

# RURAL SCHOLARSHIP SCHEMES

## A solution to the human resource crisis in rural district hospitals?

**Ross, AJ**, MBChB, DCh, MPraxMed.  
Department of Family Medicine, Nelson R Mandela School of Medicine, University of Natal.

**Couper, ID**, BA, MBBCh, MFamMed.  
Professor of Rural Health, Faculty of Health Sciences, University of the Witwatersrand.

**Correspondence:** Dr AJ Ross, Department of Family Medicine, Nelson R Mandela School of Medicine Private Bag 7, Congella, 4013, Telephone 031 2604485, Facsimile 031 2604465, Email: [rossa@nu.ac.za](mailto:rossa@nu.ac.za)

**Keywords:** scholarships, rural hospitals, human resources, health professions, health sciences, training.

### ABSTRACT

Recruiting sufficient health personnel for rural hospitals is an ongoing problem. The Friends of Mosvold Scholarship Scheme in northern KwaZulu-Natal is a locally based scholarship scheme that offers the local community a chance to develop its own human resources for health care. Students are required to work in the local hospital during their vacations and sign a contract to work back their scholarship year for year. Already 44 people from Ingwavuma are being supported to study for a variety of health professions. This concept is being extended to the Limpopo and North-West provinces through the Wits Initiative for Rural Health Education. The scheme provides a model for human resource development at a district level that could be usefully adopted by any tier of government. (*SA Fam Pract* 2004;46(1): 05-06)

### Introduction

*"The future belongs to those who believe in the beauty of their dreams."*  
**Nelson R. Mandela**

Reconciliation and nation building characterised the Mandela era. The Mbeki era is characterised by service delivery. However, due to the large number of South African medical graduates emigrating and the inability of hospital managers to recruit doctors, many district hospitals are struggling to maintain service standards and some services are on the point of collapse. The vast majority of the population in the vicinity of these district hospitals has no choice but to accept whatever standard of health care is offered, as they have no alternatives.

About 1 200 doctors graduate from the medical schools in South Africa each year. Currently, "success" for the medical school is assessed in terms of the percentage of black graduates emerging from the medical school and no attention is given to the impact that these graduates have on service delivery – especially in the rural areas.

A number of these medical graduates have provincial bursaries with a "work

back" component. However, these bursaries are not structured in a way that supports rural service delivery and only a small percentage of graduates fulfil their work-back commitment in rural hospitals.

### The Friends of Mosvold Scholarship Scheme

The Friends of Mosvold Scholarship Scheme (FOMSS), a locally based scholarship scheme in Ingwavuma, northern KwaZulu-Natal, highlights potential interventions that, with appropriate political support, could go a long way towards resolving the need for professional health care staff in rural areas. FOMSS creates synergy between local communities, schools, health care providers and provincial bursary funds in an attempt to optimise human resource development for service provision in a rural area.

Mosvold Hospital is a rural district hospital similar to many other such hospitals throughout South Africa. It has 246 beds, serves a population of about 110 000 people, and had 13 000 admissions and 204 000 outpatient contacts in 2002. It faces a major challenge in finding and keeping all classes of professional staff. In response to this challenge, a locally

based scholarship scheme exclusively for scholars in the Mosvold catchment area or sub-district was established in 1998. The scheme was based on the assumptions that local students have the potential to become health care professionals and that local students are more likely to return to their area of origin.

To be considered for a FOMSS scholarship, students have to:

1. Be from the Mosvold sub-district.
2. Be accepted at a tertiary institution to study in a health science field.
3. Be selected by a local selection committee.
4. Do two weeks voluntary work at the hospital (prior to selection).
5. Sign a year-for-year work-back commitment to Mosvold Hospital.

In addition, students selected are expected to:

1. Participate in the Medical Education for South African Blacks (ME-SAB) mentoring programme.
2. Report regularly to their coordinator at Mosvold Hospital.
3. Work for four weeks per year at Mosvold Hospital.
4. Run an outreach programme at their own school, teaching about HIV/AIDS and the need to stay negative and encouraging stu-

dents to dream their dreams and work to make these dreams a reality ("It is possible to progress to university even if you have had a rural education").

FOMSS provides the following:

1. Funds for university tuition, books, residence fees and food.
2. A coordinator at the hospital who has regular contact with each student and helps to coordinate the vacation work and community outreach projects.
3. Remuneration for vacation work.
4. Training in HIV/AIDS education – so that each scholarship student can be a peer AIDS educator.
5. Career guidance days twice a year for the high schools in Ingwavuma.

