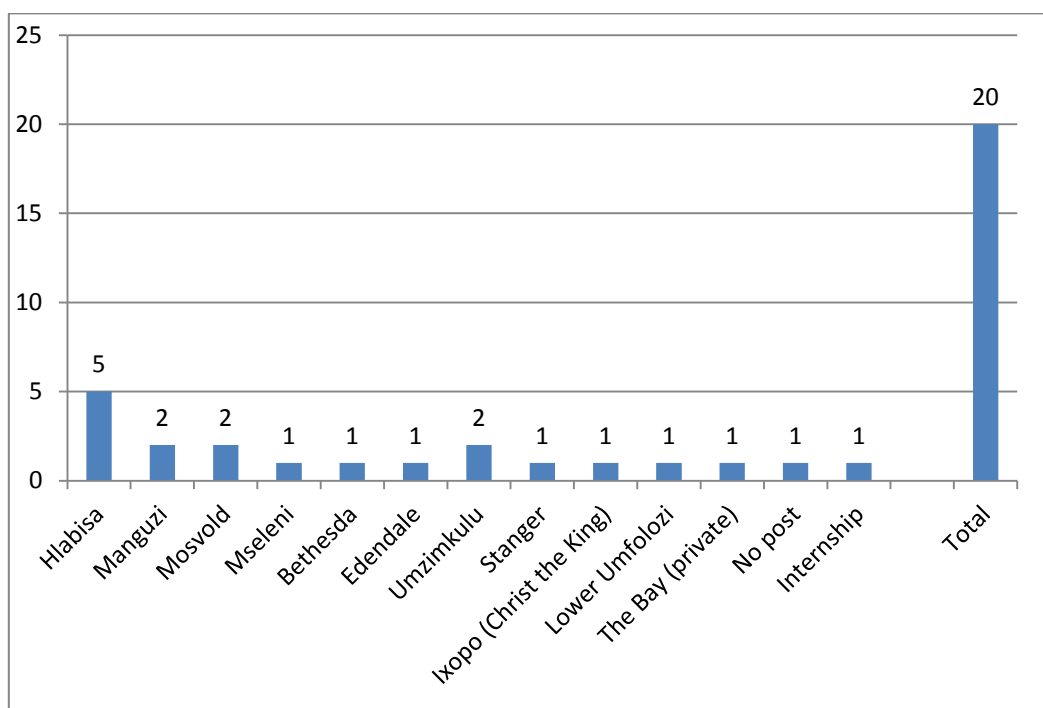
Table 6: SSACI Graduates: Health Science Professions -UYDF

Profession	Number	Institution
Biomedical Technology	2	DUT - 1, Mangosuthu Univ of Tech -1
Dental Therapy	1	UKZN – Westville
Medicine	4	UKZN – 3, Wits -1
Nursing	4	University of Zululand
Nutrition	1	University of Zululand
Optometry	2	UKZN – 1, UJ -1
Occupational Therapy	1	MEDUNSA
Physiotherapy	1	Wits
Psychology	1	Univ of Zululand / UJ
Radiography	1	DUT
Social Work	1	University of Zululand
Speech Therapy	1	UKZN – Westville
Total	20	

Seventeen of the SSACI graduates (85%) are still working at rural hospitals in KwaZulu/Natal. One doctor is doing her internship, 1 is working in a private hospital but he hopes to return to Bethesda

hospital, and 1 (a nutritionist) has no post. Hlabisa Hospital has benefited the most, with 5 staff members.

Figure 3: Hospitals Where SSACI Graduates are Working – December 2011 - UYDF



SSACI Current Students

In December 2011, SSACI was supporting 10 students, in the courses shown in the next table. Four are studying social work, with clinical practice, dietetics, medicine, nursing, optometry and physiotherapy having 1 student each. Two students changed courses and university during the course of the year, and were excluded from the programme. One was studying occupational therapy, the other radiography.

Table 7: SSACI Supported Current Students – UYDF

Course	Number	Institution
Clinical Practice	1	Univ of Pretoria
Dietetics	1	UKZN
Medicine	1	UKZN
Nursing	1	UKZN
Optometry	1	UKZN
Physiotherapy	1	UKZN
Social Work	4	UKZN -1, Univ of Zululand – 3
Total	10	

UYDF: Total Students and Graduates

From 36 students in 2002, UYDF has grown to support 151 in 2011. The growth in numbers surely reflects the changes that took place in the organisation from 2008, with the appointment of full-time project staff. From fairly consistent student numbers between 2004 and 2007, there was a 23% growth in 2008, 32% in 2009, 29% in 2010 and 37% in 2011.

Students have achieved impressive pass rates, especially so in the light of the inferior schooling they have received. The pass rate has grown steadily, and was 89% at the end of 2010. There are no comparable figures available of countrywide university pass rates in the health sciences, although it would be valuable to compare.

Table 8: Average Student Pass Rates - UYDF

Year	Total Students	Excluded	% Pass Rate
2010	110	4	89
2009	85	3	84
2008	64	4	82
2007	52	6*	87
2006	53	2	83
2005	53	0	83
2004	49	1	NA
2003	45	6	88
2002	36	1	80

NA – not available; * includes 1 student who passed away

As a result of increased intakes, the number of graduates has risen as well. In total, 115 young people have graduated in health sciences as a result of the UYDF scholarship. In 2009 alone, there were 29 new graduates.

The growth in numbers, and improved retention rates, indicate that strategies to reach the schools in the area, and to offer a structured mentoring programme have borne fruit.

UYDF is producing a variety of health professionals, with doctors constituting the biggest group of graduates, with 37. The first doctors graduated in 2002, and the numbers increase each year. The programme has produced 14 nurses, 11 biomedical technologists, 9 pharmacists and social workers respectively, 8 physiotherapists, and 7 radiographers. There are smaller numbers of psychologists, dental therapists, optometrists and occupational therapists.

Table 9: Total Graduate Numbers – UYDF

Year	Total Students	Graduated
2011	151	29
2010	110	17
2009	85	14
2008	64	8
2007	52	13
2006	53	13
2005	53	8
2004	49	4
2003	45	7
2002	36	2
Total		115

Table 10: Numbers of Graduates by Course per Year - UYDF

	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	Total
Medicine	11	7	7	4	5	3					37
Pharmacy	2	3			1	1	1			1	9
Social Work	2	1	3		1	1	1				9
Physiotherapy	1	1			1	2	1		2		8
Psychology	2	1		1							4
OT		1			1			1			3
Nursing	4	1		1	3	2	2		1		14
Dental Therapy	1	1				1			1		4
Environmental Health								1			1
Speech and Audiology				1				1			2
Nutrition							1				1
Optometry			2				1		1		4
Radiography	1		1		1	1	1		2		7
Biomed Technology	4	1	1	1		2		1		1	11
Dentistry	1										1
											0
Total											115

Graduates are working back their scholarship commitments in rural hospitals. There are 28 completing their internships, after which they too will work in rural hospitals. To date, only 5 graduates have bought themselves out of their contracts.

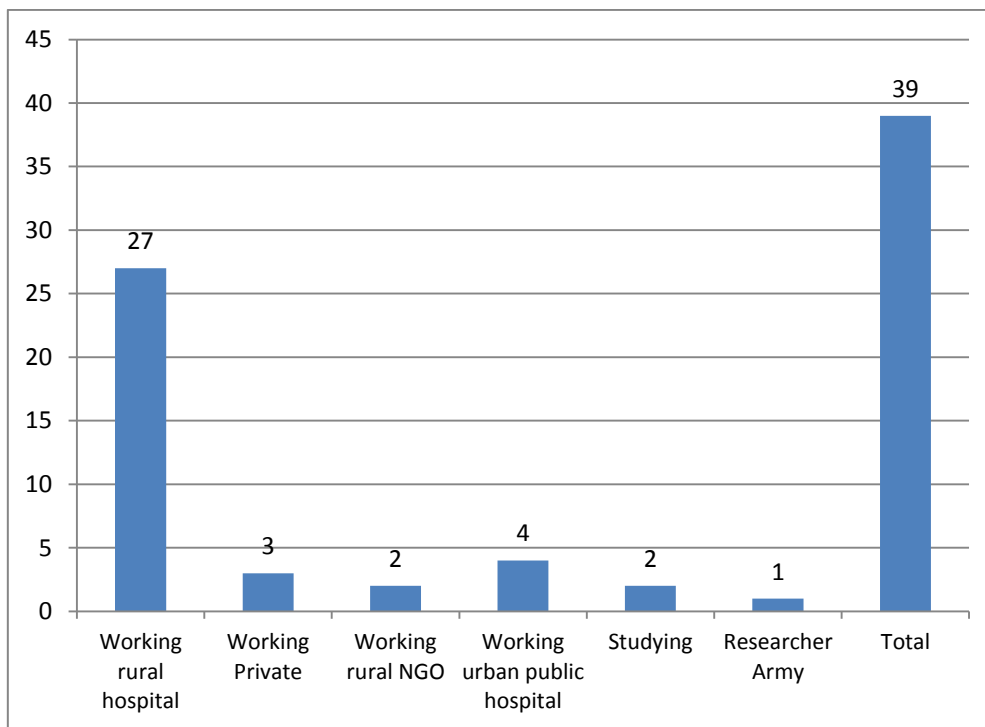
Table 11: Where UYDF Graduates Work – February 2012

Working rural hospital	64
Internship	28
Working Private hospital	3
Working rural NGO	3
Working Public Urban	4
Bought themselves out	5
Studying	2
No Post	4
Army research	1
Died	1
Total	115

Source UYDF

Young rural people who receive scholarships to study health sciences are going back to work in their areas of origin. At the beginning of 2012, 39 graduates had finished their contracts with UYDF. The next figure shows that they are overwhelmingly still working in rural hospitals. Four are still in the public sector and two work in rural health NGO's.

Figure 4: Where UYDF Graduates Work upon completion of Contractual Obligations



WIRHE

Information about the WIRHE students was compiled from reports, the WIRHE website, and data supplied. A database that records the activities and sources of funding for each student on a year to year basis was not available. There were also some discrepancies in the numbers between reports. This is significant as it makes it almost impossible to get exact figures on who was sponsored by whom, and when. Some students entered the programme in first year, and some in 2nd or 3rd year.

The arrangement with North West does not cater for students who fail, so these students were either supported by WIRHE funds, or were self-funding until they could re-enter the North West programme.

Numbers were therefore reconstructed as best as possible.

SSACI-Funded Students

SSACI supported 27 individual students. In Mpumalanga, 15 students were supported by the WIRHE programme, although their fees and accommodation are paid directly by the Mpumalanga Department of Health.

Table 12: SSACI-Funded Students – WIRHE North West 2004-2011

Year	New Students	Total Students Supported
2011	0	3
2010	0	8
2009	0	11
2008	4	14
2007	10	14
2006	4	13
2005	3	9
2004	6	6
Total	27	78

Table 13: SSACI-Funded Students – WIRHE Mpumalanga 2011-2013

Year	New Students	Total Students Supported
2011	15	15
Total	15	15

Student numbers are therefore fewer than the numbers targeted in the agreements between SSACI and WIRHE. The target in the North West, for the whole period, was 53 individual students, and 137 on a year on year basis. The agreement in Mpumalanga was for 20 students per year.

The main reason for targets not being met is the difficulty experienced in recruiting and selecting the right students. This has been WIRHE's greatest challenge.

In the first year of SSACI funding, only 9 students were admitted in total. Three of these had bursaries with the Mpumalanga Department of Health (they were from a pilot site in Bushbuckride).

There is a major discord between the marks students have due to their inferior or dysfunctional schooling, and the requirements for admission into university. Even where students meet the criteria, they have to negotiate the competition for places, and so may not make it. *“WIRHE’s intention of getting rural students is sometimes compromised by the divide between medical school requirements and the realities of schooling in rural areas”* (Project Manager, Lehurutshe District Education Campus).

Students with better marks tend to come from more developed areas like Klerksdorp. The programme is mindful of its target market, and of its responsibility to select students with potential to succeed, rather than setting them up for failure by selecting them when they will not be able to cope.¹⁰ Applicants often still have unrealistic expectations, applying for the scholarship with 15% for maths. Probably half of all applicants do maths literacy in Grade 12.¹¹

It has taken time for the districts to get a better understanding of what is required and for systems for recruitment and selection of students to be put in place. This has accelerated in the last two or three years.

Districts have tried strategies to reach more schools in rural areas, such as putting up notices in clinics, post offices and community radio. They have tried to go through the district education department, but their structures are not that strong either.

A further reason for targets not being met, particularly once the funding from the North West began, is the late payment of fees and accommodation from the province. This is a continuing difficulty, and will be referred to again. It has an impact on student numbers, however, as students are not allowed to get results, or register for the new year until fees are paid. This means that the WIRHE office and district do not always know how many students they can take on. In some districts new intakes have actually been suspended until guarantees of payment were received.

¹⁰ Prof Ian Couper, Interview 7 November 2011.

¹¹ Prof Claire van Deventer, Interview 21 November 2011

WIRHE: Total Students and Graduates

Student numbers have increased substantially from the early years. This points to the effects of increasingly better systems, and more staffing. Table 14 illustrates how the numbers of students in the North West programme have grown. In 2010 and 2011, the programme supported 57 students.

Table 14 : SSACI-Funded Students and Total WIRHE students – North West

Year	SSACI Students	Total WIRHE Students
2011	3	57
2010	8	57
2009	11	47
2008	14	41
2007	14	34
2006	13	29
2005	9	10
2004	6	9
Total	78	284

As numbers increase, the rate at which students graduate is also increasing. To date, 23 students have graduated from the WIRHE programme. From 1 graduate each in 2006 and 2007, to 2 graduates in 2008, and 7 in 2010, 12 graduated in 2011. Pass rates have also improved steadily, and exclusion rates decreased. In 2011, the average pass rate for all students was 89.5%. These figures are presented in the next table. Mpumalanga students achieved a 93% pass rate in 2011.

Table 15: Student Performance – WIRHE North West

Year	Total Students	Graduated	Excluded	Repeating	% Pass Rate
2011	57	12	2	4	89.5
2010	57	8	2	7	83
2009	47	2	0	2	82
2008	41	0	2	2	75
2007	34	1	5	1	81
2006	29	0	2	1	82.8
2005	10	0	1	0	80
2004	9	0	4	0	56

By far, the majority of WIRHE students study medicine. From 3 in 2004, 5 in 2005 the number has grown to 40 in 2010 and 41 in 2011. Smaller numbers are found studying occupational therapy, pharmacy, physiotherapy, nursing, dental therapy and dietetics. In 2011, there were 3 students studying dentistry.

Most students actually want to do medicine as a first choice. There is, however, a need for greater diversity in who is selected. One district, Dr KK Kaunda, which incorporates larger towns like

Potchefstroom and Klerksdorp, needs more psychologists, occupational therapists, pharmacists and dieticians. More pharmacists are needed to package and control medication especially in the light of a new system of referring patients from clinics to homes and community-based health workers.

Table 16: Health Sciences Studied – WIRHE North West

	Medicine	OT	Pharmacy	Physiotherapy	Dentistry	Nursing	Dental Therapy	Dietetics	Med Tech	
2011	41	5	6	0	3	1	0	1		57
2010	40	6	4	2	1	1	1	2		57
2009	28	7	5	3	1	1	0	2		47
2008	26	5	6	2	1	1	0	0	0	41
2007	18	8	6	1		1	0	0	0	34
2006	14	7	4	2	0	2	0	0	0	29
2005	5	1	4	0	0	0	0	0	0	10
2004	3	0	3	1	0	1	0	0	1	9

In Mpumalanga, 9 out of the 15 students are studying medicine. Three are studying occupational therapy, two pharmacy, and 1 physiotherapy.

Table 17 : Health Sciences Studied – WIRHE Mpumalanga

	Medicine	OT	Pharmacy	Physiotherapy	
2011	9	3	2	1	15

Table 18: Graduates: Health Science Professions - WIRHE

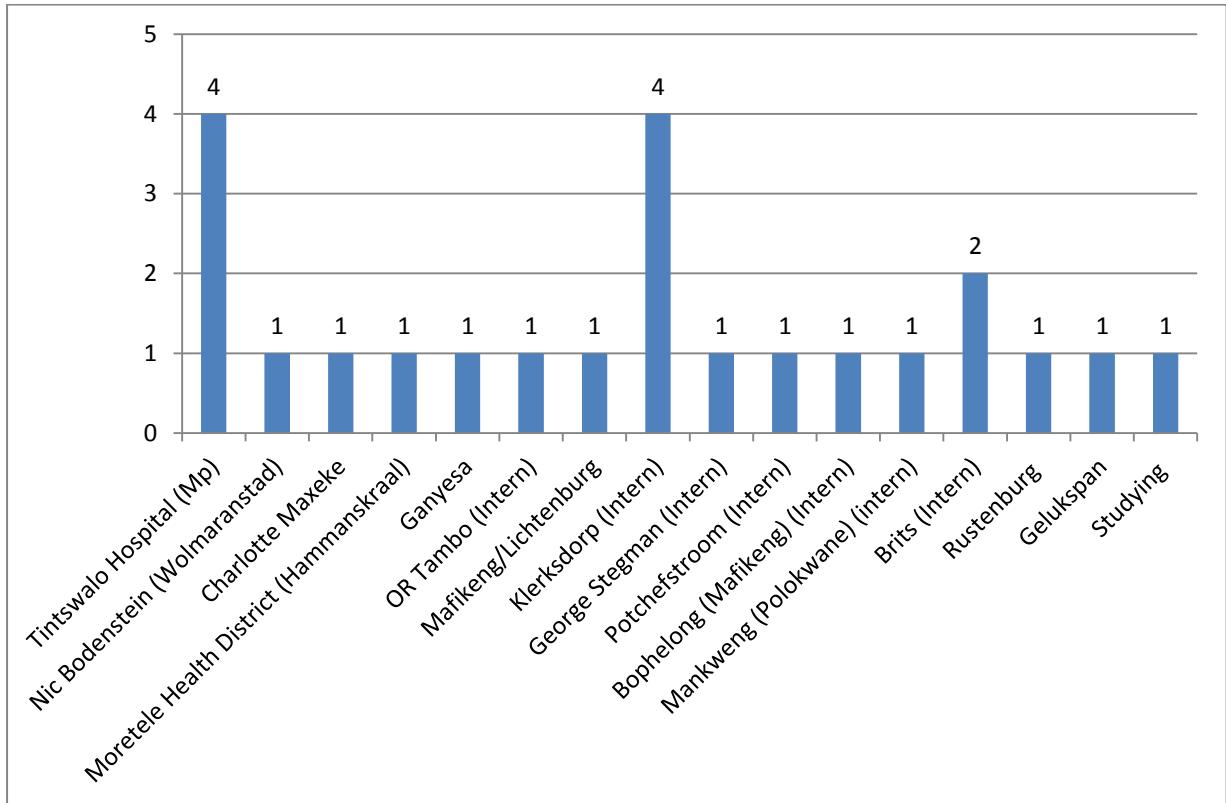
	Medicine	Medical Technology	Physiotherapy	Nursing	OT	Pharmacy	Dietetics	Total
2011	6		0		2	2	2	12
2010	3		1		1	3		8
2009			1	1				2
2008								0
2007		1						1
Total								23

As students progressed, the number of graduates has accelerated, especially in 2010 and 2011. The largest group, 9, studied medicine. Five students studied pharmacy, 3 occupational therapy, 2 each physiotherapy and dietetics, and one each nursing and medical technology.

The next figure gives details of where the WHIRE graduates are working. The 4 graduates at Tintswalo (Mpumalanga) come from the first group of students, which included four students from the Bushbuckridge area. One pharmacy student has delayed his work back commitments to complete his masters. Apart for him, one internship at Makweng in Polokwane, and one student

fulfilling obligations to the Gauteng Health Department at Charlotte Maxeke, all graduates are at hospitals in the North West. Seven doctors are still doing their internships at regional hospitals, and can go to more rural facilities thereafter.

Table 19: Where Graduates Work – WIRHE



3. IMPACT

Having looked at the inputs and outputs of the two programmes, in terms of student numbers and graduates, we now turn our attention to the impact they have made.

Impact can be seen at different levels, namely:

- At hospital level
- At a personal level
- At community level

Systemic impact, in other words the impact these programmes have made at a department of health level, will be assessed separately.

Impact in Hospitals

When health professionals from a local area go back to work there, they are well accepted by the community. They speak the local vernacular, thus alleviating language barriers and hopefully providing a better service.

Graduates from the two programmes have begun to make an impact on health services in their areas, especially where they start services for the first time.

UYDF

The UYDF programme is starting to address staff shortages, although these have been immense, *“when you talk about staffing it is like putting water in a bucket with a hole in it”* (Umkhanyakude District Manager, Department of Health).

Mosvold Hospital

At Mosvold hospital, which, with the surrounding clinics, serves about 109 000 people¹², UYDF graduates have been responsible for starting:

- **An optometry clinic.** This was started by one of the first graduates of the programme, France Nxumalo. It also offers services to Manguzi and Mseleni hospitals. The quality of services offered has led to a doctor performing cataract surgery in the area. People needing this no longer have to be referred to a larger hospital 4 hours way, which generally has a waiting period of up to a year.
- **Speech therapy.** Celenkosi Sibiya (a SSACI student) has given new hope to many children with speech problems. This has allowed them to enter school, when previously they would have been excluded.

