



Formerly known as



The 10th PAN African TVET Conference 2019
WRAP-AROUND SUPPORT TO ENHANCE THE EMPLOYABILITY OF TVET COLLEGE STUDENT GRADUATES

by Dr Ramneek Ahluwalia



WHERE WE WORK

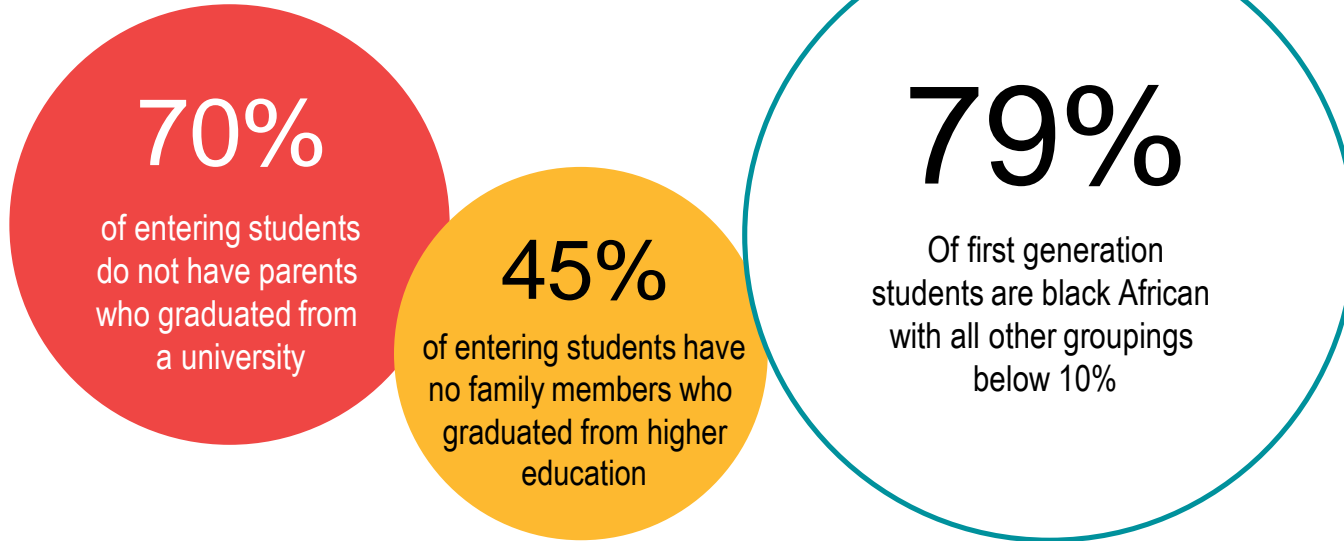


- 26 Public Universities
- 50 Public TVET Colleges
- 420 Campuses
- >2 Million Young People
- Age: 15-24
- Across 9 Provinces & 52 Districts

Socio-economic status of students and staff at TVET colleges

Household situation	Student		Staff	
	n	%	n	%
Not enough money for basic things like food and clothes	1594	28.6	121	12.4
Have money for food and clothes, but short of many other things including sanitary pads	2441	43.8	387	39.7
We have most of the important things, but few luxury goods like cell-phone/buying books and essentials to survive in HEIs	1292	23.2	368	37.7
We have some money for extra things such as going away for holiday and luxury good like laptop and cell phone	246	4.4	100	10.2
Total	5573	100	976	100

