

A RURAL CLINICAL SCHOOL AS LEVERAGE FOR SUSTAINABLE RURAL DEVELOPMENT: AN OPPORTUNITY FOR THE UNIVERSITY OF STELLENBOSCH'S HEALTH SCIENCES FACULTY

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**Sub-themes: Curriculum & Teaching
and 'Research & Development'**

Introduction

Universities are well positioned to use their resources to assist the public and private sectors to develop strategies to address the problems of rural development. These resources include a range of educational programs which contribute to the development of the country's human and physical capital and are also able to coordinate and support research that improves the understanding of economic and community development issues, problems and opportunities. Increasing questions are being posed on the role of Higher Education Institutions in development. A healthy population is crucial to the wellbeing of a population and is therefore a pre-requisite for sustainable development.

In South Africa, almost 50% of communities live in rural areas which are generally worst affected by unemployment, poverty, malnutrition, poor education, lack of clean drinking water and appropriate facilities for refuse removal. All these factors contribute to the poor health status of people living in these rural areas. In order to address these challenges, sustainable rural development strategies need to be developed. Participatory relationships between affected communities and other stakeholders require increased efforts if the Millennium Development Goals are to be met.

The University of Stellenbosch's Health Sciences Faculty has already distinguished itself in the field of rural health, by collaborating with the Provincial Department of Health (DoH) to maintain the competence of rural health professionals and by exposing undergraduate students to the health needs of rural people. The faculty has developed a strategic plan to establish a Rural Clinical School in Worcester. Down the ages it has been shown that universities have the potential of adding immeasurable value to a city, town or village. Our vision for sustainable development of the Boland Overberg entails the establishment of a rural satellite campus in Worcester, where a number of faculties can make a meaningful contribution to sustainable rural development.

Background

After South Africa's first democratic elections in 1994, the dismantling of the country's race-based health system began. Over the last decade the health sector has undergone rapid change to make it more equitable and accessible to the needy. A district-based health system is being developed to ensure local-level control of public health services, and to standardise and co-ordinate basic health services around the country to ensure that health care is affordable and accessible to everyone (South African Government, 2003).

South Africa as a middle income country has a number of health challenges. Despite spending 8% of GDP on health care, the inequities in the provision of health services to the

insured and uninsured populations are wide. Only 3% of GDP is spent on the 85% uninsured population.

Approximately 50% of the populations live in rural areas where the majority is unemployed. Aids and other poverty-related diseases like tuberculosis, malaria and cholera are placing a tremendous strain on South Africa's health care system, eroding attempts to improve the general health of South Africa's people. High levels of poverty and unemployment make it difficult for most people to pay for health services, which places immense strain on the public health sector. Despite a significant increase in the number of primary care facilities, challenges are still enormous. Many clinics still lack basic equipment, drugs, tests for HIV and essentials like piped water, telephone access and reliable electricity supplies. There has been a real increase in funding for public hospitals, which consume two-thirds of the health budget, but much of this money has gone towards better salaries, and state hospitals, under growing pressure to accommodate people dying of Aids-related illnesses, are more overstretched and cash-strapped than ever.

The recruitment and retention of health professionals in the public health sector, remains a problem. In 2006, data were presented showing that 12 136 South African trained medical practitioners were working in OECD countries, representing 37% of the total number of medical practitioners in South Africa (World Health Report 2006, 2006). The National Department of Health developed a plan for Human Resources for health (Department of Health, 2006) in which they highlighted the need for an increase in the production of health production to support the needs of a growing population while at the same time to mitigate the losses to migration. The shortage of health professionals is especially acute in the rural areas of SA (as is the case in many countries).

Unlike education and training in other disciplines in South Africa, training of health professionals occurs in the public sector health services and is linked to Higher Education Institutions. This implies that academics provide education and training in the health services while providing an invaluable service to public patients.

There is an acute shortage of nurses in South Africa. The reason for this is complex and includes poor working conditions, limited career opportunities, inadequate remuneration, increasing workloads, and emigration pressures (Department of Health., 2007). This has a direct impact of the health system both in terms of ability to deliver service as well as the ability of health facilities to provide adequate opportunities as sites for clinical training, as well as decreasing resources for academic medicine (both in terms of human resources as well as financial resources).

The Roles of Higher Education Institutions

Increasing questions are being posed on the role of Higher Education Institutions in development. Universities are well positioned to use their resources to assist the public and private sectors to develop strategies to address the problems of rural development. These resources include a range of educational programs which contribute to the development of the country's human and physical capital and are also able to coordinate and support research that improves the understanding of economic and community development issues, problems and opportunities. A healthy population is crucial to the wellbeing of a population and is therefore a pre-requisite for sustainable development.