UYDF graduates have stabilised the numbers of **nurses**, most of whom have stayed there beyond their contract time, and provided **physiotherapists and occupational therapists**. There was an

¹² Elda Nsimbini, Assistant Nursing Manager, Interview, 13 December 2011

existing therapy department, but scholarship students have provided consistency. Graduates have taken on leadership roles, one heading the therapy department at Mosvold before she was transferred to Benedictine Hospital, also a rural hospital, in another district.

Hlabisa Hospital

The UYDF programme has had a major impact on Hlabisa Hospital, which serves approximately 250 000 people¹³. The hospital medical manager is extremely positive, maintaining that “*without UYDF students, the hospital would be half staffed*”. She is particularly impressed by the work ethic and commitment of UYDF students and graduates, “*the impact on the clinical side is amazing*”. She is confident that of the 6 new community service doctors starting in January 2012, by February she “*will have found that the good ones were graduates from Umthombo*”¹⁴

New functions that have been set up as a result of UYDF graduates working there are:

- **Rehabilitation** (physiotherapy; speech therapy, audiology and occupational therapy). Dumisani Gumede, who now manages UYDF’s mentoring programme, set up the department from scratch when he went to work there in 2005. Dumisani managed to convince the hospital CEO of the importance of a rehabilitation department, and was able to motivate for posts for additional staff members, if he could find people to work there. There are now 3 physiotherapists, 2 occupational therapists, 1 speech therapist and an audiologist in this department.
- **Laboratory functions.** An UYDF graduate, Zotha Miyeni has added a number of tests that can be analysed in the laboratory at Hlabisa, rather than having them sent to Durban. He has reduced the turnaround time from 4-6 weeks to 24 hours. This reduces the time taken to make the correct diagnosis, start treatment, and reduces the length of hospital stays, and increases cure rates.
- **Psychological services.** Clinical psychologist Sphamandla Mngomezulu (a SSACI graduate) was the first clinical psychologist in the district, starting in 2010. Although based at Hlabisa, Sphamandla has shown leadership and enterprise in organizing psychological services for the whole district (serving a population of 500 000) and has championed the cause of mental health throughout the district. He has motivated the district to hold workshops where he has promoted the important role clinical psychologists have to play in rural health, and highlighted the high incidence of mental health problems within the district. He has introduced the idea of multi-disciplinary clinical team meetings at Hlabisa, enabling doctors to see and accept the value of other health practitioners in the team. Sphamandla has convinced the Department of Health to convert 1 medical post to a psychologist post at Mosvold, and Manguzi has just got a post. UYDF has trained two additional psychologists who Sphamandla has placed. A mini case study of Sphamandla has been written up, and can be found in Appendix C.

¹³ Johannson, M (2010); “*Foreign Doctors Essential to Solve Critical Shortage of Care*”; in www.medicalchronicle.co.za accessed 2012/02/21

¹⁴ Dr Kekana, Medical Manager Hlabisa Hospital, Telephone interview, December 6 2011

The medical manager at Hlabisa, Dr Kekana, attributes the success of the programme there to Dumisani's personality and commitment at the beginning. He *"had a love for the programme and was so strongly committed, and was the driving force behind it"*. Dumisani convinced her of its importance, and worked closely with the hospital CEO, who was also very supportive.

Mseleni Hospital

Graduates who have made a difference at Mseleni Hospital are:

- Dr Lungile Hobe, who grew up in the area and now works there. She is a member of the medical team at the hospital, and a role model in the community.
- A social worker, Mthokozisi Gumede (SSACI graduate), has provided stability in that department. With scaling up of HIV medication, huge social issues and extreme poverty, the needs for social workers are great. He has been able to supervise students doing holiday work at the hospital. One, Lungile Sindiswa Thwala, a social work student, was lucky to have Mthokozisi, a former UYDF student, as a supervisor. No-one else at the hospital knew she was coming, or what she should be doing. Mthokozisi is also on the hospital selection committee and working group which coordinates activities with UYDF.

Mseleni serves 90 000 people, and 9 clinics.

Awareness of the scholarship among hospital staff is growing, but slowly.

Bethesda Hospital

A number of UYDF graduates have worked for short periods at Bethesda, but *"management issues continue to plague this hospital so the impact has been minimal"*. Norman Thabede, a biomedical technologist, worked at Bethesda for 2 years after he graduated. He left because he received no supervision or training. Nozipho Miyeni was appointed chief radiographer at Bethesda in 2011. She left because of administrative problems. She believed that she was on the incorrect salary scale, and although the hospital was actually correct as the rules had changed after her interview and date of appointment, the issue was badly handled. Both were SSACI graduates.

Manguzi Hospital

Manguzi has not yet experienced the major impact from many graduates working there, although students coming from the area play a big role in inspiring the youth in the community. A biomedical technologist, Andreas Mthembu, who is doing his internship this year, and will start there next year, is a role model in his community, and is expected to make a big impact when he starts working.

A clinical practice student, Senzo Khambule, comes from the Manguzi area and goes there for holiday work. He has seen a change in the hospital. At first he had to explain what clinical practice is, as few people knew. The second time he went, the hospital knew him, understood what he needed to do and was very supportive. He hopes to go back to work there if a post becomes available.

Other hospitals

The UYDF programme has spread to other hospitals in districts adjacent to Umkhanyakude. These are Benedictine, Nkonjeni, Nkandla, and Christ the King (Ixopo). From the very beginning of their engagement with UYDF, the need for the commitment from the entire management team is emphasised as a prerequisite for success

WIRHE

The major impact from WIRHE students in rural hospitals has come from the allied health professions. Most WIRHE students are in 4th or 5th year medicine and newly graduated doctors are still completing internships and have to be at teaching hospitals. Their impact will begin to be felt in the next year or two.

Graduates from the more remote districts, such as Dr RS Mompoti (around Vryburg) and Mafikeng, can make an enormous difference to health care when they start working back. Those areas are desperately in need of doctors.

Completely new functions have been established at:

- **Nic Bodenstein Hospital (Wolmaranstad).** Moleboheng (Lebo) Sekgotho is a physiotherapist who has established an entire department from scratch, including painting and repairing the room, and buying equipment. These photographs show what the room looked like before Lebo and some of the doctors, nurses and ground staff fixed it up, and what it looks like now, as a functioning physiotherapy department.



A whole structure has been created out of nothing. As the only physiotherapist in the district, Lebo established an outreach programme in her first 6 months, going to 7 clinics per week. Many of Lebo's patients are stroke victims, and have never had any form of rehabilitation before, or if they did, travelled far, and at great expense and discomfort.

Unfortunately, the gains she has made, and the continuity of the department she established, are not guaranteed to continue. Despite the initiative she has shown, the outreach programme has not been maintained. The hospital has withdrawn the transport, which served the sub-districts not

under their direct jurisdiction. Lebo's efforts to get an additional post, even for the clinics, have been unsuccessful with one physiotherapy post she had been promised in the sub-district being divided into 2 administrative posts. She tried to introduce a multi-disciplinary approach, but doctors did not come to meetings.

- **Moretele Sub- District (Hammanskraal).** Solomon Mmote Nkoe is the only occupational therapist, providing services to 32 clinics in the sub-district. He started the department from scratch. He sees 2 clinics per day.

WIRHE students have added to the rehabilitation capacity of **Tintswalo Hospital**. A SSACI graduate, Haward Mathe is one of 2 physiotherapists at the hospital, which, through 22 clinics, serves 1.5 million people. He and his colleague visit all 22 clinics once a month. He has been there just over a year. Without him, the clinics would only be visited every two months. Early in 2012, two occupational therapy graduates (Luther Monareng, and Olindah Silaule) will join the existing one, substantially increasing the department's capacity.

A pharmacist at **Ganyesa** hospital, Tshepho Ramotshela, is one of two staff members. He is the only qualified pharmacist, and works with an assistant. He believes 7 pharmacists are needed for the pharmacy to operate optimally.

These are all SSACI graduates.

The role of the hospitals

The examples illustrate the need for continuous buy-in to the scholarship programmes on the part of hospital managers. Some don't support students. Where hospital support is good, for example at Hlabisa and Mosvold, the impact of having returning graduates is sustained. These hospitals see the value of relationships developed with students over time, during their holiday work, and after graduation. Even nurses and cleaners at those two hospitals know about the UYDF scholarship, and promote it to their communities, or if they know of suitable candidates.

Leadership from the hospitals plays a big role in this. The differences in leadership are apparent if one compares the experiences of Lebo at Nic Bodenstein Hospital, with those of Dumisani at Hlabisa. Both graduates set up a physiotherapy department from scratch. One is thriving, and has grown to include other disciplines, and the other is in danger of closing if Lebo leaves. While strength of personality must play some role, both young people have shown initiative and resourcefulness.

The support of the hospital management is the decisive difference between the two. At Hlabisa, the management recognised the value of physiotherapy and other forms of patient rehabilitation as an important service, and in fact supported the programme as a whole. The medical manager was very willing to be interviewed, and really believes in the UYDF programme. At Nic Bodenstein, Lebo feels isolated, and her efforts to maintain the outreach programme, and ensure continuation of the services she has started have not been successful. The hospital CEO did not keep the appointment to be interviewed for this evaluation, and did not respond to calls or sms's.

Since WIRHE works mostly through the districts, hospital managers in the North West are not particularly involved with the WIRHE programme. *"We need to get hospital managers to recognise*

the programme's value as a key to their recruitment. We need to market harder to them." (Deputy Director General, NW Department of Health).

Support from the hospital management in the 5 hospitals in the Umkhanyakude district is uneven. UYDF has worked hard at marketing the message, and what the programme is all about. UYDF has recognised the role each person in the hospital management team plays, and has tried to foster relationships with the team as a whole so that they all understand what is required. This includes CEOs, medical managers, nursing managers, financial managers, and human resources managers. The hospitals play a big role in the UYDF model, and need to be involved in open days for schools, selection of students, and co-ordinate holiday work placements, and posts for returning graduates.

Impact at Personal and Community Levels

On a personal level, both scholarship programmes have played an important role in transforming the lives of young people, the majority of who, in all likelihood, would have had no other opportunities. Graduates have been able to develop themselves, their families and the communities around them

Most of the young people interviewed come from broken or single-parent families, and have grown up without a father, or even both parents, present.

As professionals emerge from rural areas, the challenge is to get them to stay there to effect change. The scholarship is one way, even if graduates only stay for a few years.

When they graduate, they are almost guaranteed a job for life. They are, or will be, working as professionals in areas with few other even low-end job opportunities. This generates money in those areas and supports the local economies. A number of graduates have built houses for their families, using local contractors. Nozipho Miyeni, a radiographer, is one. Their regular income makes things possible for other family members.

The programme offers *"hope to young people from rural areas. Some are not motivated to complete matric"* (Reneilwe Chiloane, Pharmacy Student – WIRHE). Student and graduates refer to their friends, and other people in their communities of origin as having little hope of making their lives better. The more people know about these programmes, and other study opportunities that are available, the more possibilities they will see for themselves.

Some of the scholarship beneficiaries have gone back to their communities to talk about the WIRHE or UYDF programme at schools, or at hospital open days.

Many see themselves as mentors, or accept that their communities see them that way. In most cases they view this positively. Cecil Pule's friends' parents often ask him to talk to their children who have not done well at university, and to motivate them. A WIRHE medical student, Cecil sometimes feels the pressures associated with this, *"you cannot put a foot wrong because people will always expect you to be a role model"*. He feels this sometimes makes him a target in his community. He has been the victim of a stabbing incident.

By stressing the responsibilities students have in working back in their own areas, both programmes reinforce students' responsibilities to their communities. They see that they have the potential to do good. Some examples of their own initiatives are:

- Mmote Nkoe, an OT working at Moretele district in Hammanskraal, has established an organisation with friends to provide school shoes for kids. He believes that *"as he was empowered, he has to empower other people"*.
- Moleboheng Sekgotho, a physiotherapist at Nic Bodenstein hospital is collecting books to donate to her old school library.
- Kgopotso Moeng, a medical intern at OR Tambo Memorial in Boksburg, has started a Facebook group with friends from his area. All are graduates living in Johannesburg. They talk about the improvements they want to make at their home. Some are more interested than others.
- Boitumelo Mosimane, a Wits medical student, has started a youth group in Mafikeng, and plans to start a library. Once she goes back to work, the youth group will operate better.
- Luther Monareng, a physiotherapist at Tintswalo Hospital would like to help establish a library in his community.
- Nombuso Ngubane, a social work student at the University of Zululand, has started a project with another social worker from the area to help schoolchildren buy textbooks.
- Themba Mngomezulu a UYDF physiotherapy graduate whilst working at Mosvold Hospital started a soccer team as a way of involving the youth in healthy activities and to prevent them getting involved in drugs. He paid for the team to enter the local league and transported his team to their matches in his "bakkie" which he bought specifically bought for this purpose. At the same time he started training local coaches so when he moved to another rural hospital his team continued.
- France Nxumalo, one of the first graduates, who works for an international eye sight organisation based in Durban, has involved himself in helping rural school children with Maths and Science education.
- Lungile Hobe, a doctor at Mseleni hospital has started a young women's group within the community with the aim of assisting young women to reach their potential through understanding who they are, gaining new skills and participating in small business activities.

While some of these initiatives are better established than others, they illustrate possibilities that exist to improve students and graduates' communities of origin, and the links they have with them. Some have started involving their own networks of friends and colleagues. These networks need to be harnessed and organised so they can play an increasingly bigger role.

Very few respondents mentioned being peer mentors for HIV related issues, as envisaged by SSACI, although they may have done so on their own accord. Some, like Moleboheng Sekgotho have discussed this informally with smaller groups of students at a WIRHE career exhibition at a hospital open day.

4. SUSTAINABILITY AND MAINTENANCE OF PUBLIC BENEFIT

WIRHE and UYDF exist to ensure enough qualified staff at rural hospitals. This is essentially a government mandate, but has clearly not been done well. KwaZulu/Natal, the North West, and Mpumalanga have operated scholarship programmes that draw from the same types of students as UYDF and WIRHE. The evidence presented in the evaluation shows that students from the two scholarship programmes pass their courses, graduate, and honour their work back contracts. This is not the case for the provincial scholarship schemes. The provinces have no contact with students until they have finished studying and have to work back their commitments. There is also little accountability and follow up of graduates and where they go.

For scholarship programmes like UYDF and WIRHE to continue, be sustainable and have maximum impact in the long-term, their activities and models need to be taken up by the provincial departments of health in their respective provinces. The most significant indicators of this are funding, and ensuring available posts in rural hospitals for graduating students. Further indicators are the streamlining and alignment of services and components of the models.

As the models function differently in their provinces, the types of alignment will also differ. These are not easy tasks, as both programmes are dealing with a dysfunctional health system, operating within severe budget constraints, that is slow to effect change.

Leveraging of Government Funding

WIRHE, with its relationship with the North West Province, has been able to incorporate the province from the outset. In 2006, an agreement with the province saw the North West starting to fund student fees and accommodation for WIRHE students.

UYDF never had a formal relationship with the provincial department of health, who viewed the programme suspiciously. At one time, the UYDF programme encouraged its students to apply for provincial bursaries, but stopped doing this. It found the late payments by the province prejudiced students, and students were not held accountable if they did not work in the district.

The next tables show the proportion of students sponsored by SSACI and other private and corporate donors, to those sponsored by government. They show how much SSACI funding has leveraged from government and other donors. The ratio of SSACI and government funding to UYDF 1:0.8. Government has spent one and a half times more in the North West and Mpumalanga on WIRHE students than SSACI has.

SSACI-Funded Students in Relation to Total UYDF Students

Although SSACI students are a fairly small proportion of all UYDF students, especially in the later years, their early involvement shows how their support has enabled the scheme to grow and attract other donors.

Table 20: SSACI-Funded Students in Relation to Total UYDF

Year	Total Students	SSACI		Provincial Bursary Scheme/Govt		Other Donor		Self		NSFAS	
		No	%	No	%	No	%	No	%	No	%
2011	151	10	7	9	6	121	80	0	0	11	7
2010	110	10	9	10	9	89	81	1	1	0	0
2009	85	13	15	15	18	56	66	1	1	0	0
2008	64	4	6	18	28	41	64	1	2	0	0
2007	52	8	15	13	25	30	58	1	2	0	0
2006	53	13	25	18	34	21	40	1	2	0	0
2005	53	14	26	6	11	30	57	3	6	0	0
2004	49	15	31	10	20	23	47	1	2	0	0
2003	45	9	20	11	24	24	53	1	2	0	0
2002	36	6	17	1	3	25	69	4	11	0	0

The UYDF model is highly dependent on corporate donors and charitable trusts. 80% of the 151 students of 2011 were funded by private donors (excluding SSACI).

UYDF has not been successful in attracting government money. Provincial bursaries account for a decreasing number of students, with only 6% of all students in 2011.

Since 2011, however, UYDF has pursued a strategy to attract loan funding from the National Student Financial Aid Scheme (NSFAS). This started to bear fruit in 2011, with fees and accommodation for 11 students covered from this scheme, and will continue in 2012. A R1.5 million allocation has been made by NSFAS to UYDF for 2012.

The approximate amounts paid by government and other donors (**only** for fees and accommodation, not other project costs) are shown in the next table. They were calculated using an average amount budgeted per student per year, irrespective of the course, and in the case of NSFAS, by their maximum contribution.

SSACI's grants to UYDF of R5 118 000 have leveraged approximately R4 514 500 (in student fees and accommodation only) from government sources, excluding NSFAS. Thus for every R1 SSACI has spent, government has contributed R0.88. The ratio of government to other private donor spending on student fees and accommodation is R1: R4.78.

Table 21: Government, Other Donor Funding Leveraged – UYDF

Year	Total Students	Average per student	Provincial Bursary Scheme/Govt		Other Donor		NSFAS	
			No	R	No	R	No	R
2011	151	60,500	9	544,500	121	7,320,500	11	627,000
2010	110	55,000	10	550,000	89	4,895,000	0	0
2009	85	50,000	15	750,000	56	2,800,000	0	0
2008	64	50,000	18	900,000	41	2,050,000	0	0
2007	52	35,000	13	455,000	30	1,050,000	0	0
2006	53	30,000	18	540,000	21	630,000	0	0
2005	53	30,000	6	180,000	30	900,000	0	0
2004	49	30,000	10	300,000	23	690,000	0	0
2003	45	25,000	11	275,000	24	600,000	0	0
2002	36	20,000	1	20,000	25	500,000	0	0
Total				4,514,500		21,435,500		627,000

NSFAS funding is essentially a loan, the majority of which will need to be repaid (by private donors), but if it is included in government contributions, that ratio of SSACI to government funding is R1:R1. Government funding to other donors rises to R1:R4.17.

SSACI-Funded Students in Relation to Total WIRHE Students

Table 22: SSACI-Funded Students in Relation to Total WIRHE – North West

Year	Total Students	SSACI		North West		Other Govt		Other Donor	
		No	%	No	%	No	%	No	%
2011	57	3	5	42	73	0	0	12	21
2010	57	8	14	34	57	3	5	12	21
2009	47	11	23	30	63	3	6	3	6.4
2008	41	14	34	16	39	4	9.7	7	17
2007	34	14	41	12	35	2	5.9	6	18
2006	29	13	44	6	20	3	10	7	24
2005	10	9	90	0	0	1	10	0	0
2004	9	6	67	0	0	3	33	0	0

The North West province's commitment to WIRHE has grown from funding 6 students (20%) in 2006, to 42 out of a total of 57 (73%) students in 2011. As the North West funding has grown, the proportion of SSACI funded students has decreased from its peak of 90% in 2005, to 5% in 2011. Fees and accommodation for all 15 Mpumalanga students are funded by the Mpumalanga Department of Health.

In total, SSACI has paid WIRHE R5 833 000, and government has paid R9 013 000 in fees, at a spending ratio of R1 to R1,54. SSACI funding of R5 458 000 between 2004 and 2008 (in the North West) has leveraged R7 311 000 from the North West Provincial Government, and R795 000 from other government donors. Its grant in Mpumalanga of R375 00 (for one year of the agreement 2011-2013) has seen the Mpumalanga Department of Health commit R907 500.

Table 23: Government, Other Donor Funding Leveraged – WIRHE North West

Year	Total Students		Average per student		North West		Other Govt		Other Donor	
	No	R	No	R	No	R	No	R	No	R
2011	57	60,500	42	2,541,000	0	0	12	726,000		
2010	57	55,000	34	1,870,000	3	165,000	12	660,000		
2009	47	50,000	30	1,500,000	3	150,000	3	150,000		
2008	41	50,000	16	800,000	4	200,000	7	350,000		
2007	34	35,000	12	420,000	2	70,000	6	210,000		
2006	29	30,000	6	180,000	3	90,000	7	210,000		
2005	10	30,000	0	0	1	30,000	0	0		
2004	9	30,000	0	0	3	90,000	0	0		
Total				7,311,000		795,000		2,306,000		

Other donors and charitable trusts have contributed R2 306 000, or a ratio R0,42 to SSACI's R1.