Social Context of our Students

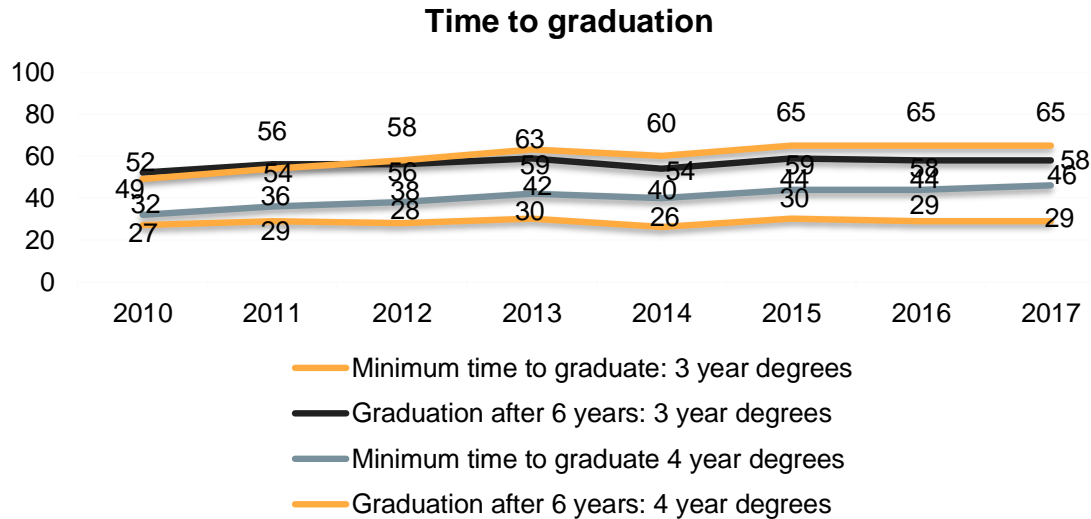


Source: *What we're learning about our university students*
<https://www.usaf.ac.za/what-were-learning-about/>

Social Context: Trauma, Poverty, and Youth health and wellness challenges

- Using **high-level demographics as proxies** for the real issues students face is **failing to equip the sector** with the necessary information points to design adequate support services
- The following key points (Bawa & Strydom, 2019) are important to understanding the social context and types of support required for South African students.
 - **Black African** and **Coloured** students in general, as well as **first gen students** are vulnerable to **greater financial stress** (Enrolment by race)
 - Students who experience the **most financial stress, have less time to spent on their studies because they are taking care of others, traveling to and from class, or working more than other students** (Enrolment by Age)
 - HIV, TB,STI, unplanned pregnancies, GBV, Mental illnesses, Substance abuse worsen the distress

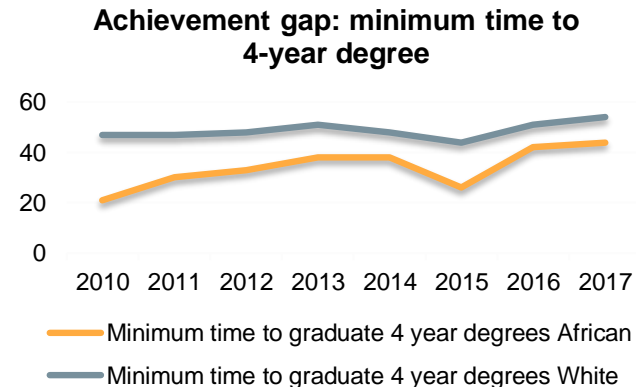
Low success rates: The Status quo in SA



- There have been some positive shifts at the high level in terms of demographic representation, and attendance in key strategic fields of study, **HOWEVER**, actual achievement remains low.
- 30% of students in 4-year degrees and 40% of students in 3-year degrees **do not graduate after 10 years** in the system (DHET, 2019).
- **Graduation on time for 3-year degrees <30%** (8 years of reporting).
- **Graduation on time for 4-year degrees have increased by 14%** (8 years of reporting).