At the 2007 Conference on Universities in Southern Africa as Catalysts for Sustainable Rural Development, the issues of pedagogical transformation, partnerships as well as sustainability were highlighted as key issues. The debate regarding whether rurally based universities due to their proximity to rural communities have a greater responsibility to rural communities than non-rural university created robust discussion. Although it is not the sole responsibility of Rurally Based Universities (RBUs) to address these issues – as it is the role of all universities regardless of location – the conference agreed that the proximity of the former makes it imperative that RBUs play a leading role in the campaign to address the despair of rural existence (Centre for Education Policy Development, 2008)

The University of Stellenbosch

The University of Stellenbosch, with its main campus in the heart of the beautiful winelands of the Cape Province, would have at the time of its establishment more than a century ago, been defined as a classical rurally based university. With economic and population growth, this is now debatable as the region has fast become a tourist and student town.

A historically white Afrikaans University, it became imperative in the post-apartheid era, to respond to the challenges faced in society. At the beginning of the 21st century the University as well as many of its faculties responded to the call to be active role-players in society and developed its Vision 2012, namely “To create and sustain, in commitment to the universal ideal of excellent scholarly and scientific practice, an environment within which knowledge can be discovered, shared and applied to the benefit of the community” which is enshrined in its vision statement (Vision 2012) (University of Stellenbosch, 2009), which is to promote:

- Academic excellence and knowledge partnerships;
- The building of scientific and intellectual capacity in Africa;
- Playing an active role in South Africa’s development and improvement of health services;
- Sustaining institutional diversity, and
- Promoting teaching, science and services in a multilingual context.

In his inaugural speech in 2007, the Rector and Vice-Chancellor of Stellenbosch University (SU), Prof Russel H. Botman (Botman, 2007), announced his vision for SU as a “multicultural university with a pedagogy of hope for Africa”. He endeavoured to realise this vision by “*gearing up the University, using the existing vision as point of departure, to an institution in Africa that does not only want to be significantly ‘different’, on the basis of our past, but also wishes to be significantly ‘better’, as viewed against our commitment with regard to the future of the people of our country and the continent.*”

The Integrated Strategic Plan which envisages addressing and actualising the University’s vision and goals internally, while at the same time taking into consideration the University’s geographical realities and its inevitable bond with Africa. Based on the United Nations’ Millennium Development Goals, 5 themes were identified which the University would focus on as part of its Pedagogy of Hope, with these themes being:

- Eradication of pandemic poverty
- Promotion of physical and psychological human dignity
- Promotion of peace and security

- Promotion of democracy
- Environmental sustainability

The Faculty of Health Sciences

The Faculty of Health Sciences at Stellenbosch University was established in 1956 and is committed to a vision of optimal health in Southern Africa. Its mission is to create sustainable and equitable access to quality health care for diverse communities by creating solutions to the wide ranging challenges inherent in the South African context. Training and research of the highest quality are critical concerns of the Faculty but it is also aware of its duty to South Africa which it takes as a core value and which is reflected in the whole spectrum of its activities.

It seeks to deliver its vision, mission and values by: developing within a learning culture independent professionals who can make a worthwhile contribution to the community and are active role players in it; contributing to new knowledge in the field of health sciences by means of research relevant to Africa as well as at an international level and building, encouraging and sustaining a distinctive African relevance and excellence, comparable to the best in the world (Faculty of Health Sciences, 2004).

As in many developed and developing countries, health professionals prefer to live and work in urban areas (Scammon et al, 1994 Strasser, 2003 in Reuter, 2007) and most rural hospitals and clinics are thus characterised by a high proportion of vacancies, especially in the professional categories. In 2001, the Association of African Universities declared: “To a greater degree than ever before, African universities must renew their commitment to helping Africa find effective solutions to its perennial problems of poverty, hunger and disease. They must, by their research and teaching, strengthen their contribution to improvements in food production and distribution, disease control and health service delivery, and the general well being of their people. In particular, the HIV/AIDS crisis poses a serious threat to African societies within which universities are situated.