New Sources of Funding

UYDF and NSFAS

A new funding source for UYDF is the National Students Financial Aid Scheme (NSFAS). Anecdotally, it is notoriously inefficient, poorly managed, lacks staff and systems, and can't spend the money it has been allocated by government. Nevertheless, it has a significant amount of government money, and has developed a partnership programme, which allows it to work with certain organisations to reach the communities most likely to need its services. One level of the partnership programme is for scholarship programmes which distribute loans and provide support for students. The UYDF model therefore fits into this very well.

UYDF is investing time in building this relationship, which started in 2010, with the first funding received in 2011, in order to:

- Access government funding, as UYDF is fulfilling what should be an important government function.

- Change the risk profile of the organisation. UYDF is heavily reliant on donor funding. If for some reason this dries up, UYDF will still be responsible for paying student fees as it has signed contracts with each student. With students on NSFAS contracts, they will still be able to continue with their studies. This will also minimise the risk should medical students pursue specialisation options.

Students will sign two agreements, one with NSFAS to pay back the loan once they start working, and one with UYDF for the entire basket of support. UYDF will provide a monthly food allowance, and top-up book allowance. This is done as a means of holding students accountable to being mentored and abiding by UYDF's policies. Students will be required to be mentored, do holiday work, and attend the annual Imbizo. These are not optional, and are part of a total package.

Upon graduation, and starting work-back commitments, UYDF will repay the equivalent of a year's loan for each year worked back, after completion of a year's work. It will be interest free as it is paid in a lump sum, according to an agreement with NSFAS. Should students renege on their commitments, they will repay both UYDF and NSFAS. UYDF will be responsible for recovering the top-up amount, not all student fees and accommodation.

Although the NSFAS scheme is a way of accessing government funding, UYDF will still have to approach donors for full-cost and top-up funding so that they will be able to repay loans when students start working back. As more students join the NSFAS scheme, funders will be able to support more students as they will only be paying for the top-up.

The scheme would be attractive to prospective donors, who would see a government contribution of approximately 70% of the cost for each student. The danger is that without sufficient planning for when students graduate and start working back, UYDF could find itself in a serious cash crisis.

Organisational stability

Both UYDF and WIRHE face challenges in ensuring there is sufficient funding for operational costs, with many funders willing to fund only direct beneficiary costs.

With North West funding coming directly to the WIRHE office, WIRHE has negotiated a 10% fee that will help to cover its operational costs. This has not been the case with the Mpumalanga Department of Health, who pay directly to the fees offices at the different universities. WIRHE's staff costs are paid by the university, a significant advantage.

UYDF will not be able to recover much from NSFAS, as they only pay a total of about R5 000 per year to organisations who administer loans on their behalf, irrespective of the number issued. It does, however, have agreements with two international foundations that commit funding to the entire programme, including overhead and administrative costs. These are multi-year grants, which provide some stability.

In addition, due to the small organisational structure, making use of the skills of many qualified people (mentors) at a fraction of the cost to employ such people, the overhead costs of UYDF amount to less than a third of the total costs. UYDF believes this is small enough to still be attractive to funders, when they consider the impact that such funding can have.

Institutionalising Programme Activities

UYDF

The previous evaluation of the FoM programme found that it had a good relationship with the department in the Umkhanyakude district, but needed to find ways of engaging more at a provincial level.

Although a WIRHE-type model of funding for students has not happened in the province, other progress has been made. A significant obstacle to better interactions had been the personalities of certain officials, who have since left, and UYDF has worked with the department to formulate a framework for co-operation less dependent on individuals.

It has helped that UYDF has expanded to work in two other districts in the province, which had been one of the Department's concerns. In addition, one of UYDF's trustees, who had been engaged with the programme at different levels in the district, became the Umkhanyakude district manager.

UYDF has also pursued political backing from the MEC, who believes in the programme, and has met with students and graduates. The MEC has taken the programme to the Premier, who has met with UYDF and spoken about it to wider audiences. The MEC's support has made staff in the Department more receptive to UYDF and its work.

This has culminated in the signing of a Memorandum of Co-operation in 2010. According to the agreement, UYDF will assist the provincial bursary scheme by providing mentoring support to their students in the districts where it operates, from its existing mentoring team. This is on condition that the Department informs their students that it is compulsory to meet with a mentor, and that there should be some consequence for the students if they not comply. On the Department's side, they are hoping that this will help ensure their bursary students work back in the district, *"there is no-one keeping a paper trail of those students, making sure they come back"* (District manager).

In return, UYDF graduates would be employed into vacant posts without needing to be interviewed (like graduates of the provincial bursary scheme). So far this has been effective. In 2012 all graduates had been employed.

UYDF has the capacity to provide the additional mentoring, but has only done it for a few students (those who requested it) as the Department did not inform their 2011 intake about the compulsory mentoring.

The agreement facilitates greater co-operation in the selection of students for the UYDF and provincial bursary programmes. The next step, according to the District Manager, would be service level agreements between the district and with the management at each hospital to ensure compliance. That would ensure that support is not personality driven. Over time, hopefully the levels of trust and co-operation will grow.

WIRHE

The major advantage for WIRHE in getting the North West to play such a large role in the programme is that the Director is an insider, with his position at the university partly funded by the province. WIRHE also benefits from this arrangement with some of the family physicians, and other staff in the districts. From the province's side, WIRHE relieves the districts of much of the responsibilities for managing and administering bursaries.

Although the North West and Mpumalanga provinces are critical role players in the WIRHE programme, with growing financial commitments, these arrangements are not without difficulties.

In the North West, the programme has not yet been fully institutionalized. The major blockages to this are:

- Funding
- Payments
- Ensuring there are posts for graduates, and aligning selection of students more strategically with posts in the districts.
- Effective administration of programme activities.

Some of these blockages could be addressed in some way with better political support for the programme. The scholarship programme has never been formally launched in the province, which would have given it the higher profile that would encourage provincial staff to look at ways of implementing the necessary systems better.

Funding

The province's funding for the scholarships comes from a variety of sources, sometimes from grant funding, from the Premier's office, and sometimes from the equitable share that the province is allocated from national government. There is no dedicated budget for WIRHE scholarships. When the scheme started, this was an advantage as it gave the province the necessary flexibility to provide the funding outside of the usual bureaucratic procedures.

The financial risk to the province was reduced by SSACI co-funding and, by the WIRHE model, with its emphasis on ongoing support for the student throughout their studies as well as in the district from where they were recruited to ensure optimal academic performance and minimize dropout and repeat years.

Now that the programme has proved itself, for it to be fully institutionalized in the province it needs its own dedicated budget, managed at a high level in the human resources development department. Political backing would give it the higher profile it needs for that to happen.

Payments

Late payments of fees from the province to the three universities have been one of the biggest challenges WIRHE has faced. Provincial budgets are not aligned with the times when fees need to be paid, and they tend follow their own rules, rather than when fees need to be paid. This is probably exacerbated by the fact that money from the province is coming from different budgets.

Systems and support that would alleviate the problem are not in place, or are not properly followed. For example, at the beginning of the year, students are supposed to come to university with their contracts with the NW province already signed. This does not always happen. The fees office wants payment, but the province can't pay without a signed contract.

The province is supposed to provide written guarantees to the universities that they will continue to fund students after the first year. This also does not happen timeously, with serious consequences.

Students whose fees are not paid may be denied accommodation on returning to university, may not access their results, or be allowed to register for the next year. This is extremely stressful for students, some of whom actually drop out as they have no way of bridging the financial gap until fees are paid. WIRHE has on occasion paid fees themselves, and then invoiced the province. One of the districts has actually stopped the intake of new students until it was sure the promised funds would be paid.

One of the first WIRHE students, from Mpumalanga, Kgopotso Moeng studied medicine with two friends who dropped out. They were on provincial bursaries, but did not have the support of WIRHE. Had they been, Kgopotso is convinced they would have been able to complete their medical degrees.

Some of the sub-districts have been helping students with things like applications fees and transport. The mayor of Wolmaranstad is one example where knowledge of the programme in a small place provides support to bridge the gap from the province.¹⁵

Students' major contact with the WIRHE office relates to unpaid fees. Justice Mmapitla, a medical student at MEDUNSA who acted as a liaison with the WIRHE office, was *"not sure if it is the system, or the people using the system, as nothing has changed in 5 years"*. Students always call him wanting to know why their fees have not been settled. *"They come back in January, can't get results, so can't register"*.

All this has resulted in a great deal of additional administration from the WIRHE office. Fortunately for their students, they have worked with the respective fees offices to try to make arrangements so that students' studies are not as badly affected. The WIRHE programme in Mpumalanga is also plagued by late payments from the province, which pays fees directly, not to WIRHE.

Funding of Posts

On the clinical side, the province is supportive of the need to get posts funded for graduates. In reality it is sometimes a battle to get this done as human resource departments seem to work independently of clinical needs. Funding of posts is skewed towards administrative rather than clinical posts.

The experience of Moleboheng Sekgotho, a physiotherapist at Nic Bodenstein hospital is illustrative. When she arrived there for community service, there was no post, and major efforts had to be made to get a post unfrozen so she could stay there. She has since tried unsuccessfully to motivate for additional posts so that her work can continue.

¹⁵ Prof Claire van Deventer, Interview 23 November 2011

WIRHE now works with the province to create a dummy post once a student is selected for the programme. The difficult part is getting the post unfrozen once the student graduates.

In the absence of a formal provincial human resources plan, there is little coherence or strategic planning between the needs of the hospitals and the available posts for medical personnel.

Once again, high level involvement from the human resources directorate is needed to ensure proper alignment of available posts with returning graduates, and the needs of hospitals.

Effective administration of programme activities

Selection of students is an example of successful integration of WIRHE activities with other programmes in the province. WIRHE and the North West are working together in doing selections for the clinical associates programme and the scholarship programme at the same time. The province runs that in conjunction with the Division of Rural Health, where WHIRE is located. WIRHE, together with the University of Pretoria, who are running the clinical associates programme for Mpumalanga, are trying to facilitate a similar arrangement. At the moment, the province selects students for both programmes, with no input from either WIRHE or the University of Pretoria.

In the North West, district training officers may get about 200 or so applications in each district. They need to shortlist students to about 30 per district for interviews, so that they can finally select 3 WIRHE students, and 4 for the clinical associates programme.

Administration of these procedures is not as efficient as it should be. Within some districts, there is still not enough understanding of what kind of marks, or what subjects, students need to be able to apply successfully for health sciences at university. The district staff also need to ensure prospective students have all the right forms, and have done relevant benchmark tests. They submit applications directly to the WIRHE office for checking.

While the districts are playing an important role, far more administration than anticipated is required to ensure that these tasks are done effectively, both at a district level where family physicians have to play an increasing role, and also at the WIRHE office.

CONCLUSIONS

1. Is there a continuing need for initiatives of this nature?

A review of interventions, internationally, to redress the inequitable distributions of health professionals in rural areas, indicates that selection of students from a rural origin is the most likely factor that will result in their return to work there. Additional strong influences of future practise in rural areas are the intent, at the beginning of studies, to work as a generalist, and a spouse who comes from a rural area.¹⁶ Incentive programmes, such as bursaries and scholarships, need to be coupled with other factors.

In a funding report for the FoM scholarship scheme in December 2007, Andrew Ross wrote, *“funding scholarships for rural school leavers to study health sciences is definitely not enough...but it is an effective entry point for rural health development”*.

The UYDF and WIRHE programmes combine a number of strategies, namely the selection of rural students, financial, mentoring and other support while studying, and exposure to rural practice, through holiday work experience.

They have proved that rural students can succeed at university, and go back and work in their districts of origin. At first, the UYDF programme was a vision, people were not that convinced it would work. *“What has really changed is that people can see it can, and it has worked”* (Andrew Ross). UYDF graduates have worked back their obligations, and are still working in rural areas, even after completion of their work-back commitments. It is still too early to tell for WIRHE, as their graduates have not yet completed their contracts.

Other scholarship schemes do not seem to achieve the same results, although without proper data, precise comparisons can't be made. Two examples of these are the provincial bursary schemes, and the Cuban programme, where students from rural areas in South Africa are sent for training in Cuba. Upon their return, they have to write exams at a South African university, and then work back in the rural area they come from.

Problems with provincial bursary schemes have been noted repeatedly in the evaluation findings. No figures are readily available from the provinces about their retention rate, but the Eastern Cape Department of Health, which has approached UYDF for assistance with its scholarship programme, is trying to recover more than R65.5 million in bursary money from 131 (out of 426) medical graduates who have reneged on their commitments to serve in rural hospitals after their studies.¹⁷ Officials from both North West, and KZN acknowledge problems with their bursary schemes.

¹⁶ Wilson, NW, Couper, ID, De Vries, E, Reid, S, Fish, T and Marais, BJ (2009); *A critical review of interventions to redress the inequitable distribution of healthcare professionals to rural and remote areas* in Rural and Remote Health 9:1060. Online (2009), available from <http://www.rrh.org.au> and Grobler, L, Marais, BJ, Mabunda, SA, Marindi PN, Reuter, H, Volmink, J (2009); *Interventions for increasing the proportion of health professionals practising in rural and other underserved areas (Review)* in The Cochrane Library 2009, Issue 1, available from <http://www.thecochranelibrary.com>

¹⁷ *“Medical Graduates ‘skip out on bursary obligations’*; The Sunday Times, 29 January 2012

Views on the Cuban programme diverge. Some public health experts believe it is very expensive, and does not provide an adequate return on investment. Students spend a year learning Spanish, and then after finishing medical school in Cuba, they still have to attend final year and pass exams at a South African university, and become more practiced in the clinical procedures that have priority in the South African health system. Thus their training takes longer before they can start internship and community service in South Africa. This obviously has a cost implication. On the other hand, students, who study in Cuba are often better versed in primary health care.

Whatever the view of the Cuban programme, provinces still have to keep track of where graduates are, and make them accountable to work back their commitments in rural areas. They struggle to do this. Students have built up no relationship with health care services in their districts.

The key factors in the success of the UYDF and WIRHE programmes are the ongoing mentoring and support students receive, and the relationships they develop with hospitals in their districts over the course of their studies. These serve to remind students of the role they play, their obligations, and make them accountable for where they work. This surely gives these programmes an advantage over others which don't.

The scholarship programmes are fulfilling an important role, but they can't solve all problems on their own. They *"need to be seen as components in a bigger puzzle, aligning with broader strategies"*¹⁸

For the first time, a national health plan features a strategy, with objectives, for promoting access to health professionals in rural and remote areas.¹⁹ These objectives are based on the same principles that underpin the UYDF and WIRHE scholarship programmes, that students from rural backgrounds are more likely to return to rural areas. They also relate to the real obstacles students, graduates and health officials have experienced in these programmes.

In the short term, the strategy objectives include ensuring that critical health professional posts are not frozen due to hiring moratoria resulting from overspending, and revising foreign and local recruitment and retention strategies. In the longer term, objectives, inter alia, involve working with university health science faculties to ensure a minimum number of places for rural students, and providing funding for them. Professional development programmes in each rural district will need to be implemented. Human resources for rural health cuts across most of the objectives, and integrated strategies are needed to address them.

The WIRHE and UYDF scholarship programmes have been working with these issues since they started.

There is thus not only a need for initiatives of this nature to continue and grow, but there is now an even stronger argument for high-level political support and government funding from a dedicated budget, as they form part of its own policy. The two programmes SSACI has funded have shown the way.

¹⁸ Marije Versteeg, Rural Health Advocacy Project, Interview, November 2011

¹⁹ Department of Health (2011); Human Resources for Health South Africa; HRH Strategy for the Health Sector 2012/13 – 2016/17; October 2011; p124-125

Perhaps the programmes need an advocacy component to ensure policy is implemented, or have stronger links with an independent one, like the Rural Health Advocacy Programme.

2. Have the inputs led to the desired outputs, outcomes and systemic impact?

Inputs

The numbers of students who entered the UYDF and WIRHE programmes are less than those targeted in the agreements between SSACI and the 2 parties.

SSACI supported 35 students from the UYDF programme, against a target of 44, 27 from WIRHE in the North West against a target of 53, and 15 in Mpumalanga out of a target of 20. Counting the total numbers of students supported year-on-year, SSACI supported 102 with UYDF, 78 with WIRHE in North West and 15 in Mpumalanga.

The reasons have been elucidated, and include, especially in WIRHE's case, the divide between students emerging from poor, rural schools with inferior education, and the necessary requirements for university entrance, and the potential to cope. It has taken time for systems to be devised that allow the WIRHE message to be spread effectively to schools especially in remote areas, and for selection procedures to be administered effectively. Implementing these systems is an ongoing challenge.

Outputs

Pass rates from both programmes are impressive, and although students still fail, fewer are being excluded. The support structures both programmes offer are effective.

Since its inception, 115 students have graduated from the UYDF programme, 20 of these supported by SSACI. Graduates are going back to work in rural hospitals. 64 of these graduates are working in rural hospitals, with a further 28 doing internships, after which they will too. Only 5 have bought themselves out of their contracts, and three work in private hospitals after completing their work back contracts.

UYDF certainly has fostered a commitment to work in rural areas among its students, with 27 of the 39 (69%) who have completed all obligations to work back still remaining in rural hospitals.

To date, 23 students have graduated from the WIRHE programme. Apart from those doing internships or fulfilling other scholarship obligations, all are at rural facilities.

Outcomes

Graduates from the UYDF and WIRHE programme have jobs, in their local areas, but as professionals who serve as role models in their communities.

Young health professionals have all made an impact when they start work in understaffed areas. Their presence has enabled patients to access services they have never been able to before. How these are maintained or grow depends on the levels of leadership in hospitals, and the supervision and professional development available to graduates.

Systemic Impact

Systemic impact on the provincial health systems has been slower to see. Some progress has been made in KwaZulu/Natal with growing political support, and the signing of a Memorandum of Co-operation between UYDF and the Department of Health. However, no funding from the Department of Health goes to UYDF, and it essentially operates in parallel to the provincial bursary scheme. Interactions have grown, especially around the important function of ensuring posts for graduates. Hopefully, in future, now that a broad framework is in place, there will be increasing interaction between the schemes.

The WIRHE model operates on the basis of partnership with the North West Department of Health. Nevertheless, there are still serious blockages to be overcome before the programme can be fully institutionalized in the provincial department. An important one is the lack of political support, which would help to address the others. The others are:

- The lack of a budget dedicated to scholarship funding.
- Delays in the payment of student fees.
- Ensuring posts for returning graduates and a more strategic alignment between the selection of students, the needs in the districts, and the posts available.
- Effective administration of programme activities.

3. How will UYDF and WIRHE sustain their activities beyond the period of SSACI funding, and how will public benefits be maintained?

UYDF is heavily dependent on corporate donors and charitable trusts, for both student funding, additional services, and operational costs. This has served them well and the organisation has grown substantially. Without it, however, the organisation would close. Over the years, UYDF has tried to formalize a relationship with the KZN Department of Health in order to work more closely with its bursary scheme, and access some of that funding. This has not been successful.

It hopes that its new strategy of working with NSFAS will reduce its financial risk, while at the same time ensure funding for student fees continues. Donor funding, however, needs to play a big role in the foreseeable future.

WIRHE has managed to establish itself in a sustainable way, even as SSACI funding has tapered off. It has leveraged government money quite successfully. Its arrangement with the North West, and Mpumalanga takes care of the bulk of student fees. Its location in the university ensures that most of its operational costs, in the form of salaries, are taken care of. It has also managed to grow its private donor base, although not spectacularly.

However, with staff all doing WIRHE work part-time, growing student numbers, and the growing administrative demands resulting from increased funding from the provinces, WIRHE will need to grow to ensure that it has the capacity to provide the necessary support to students that makes it successful. Ironically, this will probably need to come from private donor sources.

4. What can SSACI, UYDF, WIRHE and relevant government departments learn from this experience?

It is difficult to say which model is more effective, as they operate in different contexts, and have different origins.

The nurturing and support students get from both programmes replicates in some ways what others, who are more advantaged, may get from parents. It allows students to concentrate on their studies so that they can succeed. Staff from both programmes relate to students with care and respect.

UYDF

The UYDF is achieving its original objectives of training rural students for work in their own rural health facilities. For them, this is not enough, and they have now set additional objectives, of creating leaders in these health facilities. This shows that the organisation has matured, and sees itself as making a lasting impact on rural health care in the province. It will be a great achievement when a hospital CEO comes from its ranks for the first time.

Its strengths are its rootedness in the hospitals in the districts it serves, and the communities around them. It helps facilitate effective experiences for students doing holiday and voluntary work.

The voluntary work before studying, and holiday work experiences help students to feel they are contributing to their community, as well as benefiting themselves. Good attitudes and work ethic of graduates is the result. Maintaining contact and taking an interest in them and their professional development contributes to their commitment to working in rural areas in the district.

It has also allowed it to access increasing numbers of schools, and provide them with information. As a result it has been easier to identify students who will succeed at university. Once access to schools is maintained, UYDF can look at additional programmes, for learners at Grade 11 and below.

As the programme has evolved, the level of personal contact UYDF was able to have with students and graduates has become more difficult. The structured mentoring, and the alumni programmes were introduced to address these challenges.

