

## EDUCATION

**Scholarship success: Umthombo Youth Development Foundation**

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The well-recognised shortage of healthcare workers in South Africa is compounded in rural areas due to the misdistribution of those in favour of urban areas.<sup>1,2</sup> Numerous local and international studies have documented that students of rural origin are more likely to return to work in rural areas.<sup>3,4</sup> However, rural health science students are underrepresented at South African universities.<sup>5</sup> In 2006 Tumbo reported that only 26% of health science students were of rural origin despite 46% of the national population living in rural areas. Despite an increase in health science student admissions to universities between 1999 and 2002, the proportion of rural students did not increase. In fact, in some departments the proportion decreased.<sup>5</sup> There may be numerous legitimate reasons for this, including poor rural schooling, poor career guidance, challenges with applications and insufficient funding. However, without a more intentional approach or a change in policy on preferential admission of rural origin students, the inequities will remain.

The Umthombo Youth Development Foundation (UYDF) – originally Friends of Mosvold Scholarship Scheme – was started in January 1999 in Ingwavuma, one of the most socially deprived and educationally challenged areas in the country.<sup>6</sup> The aim of the scheme is to address the shortage of qualified healthcare workers at rural hospitals through the training and support of rural youth to become qualified healthcare professionals ([www.umthomboyouth.org.za](http://www.umthomboyouth.org.za)).<sup>7</sup> Selection criteria include rural origin, indication of commitment through voluntary work, securing a place to study a health science degree, selection by a local committee and willingness to sign a year for year work-back contract. To date, the scholarship scheme has produced 115 health science graduates across 14 disciplines. The pass rate over the last 13 years has exceeded 84%, with an overall drop-out rate of 13%. All graduates have returned to work in their

area of origin, with the majority (apart from 4 students) honouring their work-back contract. Of the 35 graduates who have completed their contracts, over 75% have continued working in rurally situated hospitals. In 2011, 149 students were supported by the UYDF, of whom 132 progressed and 24 graduated.

We believe that the following factors have contributed to the success of the scheme:

- (i) a strong emphasis on student initiative and responsibility (voluntary work exposure, obtaining university placement, work ethic, holiday work experience and peer support)
- (ii) financial and social support from UYDF (comprehensive financial support, academic and social mentoring support and student accountability)
- (iii) a working partnership with the local community and hospital (open days, student selection and graduate employment).

Student mentoring merits special attention and is fundamental to the success of the scheme. Each student is expected to meet monthly with an assigned mentor to review academic progress and discuss any social issues that may be impacting on the student's abilities. An accountability plan is agreed upon by the student and mentor.

The factors contributing to the success of the UYDF scholarship scheme are replicable. If the rurally based scheme can work in Ingwavuma, it can work anywhere. We believe that the 40 additional places at each medical school, recently announced by the National Minister of Health,<sup>8</sup> provide an opportunity for focus on the training of rural origin students. The evidence suggests that with appropriate support, more than 85% of rural origin students can succeed at university and will return to work in rural areas. All that remains is the willingness to implement.

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