The Faculty responded to the need to educate health professionals appropriate to the needs of the country through a strategic decision to increase a community orientated education with the objective to expose undergraduate students to at least 50% of their clinical training outside the central hospitals (i.e. to secondary hospitals as well as the District health services). This includes 10% of this in a rural setting. It was against this background that the Faculty established the Ukwanda Centre for Rural Health in 2002, which facilitates the teaching of undergraduate students and registrars in the rural areas of the Western Cape Province and beyond. It also supports the continuous professional development of district hospital practitioners through the MoComp project (Maintenance of Competence). Within SU it is on the fore-front of developing of service learning opportunities and engaging in constructive community partnerships and community interaction, including excellent interaction with the health services of the Provincial Government of the Western Cape (PGWC) (Faculty of Health Sciences, 2004).

The Ukwanda Centre for Rural Health has been active in the Boland/Overberg region of the Western Cape Province and has been involved in many small-scale community-interaction and research projects as well as facilitating undergraduate education in this region. However, there has been a growing *awareness* of the need for these initiatives to be greatly up-scaled and, crucially, for a greater appreciation of the interdependence of health and development.

The Boland-Overberg Region

The Boland-Overberg region has as its centre the town of Worcester (approximately 120km from Cape Town) – it is largely an agricultural area and has many socio-economic challenges in the region. The Integrated Development Plan for the year 2007-2011 (Breede Valley Municipality, 2007) provides the basis of engagement in terms of the economic realities facing the Breede Valley and the particular growth path it will follow to enable the Breede Valley Municipality (BVM) to fulfill its constitutional mandate as stipulated by Section 152 of the RSA Constitution, Act 108 of 1996. The IDP documents the main concerns of the stakeholder groups as follows:

- **Basic Services and Infrastructure.** Here the main issues revolved around the maintenance of current infrastructure; lack of basic services in certain areas; lack of lighting; parking in the central business district; cemeteries; open spaces; and, sport and recreation facilities. The lack of funding to execute was also mentioned on numerous occasions.
- **Health and Safety.** Main issues mentioned are: moral breakdown of society; drugs and gangsterism; HIV/Aids; crime; and poor ambulance services.
- **Housing and Land.** The lack of housing and land is the main issue and communities are also dissatisfied with the poor maintenance of rental units; and illegal occupation of dwellings.
- **Education and Skills Development.** The main issue raised was youth development. This was followed by improvement of skills, the alignment thereof with requirements of local industry, new schools, and bursary schemes.
- **Economic Development and Employment.** Greater collaboration was requested between council and business. The creation of employment opportunities, development of a growth and development strategy, economic development per se, Broad Based Black Economic Empowerment (BBBEE), and the 2010 World Cup were other issues high on their agenda.
Other issues that were also mentioned are: sport and recreation; service delivery by the BVM; youth issues; gender issues; councilor accessibility and lack of involvement with ward committees; and the plight of farm workers.

The Project

It is against this background that the Ukwanda Centre considers expanding its services in Worcester and the BOR and proposes the establishment of a Rural Clinical School (RCS) based on the best practice principles documented in the literature, but structured to respond to the social and health services needs of South Africa. On the premise that rural origin and rural medical exposure can positively influence practice location, millions of dollars have been spent on medical education in Australia over the last 15 years to change selection criteria, overhaul the curricula and decentralise training to increase rural content and exposure. Rural high school students are encouraged to consider careers in medicine and selection criteria based on a stated intention to enter rural practice are being developed. Observational data suggests that undergraduate or graduate rural exposure strengthens the resolve of rural origin students to choose practicing in rural locations (Helmuth, 2007).

The proposed Ukwanda RCS will promote selection of rural origin students and play a central role in identifying suitable training sites, forging partnerships with rural communities, and providing the logistical back-up for long term rural placements for undergraduate and

postgraduate students in terms of accommodation, transport and student safety. In addition to these important roles, RCS aims to create a vibrant research culture, conducive to collaborative research of the highest quality and with a main focus on rural health issues and high burden diseases (addendum A). The RCS will mainly train health professionals and health care workers (from the surrounding communities), attracting students from previously disadvantaged communities by encouraging learners in rural schools to study subjects that will allow them entry to medical and allied health profession fields. Current plans include a 1-year clinical rotation for final year medical students and trainee specialists, as well as the establishment of a school for nursing. It will also promote two other strategic initiatives, namely interdisciplinary teaching and learning and endorsement of primary health care and the district health system.

The RCS will be committed to create, sustain and expand these qualities and to embrace community interaction, teaching and research as the strategic elements of the “knowledge partnership” approach expressed in University’s credo ‘Your Knowledge Partner’; fostering mutually beneficial knowledge-based relationships with civil society, especially in non-metropolitan areas.