The establishment of dedicated staff, with a full-time director, has played a crucial role in establishing systems to maintain the elements of its model which ensure its success. Increases in student numbers, and graduates bears testimony to this. It has also improved administrative systems that allow it to keep track of students and graduates quite easily. These were not there before.

If the UYDF model has a weakness, it is lack of access to public funding and dependence on donor funding for sustainability. This independence, however, has allowed the programme to be innovative.

WIRHE

WIRHE's strengths are its formal relationships with the North West Department of Health and Social Development, and the University of the Witwatersrand. Despite challenges in fully institutionalizing the programme, these relationships are the basis of its sustainability.

Although it works closely with the districts, it is not yet as rooted in the communities and hospitals as UYDF is. Developing closer links would be advantageous. It would allow greater penetration into rural schools, and foster better relationships with hospitals

Like UYDF, the real value adds of its model are the nurturing and support, holiday work and mentoring.

In a sense, from an organizational point of view, WIRHE is in a similar position to where UYDF was in 2007, when numbers of students were almost stagnant until its organizational change. WIRHE's part-time staff are overwhelmed by administrative tasks. This affects the important elements that students need to be successful, such as more structured outreach to schools, mentoring, and a graduates or alumni network. It also affects tracking of students, and accurate reporting.

A full-time appointment operating at a high level would allow the programme to fundraise more, and implement systems that will allow it to grow. This requires additional funding, for which the administrative fee WIRHE is recovering from the North West is not sufficient.

Opportunities

Technology

Students and graduates are starting to use their own networks to either help with their studies, or to share ways of helping their communities. As well as personal contact, they use technology. Once they have access to computers, as all students need, or smartphones, they tend to use Facebook.

Technology presents great opportunities, and it may be worth strategizing around the use of social networks to enhance the linkages of scholarship programmes like WIRHE and UYDF. UYDF already has a presence on Facebook, although it could not be accessed. A Facebook group is an effective way of communicating information easily to students, and is free. Members of the group can then network with each other, or with similar groups from another university, or a different area.

It would require some marketing and orientation on how to use, but students could link with graduates, who could then bring in their own networks. With growing penetration of smartphone technology in rural areas, Facebook could be used to communicate information about the programmes with teachers or champions in rural schools. In time, high school students could also join. The possibilities are endless, but the cumulative effect is powerful.

Replication in other disciplines

The models of support the UYDF and WIRHE models are very replicable, even for other disciplines. Municipalities struggle to find qualified staff. There seems to be no reason the model can't be adapted and used to train rural students in other scarce disciplines, like engineering or town planning.

A final word

SSACI's support to the UYDF and WIRHE programmes has achieved a great deal.

It has certainly contributed to better access to healthcare for rural communities, which will continue to grow as increasing numbers of graduates take their places at rural health facilities. This has not always been easy, but if the vision of equitable access to health care, as envisaged in the national health insurance scheme, becomes a reality, this is an absolute prerequisite. Programmes to produce the health professionals in rural areas, like UYDF and WIRHE, are cornerstones of that vision.

It has given youth in rural areas a profession that allows them to contribute to their communities and enhance the lives of others. It has not simply created a job for people by giving them basic skills, although that too is important. By fostering the creation of role models who have succeeded, it motivates youth, who generally see no opportunity for themselves, especially if they stay where they are. It has shown that education is the way out.

It has changed the lives of the beneficiaries, and has the potential to transform communities. Sphamandla M Gomezulu puts the impact of the UYDF scholarship succinctly, *"when one looks back, one can see that this is the one initiative that has affected the community, and can bring change to the next generation"*. His and his colleagues' children *"will not go through the same experience – from this generation, the culture of lack of or unplanned education will stop."* If he has achieved, his children will go to school, and he will ensure it is a good school. *"That helps to break the cycle of poverty."*

ABBREVIATIONS

DoH	Department of Health
FoM	Friends of Mosvold
NSFAS	National Students Financial Aid Scheme
MEC	Member of the Executive Council
MEDUNSA	Medical University of South Africa (University of Limpopo)
SSACI	Swiss-South African Co-operative Initiative
UKZN	University of KwaZulu/Natal
UYDF	Umthombo Youth Development Foundation
WIRHE	Wits Initiative for Rural Health Education

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APPENDICES

A : List of Respondents

	WIRHE	Umthombo
Project Staff	Face to face -Dr Ian Couper -Nontsikelelo Makupata-Sondzaba	Face to face -Dr Gavin McGregor -Dumisani Gumede (also a graduate) -Dr Andrew Ross (founder, and Trustee)
Public Health Experts	Face to face -Marije Versteeg – Rural Health Advocacy Project Note: A number of respondents are also experts in public health, especially university and project staff, and provincial staff members.	
Provincial Officials	Face to face -Dr Andrew Robinson – Deputy Director General, North West Department of Health -Shadrack Tlhakanelo – District Training Officer, Dr KK Kaunda District Telephonic -Gerhardus Henning – Chief Director District Health Service, Ngaka Modiri Molema District -Dikeledi Dithebe – Co-ordinator in Deputy Director’s Office	Face to face -Ms M Themba – District Manager, Umkhanyakude District, KZN Department of Health
Provincial/University Staff (joint appointments)	Face to Face -Prof Claire van Deventer - Head of Unit, Family Medicine, Dr KK Kaunda District -Dr Das – Family Physician – Dr KK Kaunda District -Abigail Dreyer – Project Manager, Lehurutshe District Education Campus, Ngaka Modiri Molema District	
Hospital Management		Face to Face -Elda Nsimbini (also a trustee and founder of FoMSS) Telephonic -Dr Kekana (Medical Manager, Hlabisa Hospital)

	WIRHE	Umthombo
Graduates	<p>Face to Face</p> <ul style="list-style-type: none"> -Moleboheng Sekgotho (Physiotherapist) -Kgopotso Moeng (Doctor) -Solomon Mmote Nkoe (Occupational Therapist) <p>Telephonic</p> <ul style="list-style-type: none"> -Tshepho Ramotshela (Pharmacist) -Oleboheng Lontshitshe (Nurse) -Haward Mathe (Physiotherapist) 	<p>Face to Face</p> <ul style="list-style-type: none"> -Sphamandla Mngomezulu (Psychologist) -Nozipho Myeni (Radiographer) -Norman Thabede (Biomedical Technologist)
Current Students*	<p>Face to Face (North West)</p> <ul style="list-style-type: none"> -Luther Monareng (Occupational Therapy) -Reneilwe Chiloane (Pharmacy) -Olindah Silaule (Occupational Therapy) -Boitumelo Mosimane (Medicine) -Cecil Pule (Medicine) -Justice Mmapitlo (Medicine) <p>Telephonic (North West)</p> <ul style="list-style-type: none"> -Sara Moloto (Occupational Therapy) -Musa Sibeko (Medicine) -Masego Mpewe (Medicine) -Karabo Kolobe (Medicine) -Elizabeth Tshegofatse Nkoliswa (Medicine) <p>Telephonic (Mpumalanga)</p> <ul style="list-style-type: none"> -Tshegofatse Phetla (Occupational Therapy) -Thandekile Mahlangu (Medicine) -Nondumiso Kubheka (Pharmacy) -Faith Mahlangu (Medicine) 	<p>Face to face</p> <ul style="list-style-type: none"> -Zanele Buthelezi (Nursing) -Senzo Khambule (Clinical Practice) -Ndabazitha Khoza (Medicine) -Siphesihle Madi (Optometry) -Zanele Mkhwanazi (Physiotherapy) -Thabo Lesley Nakedi (Social Work) -Nombuso Ngubane (Social Work) -Lungile Sindiswe Thwala (Social Work)

*Current students at the time of the interviews. Some may have graduated since then.

B: Interview Guides

Human Resources for Rural Health - Project Implementer – Interview Guide

1. Introduction and background to evaluation

2. Background to the project

Please provide a brief background and overview to the project. Please describe any changes that took place, and why.

3. What has happened in reality?

What has worked, and what has not worked as well? What has had to change in terms of your implementation of the project?

4. The model

Why is this model appropriate in your area? How is this scholarship scheme different from any others (WIRHE/Umthombo/Cuban)?

How are students recruited and selected? Who plays a role in this? Do they know what they want to study? Do students apply first to the institution and then to the scholarship project?

Do the students on the project take the same time to finish their degrees as other students? What are their responsibilities? How willing are they?

5. What is the role of the implementing agency?

Does this remain the same throughout the university careers of students? Why can't students just apply to university on their own? Who else could or should play this role? Do you think it could be replicated in other disciplines – maybe not medical related?

How has the project helped students make the leap from rural life to an urban, university lifestyle?

What organizational challenges have you/do you face? How can these be addressed?

6. Partnerships

Who are the significant partners? Can you give an assessment of the strengths and weaknesses of each one? What do you think should and could change with respect to the role each one plays? How have these institutions adapted as a result of the project?

Are the relationships with different institutions the same? Are some better than others?

7. Impact

In your opinion, what down the line impact has the project made in terms of:

- The immediate beneficiaries. (Are students willing to fulfill the terms of their agreements about going back, do you think they will stay after working back their scholarships?) How do you use graduates? Who are the alumni, what is their role?
- The hospitals (what has changed in the hospitals? Explore the kinds of disciplines people bring back, especially graduates – is the project starting to affect the staffing of these particular rural hospitals – is the need being addressed? Is there any way of comparing with those not involved in a scheme like this).
- Communities and schools in the target areas.
- Schools in the target areas (explore open days and other initiatives).
- Other students (in other words has it encouraged others, have graduates really acted as role models etc).

8. The Future

What are the possibilities of future scholarship funding? What are the prospects for long-term sustainability of the project? Will it be able to access public funds? Do the local communities and hospitals also have a role to play? What will the role of the implementing agency be?

Human Resources for Rural Health - Health Official – Interview Guide

1. Introduction and background to evaluation

2. Role in the project

What is your position (who do you work for)? What is your role in the project?

3. Length and Changes

How long have you been involved in it? What changes have you seen?

4. Overview of staff situation in rural health

5. The model

Why is this model appropriate in your area? How is this scholarship scheme different from any others? For example how does it compare with the Cuban/WIRHE/Umthombo model?

6. Assessment of strengths and weaknesses?

What has worked, and what has not worked as well. What has had to change in terms of the implementation of the project?

7. Partnerships

Who are the significant partners? Can you give an assessment of the strengths and weaknesses of each one. What do you think should and could change with respect to the role each one plays? How have these institutions adapted as a result of the project?

Are the relationships with different institutions the same? Are some better than others?

8. What is the role of the implementing agency?

What is your assessment of the implementing agency? What have they done well, what could improve? How successful have the specific interventions been (e.g. community service during holidays)?

9. How successful has this programme been in integrating with provincial structures and programmes?

How could this improve, what are the obstacles?

10. Impact

In your opinion, what down the line impact has the project made in terms of:

- The immediate beneficiaries. (Are students willing to fulfill the terms of their agreements about going back, do you think they will stay after working back their scholarships?) How do you use graduates? Who are the alumni, what is their role?

- The hospitals (what has changed in the hospitals? Explore the kinds of disciplines people bring back, especially graduates – is the project starting to affect the staffing of these particular rural hospitals – is the need being addressed? Is there any way of comparing with those not involved in a scheme like this)
- Communities and schools in the target areas
- Schools in the target areas (explore open days and other initiatives)
- Other students (in other words has it encouraged others, have graduates really acted as role models etc?)

11. The future

How do you think the project could be sustained over the long term? Will it be able to access public funds? Do the local communities and hospitals also have a role to play? What should the province's role be? What are the possibilities of future scholarship funding?

Human Resources for Rural Health - Graduate – Interview Guide

1. **Introduction and background to evaluation**
2. **Please can you introduce yourself/selves. Where do you come from? What did you study?** (note institution, age)
3. **Please tell me a bit about your family background.**
(Parents, siblings, what parents do/did, if any other siblings have studied etc)
4. **Why did you choose the field you studied? When did you start, when did you graduate?**
(Probe number of years taken to get degree)
5. **Can you describe where you are working, what you are doing. What was it like starting to work there**
(Probe capacity of department, how many were there before, and now, the type of assistance get, how patients relate to you)
6. **How did you hear about your field? How did you hear about the scholarship programme?**
7. **Describe your experiences when you started university. What were the highlights? What were some of the challenges you faced?**
8. **What support did the scholarship programme offer you?**
(Describe the different types of interaction you have with it)
9. **Can you describe some of your holiday experiences working in hospitals (probe conditions, staff , what you did etc). What kind of relationship do you have with that hospital?**
10. **What could the scholarship programme have offered that it is not doing at the moment? How could it improve?**
11. **What expectations do your family, community have of you? What support or pressure from them does this involve?**
12. **What do you intend to do after you finish working back? (probe future plans etc)**
13. **How do you think this programme contributes to better health in rural areas? Do you have any ideas about how it has improved structures and procedures in the rural hospitals you know about?**

Human Resources for Rural Health - Student – Interview Guide

1. **Introduction and background to evaluation**
2. **Please can you introduce yourself/selves. Where do you come from? What are you studying? (note institution)**
3. **Please tell me a bit about your family background.**(Parents, siblings, what parents do/did, if any other siblings have studied etc)
4. **Why did you choose the field you are studying? When did you start, when are you going to graduate?**
5. **How did you hear about the scholarship programme?**
6. **Describe your experiences when you started university.** What were the highlights? What were some of the challenges you faced?
7. **What support has the scholarship programme offered you?**
8. **What could the scholarship programme have offered that it is not doing at the moment? How could it improve?**
9. **What expectations do your family have of you? What support or pressure from them does this involve?**
10. **Can you describe some of your holiday experiences working in hospitals** (probe conditions, staff , what you did etc). What kind of relationship do you have with that hospital?
11. **What do you intend to do after you graduate?** (probe future plans etc)
12. **How do you think this programme contributes to better health in rural areas?** Do you have any ideas about how it has improved structures and procedures in the rural hospitals you know about?

C: The Mini Case Studies

Graduates - WIRHE

MOLEBOHENG SEKGOTHO (LEBO) – PHYSIOTHERAPIST, NIC BODENSTEIN HOSPITAL – WIRHE



Moleboheng (Lebo) Sekgotho is 25 years old, from Ikageng township outside Potchefstroom. She works at Nic Bodenstein Hospital in Wolmaranstad. She started studying at Wits in 2006, and graduated in 2010. She has 2 years of the scholarship programme to work back.

Pharmacy and medicine were her first choices, but her mother, a nurse, suggested physiotherapy as Lebo had always liked working with people.

Originally from Ventersdorp, Lebo is youngest of three children. Her brother is still at school and her sister is married and working. Her father is a security guard, and her mother a nurse.

Work Experiences

Lebo has been working at Nic Bodenstein since 2010. The only physiotherapist at the hospital, Lebo sees people from the surrounding areas, which don't have a physiotherapist. In her first year she established an outreach programme, going to 7 clinics per week. Unfortunately, this stopped after 6 months, possibly the result of budget cuts, and the hospital not wanting to offer transport because the clinics were part of another sub-district.

Lebo had expectations of arriving at work for the first time, meeting with a supervisor, and being shown the department. When she arrived, however, the human resources manager knew nothing about her, there was no physiotherapist, and no department. Lebo recalls wanting to run away. It was too late by then. With the help of the district Family Physician, the HR department scrambled to get her a post.

She was shown a hall full of scrap metal, with paint peeling off the walls. Through her own initiative, she got the hospital to buy paint, tiles and other building materials. Lebo, joined by a few doctors, nurses, and ground staff, managed to transform the room. The hospital also bought equipment. It took about three weeks until the room was ready. In the meantime she had already started getting referrals, and worked from a small cubicle.

Challenges

Lebo is excited at what she has achieved in starting the department and in making a difference to patients. Many are stroke patients who have never had any rehabilitation. She is, however, angry and exasperated at the lack of support she has received in her efforts to ensure the continuity of the department, and the re-establishment of outreach services to clinics.

Lebo planned to leave the hospital at the end of 2010, but realized she had made lots of progress, had patients who needed her, and did not want to leave without anyone filling her position. Lebo has not succeeded in getting much-needed additional staff.

She has motivated unsuccessfully for a community service post for a physiotherapist, or even an occupational therapist. She has tried to get physiotherapists based in Klerksdorp to rotate. She also motivated for an assistant, and was told the post was approved, and then frozen. The sub-district had 2 physiotherapist posts. Lebo then requested they hire another physiotherapist dedicated to the clinics. When she followed up on the promise to look into it, she was told that the post had been converted into two administrative posts. So she is still alone there.

Her biggest concern is the lack of any supervision. In her first year, she received some in-service training and support from a Head of Department in Klerksdorp, who has since left. The physiotherapists in Klerksdorp are short-staffed, and are too busy to help her. She has to rely on the Internet and on textbooks. Her university lecturers helped her at the beginning, but they are also busy.

Lebo can no longer do outreach. She believes this compromises the care patients receive, even for those she has seen at the hospital who have been sent home. The hospital is very supportive when the patients are there but when they go home it's as if they do not care. Patients have to travel all the way to her, and most of them are stroke patients needing rehabilitation. They are poor, it costs them a lot to get to the hospital, and it is uncomfortable.

Lebo is waiting to see if a solution has been found for the outreach situation. As with trying to get another post, Lebo has been proactive. She wrote to the acting Sub-District manager asking for a car for everyone doing outreach. The response she got was that were none. Bureaucratic arrangements affect this, the hospital reports to the district, but the clinics are part of the sub-district management, even though the patients are the same ones.

Lebo is dedicated to her work, and sees people even if they are late, or miss their appointments and come the next day. She understands what they went through to get there. She believes that no-one at the hospital is accountable for anything, or that they put enough pressure on the human resources department to get what they need.

She has tried to push hard for a multi-disciplinary approach to patient care, but it did not work, as doctors could not come to meetings. There are no support structures for her. She approached the social worker, who told her manager. She only speaks to her manager when they bump into each other in the corridor, or when she has patients with her, and can't say what she wants to.

School

Lebo experienced many disruptions to her schooling. After spending a year at an FET college studying computers, and office practice, she found a small private school next to a butchery. This school had no proper textbooks, and teachers tended to come for three weeks at a time. She did 3 subjects in Grade 11, criminal law, criminology and ethnology. She was, however, also determined to do maths, and worked exceptionally hard. Although she passed her Grade 12, Lebo is convinced that she would have done exceptionally well if she had gone to a proper school. Her maths marks were not good enough for acceptance into medicine or pharmacy.

University Experience

In her first and second years, Lebo took out a student loan from ABSA. Lebo missed orientation week as her mother had not yet found the money for registration. She didn't know where everything was. Coming from a small place, Johannesburg was quite scary. Her mother paid rent for a place in Braamfontein, but Lebo was constantly anxious about whether her mother would be able to pay the rent, and sometimes had no money for food.

Lebo had to be very selective about which textbooks she bought. She could only afford very basic ones, and used the library for the rest. A good reader, studying in English was not one of the obstacles Lebo faced at university. She worked exceptionally hard, and passed every year, but got a shock when she failed her first chemistry test.

The WIRHE Scholarship

A family friend, who works for the Department of Health, told Lebo about the scholarship. There were many applicants, and she was thrilled to get it for her 3rd year.

She believes the WIRHE scholarship was God-sent, they gave her *"everything, even an allowance"*. She was able to focus on her studies properly, and could buy text books. She no longer worried if she could not get a book as it had been taken from the library. It was a great relief to her mother to know that she was taken care of.

The scholarship offered a proper support structure, not only money. Even after she finishes repaying, Lebo would like to be part of the programme. The scholarship helped her to move into res in her final year. That made studying much easier, as students were all studying health sciences, and had the same goals. Lebo was more relaxed in her final year, and got really good marks. She knew how things worked. For example, it no longer took her 2 hours to get 1 article on the Internet.

Holiday Work Experience

Lebo did her first holiday work experience in Ventersdorp. It was a one-corridor hospital. At the end of her third year she went to Potchefstroom hospital. By the time she returned in January for her 4th year, she had an advantage over the other students, who don't do community service at hospitals. It prepared her well for the year ahead.

Improvements to the WIRHE Programme

The mentoring Lebo got was fairly general. It would have helped her to have a qualified physiotherapist who came to see the physiotherapy students more often. Lebo herself would be prepared to do that for other students.

She has been with WIRHE to career exhibitions at hospital open days. Lifeskills, such as talking about HIV/AIDS, came up in an informal way when Lebo spoke to groups about problems in the community. This kind of thing could be included in the more formal WIRHE student meetings.

The Community

Lebo does not really have a mentoring role in her community. People there don't really care what people do when they are away. Lebo wanted to start something that gives back to the community, but got very involved with work. She is still trying to think of a strategy. In the meantime she is trying to collect books to give back to her old school as a donation.

The Future

Lebo would like to stay in a rural area, maybe Rustenburg or Ventersdorp. For now she sees herself staying in the public sector, but not for that long due to a lack of professional development. She is not learning new things nor is exposed to new research. A better multi-disciplinary approach at the hospital might have helped. She is worried that if she stays more than 3 or 4 years, she will fall behind. If she remains in a rural area, Lebo would consider a Masters in Public Health. However, if she wanted to do something else, like neurology, she would have to move to places with better technology.

On the whole, Lebo has had a wonderful experience and learned a lot. She is very proud of herself, even though she has had no formal recognition from the hospital.