FOMSS is assisted in this by MESAB, which provides a 50% matching grant for the university scholarship.

### Results

The following have been achieved by FOMSS to date:

1. A total of 44 students have been supported across 14 health disciplines. These are: medicine, nursing, dentistry, dental therapy, physiotherapy, occupational therapy, speech therapy, optometry, pharmacy, radiography, nutrition, social work, medical technology and environmental health. Two students graduated in 2002 and five are expected to graduate in 2003.
2. About 800 scholars have attended the career guidance days over the last five years.
3. About 80 students have done voluntary work and have applied for financial support.
4. About 80 local scholars have been trained as peer AIDS educators and 15 scholarship students have been trained as peer AIDS educators.

The scheme has also been extended to neighbouring sub-districts, involving most of the Umkhanyakude Health District (Jozini).

FOMSS has shown that, even in a deep rural area, it is possible to build relationships with local schools, promote careers in health science courses and identify students with the potential to succeed at university.

The problems faced by the scheme include the following:

1. Universities are currently only selecting students on merit and not on potential.
2. Universities have no obligation to train for service delivery needs.

3. Funding for students is a major challenge for the Friends of Mosvold Trust.

4. Provincial bursaries are not tied into district hospital service delivery needs.

### WIRHE

Building on the success of FOMSS, the Wits Initiative for Rural Health Education (WIRHE) was established in 2002 under the auspices of the Chair of Rural Health at the University of the Witwatersrand. The intention of the initiative is to extend such locally based scholarship programmes into other provinces and thus, together with FOMSS, to serve as an example and catalyst for provincial departments of health. The initiative is made possible through the support of MESAB as a 50% partner, and the commitment of the Wits Faculty of Health Sciences to find places for eligible students.

Under WIRHE, pilot schemes have been launched in the North-West and Limpopo provinces. In Limpopo, the initiative works with the Friends of Tintswalo Trust in the Botshabelo District. In North-West province, the initiative works with the District Health Management Team of Bophirima District, which is based in Vryburg. While only one student from each province is supported at present, the aim is to have 20 students (10 from each province) placed in health sciences courses in 2004.

The two different approaches provide different lessons that can be of benefit to proposed extensions of the schemes.

### A model

Based on our experience with these scholarship schemes, we would like to propose the following model for human resource development in rural areas:

1. Each faculty of health sciences should be given a particular geographic area in which it has primary responsibility for training health professionals to meet the (rural) service delivery needs (e.g. Nelson R Mandela School of Medicine for KwaZulu-Natal, University of the Free State for the Free State, University of the Witwatersrand for North-West province, etc.).
2. Universities should be rewarded if they meet this target and face penalties if they do not.
3. At least 50% of places in the first year at each medical school should

be allocated to service delivery needs in the area served by that medical school. For example, at the Nelson R Mandela School of Medicine, 50% of first-year places should be reserved for training for the service delivery needs of KwaZulu-Natal, and these places could be allocated according to the population of each district.

4. An inter-governmental selection and support committee should be established at each district hospital (including at least the departments of health, education and local government) in order to:

- Determine human resources training requirements to meet health service delivery needs in that sub-district.
- Promote careers in health sciences.
- Identify and select students with potential who can be trained to meet the service delivery needs for the sub-district.
- Forward these names to a Department of Health (DOH) District Human Resource Committee.

5. A DOH District Human Resource Development Committee should be established. This committee would:

- Allocate provincial bursaries to local students (who would sign a work-back contract with the local district).
- Have a working relationship with the local medical school/technikon. This would include knowing how many places have been allocated to the district for the training of doctors, dentists, physiotherapists, etc., and what the minimum entrance requirements are to access these places (A precedent has already been set by medical schools that train for the health delivery needs of other SADAC countries).
- Ratify choices made by committees at each hospital.
- In conjunction with the local committees, monitor the progress of students at university and ensure that graduates fulfil their work-back obligations to the district.

### Conclusion

If local and District Human Resource Development Committees are established and they, together with those who allocate provincial bursary funding and the universities, make a commitment to this model, it will allow hospital managers and district managers to develop a comprehensive human resource development plan that will lead to improved service delivery in the rural areas. ✎