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Ukwanda Rural Clinical School


Leading change for rural health

A grassroots initiative aimed at improving health services in rural South Africa

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“Reform efforts and upheavals which have left the South African health system creaking and groaning in protest must continue until it is turned on its head - and is explicitly biased towards rural health.”

The Health Systems Trust, South Africa

“Ukwanda” is an isiXhosa word that can be translated: to grow and develop within the community, to make a positive difference.

Need for rural health care

Worldwide the health status of people in rural communities is generally poorer than that of their urban counterparts. The reasons for this vary, but in developing countries such as South Africa, rural communities are often worse affected by poverty and unemployment, which contribute to the poor health status of people living in remote areas.

South Africa has a critical shortage of trained medical doctors. Figures from 2011 show that there are only 0.57 doctors for every 1 000 people in the country (Health Professions Council of South Africa, HPCSA). Developed countries have between two and five doctors per 1 000 population and even other developing countries like Mexico and Brazil have 1.9 and 1.8 doctors per 1 000 population respectively.

In March 2012 there were 38 236 registered doctors in South Africa, however, many have gone abroad and it is estimated that just over half of that figure actually practice here. Last year Parliament indicated that South Africa needed an additional 12 500 doctors to treat state patients

With only 1 000 new doctors qualifying each year, South Africa is not training enough doctors to fill the gap. The country would need to train approximately 2 400 doctors annually to maintain the current figures on par with population growth.

Adding to the problem of staff shortages, health care professionals are also unequally distributed around the country. All over the world the majority of health care professionals favour urban and wealthy areas despite the fact that people in rural communities experience more health-related problems. Also in South Africa most doctors are based in urban areas. The 2004 statistics from the HPCSA indicated that the Western Cape and Gauteng have the most doctors, while the lowest numbers are found in the mostly rural provinces of Limpopo, Eastern Cape and North West. This inequitable distribution of health workers mean that those who have the greatest need are receiving the poorest service.

How Stellenbosch University is helping to find solutions

In response to this staffing crisis Stellenbosch University (SU) established the Ukwanda Centre for Rural Health in 2002 to train health care professionals with applicable knowledge and hands-on experience of the health issues facing rural and underserved communities. Stellenbosch was one of the first universities in South Africa to implement a rural training platform for its students.

The Centre has been active in the Overberg and Cape Winelands districts of the Western Cape Province and in the Eastern Cape for a decade, facilitating undergraduate education in these regions and taking on many small-scale community interaction and research projects. As part of the Centre, undergraduate health students also receive training at a number of rural regional hospitals, smaller district hospitals and clinics – including Malmesbury, Paarl, Citrusdal, Stellenbosch, Madwaleni and Zithulele.

Good rural training and learning opportunities alone are not sufficient. Students' emotional attachment to rural living comes from experience during time spent in the community and connections formed with local people. Short rotations are inadequate to forge lasting connections. In an engagement model however, students are exposed to the realities of working in a resource-limited environment within the existing health care system and not alongside it. They provide assistance and support to health care personnel while simultaneously gaining valuable "real life" experience.

Taking rural health care training a step further

To further immerse students into the role of rural health care professionals, the Faculty of Medicine and Health Sciences established the Ukwanda Rural Clinical School (RCS) in 2011. It is an offshoot of the Ukwanda Centre for Rural Health and makes it possible for medical students to complete their final year while based in a rural community. This is aimed at acculturating undergraduate medical students into the rural lifestyle, thereby increasing the number of graduates who choose to return to work in rural communities after graduation.

The School also supports and trains other health professionals and health care workers in a rural setting, and provides a platform for research in topics related to rural health and health science.

How Ukwanda makes a difference

The aim of the Ukwanda Rural Clinical School is to produce more health care professionals and to increase the number of graduates choosing to follow their careers in rural settings. International experience indicates that recruitment and retention rates are higher if you immerse students in rural life during training.

As part of the project, there will be a strategic focus on recruiting students from rural areas and engaging any barriers to include academic subjects that will strengthen the chances of rural students to enter medical and allied health professions.

A successful model of a rural campus that effectively improves the lives of rural communities could serve as an archetype for other rural areas in South Africa, and elsewhere on the continent.

First successes

The Ukwanda Rural Clinical School is the first initiative of its kind in South Africa. In 2011 eight final year medical students were placed in two rural areas for the entire academic year. Six were placed in the hub at Worcester Regional Hospital in a more traditional educational model – rotating through the major disciplines with medical specialists doing most of the training. The other two were placed at one of the spokes at the Ceres district hospital – where a new educational model (the Longitudinal Integrated Model) is used. In this model, a family physician does most of the training. All eight graduated as medical doctors in December 2011. They were the first in the country to complete their full sixth year clinical training on a rural clinical platform.

The second group comprising 22 students have accepted placement at the RCS in 2012 – 18 of them at Worcester, two

at Robertson, and two at Swellendam. The Faculty of Medicine and Health Sciences hopes to eventually provide continuous, year-long rural training to at least 30 student interns, as well as students from the allied health professions, and thus support health service delivery and greater access to quality care for the people in the communities of Worcester, Ceres, Roberson, Caledon, Hermanus and Swellendam.

In addition, medical students and students from the allied Health Professions continue to spend clinical training time on the rural platform and discussions on new innovative educational and training models continue.

The bigger picture

The increasing need to upscale activities in rural communities led to the establishment of the Rural Clinical School to develop service-learning opportunities and engage more widely in constructive community partnerships and community interaction.