Role in improving rural health

The scholarship programme can play a huge role in improving rural health, but it will take a long time to make an impact. The two biggest challenges are the lack of an education culture, and the health system's inability to retain staff. On the education side, young people in places like Wolmaranstad have no role models of successful people, so they don't really believe that education is a way out. It is a bit better in places like Potchefstroom. She also questions how the programme gains can be retained if people like her, who want to work in a rural area and make a contribution, are not supported properly. If Lebo has a family one day, she may have to move as there are no good schools in the area.

Her general feeling about physiotherapists in the public sector is that people don't appreciate the important role they play. Perhaps they don't advocate seriously enough.

KGOPOTSO MOENG – DOCTOR – INTERN AT OR TAMBO MEMORIAL (BOKSBURG) –WIRHE



Kgotso Moeng comes from Green Village Trust, in Mpumalanga. His home is a rural village, with no access to water, and far distances to get anywhere. Very slowly facilities are changing.

Studying medicine, Kgotso comes from the first group of students selected for the WIRHE scholarship. He is doing his 2nd year internship at OR Tambo Memorial hospital, after which he will do a year's community service.

Kgotso's mother is a teacher at one of the primary schools in the area. His father doesn't work. An only child, he is the first to graduate from his family. His younger cousins all look up to him.

Work Experiences

Internship is hard work. At varsity it's all about the theory, but he has experienced things very differently at the hospital. He says, "*in final year you think you know everything but when you get to internship you learn a lot that you didn't know about*". OR Tambo is not an academic hospital, and Kgotso believes that he has started learning bad habits. Because of the large numbers of patients he sees, he has had to learn how to speed up things, and take short cuts. He knows that some of the things they do are wrong.

School

Initially Kgotso wanted to be an engineer. He was fortunate to have had some career guidance at school, and teachers encouraged him and his friends to do medicine, saying doctors were needed to help the community. Doctors came to his school to talk to pupils about studying medicine.

In grade 11, together with 4 friends, he got serious about studying medicine. Kgotso had a good maths teacher, and got good marks in matric. He matriculated in 2003.

A nurse from a nearby hospital told his mother about the scholarship. She was from Friends of Tintswalo (an association formed in 2001 to help the hospital with fundraising)²⁰. He and his friend applied. They both got the scholarship from first year.

²⁰ www.tintswalo.org

University

Kgopotso started studying in 2004. University “*was crazy*”. He had never seen tall buildings like that before, and so many people. He came alone to Johannesburg. His friend, who had come a bit before, had relatives in Soweto, who fetched him at Park Station.

He and his friend stayed in Soweto for the first 3 months. They used trains to get to class but the trains were always delayed. Taxis took too long, so they were often late. They then moved to a flat in Braamfontein. It was very difficult to get into res, and he only got in in his third year. He and his friend had to cook for themselves. Kgopotso was grateful when he no longer had to do that at res.

His English was not bad, but the school he came from taught in the vernacular. Kgopotso was scared to ask questions in the first few months as he was not sure if he made sense. As time went on his confidence grew.

Of the five friends who wanted to do medicine at Wits, one changed his mind and studied quantity surveying, and two failed and changed their courses. His friend (also a WIRHE student) and he stuck it out. Tragically, his friend passed away in a drowning incident. That was a terrible trauma for Kgopotso.

The WIRHE scholarship programme

The scholarship paid for three years of his studies. From 4th year he received a bursary from the Mpumalanga Department of Health. Even though he had a different bursary, he was still part of the WIRHE family, and got the same care. Kgopotso believes that if his two friends, who failed, had had support from a programme like WIRHE, they could have passed and finished medicine.

Apart from financial help, there was little other assistance in his first year. The programme was still being established. From second year they started having meetings, and small forums where students would get together and share experiences.

Joburg felt like a jungle, and Wits made it worse. If students got a low mark they would get called to the Dean’s office and told they would be excluded. The WIRHE programme helped, they would meet and share marks, and discuss where to improve.

The second year meetings with Prof Couper were helpful. When students didn’t understand, he helped with general things. He also helped with administrative things, like typing letters. WIRHE became more organized when Sizwe and Ntsiki joined, in Kgopotso’s third year. That made a huge difference.

The general meetings with other students meetings were helpful as it allowed them to share their concerns and problems. He realised that his problems were not unique, and that there are people who understand and come from the same situations. By then Kgopotso was one of the old guys helping the others.

Holiday work experience

The first community service (holiday experience) at Tintswalo was horrible. Doctors expected students to know everything, treated them badly and wanted them to go home because they

thought they were useless. The doctors weren't too keen to teach, but the sisters and nurses were helpful. One doctor at Tintswalo, a Dr Coetzee, explained to the staff that the students were there to learn.

In second and third year, they learned much more. Kgopotso had better clinical skills by then. They were exposed to common diseases of the area, like TB, which they had not really learned much about at medical school. They didn't really treat patients. Kgopotso felt he had an advantage over his peers because he had seen things at the hospitals, like a lumbar puncture. He could explain things in class even though he wasn't that confident.

Improvements to the WIRHE programme

Kgopotso would like to see first year students paired with older students for support. He found the experience of going from his home, which has almost nothing, to Joburg a bit overwhelming. He has seen many people in his class who have fallen prey to alcoholism, and other self-destructive behavior, and thinks a life coach or psychologist would be helpful for students to deal with their pressures and expectations.

Kgopotso thinks MEDUNSA is a more supportive environment for some people. There are not as many distractions, it is less competitive and "*easier to survive*". He would not, however, have preferred to go there

The community

Kgopotso has hardly been home since he started studying. His family sees him as the same person. He is not expected to be the breadwinner, but when he goes home he tends to buy things for the house, and still has to do chores. His extended family, however, expects help. For example, someone may want him to sign for a disability grant. It is difficult for him, but it helps being frank and telling them that he is "*only a small doctor now*", it takes the pressure off.

Kgopotso uses Facebook to talk to friends he went to school with, who are all in Johannesburg. They are all qualified professionals. He wants to use that network to help his home community. He believes that if there are doctors and engineers there, they could go to the municipality and demand water. Some were agreeable to idea of helping, others just want to stay in Johannesburg.

The future

After internship, Kgopotso will do community service. He didn't get his first choice (Tintswalo), and is going to Carolina, which is "*in the middle of nowhere*". He would like to work closer to his home.

He has to work in Mpumalanga, and to work back for the scholarship. He would like to specialise, as an ENT. In the long term, he will not be able to work as a specialist if he stays at Tintswalo, but will probably have to go to Rob Ferreira in Nelspruit. He hopes that things change in the areas he grew up in so that he can work there. He would work in a smaller town in the province.

Being accepted for medicine was a great achievement because there were strict requirements. Another highlight was when Kgopotso's parents and the rest of his family came to graduation. For them it was a great moment, they believed that their lives would change for the better.

MMOTE SOLOMON NKWE – OCCUPATIONAL THERAPIST – MORETELE SUB-DISTRICT – WIRHE



Mmote Nkwe, is 31 years old, from Dipetloane, a rural village about 45km from Hammanskraal in the North West. He started studying at MEDUNSA in 2006, and graduated in 2010.

Mmote is the only occupational therapist in the Moretele Clinic sub-district. He started the department from scratch, and works with a physiotherapist. The clinic is next to Jubilee Hospital, which by a strange administrative anomaly is in Gauteng. There is an occupational therapist at Jubilee Hospital.

The first born of 6 children, Mmote's mother is a domestic worker. He lived with his grandmother when his mother moved to Warmbaths (Bela Bela). He completed matric in Bela Bela as there was no high school in his village. He has a stepfather, and also supports 2 children.

Work experience

Mmote knew that he would be the only OT in the sub-district, and would need to set up the department after he graduated. He had worked at the clinic before, as a driver. University gave him some training on how to set up a department. He needed many things, and had to motivate for the budget to get them.

People in the area were happy when he started working, as they didn't have an OT. He spends 99% of his time seeing patients in the 32 clinics in the sub-district. He has a programme from Monday to Friday, and sees 2 clinics per day. The furthest clinic is about 80km away from the sub-district office. He sees stroke patients and patients with arthritis-type ailments. He also sees people with hand injuries, and the aged.

There is too much work for one person. Mmote feels they need another OT and physiotherapist. He and the physiotherapist see patients separately as there were administrative queries when they went together, as they often saw the same patients.

He relies on the therapists at Jubilee Hospital, and in Brits, for assistance. This is through his own personal efforts rather than any structured supervision.

School

Mmote loved chemistry at school, and wanted to do analytical chemistry as a career. He didn't pursue this as he didn't have funding or information about it. His school offered no career guidance. After matric, he did nothing for a year. He then got a job as a driver at Moretele Sub-District.

While there, he found out about the scholarship. He met an occupational therapist at the hospital next door who told him a lot about OT, and he had already read about it. He applied for the scholarship, and then to the university.

University

Mmote was nervous when he started university. He didn't know if he would succeed, and wanted to finish the course in record time. His school had not prepared him for the level of English he needed, but it was almost there. Although it was not easy, as he had to do subjects like anatomy in the first year, he worked hard and passed.

Second year was better but conflicts between his mother, siblings and himself made third year difficult. He needed to see a psychologist, who he found on his own. This helped, but it did affect his work.

The WIRHE scholarship programme

The scholarship programme helped financially, providing everything, fees, accommodation and text books. He was able to focus on his studies. Mmote didn't have to ask his family for anything.

They had meetings with Prof Couper and Ntsiki, and discussions with other students. Prof Couper encouraged students to succeed in the midst of challenges. He met with other OT students from WITS University, and found that they were doing almost the same thing.

He did not tell the scholarship office about his problems, even though they encouraged students to ask for help. He did not want to tell them, so he handled it on his own.

To improve the WIRHE programme, a monthly allowance for students to buy clothing and maybe to go home would be helpful.

Holiday work experience

Mmote worked at the same clinic, Cuiferkuil, every year for his holiday experience. He didn't always do OT-related things, but he enjoyed it. Sometime he took patients' vital signs. It didn't really help with his course, although it could have if there was a therapist at the clinic. If he had been in a hospital it might have been better in terms of learning more about his field.

The Community

Mmote sees himself as a mentor to others. As he was empowered, he has to empower other people. It is his duty to contribute something back to the community. He and his friends have established an organization that wants to help supply school kids with school shoes. Initially funding for this will come from their own pockets, but he would like to grow this initiative.

The Future

After working back his remaining two years, Mmote plans to change career and become a Clinical Psychologist. His work has convinced him that there is a great need for psychological interventions. There has been no psychologist in Moretele for 4 years. He wants to work in the rural areas, even if he one day owns a house in Pretoria or Johannesburg.

He hopes to study on his own. He has been accepted at UNISA, and plans to do his clinical work at Moretele.

Role in improving rural health

Mmote see the scholarship programme improving the rural areas a lot. If it weren't for the scholarship this district would not have had an OT. Creating another post would encourage another student from the same district to join him.

HAWARD MPHONG MATHE – PHYSIOTHERAPIST – TINTSWALO HOSPITAL, MPUMALANGA - WIRHE

Haward Mathe, a physiotherapist, is 25 years old. He is in his 12th month at Tintswalo Hospital. A local, from the Acornhoek area (where Tintswalo is), he has returned to his place of origin to work back a 5-year scholarship commitment.

In his department, he is one of two physiotherapists, and an assistant. When he arrived there was another physiotherapist, who has since been transferred. Tintswalo is a district hospital, but covers a much larger area with 22 clinics. The hospital's catchment area is approximately 1,5m people.²¹ Haward and his colleague visit all 22 clinics every month, and may get to see patients once a month. There is enough work for 10 people.

Haward was in Grade 12 when he heard about the WIRHE scholarship scheme, from someone belonging to Friends of Tintswalo (an association formed in 2001 to assist the hospital with fundraising). Physiotherapy was not his first choice. At the time, having enjoyed chemistry at school, he wanted to study metallurgy. Ultimately he received a response first from the Department of Health Sciences at Wits, and not from his first choice. In retrospect, Haward believes that this was the best choice.

University

Wits was a life-changing experience. Haward came from a very rural area, and had never been to Johannesburg before. He loved student and city life.

From the beginning, Haward went to into residence at university. Two days before registration, he received a letter from WIRHE confirming his receipt of the scholarship. Until then, he had been waiting for a miracle as he knew he only had R2000 for registration.

²¹ www.tintswalohospital.org

The WIRHE scholarship programme

WIRHE arranged everything for him. They collected him at Park Station, and organized somewhere for him to stay while he was waiting for his place in res. Haward did not know anyone, and WIRHE performed the role of a family for him. They showed him where to go, and provided emotional and financial support. Particularly in the first year, when city life seemed frightening and overwhelming, WIRHE offered support, and the staff were always available.

Academically, university presented huge challenges, especially in first year. Haward had to type assignments without having a computer, or even knowing how to use one. Lectures were in English, and his improved drastically during this time.

Perhaps some assistance with transport home for all students from that area would help students. A small stipend would also have helped him as he had no income from his family when he was studying.

Holiday work experience

The community service holiday work at Tintswalo helped Haward a lot. In that first year, when he was still dreaming about being a metallurgist, it gave him a lot of exposure to the health field. He realised then that he wanted to continue. A further advantage of the holiday work was the practical experience he gained.

Role in improving rural health

Haward believes that the WIRHE programme will help a lot to get staff in rural health facilities. He himself initially thought that if he did not have sponsor's obligations, he would go to Chris Hani Baragwanath Hospital. That would have given him the opportunity to learn a lot, and experience lots of variety.

Now he sees that he has a very important role to play in the place where he comes from. Patients respond positively to him as he speaks their language. They know he is from the area and has the same background. They trust him and will listen to him

TSHEPHO RAMOTSHELE – PHARMACIST – GANYESA HOSPITAL - WIRHE

Tshepho Ramotshela is a pharmacist, working at Ganyesa Hospital, near Vryburg, in the Dr Ruth Segometsi Mompoti District.

Tshepho graduated with a BSc Pharmacy from Wits at the end of 2009, and started working at the hospital in early 2011. He works with a pharmacy assistant. When he joined, there was another pharmacist, who left in April 2011. Tshepho believes that 7 pharmacists are needed in the hospital for it to operate optimally.

The WIRHE scholarship “*saved him*” at university. He had nothing, and the scholarship helped him with fees, accommodation and everything he needed. It has made an enormous difference to his life.

Tshepho’s first six months at university were difficult, and he took a while to adapt. Growing up in a rural area, he was not used to “*how fast Johannesburg was*”. He had to learn to use the libraries, and how to use computers. The WIRHE office gave him a lot of support at that time.

As someone who grew up in the area, Tshepho can speak to hospital patients in their own language. This is a great advantage.

OLEBOHENG LONTSITSHE – NURSE – CHARLOTTE MAXEKE HOSPITAL, JOHANNESBURG - WIRHE

Oleboheng Lontshitshe is a 26 year old nurse, completing his community service at the Charlotte Maxeke hospital in Johannesburg. In 2012 he hopes to return to Taung, where he comes from, to work in a clinic there. He is communicating with the district in that regard.

He received the WIRHE scholarship for two years, and had a bursary from the Gauteng Health Department, which is why his community service was in Johannesburg.

Oleboheng wants to specialise in nephrology, but will have to work back his scholarship commitments first. He has also been offered a place to do a Masters in Public Health. Oleboheng was not that happy with nursing as a career choice. Medicine was his first choice. Once his work-back obligations are complete, he will make a decision about his future. He believes that perhaps in Taung he will be exposed to a different aspect of nursing that may interest him.

Without the financial and other mentoring support from WIRHE, he does not believe he would have got his degree. Oleboheng enjoyed studying.

Current Students – WIRHE

BOITUMELO MOSIMANE – 5TH YEAR MEDICINE – WITS - WIRHE



Boitumelo Mosimane is 28 years old, from a rural village about 5 minutes' drive from Mafikeng in the North West. She is studying medicine at Wits University. She started school at the age of 11, and matriculated at 22 in 2005. She started studying in 2006. Boitumelo is the first in her family to pass Grade 12, and go to university.

Family

Boitumelo has had a very difficult childhood and family life. Her mother was a domestic worker, and father a miner. She is one of 4 daughters. She can't understand why she didn't go to school earlier, although she has always been small. The message she got was that there was no money. Even her pre-school was paid by World Vision. Looking back, she thinks that her father must have earned something, but she never had the opportunity to ask her parents. They both passed away when she was at school, her mother when she was in Grade 7, and her father when she was in Grade 10.

At an early age, she and her siblings fended for themselves. There were, however, adults around who took an interest in her. One was her pastor, and one was a teacher she refers to as a mother. The year before she came to Wits, her eldest sister and niece were killed in a car accident.

School

A bursary from Telkom helped Boitumelo with her schooling from Grade 11. Her middle school teacher applied for it on her behalf. Boitumelo wanted to take all her subjects at standard grade in Grade 12, as she thought it would be easier. Her maths teacher realised her potential, and insisted she do them on the higher grade. Telkom was willing to pay for her higher education, and offered her a bursary to study accounting and economics at Wits. She was also offered a bursary from UKZN.

Her sister, who worked opposite the clinic, heard from the ladies there that WIRHE was looking for bright applicants. Her teacher had also heard of the scholarship programme, and helped her to submit the forms. Before that, she had not really considered medicine.

University

When she came to Wits, it was the first time she had been to Johannesburg. The only person she knew was the driver from the Department of Health. Boitumelo had forfeited her accommodation when she changed courses, so had nowhere to stay. She was very worried, as she had heard of people sleeping in lecture halls, or even at Park Station. A friend of a friend from Mafikeng accommodated her for three days. After that the WIRHE office managed to find her a place at res.

Coming from a small village, Boitumelo felt very alone for the first 2 years. She didn't have many clothes, and made sure she washed her jeans every night so she would have something to wear. She didn't feel like she fitted in.

An additional challenge was working on a computer. She had no computer knowledge. She attended classes at College Campus, but she found those useless. She learned on her own, and with the help of other students. One of her lecturers, a sociology lecturer, was very understanding.

A national debater while at school, Boitumelo did not struggle with English. Even so, she did not ask questions in class for four years as she was afraid people would laugh. She was able to talk more in small groups.

The WIRHE scholarship programme

The scholarship programme was very supportive. In the first year it helped with practical things like accommodation and food. Boitumelo does not think she would still be at university if it was not for WIRHE. She failed her 3rd year, but still received the scholarship. They had complete faith in her to give her another chance. Other scholarships would not have done so.

After 3rd year, a lady from the scholarship office came and spoke to students. Boitumelo sat with her and worked through her objectives, and how she could achieve them. They then assessed whether she had or not.

There were two meetings a year for all scholarship students. They were introduced to everyone, told where they were from, discussed their objectives, how it had been, and what advice they could give to others. Students also got to know each other more informally, from class.

There is nothing the WIRHE programme should do that it is not doing already.

Holiday work experience

Boitumelo works at the local clinic near her home in the holidays. Although they have the option of working 4 weeks in December, Boitumelo works 2 weeks in June and 2 weeks in December. She has complete freedom and responsibility to work at the clinic. There are only two doctors who visit twice a week, and only for brief visits with very few patients.

In her first year she went to a local crèche to teach them first aid. She still has ties with them.

Although holiday work has not really helped in her studies per se, it makes her feel like she is fulfilling her passion. A primary care clinic, they only do minor things. It did help her when she started 3rd year.

The community

Everyone at home is waiting for her. Boitumelo is passionate about going home and making a difference to her community. She believes she has much to do and achieve there. People see her as a role model, even if she does not see herself as one. Her niece wants to follow in her footsteps and become a doctor.

Boitumelo started a youth centre about three years ago. It has not done that well as she has not been there. She also wants to start a library. She is very grateful for the opportunity she has received, and believes she has a responsibility to extend that benefit to others. She would like to start a school scholarship programme so that students can get the opportunity to get a scholarship for university. She is involved with a group of people, with different degrees, who want to work together and make a difference.

The future

Boitumelo wants to do her internship at a rural hospital in KZN. She will then go back to Mafikeng Hospital for 7 years to complete her work back commitments. If she does specialise it will be in family medicine.

RENEILWE CHILOANE – 4TH YEAR PHARMACY - WITS – WIHRE

Reneilwe Chiloane is a 4th year pharmacy student at Wits. She is 23 year old, from Shatale, Bushbuckridge.

Reneilwe has one brother and three sisters. They have a single mother, who is unemployed, but sews and sells products to make ends meet. Her brother and sister work. Her older sister went to university.

She has always been interested in health sciences, but didn't really know what pharmacy was all about. When she got information about the different health science options, she chose pharmacy. She had always loved chemistry. She started studying in 2006, and hopes to graduate this year (2011). She was on the extended curriculum in first year.

She heard about the WIHRE programme at Tintswalo hospital. She was already at Wits doing her orientation week when she heard from WIHRE that she had been accepted. It was a huge relief. At the time she had money for the registration, but did not know how she was going to pay fees, or other expenses.

University

Registration was a challenge because she came alone. Everyone else had their parents with them. Other than that the transition was not so bad. In grade 12 she had had to stay by herself, so it was easy to stay at res. She loved learning and being exposed to people other than family.