In conclusion, down the ages it has been shown that universities have the potential of adding immeasurable value to a city, town or village. Our vision for sustainable development of the Boland Overberg entails the establishment of a rural satellite campus (RSC) in Worcester, where a number of faculties can make a meaningful contribution to sustainable rural development. The interrelatedness of human security, health, self-perceived value, economic development and social upliftment, lends itself to integrate efforts by various academic departments throughout the university.

The SU FHS has well-established links with provincial and regional health departments and with the Overberg municipality. The establishment of a RCS provides the exciting opportunity to link with initiatives from other faculties (addendum B) to grow this into a truly sustainable rural development project with a dedicated focus on the issues that affect all aspects of human security in rural areas and it will include the development of local skills and expertise to benefit the whole region in a sustainable fashion. Candidate faculties could include the Faculties of Agri-sciences, Theology, Engineering, Law and Education many who already have projects which support sustainability. The opportunity for the university to become a knowledge partner for the region and to offer their skills and expertise to assist in the realization of the IDP of the region is enormous. Simultaneously both staff and students can gain experience from the region by partnering with the community and truly become active role-players. Seed funding for the project has already been made available from the Faculty, the University as well as the Department of Education.

Furthermore, a successful model of a rural campus which successfully improves the lives of rural communities could serve as a model for other rural communities in South Africa.