The RCS concept stems from experiences in Australia and North America, where health policy makers have responded to their rural staffing crisis by establishing Rural Clinical Schools and Departments of Rural Health to acculturate undergraduate medical students into the rural lifestyle and have thereby managed to increase the number of graduates choosing to practice their career in a rural community. They have found that students of rural origin are more likely to settle into rural communities.

The underlying assumption and approach to the RCS initiative is that of distributive education. The School provides alternative training opportunities for undergraduate and postgraduate students – which prove a necessity alongside the Western Cape Government's health plan for 2020. It is also aligned with the Faculty of Medicine and Health Sciences' Business Plan which is committed to optimal health in Africa, placing 50% of clinical training (for undergraduate health sciences students) in the community and 10% in rural areas.

Why donate to Ukwanda

Africa requires active role players to turn promises into tangible progress when it comes to development, and in this way bring substantive hope to millions. For Stellenbosch University the Ukwanda Rural Clinical School symbolises hope in action.

Expanding on the work of the Ukwanda Centre for Rural Health, the Ukwanda Rural Clinical School promotes an immersion training model where students are exposed to the realities of living in and providing health care to underserved communities, taking a multidisciplinary approach.

The main objective of this phase of the project is to establish suitable training sites with logistical back-ups for accommodation, student safety and transport for long-term undergraduate and postgraduate rural placements. This will be accomplished through erecting a fully fledged School in the Western Cape town of Worcester (as the hub), with satellite sites in five other rural towns across the Western Cape.

Construction on the hub in Worcester was completed in 2012 and the next step is to erect five training sites, known as academic spokes, with learning centres and accommodation in the rural towns of Ceres, Robertson, Swellendam, Hermanus and Caledon.

Each Learning Centre will comprise an area of approximately 150 to 200m² which should include:

- Two seminar rooms, at least one of which will be equipped with telematic training facilities
- One open-plan workstation with room for three to six computer stations
- One tearoom with mini-kitchen
- One office for the professional nurse tasked with human resource development
- One office for the administrative clerk
- One office for the family physician
- One skills laboratory

Gift opportunities

As it currently stands the Ukwanda Rural Clinical School is a prime example of a partnership between Stellenbosch University and various levels of government to create sustainable solutions to rural health-care challenges. By supporting the Ukwanda Rural Clinical School companies and individuals can expand the partnership by contributing to a legacy of HOPE.

The spokes of the hub and spoke model will have the dual function of an academic training facility, with lectures offered from the faculty on the Tygerberg campus via telematic technology, as well as a health care facility. Through the visible presence of Stellenbosch University in these towns and permanent links forged with local communities, it is envisaged that more prospective students may be recruited from rural areas by fostering an interest in further study among learners for whom a university degree has not been even a vague possibility in the past.

FUNDING OPTIONS	AMOUNT REQUIRED
Educational infrastructure: Caledon, Ceres, Hermanus, Robertson, Swellendam	R2.5 million for each of the 5 spokes*
Operational and IT costs (5-year period)	R300 000 per facility*

* Exchange rate: R7.70 = US\$1



Hub and Spoke Model



The map depicts all the Ukwanda training sites in the Western Cape: Bredasdorp, Caledon, Ceres, Grabouw, Hermanus, Malmesbury, Montagu, Paarl, Robertson, Somerset-West, Swellendam, Wellington, Worcester. Two other training sites, Madwaleni and Zithulele, are in the Eastern Cape.

Student experiences



Marcia Vermeulen – 2012 final year medical student

“I decided to do my final year at the Rural Clinical School to improve my practical clinical skills. I am also very interested in primary health care, which made this the ideal environment for me to learn.

“So far the experience has been both challenging and rewarding: the advantages are that I get a lot of practical clinical exposure and there is continuity of care with patients. The challenges of training at the rural school are that you have more clinical responsibilities and portfolio cases and assessments.

“However, I would still advise students to attend the Rural Clinical School, especially if they are interested in primary health care and would like to work more independently.”

Rohan du Plessis – 2012 final year medical student



“I am very interested in primary health care and would one day like to work in a rural area, that’s why I decided to do my training at the Rural Clinical School.

“The advantages are that you get a lot of practical experience in primary health care and are exposed to a wide variety of health issues – so you gain a wider experience.

“The fact that you stay here for the whole year means that you also build relationships with patients and experience the continuity of care.

“I think we definitely work harder here, but the practical experience and easy access to specialists and supervisors make up for it.”

How Ukwanda ties in with the HOPE Project

The Ukwanda Rural Clinical School is an initiative of Stellenbosch University’s HOPE Project, which creates solutions from science to solve some of South Africa and Africa’s most pressing challenges. In essence, it showcases key research and teaching initiatives that serve society and help build a better future, while also developing an academically strong and relevant University.

Through its HOPE Project Stellenbosch University supports five themes selected from the international development agenda: eradicating poverty and related conditions; promoting human dignity and health; promoting democracy and human rights; promoting peace and security; and promoting a sustainable environment and a competitive industry.

The Ukwanda Rural Clinical School project is in line with the HOPE Project’s vision to eradicate poverty and related conditions; as well as the promotion of human dignity, democracy, human rights and health.

The RCS provides leverage for innovation and is but a first step in creating a strong multidisciplinary rural presence. From 2013 the Worcester campus, which is home to the RCS, will also accommodate the SciMathUS bridging programme which offers educationally disadvantaged learners a second chance to qualify for admission into higher education. The programme has been running successfully on the main campus in Stellenbosch since 2001 and via this expansion more learners will have access to this opportunity.

Other faculties will be encouraged to consider innovative educational models to further interdisciplinary involvement via the Worcester campus and spokes. Due to its state-of-the-art technology Stellenbosch University has the ability to facilitate off-site learning which in turn reduces traveling and accommodation costs.

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