The WIRHE scholarship programme

The WIRHE programme supported students financially and emotionally. Ntsiki at the scholarship office was helpful and approachable. The programme helped Reneilwe to stay at university and stick it out. Meetings with other scholarship students helped.

It would be useful to be paired with someone who had been there before, in final year or so. She has helped others, but not formally.

Holiday work experience

Holiday work experience exposed Reneilwe to all the types of drugs she needs to know about as a pharmacy student. When she got back to university, she had an advantage over other classmates as she had work experience. She usually does practicals at Tintswalo and Mpulaleng hospitals. They took time to teach her what procedures to follow, knowing that she would probably go back there to work.

She also did one practical at an orphanage. She realised she could learn a lot even from that, like helping with homework.

The future

Reneilwe is waiting to hear from hospitals about doing community service. She needs a tutor to do internship, which she can't do at Tintswalo. She wants to work at a hospital or pharmacy but does not see herself opening her own pharmacy anytime soon.

Role in improving rural health

The programme adds hope to young people from rural areas. Some are not motivated to even complete matric. This programme makes a huge difference. More exhibitions at schools would help to inform pupils about available funding. Reneilwe went to do one exhibition with WIRHE at schools in the North West.

OLINDAH SILAULE – OCCUPATIONAL THERAPY – WITS - WIHRE

Olindah Silaule is 23 years old. She is a 4th year Occupational Therapy student at Wits, and comes from Thulamashe in Bushbuckridge. She started studying in 2006 and repeated first year in 2007. She is hoping to graduate at the end of 2011. She failed OT twice.

Family

Olindah was raised by grandparents until Grade 12. Her mother lived with her stepfather. She never had contact with her father or his family. As a family they were dependent on her grandmother's tuck-shop. An uncle was the only other person who worked and earned.

She has a half-sister and half-brother. She started living with her mother last year when her stepfather passed away. Olindah knew a little about occupational therapy. She found out about it while doing her grade 10, a family member organised for her to visit an OT.

Funding for university was a big issue. In her first year she was self-funding, and in the second year she was on financial aid from the university. Her grandparents were worried about who would pay. When he was alive, her stepfather was supportive. Even though it was difficult, together with an uncle, he applied for loans to help with fees. They never expected Olindah to pay them back.

She doesn't really know how she managed that year. She had applied for the provincial bursary for two years, but did not get it. She had already started, and there was no explanation why she did not get it.

She found out about the WIRHE scholarship in her third year from friends who were part of WIHRE. The financial aid office then referred her to WIRHE. She did not think she was eligible as she thought they only helped first year students.

University

It was a huge shift coming to Johannesburg from the rural areas. It was hard to settle in. Learning in English was very difficult and Olindah had never used a computer before. It was a shock when they had to write a thousand-word essay in English, and type it. She eventually learned on her own.

She stayed at res, but didn't know anybody and it was her first time away from home. Getting support from her family was a big highlight. Some lecturers tried to organize extra classes for those who failed.

The WIRHE scholarship programme

Olindah's first two years were stressful, which is why she failed. The scholarship helped financially. Ntsiki was like a mother. She saw that OT was very difficult and helped students to find solutions, approaching the department to see what could be done. Last year Olindah nearly dropped out due to emotional reasons. Ntsiki helped organize a mentor, one of the lecturers. Olindah doesn't think she would still be at university had it not been for the programme and Ntsiki.

A structured mentoring programme for students would help, not just when issues come up. The scholarship needs to communicate more to schools about what they do. The kids back home don't have hope, and need peers to motivate them.

Holiday work experience

Olindah went to Letaba hospital in Tzaneen for practicals. She thinks they treat students a bit better there because they can give back to them. They got accommodation there, but had to pay for transport and food.

The future

After graduation Olindah is going to do community service at Tintswalo. There is only one OT there, and 2 OT aides. She will work back in the community for three years. She hopes to come back to Wits to do a Masters in Public Health.

The programme shows school children what is possible. Olindah hopes teachers will communicate better with children about what schemes are available to help them.

LUTHER MONARENG – OCCUPATIONAL THERAPY – WITS - WIHRE

Luther Monareng is a 4th year Occupational Therapy student at Wits. He is 24 years old and comes from a small village, Tsakane, in Bushbuckridge.

Family

When not at university Luther lives with his sisters and their children, and his grandmother. He lost his father, who didn't live with Luther and his family, in 2004. His mother never had a permanent job. He has four sisters and is the youngest. Only the second born sister went to university. She studied BSc majoring in chemistry. She struggled to find a job and is now a teacher. She lives in her own house. This year, Luther lost his mother, which has been very difficult for him.

He found out about WIRHE in Grade 12. Someone from WIHRE came to their school to talk to the students. At the time he had already applied to Wits and to the University of Pretoria.

Luther wanted to study engineering, and listed OT as a third option. He chose to do OT because he was accepted by WIRHE for a scholarship. He started his studies in 2006 and repeated first year in 2007. He also failed another year, and is graduating this year (2011).

University

First year was very difficult. He was staying in Braamfontein, off-campus. Luther found the workload and the language difficult to handle. He had to cook for himself, so ate bread every day. It was his first time living away from home, and food was one of his biggest challenges. In 2007 he moved from Braamfontein.

Luther had to study things like psychology in English, and the lecturer's accents were difficult to understand. They had always been taught in the vernacular. Everything took much longer, as he had to use a dictionary all the time. The extra lessons and tutorials helped a bit.

Another challenge was using a computer. He went for lessons but they didn't really help. He only really learned when he got his own computer. Studying took much longer.

Luther's mother kept him going. She had never had these opportunities, and her encouragement helped him.

The WIRHE scholarship programme

The WIRHE programme helped him financially and emotionally. They arranged for someone to help him when his mother passed away. They gave him a mentor who helped him to plan his time. He does not believe he would still be at Wits without the scholarship. He also had academic support, liaising with his department.

To improve the scholarship programme

Luther would have liked to see mentorship from the beginning of his studies, not only when help is needed. Students need systematic guidance and mentorship, right from 1st year.

Luther himself has helped someone from the same place, but it was not from the programme, that person just found him.

More emphasis on career exhibitions could help kids at schools.

Holiday work experience

Luther went to Letaba Hospital for his holiday work. Some supervisors are supportive at the hospitals, it all depends where you go. It helped him as it gave him an opportunity to do practical work in a real environment, with no marks or that sort of pressure.

Serving the community changed Luther's perspective. He can see that when he goes back he gains respect. He wants want to give back to his community.

The future

He is going to Tintswalo to do community service. He also wants to go back to his own community and serve them, perhaps by building a library there. He wants to study further, hands therapy. If he did he would work an extra year back for the scholarship.



Reneilwe Chiloane, Luther Monareng, Olinda Sialule

CECIL PULE – 6TH YEAR MEDICAL STUDENT – MEDUNSA - WHIRE



Cecil Pule is 25 years old, the 2nd of three brothers. He has just completed his final year medicine at MEDUNSA.

He was born in Mafikeng but grew up in Johannesburg with his grandparents. He returned to Mafikeng when he started primary school.

His eldest brother studied and completed engineering. His younger brother is doing his matric. Both parents are still alive. His father is self-employed, owning taxis, and farming a little at home. His mother is a financial officer at the Department of Health.

Cecil completed matric in Mafikeng at Mmabatho High School in 2004. He was not accepted at university then. He had applied for many courses, including accounting, engineering and law, but was very confused about what he wanted to do. Eventually he realised he wanted to study medicine, but he needed to upgrade his matric marks for that.

In January 2005 he started a programme called Medlite, at MEDUNSA, to upgrade his marks. 2005 was a foundation year, and he started studying medicine in 2006.

University

The first two years were funded by Cecil's parents and NSFAS (National Students Financial Aid Scheme). NSFAS did not contribute a lot. In his first two years he didn't do so well due to financial stress. He could see the financial strain his parents were under. His older brother was still studying engineering then.

He applied for the scholarship in third year, having heard about it from a fellow student, Justice Mmapitla. He applied through his district, in Mafikeng. When he received the scholarship, the stress went away, and he could focus on his studies. He could now get textbooks that he needed. Before that he had been using outdated books, or had to borrow and photocopy textbooks.

The scholarship paid for everything, including meals. That also helped as he did not have to worry about food.

The change in environment and friends were part of the challenges of university. Another challenge was the language. He was Tswana speaking, but students at MEDUNSA spoke a variety of languages – Shangaan, Sepedi, and Zulu. There were not that many Tswana speakers. In his first years he spoke to his friends in English.

His English was good. At that time, the high school he went to was relatively good. Learning medical terms in English was challenging. He had done computer studies at school, so did not struggle with that. Cecil managed to pass every year.

He feels that MEDUNSA is a less stressful environment than Wits. There are not so many distractions, and it is not as competitive.

The WIRHE scholarship programme

Although the main benefit of the WIRHE programme has been financial assistance, Cecil found the interaction with other students from the WIRHE programme helped him a lot. They meet at least twice a year. He notes that, *“when you hear other students talking of their challenges, you find that they are exactly the same as yours. You feel like you can do this, there is always someone before you who has done it. It really helps.”*

Students in his class with other provincial bursaries have no interaction with the bursary office, or with each other. Cecil met other students, Prof Couper, and staff from the WIRHE office.

Cecil mostly called the WIRHE office about financial issues, if fees were not paid on time. For other issues he found it quite a long process to call. Ms Motsepe (from the university) sometimes helped them. She controlled issues around finances.

He does not feel WIRHE gave the same kind of assistance as Wits students got, where they could just drop in at the office. At MEDUNSA, they communicated through Justice Mmapitla, their contact person. Most problems occurred around registration.

To improve the scholarship programme

Cecil believes he was lucky as he went to a school that offered career guidance, and information on what is available, how to apply, and how to get bursaries. Most schools in the area don't get exposure to the programme, and career information. More outreach to schools with this kind of information would help people there a lot.

Holiday work experience

The first two years, he did not do holiday work as he was not on the bursary. At the end of third year he went to a clinic, and they expected him to be able to consult. He learned how much he did not know. He learned to clerk, take histories, and was expected to observe delivery of babies. When he came back to university in 4th year, he had learned those things, so that block was easy for him, and he did very well.

From 4th year he went to Mafikeng hospital. There was supervision there, and he understood things better. He had met Dr Njie, the family physician, at the interview. He also met him when he went to do holiday work.

The practicals helped a lot with his studies. Other students did not do it, but two of his friends also wanted to go.

The community

Cecil experiences a lot of expectation to be a role model in his community, *“you cannot put a foot wrong because people will always expect you to do right and be a role model”*. Friends’ parents ask him to talk to their children who went to university but failed, to motivate them. His parents sometimes put pressure on him by introducing him as a doctor even though he has not yet graduated.

He is concerned about crime when he goes home, that he will become a target. He has already been a victim in a stabbing incident. Safety in the community is a big concern.

The future

Cecil is going to do his internship in Rustenburg, then will go back Mafikeng for community service. He will stay in the North West to work back his commitment.

He wants to specialise, maybe in orthopaedics or paediatrics, or ob/gyn and then consult. He is not sure how he could do that in the province, but hopes to be will be able to do so. He believes there is a lot of opportunity in the North West, even for specialists.

JUSTICE MMAPITLA – FINAL YEAR MEDICINE – MEDUNSA - WIHRE



Justice Mmapitla, 26 years old and a 6th year medical student is from Hammanskraal. He is the 5th of 7 children. He started studying at MEDUNSA in 2005.

Both his parents are alive, and are pensioners. His father worked in a retail store for about 30 years before retiring. His mother did not work and was always at home. Justice’s parents were very happy that he is studying medicine, and are supportive. He doesn’t think they really believe he has completed his course.

Justice always wanted to study medicine, but financial constraints prevented this. He matriculated in 2002, with good marks. He applied numerous times to study, was accepted but then could not take up a place because of financial difficulties. He could not access financial aid before he registered, and he had no money to register. He wasn’t doing anything until he heard about the WIRHE programme on Moratele community radio.

At his interview in Rustenburg, he met Dr Tumbo, the district family physician. Dr Tumbo took an interest in him. He confirmed Justice's registration at MEDUNSA, and then came to his home in Hammanskraal and explained everything to his family.

University

Justice adapted easily to university life as he was doing what he had always wanted. His parents couldn't send money, so that was quite difficult for him. He managed well with languages, but found computers difficult. He had to do assignments at the computer lab, but was always late with submitting assignments because the labs closed at 12 at night. That did not allow enough time.

MEDUNSA offered a mentorship programme, but Justice felt the mentors did not know what to do, and he did not really know what he should be getting from it.

The WIRHE scholarship programme

The WIRHE programme helped a lot with basic things like fees, accommodation, food and books. The books he could not buy he got from the library.

Justice found the support "*wonderful*". Sizwe, Ntsikelela and Prof Couper were always available. They always had time for students and were supportive. Mostly he needed financial support, and they always came through for him.

He also took complaints from fellow students to the scholarship office. They would take care of it and help. WIRHE supported students with personal issues, for example some students lost their parents.

To improve the scholarship programme

The major problem for Justice, and other MEDUNSA students, is late payments from the North West province. It affects students' accommodation arrangements and registration. If they are still looking for accommodation in 5th year, they fail. Justice is not sure if it is the system, or the people using the system, as nothing has changed in 5 years. Students always call him wanting to know why their fees have not been settled. They come back in January, can't get results and so can't register.

The scholarship covers everything, but some students might need more help than others. It would be helpful if all students have communication from the beginning so new students will know what kind of help is available.

Perhaps the scheme could look at a computer allowance for students. Students need their own. The computer labs close at a specific time, which does not always allow students to complete their assignments.

Holiday work experience

Justice did his holiday work at Jubilee Hospital in Hammanskraal. He enjoyed it so much he spent longer there than he was supposed to. Students had the freedom to treat the patients. The doctors liked it because they are understaffed, and it helped with their work load. It allowed them to have lunch sometimes.

Holiday community service helped with Justice's studies, he knew how to treat patients, especially from 4th year. The hospital knows him, and is confident he can do the job.

Family and the community

Justice is the first in his family to go to University. When he graduates he will have to support his brothers and parents.

He speaks to high schools, usually at academic days. He would love to go to a primary school as that was where his love for medicine started. One of the teachers called him Doctor, even from Grade 3, as he was good at maths.

The future

Justice is going to do his internship at Potchefstroom Hospital. He hopes the facilities are good. After community service he wants to specialise immediately in virology, and will then work back his scholarship commitments afterwards. He has discussed that with Prof Couper and the WIRHE office. He wants to work in the province, but is concerned that there will be a post and facilities once he has finished specialising.

Role in improving rural health

Justice sees professionals starting to emerge from rural areas. If it wasn't for programmes like WIRHE, there would be no professionals from those places. The challenge is to get those people back to the rural areas, so that those places can change.

This is not so easy as conditions are bad at the hospitals and in the community. Justice is worried that qualified people can become victims of crime as they have more things, like cars and bigger houses. It can be dangerous as one becomes successful in a rural area.

Improvement is a long process, and he believes the Department of Health must play a role. There needs to be a balance so doctors can work in a rural area, and still be satisfied. A rural allowance is one way.

He will always go to his rural community to help and improve what is already there, but Justice does not think he will live there in the long-term. He may work in a rural area, but live in a bigger town close by.

KARABO EMMANUEL KOLOBE - MBBCH II WITS – WIRHE

Karabo Kolobe is a 20 year-old medical student at Wits. He is in his 2nd year. He matriculated in 2008. He comes from the Rustenburg Sub-district.

He is the second last of a very large family, 18 children altogether. Things have always been difficult financially for his parents, but they always seemed to get by somehow.

Friends influenced him to study medicine. He started in 2011 and will be graduating in 2015. Karabo was not on the scholarship in his first year. He heard about it from a friend who was on the WIRHE scholarship. He applied, and was accepted from his second year.

University

The first year of university was challenging, mainly for financial reasons. The scholarship has made a big difference to him. Karabo does not think he would still be there without it. University experience has, on the whole, been very good.

The WIRHE scholarship programme

The scholarship caters to many students. It pays fees, but sometimes these are not paid on time. They have mentors who assist students when they struggle.

The main problem with the programme is communication with the students about payment of fees. Payment is always late, which means they cannot register, get results and buy textbooks. Karabo sees this as a problem with the scholarship programme, not with payment from the North West province.

Holiday work experience

Holiday work experience has been really good. Karabo works at a local clinic. Although it's not a hospital, he has learned a lot. Conditions in rural hospitals are not good, but he has noticed that staff are always grateful when students come to help. Karabo has built a good working relationship with the clinic and can go back anytime.

The future

After graduation Karabo intends returning to his community and working there.

From what he has seen, Karabo believes that the programme definitely contributes to improving rural health. Students at these hospitals lift the burden from doctors at hospitals. This allows doctors to work more effectively by being able to attend to more patients.

Karabo is grateful for being on this scholarship. It encourages him to work harder because he has had this opportunity to become somebody and help so many people.

ELIZABETH TSHEGOFATSO NKOLISWA - MBBCH IV – MEDUNSA - WIRHE

Elizabeth Tshegofatswe Nkoliswa is a 4th year medical student at MEDUNSA. She comes from the Lichtenburg sub-district. She started studying in 2008 and hopes to complete her studies in 2013. She chose medicine because she has always loved helping people.

She has both her parents, and two younger siblings. One is in high school, doing grade 11 and the other is still at primary school doing grade 2.

A school friend told Elizabeth about the scholarship programme, and gave her information. She then called the scholarship office to find out more. She got the scholarship in her 2nd year.

University

Elizabeth's first year of university was very challenging. Just adjusting to new surroundings and work was stressful. She had to read much more than she had at school. It was very difficult financially.

The WIRHE scholarship programme

The scholarship, funded by the North West province, supports her financially, which has relieved the financial burden she experienced in first year. It also arranges meetings to keep students motivated. At the meetings they get together with other students and talk about experiences and challenges.

To improve the scholarship, Elizabeth feels there should be more focus at high schools in rural areas. Not everyone knows that if you are underprivileged you can apply for a scholarship. Not all matriculants have access to the Internet, and therefore don't know how to apply for these scholarships. Information given to those schools would create more opportunities.

Holiday work experience

Holiday work experiences were very tiring at first. She wasn't used to the working hours. She worked from 8:00 to 16:00 every day and then on some weekends as well. After a while Elizabeth got used to everything. The nurses were helpful but there were also times when they were too busy.

Elizabeth would like to specialise in forensics after graduation. She plans to work in hospitals in the community where she comes from, and is very grateful to WIRHE for the assistance she is receiving.

MASEGO CHARLOTTE MPEWE - MBBCH IV – UNIVERSITY OF PRETORIA - WIRHE

Masego Mpewe is a 4th year medical student at the University of Pretoria. She is 23, from the Rustenburg sub-district. She matriculated with 3 A's in 2005 at Holy Family Combined school. She started studying medicine in 2008 and hopes to graduate in 2014.

Masego's mother is a nurse and her father is unemployed. She also has an older brother who never went to school. He is also unemployed. She looks up to her mother, who inspired her to study medicine.

A cousin told her about the scholarship and she got Sizwe and Ntsiki's number. She contacted them for further information.

In the first year, her only challenges were adapting to university.

The WIRHE scholarship programme

The scholarship programme paid fees, accommodation and meals. Masego finds the WIRHE office always open for problems that students encounter, but thinks that it is easier for the office to deal with Wits students.

In the last two years, fee payments have been late. This has meant she has had problems with registration. She can't get books or prepare for semester tests.

Holiday work experience

For holiday community service Masego has worked at one hospital for a couple of years now. The staff are all familiar with her and the experience has been good. She was a bit scared at first, but now feels more comfortable.

The future

Masego will do community service after graduating, and then hopes to specialise in internal medicine.

MUSA DESIREE SIBEKO - MBBCH IV – WITS - WIRHE

Musa Sibeko is a fourth year medical student at Wits. He finished school in 2004, at Rabone Christian Private School. He comes from Madibeng.

His mother is from the North West, his father from Johannesburg. He has eight siblings, but he is the only child from both parents. His dad has five children and his mom has two from other partners. His mother is a part time teacher, and his father a pensioner.

Musa was very good at biology at school and always wanted to know how things worked. Eventually, he wanted to find out how medicine helps the body, so decided to study medicine.

The highlight of his university career has been learning and growing as a person. In 2007 his father's uncle passed away. This came as a huge shock. The uncle had been very close to Musa and his father

and he was always around. It was just a bad year for him. He had a nervous breakdown and ended up repeating that year.

The WIRHE scholarship programme

The scholarship has given a Musa lot of support. They have always been helpful. They organised accommodation and a tutor, which helped a lot.

His only problems with the scholarship programme are when the fees haven't been paid. There should be more communication with regard to this because sometimes he thinks they have been paid only to find out that they have not. He thinks that the scholarship should also provide some form of recognition to those students who perform well.

The WIRHE programme, and his studies, has opened Musa's eyes to many things. It allows people to take knowledge and skills that they have learned and use it in rural areas to help others.

Musa is grateful to God for this opportunity. It is a great feeling to know that his fees are being paid in full. It encourages him to do his best and to make a difference in somebody else's life.