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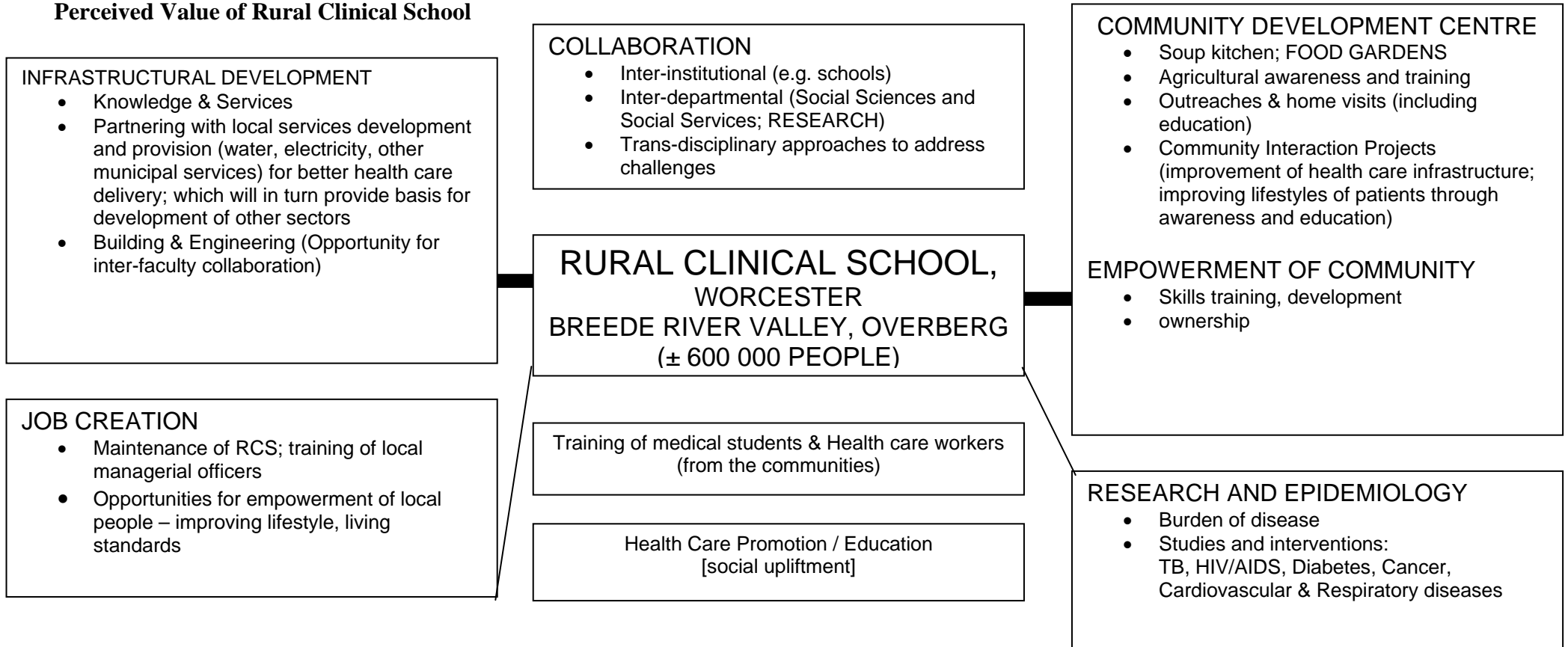
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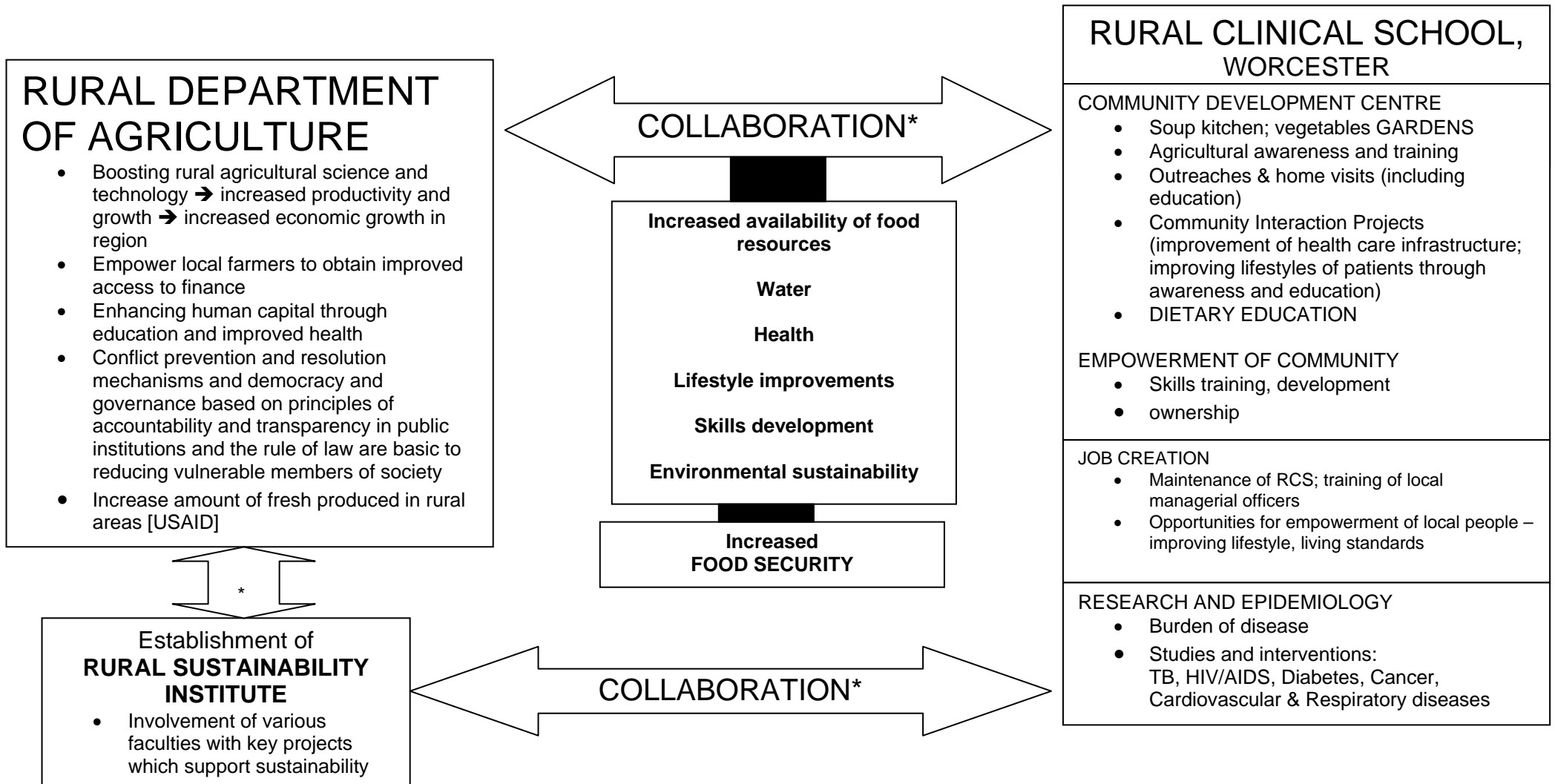
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ADDENDUM A

Perceived Value of Rural Clinical School



¹ Developed by the Staff of the UKWANDA Centre for Rural Health



² Developed by the Staff of the UKWANDA Centre for Rural Health