Holiday work experience

Community service during the holidays was much more exciting than studying. He did, however, find it shocking to see conditions at one hospital in Johannesburg. Conditions were poor and there weren't enough needles for patients. Some weren't even disinfected. In one instance there were no drips for patients. He believes that people need to start taking health care seriously and the government should really focus on the conditions of the hospitals. He found that sometimes only a few doctors arrived for work, and when it gets quiet, some doctors actually leave.

The future

Musa is not sure what he would like to do after graduation. He will first complete his internship.

SARAH TSHOLOFELO MOLOTO - BSC OT II – MEDUNSA - WIRHE

Sarah Moloto comes from the Moretele sub-district in the North West. She is a 2nd year occupational therapy student at MEDUNSA. She started in 2010 and hopes to graduate in 2013.

Sarah's mother is a primary school teacher. She has a brother and sister. Sarah is the youngest. Her brother works and her sister is unemployed.

Sarah did not know much about occupational therapy. She just loves helping people and back home was exposed to disabled people. She thought that she would like to do something that could change their lives. She would like to open a centre that could help people.

She heard about the WIRHE programme from her brother in-law, who works at a hospital. He suggested she apply. She was unsure at first as she didn't know what to expect.

University

Sarah enjoys university. Sometimes, however, she leaves campus when it is already dark. It isn't always very safe, but she has to use the labs or the library in order to keep up with the work. At times, especially at the beginning, she didn't feel comfortable at res. She wasn't used to having so many people around that she didn't know.

The WIRHE scholarship programme

The scholarship programme has offered much support, apart from financial. It has been almost like a shoulder to cry on. If the workload gets too much, or students are struggling with anything, there are people who they can talk to and who will give advice.

The WIRHE office is far away, and it is not always easy to phone. At times, she would have preferred to speak to someone in person. She would like more meetings with others on the scholarship.

WHIRE should be more represented at schools in the rural areas. This will create awareness of health issues and present students at school with something that will encourage them to study.

Holiday work experience

Sarah learned a lot from the holiday work experience. It was an eye-opener just to see the state of the hospitals in the rural areas. She found staff helpful and supportive of students coming to help. They encouraged them to ask questions.

The future

After completing her studies, Sarah has to do community service. She is looking forward to that. She ultimately dreams of opening her own centre in the rural areas.

Sarah is very grateful to WIRHE for the opportunity she has been given.

THANDEKILE MAHLANGU - MBBCH II – WITS – WIRHE MPUMALANGA

Thandekile Mahlangu, 20, comes from Witbank (Nkangala district) and is a second year medical student. She studies at Wits, and stays at campus res. She matriculated from Liberty Christian College in 2009. She started studying in 2010 and hopes to graduate in 2014.

Thandekile lives with both parents, and has two siblings. Her father is self-employed, and her mother is assistant manager at the hospital.

She heard about the WIRHE programme at school.

In her first year at university, she struggled to adjust to the new surroundings and ways of doing things. She also found physics very difficult.

The WIRHE scholarship programme

The scholarship programme has given her somebody to talk to when difficulties arise. She would like the WIRHE office to arrange more meetings with mentors. She sometimes feels uncomfortable speaking to the mentors when she has not seen them for a long time.

She has not yet done any holiday work, and is not sure whether it is part of her scholarship. She has contacted the WIRHE offices to find out, but they have not yet got back to her.

Thandekile believes that the programme encourages people to do something with their lives, and to give back to the community. Thandekile hopes to specialise in the future.

TSHEGOFATSO PHETLA – 2ND YEAR OCCUPATIONAL THERAPY – WITS – WIRHE MPUMALANGA

Tshegofatso Phetla is a 2nd year occupational therapy student at Wits. She comes from Mpumalanga (Nkangala district) and is twenty years old. She attended secondary school at Hoerskool Kriel, where she was in a leadership position. She got 3 A's, 3 B's and one C.

Both parents are still alive, and Tshegofatso has two siblings. Her mother is a teacher at her former high school.

Tshegofatso has always been interested in the health sciences. Her first choice was to study medicine at the University of Pretoria, but she didn't get in. She took a year off when she finished school. She had never heard about occupational therapy, but took on a suggestion to do job shadowing. She started the course in 2011 and will be graduating in 2014. Tshegofatso called the Mpumalanga Health Department who told her about the programme and the provincial bursary.

University

It has been challenging adjusting to university life. She had never lived on her own before. Tshegofatso remembers being very overwhelmed, and was sick before her first test. The doctor said that it was an anxiety attack. After a while things improved. Orientation week was exciting. She has made some good friends and they are very close.

The WIRHE scholarship programme

The scholarship programme offers mentors, who guide students throughout the year. She does, however, feel that the relationship with the mentor is very impersonal. Tshegofatso has loved her holiday work experience so far.

After graduating, she plans to go back and work in the community. Once she finishes, she would really love to go overseas for about two years and then return to South Africa.

NONDUMISO KUBHEKA - BSC PHARM I – WITS – WIRHE MPUMALANGA

Nondumiso Kubekha is 19 years of old, from Ermelo (Msukaligwa district). She is a first year Pharmacy student at Wits. She matriculated from the Ligbron Academy of Technology in 2010. She started studying in 2011 and hopes to graduate in 2014.

At home Nondumiso lives with both parents. She is her mother's only child and her father's fifth. Her mother is a high school teacher and her father is employed at the regional office.

Nondumiso chose pharmacy because she loves it. A cousin, who had been awarded a bursary, and another lady at church, heard about the WIRHE programme and suggested she apply.

University

Leaving home and adjusting to the new lifestyle has been one of the biggest challenges of coming to university. At times she has struggled with the workload, and the way the lecturers marked. Nondumiso has had some difficulty understanding how to reference properly.

The WIRHE scholarship programme

The highlights have been the transport provided, and the encouragement she has received from the WIRHE office. Nondumiso has made frequent visits to mentors offered by the scholarship programme. They have given advice about many areas of life, not just when it comes to studies.

A difficulty with the programme relates to money. She does not feel there is proper communication between the scholarship office and the university. She was promised a certain amount of money for textbooks, but when the time came to get them, only half the money was available. She would like the programme to try and cover more of the textbook and some of the meal expenses.

She is starting her volunteer holiday next week and is extremely excited. She is really enjoying her studies and is grateful for the bursary.

The future

Nondumiso plans to practise pharmacy for four years and then further her studies after that. She believes it's a good thing students go back to their communities, and help people to better understand health issues and ways to prevent and fight illness and disease. There are many uneducated people in the rural areas. When students go back to these areas they bring new knowledge that people in the area can learn from.

FAITH MAHLANGU - MBBCH I – WITS – WIRHE MPUMALANGA

Faith Mahlangu is a 19 year old medical student at Wits. She comes from Witbank, Mpumalanga (Emalahleni subdistrict). She is in first year. Faith attended St Thomas Aquinas High School in Witbank, where she got five B's, one C and one A. She started studying in 2011 and hopes to graduate in 2016.

Faith's mother is a high school teacher, and her father works for a construction company. She is not sure what exactly what he does there, but knows that he designs things. She has a younger sister.

Faith has always been interested in helping people, and believes she has a deep love for medicine. There are always new diseases and cures, so it is very challenging. She also feels it is a very stable career to pursue.

The Mpumalanga Health Department came to her high school and told the students about the WIRHE programme.

University

Being at university is a huge jump from being at school. Faith found that it required much more discipline. She had to work much harder, and more independently than at school. However, this has allowed her to grow as a person and it gives her more confidence for the future.

The WIRHE scholarship programme

The scholarship programme provided tutors who helped throughout the year. Faith found the workshop with students from other universities very helpful. She enjoyed interacting with them. More tutors for first year students would help her even more.

Holiday work experience

For her holiday work experience, Faith worked at Witbank hospital in the casualty section. At first she was very scared because she had heard bad stories about people being badly injured or sick. But she really enjoyed it. She got to see the way things work on a whole new level, and *“that for me was so amazing”*.

Although she had heard many stories about the hospitals being poorly run and the doctors being negligent, she saw how the doctors actually help each other and work together. The doctors were very receptive to her and always friendly. They told her she could go back there anytime she'd like to.

The future

After graduating, Faith plans on going back to Witbank.

Graduates – UYDF

SPHAMANDLA MNGOMEZULU – PSYCHOLOGIST – HLABISA HOSPITAL - UYDF

Sphamandla Mngomezulu is 26 years old. He grew up in the rural community around Mosvold Hospital, and was actually born in that hospital. He is currently working at Hlabisa Hospital, serving as a district psychologist. He resides at Hlabisa.

When he started in 2010, he was the only psychologist in the district. He works with the whole district, with a catchment area of about 500 000 patients. A community service psychologist has recently joined him.

Work experiences

Despite being a young graduate, and working on his own, Sphamandla has shown leadership and initiative in organizing psychological services in the district. When he realised the scope of what he was doing, he approached the Red Cross, who provide ambulance services, to make a helicopter available to decentralize psychological services to the different hospitals in the district. They agreed and he was joined by a psychiatrist, and later orthopaedic surgeons and the specialists most in demand. They then spent a day or two at each hospital. He did that from March-December 2010. It was very expensive, and not sustainable. It also meant he had to sometimes leave patients unseen to fit in with the helicopter schedule.

After speaking to the manager, they decided to travel by car from Hlabisa to 1 hospital for 2 days, then another and so on. He had been doing that for two weeks, and then motivated for a community service post. The hospitals did not know much about the psychological services, and would not motivate for a psychology post.

The psychiatrist only comes once a month, so Sphamandla works closely with the medical officers. He helps them diagnose conditions, which include schizophrenia, degenerative conditions, and other conditions deriving from HIV AIDS. Most cases come with early childhood conditions relating to prenatal conditions like foetal alcoholism, HIV, and autism.

When Sphamandla first came to Hlabisa, the profession was not well-known. Some doctors are either dismissive, or if they don't know what to do with a patient they pass it on to the psychologist. The district has helped by holding workshops where he can explain the significance of these functions.

This is Sphamandla's second year at Hlabisa. Before that he did his internship in Bloemfontein. He started studying at the University of Zululand, and did his masters at the University of Johannesburg.

This year he has been fighting for posts. The system in public sector is stagnant, with nobody willing to change. He has learned to work like "an old guy", to look for the right people who can influence the system without breaking the rules. He has succeeded in convincing the Department of Health to convert 1 medical post to a psychologist post at Mosvold. Manguzi has just got a post. These are major breakthroughs, and now they can look for the right people to fill them.

Sphamandla has introduced the idea of clinical team meetings at Hlabisa, not just doctors meeting. He managed to get the medical manager to agree to this, and the doctors have now seen the significance of other people's roles in the team.

Family

Sphamandla's mother, a single mother, worked as a home-based care giver. She earned very little. Even when he was in Grade 12, she was earning around R900 – R1000 per month. She supported Sphamandla, his sister and 2 cousins. He never knew his father, but has now found out that he lives in Johannesburg. Before doing home-based care, his mother would buy sugar from Swaziland to sell. They never slept without food, and their school uniforms were always clean and neat.

Their home was a mini clinic. People, mostly with TB, would come to see his mother as the hospital was quite far. They needed medication every day, and would often come while his mother was out on home visits. Sphamandla had to learn who took what medication. His main learning, however, was seeing how his mother, even after being out all day would sit down with patients while giving the medication and talking to them so they would adhere to the correct dosages. She was empathetic, and they were often so shy.

School

Sphamandla went to Ingwavuma High School. Before he went there, he went to a middle school (Grade 8 – 10) that had recently opened in the area. There were 3 students per desk. The school borrowed 2 teachers from the nearby primary school. There was no water, electricity or administration at the school, and on Fridays the children actually helped build the school. Now the school is established, but it was not at the time. Parents in the community got together to open the school as it was needed in the area.

At Ingwavuma High school he struggled to catch up, but he succeeded. He was 16 in grade 12, but managed to pass. They had no maths teacher (the one there had passed away). He and his friend travelled 150 km for three weeks in August/September for extra maths lessons to a teacher's house. At high school they were discouraged from doing maths, but he and his friend insisted.

In Grade 12 when he and his friend applied for university, he wanted to be a dentist, or a psychologist. He had no idea why, or what psychology was. He saw Dr Phil on a television show at his neighbour's house. It fascinated him.

When he finished matric he did voluntary work in an NGO caring for orphans. He also did 2 weeks with a dental therapist. When he applied for the scholarship he wanted to be a dentist, but a social worker explained what a psychologist is, and sent him back to the organisation where he had volunteered.

Choice of psychology

Mosvold Hospital had no psychology department, so the work at the NGO served as part of the requirement for voluntary work for the scholarship. He realised that was what he was meant to do. The scheme did not initially sponsor psychologists, but Sphamandla persisted.

Sphamandla had been accepted at Wits to do dentistry, and at the University of Zululand for psychology, but had not heard whether he could get financial assistance. In March, when students had already gone to university, Mrs Nsimbini informed him that one of the medical students could not meet the criteria, and there was a space for one student (from the SSACI funding). He was eventually allowed to register late at the University of Zululand, after a lot of persuasion.

University

Sphamandla did well at university, and passed everything. He was selected as the best first year student, and got very involved in university life. He became a contact person for the scholarship programme, and tried to help students. In 2nd year he got a job as an assistant in the computer laboratory.

Although the scholarship scheme was willing to pay for his masters, as psychologists need a master's degree, he applied to the Ford Foundation for a scholarship. He was offered it, but it was for overseas study and the health profession does not recognise overseas qualifications. They then offered him assistance on an exchange programme, whereby he could study in South Africa, and go overseas as well. He did that and went for 6 months to the University of Newcastle, and the University of Chicago, while doing his masters at the University of Johannesburg.

Sphamandla did his internship in the Free State. He wanted to get more experience with other cultures and operate outside of his comfort zone. He had to speak Afrikaans and Sotho. As an intern he ran psychological services in Harrismith and QwaQwa. He learned a lot, especially about community orientated psychology.

The UYDF scholarship programme

The scholarship programme is growing. The challenge is to maintain the personal relationships between students. People don't know each other. The first graduates don't really think of fulfilling scholarship commitments – they were “owned by the community” – people would ask him when he was coming to Mosvold. They had a responsibility to the community.

Role in UYDF

Sphamandla owes the scholarship programme 4 years, but he does not see it like that. He has a vision for psychological services in the district, and would like to accomplish certain things. Ideally, there should be 5 posts in the hospitals, and 2 in the district to support the psychologists. He believes it is possible, and has advocated for psychologists in the UYDF scheme. He has tried to recruit people, but it is risky for the scheme to sponsor psychologists. They need a masters degree to practise, and there is intense competition for places in masters programmes. They have to achieve good marks every year so that they are accepted.

Sphamandla has a formal role in the UYDF scheme, as chairperson of the alumni organisation. The graduates are quite involved. But newer graduates have had fewer platforms to share the vision and spirit of the programme. The alumni association has decided to revive that. They can help with the university holiday programmes, they can be donors, or find something they can help with. As professionals, they have more power to command for the scholarship.

Role in improving health

The programme has proved that rural students can go to university, they can go back and work and serve the community. The next challenge is to see whether these people can become leaders. So the focus now is on leadership and professional development. They want a future MEC for health to come from this forum. The current MEC is very interested and supportive of the alumni.

Sphamandla argues that when one looks back, one can see that this is the one initiative that has affected the community, and can bring change to the next generation. He and his colleagues' children will not go through the same experience – from this generation, the culture of lack of or unplanned education will stop. If he has achieved, his children will go to school, and he will ensure it is a good school. That helps to break the cycle of poverty.

NOZIPHO MYENI – RADIOGRAPHER – UYDF

Nozipho Myeni is 30 years old. She is a radiographer, from Jozini. She comes from a poor family, and is the youngest of five brothers and three sisters. Her parents are both pensioners.

Nozipho completed school in 2001. In that year, the top ten students at her school went to Mosvold Hospital to observe and learn about health sciences. They were encouraged to volunteer, work in their local communities, and to see if they could find careers in the health sciences. Her visit to the x-ray department fostered her interest in becoming a radiographer. She applied, and was accepted at Durban University of Technology.

Work experience

Nozipho graduated in 2007. In 2008 she did a year's community service at Mosvold, but there was no post for her after that, as all posts had been frozen. She then went to Garden Clinic, a private hospital, in Empangeni for a year and nine months. As she had to go back to work in the Umkhanyakude district, she found a position at Hlabisa hospital as a senior radiographer in October 2010. In March 2011 she was appointed chief radiographer at Bethesda.

Despite enjoying the work, she experienced administrative problems there. She was not being paid as a chief radiographer, and there was no suitable accommodation for her. The HR department was not able to sort it out. She left in November 2011. Gavin from UYDF tried to assist, but nothing changed.

Nozipho still needs to work back 2 years of her contract, and is trying to find a suitable position in the district, or in another one where there is a relationship with UYDF. In the meantime she is working at the government hospital in Empangeni.

University

Going to study was very difficult. It was only her second time in Durban. She stayed at the YMCA. She had to repeat two subjects in first year. She found little guidance in how to do the work. Her English was very poor. Nozipho adapted as she was a hard worker

The UYDF scholarship programme

The scholarship programme, called Friends of Mosvold at the time, was very helpful. They paid for tuition, accommodation and transport. Her course took 5 years, and the scholarship programme paid for 4. Her parents were not in a position to help her. She had saved her holiday money, and sold some of her first year books to pay for the extra year she needed to do.

Motivational talks with Dr Ross, and how students should handle themselves, helped a lot. At that time there was no mentorship programme, but Dr Ross was available and helped. Nozipho does not think a structured mentoring programme would have helped her more.

Holiday work experience

During holidays, she worked at Mosvold, and liked it very much. She had food, accommodation, and received a stipend. She found the work at Mosvold much easier than at Addington Hospital in Durban, where she did her practicals. Addington sees many different types of patient, and is very busy. Most of the patients at Mosvold need chest x-rays. She also learned ultra-sound at Mosvold. At Addington, she only observed that.

Nozipho experienced some pressure when working her community service. People she knew would ask her to give them pills, even though she is not a pharmacist, or they would ask her for money.

The future

Nozipho would like to stay in Jozini after completing her work-back obligations as her family is there. Life for her family is better than before. She has managed to build a house for her parents.

She is concerned, however, that if she got married her husband would not want to stay there. The hospitals and working conditions do not attract people or make them want to stay. She believes that hospital management has a huge role to play in attracting and retaining staff.

NORMAN THABEDE – BIOMEDICAL TECHNOLOGIST – BAY HOSPITAL - UYDF

Norman Thabede is 26 years old. He works at The Bay Hospital as a medical technologist. It is a private hospital. He has been working in the laboratory there for 4 months.

The 5th of 7 children, he comes from a small town near Mkuze. His father passed away when he was about 8. His mother raised him.

He waited a year after finishing Grade 12 in 2002 before starting to study. He hadn't applied anywhere. He worked for a construction company, and saved about R3000. Norman didn't really know what a medical technologist was. Advised by an uncle, he got an application form and applied. It was his third choice. His first was electrical engineering.

He studied at Mangosuthu University of Technology, starting in 2004. He passed the first semester but failed one module in his 2nd semester and had to stay until the following June to do that module again. He graduated in 2007. He did it in 3 and a half years.

University

Norman's uncle helped him in his first year, paying half his fees. He got a scholarship from Bethesda Mission for the 2nd semester in his first year. The Bethesda Mission dissolved and transferred funds to Friends of Mosvold. That is how he got the scholarship from UYDF. They helped him for two and a half years.

Work experience

Norman started working at Bethesda in 2009. He worked there for two years, and still owes the scholarship programme a year. There were 3 technologists there, but he felt after two years that he was not learning anything. He was working in the same department all the time, not rotating at all. He is receiving training in the private hospital. At Bethesda, he had no supervision, or anyone recording whether he was competent in certain areas or not.

After he left, a new manager came, and started to change things. He intends going back to Bethesda.

The UYDF scholarship programme.

Norman did not get mentoring on the scholarship programme. He only knew a few of the other students, as at the time he was the only student at Mangosuthu. Most of the others were in a bigger group. He did not call the scholarship programme much, but towards the end he did communicate a bit with Andrew Ross.

Norman has not had a chance to go back and talk to schoolchildren. It was difficult for him to take time off, as the hospital at Bethesda was short staffed.

He met a few students when he did holiday work at Mosvold hospital in 2007. Before that he went to Bethesda, where he also volunteered before he started studying.

Current students – UYDF

NOMBUSO NGUBANE – 3RD YEAR SOCIAL WORK – UNIVERSITY OF ZULULAND – UYDF



Nombuso Ngubane is 20 years old, and comes from the Jozini area. She has just finished 3rd year social work, and is going into 4th year. Nombuso completed Grade 12 in 2008

Nombuso was raised by her single mother, who passed away in 2005. She never knew her father. Her uncle took her in. She feels blessed to have had her uncle and aunt's support. She has experienced the role of a father in a child's life. They support her, and check how she is doing.

School

Unfortunately, most of Nombuso's high school friends are not successful. She is the only one of her 8 friends who is studying. While doing Grade 12, people discouraged her, telling her it would be too difficult to pass as her mother had passed away, and that her uncle would never be able to send her to study. Since she started university, she has gained confidence in herself, and does not worry about what other people think.

While in Grade 12 she was offered a sponsorship to study business management at CIDA University in Johannesburg. That was not her dream, so she asked if it could be transferred to her friend. Nombuso was disappointed that her friend went to CIDA, fell pregnant and dropped out.

Volunteer work in the community

During her matric year Nombuso did volunteer community work with a youth project. Nombuso enjoyed that, going to schools and communities, and discussing issues like drug abuse and domestic violence. The director of that programme introduced her to people at Mosvold Hospital, where she then worked as a volunteer. Nombuso realised that there must be many people with her background, and being a social worker was one way she could help develop her community. She would like young people to see a bright future for themselves, rather than doing drugs or not caring whether they are educated or not. She is determined to leave a mark.

Matron Nsimbini told her about the scholarship programme, and the procedures she would need to follow. Nombuso is grateful that she did voluntary work before going to university. She could see whether she would be able to work as a social worker, or if she was the right person. When Nombuso heard she had been awarded a scholarship, she was still waiting for a place at university. Nevertheless she went to the University of Zululand, and they allowed her to register.

University

University changed Nombuso's life. She looks at life differently now. There were no rules, so students had to regulate their own lives. She made her own rules, and realised what she would have to do on her own to achieve her goals.

First year was a big shock. Teaching is different, and students have to do a lot of work on their own. The level of education at her school was low, so university presented a challenge. She was very nervous, but managed to adapt. She was strict with herself about work. She also did not want to disappoint the funders and the community. Learning in English was another challenge, but Nombuso had done debating at school, which helped her English a lot.

The UYDF scholarship scheme

The scholarship programme supported her financially, and emotionally. They paid her fees, stationery, and food. Mentors were also available to help when she had problems whether they were academic, social, family or personal. She was involved in a car accident, which has resulted in many complications. Dumisani was very supportive. Her mentor from the university referred her to a psychologist for counseling.

Holiday work experience

Of all things about the programme, Nombuso likes the holiday work the most. She does it at Mosvold Hospital, which is always supportive. She is able to apply the theory she has learned in class. The management knows and encourages students.

The community

While in 1st year, people in her community were jealous of Nombuso. Over time, as they realised she has succeeded, they now go to her for help. People ask her for information about sponsorships. She has helped three people in the community to go to university. She helped one with a provincial bursary. Nombuso has also persuaded a friend to go back to school, who then passed her matric.

People see her as a role model. She speaks to children at youth camps of the project she used to work with. Young people find her motivating.

With another social worker from the area, now working at Bethesda, she has started a project to help school children with textbooks. They use money saved from their food allowance.

The future

Nombuso hopes to go back to Mosvold to work back her contract. It is the closest hospital to her home. She wants to give back to her community.

ZANELE MKHWANAZI- 3RD YEAR PHYSIOTHERAPY – UKZN - UYDF

Zanele Mkhwanazi is 20 years old. She is a 3rd year physiotherapy student at UKZN Westville. As she failed some of her 3rd year subjects, she will repeat them in the first semester next year. She will start her 4th year in the 2nd semester.

Background

Zanele comes from the Mtubatuba area, from a family of 5 children. She has four sisters and a brother who recently passed away. She lives with her parents. Her mother had a job as a cleaner, but she stopped working at the end of September. Her father does not work. Things are very difficult at home, as it was her late brother who helped to support them.

Physiotherapy was Zanele's first choice. She had seen elderly people in her area, most of whom required physiotherapy. Some complained of back pain, and had conditions a physiotherapist could deal with. She realised that she could help them if she became a physiotherapist

University

In her first year at university, Zanele received financial aid from the university. Her fees were paid, but she had no money for books. She failed her 2nd semester, but does not really know what went wrong.

The UYDF scholarship programme

Zanele found out about the UYDF scholarship from another student. She had applied in her first year, and did not hear from them. She then applied again, and was very happy to be accepted.

This meant she had more money for meals and books. Her mother paid for the equipment she needed in the first year, such as the uniform for clinical work.

UYDF has helped her. Her mother doesn't have to buy food. It motivated her that she knew that her family was depending on her. Zanele doesn't believe she would have been able to stay at university without the scholarship.

She had a mentor who encouraged her in her second year. She had a big workload, and was doing modules from first year. In her third year the communication was not good from her side. Zanele felt that since she was in third year, she should manage on her own. On occasion she did try to get hold of her mentor, but she did not call back.

The most difficult time for Zanele was when her brother passed away this year. Her mother wanted her to come home, but she had a test on the Monday, and did not know what to do. She did not go home. Zanele feels UYDF could have done more at the time. She sent a message to Dumisani, but he only responded later on.

The future

Zanele will do community service at Hlabisa Hospital. She is not sure what she will do after working back her time, she may go to Durban. She has not yet been back to talk to other students where she went to school. She would like to but does not know when she will do it.

SIPHESIHLE MADI – 2ND YEAR OPTOMETRY – UKZN WESTVILLE - UYDF



Siphesihle Madi is a 19 year old optometry student from Nkandla. She is in her 2nd year. Siphesihle has no parents, and was raised by a woman she calls her grandmother, even though they are not biologically related.

Her own experience of having sight problems, and the difficulties in getting them addressed, motivated Siphesihle to study optometry. She spent many years not being able to see properly, but her mother, who was alive at that time, did not know enough to take her problem seriously. Eventually her teachers wrote to her mother saying that Siphesihle could not see properly.

It was difficult to find an optometrist to help her. There was no optometrist at the hospital in her area, only someone who came one day a week. After waiting for her holidays (she was at boarding school at the time in Eshowe), she went to see the optometrist, and waited the whole day. The optometrist did not keep the appointment. Siphesihle then had to wait for her next holiday, and her mother eventually took her to an optometrist at Empangeni hospital.

Siphesihle loved the experience at the optometrist, and was inspired to become one. She knows that it will make a big difference to her community if she works there once she graduates. A good student, Siphesihle got 5 A's in Grade 12, and was accepted at university. A contact at the municipality told her about the UYDF scholarship.

The UYDF scholarship programme

Apart from financial assistance, mentoring has been a big help. She has a meeting with other students every month. The students are all at different levels of study, and give each other advice on university life, and how to cope. Siphesihle enjoys meetings like the Imbizo because she learns a lot from interacting with other people studying different courses. She has found the life skills components valuable, and learned more about planning her future.

University life

Going to university was very stressful at the beginning. She struggled to hear the lecturers' accents, and to understand English. It was difficult, but she passed. Using computers was also a challenge, as all communication was on email and she was not used to that. She learned to use a computer when she attended a module on computers at res. The university also provided mentors to assist students with computers.

Holiday work

Siphesihle has done holiday work at Nkandla. Unfortunately there is only one optometrist there who comes once a month. She does not have much time to communicate or help her. One of the nurses was more helpful. She will probably go somewhere different for her next one, but she is not sure where. She believes that some hospitals are more willing to take students than others.

Community

Her community already calls her a doctor, and her family thinks that she will be able to change things for them. Siphesihle is motivated to succeed because she believes she has something to work towards.

THABO NAKEDI – 3RD YEAR SOCIAL WORK –UNIVERSITY OF ZULULAND - UYDF

Thabo Nakedi is a 22 year old social work student. He has just completed 3rd year and is going into 4th year. He was born in the North West, and came to Mseleni, KwaZulu/Natal in 2005 to go to high school. He has 2 siblings, an elder sister and a younger brother. They all have different fathers

Family

Thabo's journey to KZN was caused by difficult family circumstances. After growing up on a farm near Lichtenburg, staying with his aunts, grandmother and grandfather until he was 5, he moved to live with his mother in a township closer to her place of employment as a domestic worker. He lived with her in a shack in an informal settlement until they got an RDP house in 2002. Thabo's father left when he was 8 months old. Unfortunately his mother passed away from cancer when he was 13. He went to live with his aunt, and then his sister and her husband. He and his younger brother, came to KZN with his sister and brother-in-law, who was ill.

Volunteer work

Thabo finished school in 2007 and worked for 8 months as a volunteer for an NGO, outside Mseleni Hospital. The supervisor there is the wife of the medical manager of the hospital. He earned R500 a month to cover transport. He saved that money, and used it for registering at university. Although KZN is a rural area, he was exposed to many more opportunities than he had been in the North West. In the North West, there is an expectation that after finishing matric, a person can go and work as a gardener.

From an early age he wanted to do medicine. This changed when he came to KZN, largely due to his own life experiences, and he was motivated to do social work.

While at the NGO, Thabo found out about the UYDF scholarship, and started studying in 2009. He had already been accepted at university. Thabo works part time as a student mentor at university, as he still takes care of his younger brother financially.

The UYDF scholarship programme

The scholarship has made his dreams a reality. He would never have been able to go to university without it. The mentoring has helped him a lot. When he started, Dumisani was the only student

mentor, but last year they started recruiting others to help. Thabo got support academically and socially. He was able to contact Dumisani with personal problems at any time.

Thabo has used his allowances to help his brother financially. His brother is studying at Durban University of Technology, on financial aid. He was studying hospitality management but has just been accepted for dental therapy. Thabo worries a lot about making sufficient financial provision for his brother.

Thabo sees the value of the Imbizo largely as encouraging interaction between students. This is the first year he has found a real value in it. The activities this year are far more engaging, not just people talking to them. This enhances the social skills of health workers, especially of doctors. He would like a variety of health workers to talk to them, including social workers.

University

When Thabo first went to university, he was very anxious, and didn't know what to expect. He adapted fairly easily. He is very focused, and not afraid to ask questions. He believes he is also easy to talk to, which is why he is suited to a career as a social worker. He is a Christian, and wants to make a difference to others.

Thabo has done well at university. His first English assignment, for which he got 98%, motivated him a lot. In 2009, he got an award from UYDF, and best student award from his social work department.

Holiday work experience

Thabo does holiday work every June and December at the NGO at Mseleni hospital. From third year, he will start getting credits for his course from this. He does not think 2 weeks is enough, especially in his discipline. He would also like to see more co-ordination with hospitals regarding holiday work, so that there is more supervision there.

To improve the scholarship programme

To improve the UYDF programme, Thabo suggests improving communication and administration. He would prefer more personal contact. The programme should place more emphasis on the need in rural areas, and why students have been chosen, that it is not only to help them.

He feels it important to stress the role of alumni, so that they continue to play a role after graduation.

The future

After working for 8-10 years, Thabo would like to have his own community-oriented NGO, dealing especially with youth issues.

SENZO KHAMBULE – 2ND YEAR CLINICAL MEDICAL PRACTICE – UNIVERSITY OF PRETORIA - UYDF

Senzo Khambule is 20 years old. He comes from Bhekabantu near Manguzi. He is studying clinical medical practice at the University of Pretoria, and is going into third year.

Clinical medical practice is a new profession in SA, established because of staff shortages, to alleviate the workload of doctors. They do everything a doctor does, but at a basic level.

Family

Senzo had a difficult childhood. He is 6th of 7 in the family, raised by a single parent. His mother passed away in 2002 when he was 9. He and his siblings went to stay at an uncle but returned after a year as that did not work out. When they came back they had to take care of themselves. His eldest sibling was 13 at the time.

His father, who had left home a few years before his mother passed away, came back and tried to help them. However, he was unemployed, and only had piece jobs. They actually grew up without parents. Their father lives in Johannesburg, and tries to help from there.

At high school Senzo worked very hard. By that time his sister was married, so he stayed with her. His high school was quite interrupted, as the school he went to was far away. Because he did well, the principal suggested he skip Grade 11.

When he finished high school, Senzo went to Wits to study occupational therapy. He chose that although he didn't really know what it was, but he had disabled relatives who he thought he could help. He had no scholarship then, but was funded by his brothers, who took out a loan. At Wits he met a doctor who had worked in Manguzi, and knew him and his background. He helped Senzo to get the scholarship with UYDF.

University

Senzo found the year at Wits very difficult. His English was not good enough to speak well and understand lectures. He realised that he would not make it in OT. He had a mentor at university, and together they decided that he should try to do something else. The mentor suggested the clinical practice programme at the University of Pretoria. UYDF were very understanding

After that, Senzo found his place. He thinks he was a bit young to go to university before, but he adapted far more easily in Pretoria. He is finishing 2nd year, and hopes to graduate next year.

The UYDF scholarship programme

The Umthombo scheme has been very supportive. It has supported Senzo financially, and paid the loan his brothers took out. This eased the financial pressure on them. The mentoring helped him a lot, especially to find the right discipline, and with personal growth. They helped him set goals in his life, and think about how to achieve them. Now he feels he has less need of the mentors.

He knows a few of the other scholarship students, but he is the only one from the University of Pretoria. He has got to know a few of the other UYDF students. They are from the same background, and they can talk about the issues they experienced at university. At university, most of the other students are from the urban areas. At the Imbizo he has found students who can relate more to his own experience.

Holiday work experience

Senzo has been home to do holiday work. He really enjoyed it. He was able to practice what he knows without the pressure of being marked. He believes it helps a lot with his studies. He has learned procedures that they will be learning about next year, such as lumbar punctures. He has also helped in theatre.

The first time he did holiday work, at Manguzi Hospital, few people knew what clinical practice was. He had a lot of explaining to do. This year the hospital had a better understanding, and was supportive. They also knew him, and it was a very different experience. He hopes to go back there after studying, but is not sure if there will be a post.

Community

Senzo believes he is privileged. His old schoolmates wanted to study, but did not get a chance. This gives him a responsibility to give something to his community. He is the first university graduate to come from there.

Role in improving rural health

Having staff from the area is an advantage for the hospitals. Whenever he goes to Manguzi hospital, he sees that the majority of staff are foreign. People listen to him because he comes from there, and it helps to improve service levels. They speak the language, and patients relate to him, and feel heard. They are able to communicate how they are feeling, and what they experience.

The future

After working for 5 years or so, Senzo thinks he will probably end up doing medicine. He would like to do research.

LUNGILE SINDISWE THWALA – 3RD YEAR SOCIAL WORK – UNIVERSITY OF ZULULAND - UYDF

Lungile Thwala is a 20 year old social work student, studying at the University of Zululand. She has just completed 3rd year, and is going into 4th year. She comes from Mbazwana, in the area around Mseleni Hospital.

Lungile is the oldest of 3 children. She lives with her mother and father. No-one works at home, they survive on a disability grant for her father, who has a psychiatric condition. He is a good father, and offers support wherever he can.

Social work was not Lungile's first choice, dietetics was. Unfortunately she did not have enough points for dietetics. She took the scholarship as she wanted to study, but she was not convinced social work was right for her. The voluntary work she did for the scholarship did help her, by exposing her to what social workers did. She now enjoys it.

Holiday work experience

Lungile did her holiday work at Mseleni Hospital. It gave her hands-on experience, and helped her to integrate what she had learned in class with practical realities of her job. The hospital was supportive. They know her as it's her home area.

University

Going to university was hard for someone from her background. The major challenge was the environment. There was no-one telling her to go to lectures. Lungile had never used a computer before, but she learned quickly as she was motivated to do well.

The UYDF scholarship programme

The scholarship has helped financially, and also removed financial stress so she can concentrate on her studies. It has helped her parents as they don't have to give her money. She is able to talk to UYDF if she has problems, although she has not really had to. She is free to contact her mentor Nontokazi, but she no longer meets her as frequently as she did at the beginning. She also feels free to speak to Dumisani.

To improve the programme, better co-operation with the hospitals for the holiday work needs to happen. Sometimes students go there, and no-one knows them, or that they were coming. Lungile was lucky as her supervisor at the hospital is a former UYDF student.

NDABAZITHA KHOZA – 2ND YEAR MEDICINE – UKZN - UYDF

Ndabazitha Khoza is 21 years old, and is studying medicine at UKZN. He comes from Samula.

He was raised mostly by his grandmother. His father left, went to Johannesburg, and never came back. His mother worked mostly in part-time jobs. Ndabazitha is an only child, but his granny looked after other grandchildren as well. His grandfather worked, and retired about 2 years ago. His grandmother did odd jobs, and sold things to help support them.

Ndabazitha always wanted to be a doctor. He likes helping people. While growing up, he was exposed to people sick and dying people. He thought that maybe if he became a doctor he could help.

As his marks were very good at school, Ndabazitha applied for medicine. UKZN was his first choice. He heard about the scholarship while at school. They were given application forms. Ndabazitha went for an interview. He and others did a week's voluntary work. There were quite a lot of them. They helped the nurses, and liked it. He got the scholarship from his first year.

University

University was a big challenge. He failed one of his semesters. He attributes this largely to having to learn everything in English, and not understanding how to study. At high school they had learnt everything in Zulu. At school he did not really work that hard. At university he had to go from class and study straight away. It took a while to adjust. The environment was completely different. He did not know how to use a computer, but he went to classes to learn, and is now quite proficient.

The UYDF scholarship programme

The scholarship helped him financially, and with mentoring. Even though it may be expensive, Ndabazitha would not like to see Umthombo cut down on the mentoring aspects of the programme. He is not convinced of the value of meetings like the Imbizo, but finds it useful to see the people who are helping him. The previous year they spoke only of HIV/AIDS. This year, they have discussed alcohol, and how to behave as a health care professional. He acknowledges that this is useful.

The programme can help improve rural health, but some people may change their minds about staying when they see what other opportunities are available.

Holiday work experience

For his holiday experience, he went once to Mosvold Hospital, and is now going to Mseleni. It is a good experience to see practically what he mainly sees on the board at university. It does help with his studies, but it depends in which year you are. Some of the staff are too busy to explain to students in the early years of study.

Community

Ndabazitha thinks he is role model in his community. He is the first man from his community doing medicine. He finds mixed reactions to him. He is from a very poor family, so cannot plan too far. He sees himself back home in the future, maybe helping his brother. He has to finish his studies and then go back to his community.

ZANELE BUTHELEZI – 3rd Year Nursing – UKZN - UYDF

Zanele Buthelezi is 22 years old from Mtubatuba. She is a 3rd year nursing student at UKZN in Durban.

Zanele's father died in a car accident in 1996, when she was 8. He was their only support, and left her mother unemployed. Her mother struggled to support them, and went to sell fruit and vegetables in town. Zanele grew up not having very much. No-one in her family was educated, she is the first to go to university.

She wanted to do nursing, but was worried a lack of finance would prevent this. She applied for a bursary from the Department of Health. When she went to Hlabisa Hospital to fill in the forms, one of the administrators told her about the UYDF scholarship.

This person called her to the hospital to do voluntary work there. She helped the nurses bathing patients, doing vital signs. She enjoyed it, but found it a big shock when she had to prepare a dead patient for the mortuary. Despite that, she realised she would be able to handle it.

She had already been accepted at university, and had to confirm that she was taking her place there. Her elder sister, who runs a tuckshop, helped her pay the registration fee. When Zanele was told she had the UYDF scholarship, she thought her dreams had come true.

University

University was not what Zanele expected at all. She thought it would be easy, but she felt lost. She went on her own, and spent a week not really knowing where she was going. After her first day at orientation, she had to find her residence, but she didn't know where it was. A family who had brought their daughter, who was in 2nd year, took her there.

By the 2nd day, she found a friend who helped her. At the interview she had been told what to do if she got the scholarship, so she called Dumisani, and told him she was hungry. She got contact details of other students at the university.

First year was difficult. Physics, chemistry and maths were more difficult. At school she had chosen mathematical literacy, because she thought it would be easier, so she had a lot of catching up to do. Zanele found writing essays in English hard, and she took an additional module to help her. Eventually, however, she coped, and passed.

The UYDF scholarship programme

UYDF has helped her so much, even more than she expected. It acts like a parent. It has helped her to feel the same as other students. No-one can tell whether she comes from a poor background. People in her class on Department of Health bursaries are exposed. They wait for so long to get letters and fees. Many people in her class experience that. She does not have to deal with the stress of worrying about whether fees are paid, and can concentrate on her studies.

Zanele calls Dumisani when she needs help with her studies. When she needs money, she borrows from friends and pays them back when she gets money. She does not like to bother her mother as it stresses her because she can't really help.

Zanele has a mentor who she used to see once a month. She does not see him that often anymore, as she is managing. She also sees Dumisani when he comes. She believes she has been helped to become someone she never thought she could be. She has already changed how she thinks about life. At one time she saw university and nursing as a way to make money. Now she sees it more as a way to help other people, as she herself has been helped.

At the Imbizo, students get to know each other. They learn from other people, and it has altered her mindset. At university, and even at school growing up, she thought she would go overseas if she became a nurse. Meeting people at the Imbizo has shown her there is opportunity to help sick people at home.

She would appreciate some help with transport to practicals.

Holiday work experience

Every June and December, Zanele does community work at Hlabisa hospital. She has applied what she has learned at university. She has been allowed to do procedures that she was not allowed to do at university, such as putting in drips. There is no choice because of the shortage of doctors. Zanele likes primary health care, and occupational health.

Role in improving rural health

She believes the programme can help in rural health a lot. If people work at a local hospital, they will be working with people they know and understand. For example, if a patient won't take medicine because she believes in Zulu medicine, a local can understand where the patient comes from and can explain it to a doctor. She has noticed that in her own area, she is given recognition. She will be a qualified sister.

The future

There is some expectation from family. Zanele's mother has always wanted a better house, and Zanele feels that she will be responsible for helping her family.

Zanele has one year left. After graduating she has to do community service, and hopes to do this at Hlabisa. As she is from Mtubatuba, she will stay there. It is the hospital close to home.