Success rates lower for Black African and Coloured Students

- Success remains highly correlated with race (Broekhuizen et al, 2016)
- This applies to dropout, graduation and success (in-degree programmes)
- The achievement gap is lower for students on an extended programmes



Graduateness Among Students

Council for Higher Education, August 2013 report:

- Excluding UNISA, **only about 25% of students in South Africa graduate in regulation time (e.g. three years for a three-year degree).**
- **Only 35% of all students (including UNISA) graduate within five years (48% excluding UNISA). Which means 65% above 5 years for an average 3 years course.**
- more than half of students who enrol in universities in South Africa never graduate. with various studies placing dropout at around 50%



Our Challenges

- **Unplanned pregnancy - 32% of students had been pregnant or had made someone pregnant and that 75% of these pregnancies were unplanned**
- **41 % of Students engage in multiple sexual partnerships, which increases their risk of HIV infection**
- **Students engage in transactional sex/Intergenerational Sex: 14%**
- **15-24 remains the most vulnerable population with high incidence rates of HIV/TB and STIs in this population (HSRC-Household 2018)**
- **1500 girls still become HIV+ in 15-24 every week in SA**
- **56% Higher Education population are young women**



Alcohol & Drugs

- **35% of students**, 14% of academic staff, 21% of administrative staff at the universities reported being **drunk-abuse every month**
- **60% of TVET college students** and 58% of TVET college staff abuse alcohol on a regular basis (almost every Month on campus)
- “Once you start drinking you have many friends drinking with you,” **“I drink whiskey and I drink beer. I drink heavily on weekends but during the week I have about three or four dumpies. I don’t pass out. I just get drunk”**
- **A Study** found through a two-year investigation that, all things being equal, students who consistently consumed moderate-to-high quantities of both substances or either (alcohol or dagga) **had lower pass averages than their sober peers. Throughputs were also higher** in the same cohort
- **WHO 2016- 65% of women experiencing partner violence in SA reported to have alcohol before violence occurred**



GBV on Campuses

- **2012 MRC research – 10% of the reported cases are from higher education**
- **1 in 3 girls are raped before the age of 21**
- **150 girls are raped every day in SA**
- **Intimate partner violence is the most common form of violence experienced by South African women and Higher Education.**
- ***More than half of the women (57%) murdered in SA were killed by their intimate male partners.***



GBV on Campuses

- **62% of students feel unsafe** on campus and says are **at high risk to GBV**
- **60% service staff, 71% academic staff** did not feel safe on campus;
- Male dominance supported by male students, accepted by females;
- **28% of males and 27% of females (aged 15-19) believed that a girl did not have the right to refuse sex with her boyfriend;**
- **55% of males and 54% of females thought that “sexual violence does not include forcing sex with someone you know.**
- **>5% respondents reported occurrence of serious criminal incidents on campus(shootings, killings and rape);**
- **17% students, 21% staff said a person had been assaulted at their institution in front of them;**
- **50% students, 41% staff considered their institution to be unsafe environment to serious crimes**

Vulnerability of LGBTQI Community in HE

- >10% said they had been assaulted by a sexual partner – Gender Based Violence while on campus
- 54.4% of LGBTI Students admitted to sexual experiences with both Genders
- Alcohol and substance abuse is considerable – about a half of MSM say that they abused alcohol/drugs during sex – increasing vulnerability to both GBV and HIV
- Lower levels of self esteem in this group compared to general population; high suicidal ideation and low throughput rates in this population
- **MSM students are more likely to have sex with someone other than their primary partner than non-MSM students (71.9% and 45.1% respectively)**
- 78% students, 58% staff said management of the institution do not take discrimination against the LGBTI community seriously

Mental Health Among Students

- **Suicide** was the second leading cause of death for young people aged 15-24 in South Africa in 2012 in Higher Education
- In South Africa, [research](#) suggests that as many as **12% of university students experience anything from moderate to severe symptoms of depression**. And **15% report moderate to severe symptoms of anxiety**. **One study found that as many as 24.5% of South African students reported some form of suicidal ideation in the two weeks before they were interviewed**
- Although rates of psychological distress are high among university students, evidence **suggests that only one in six students receive minimally adequate mental health treatment**
- About **24% of students in high income population** receive the care they require. In low and middle income group the numbers are much more abysmal-between **8% and 11% of students** with mental health problems receive psychological care

Student Success: Social Justice Imperative

FIGURE 4: Private returns to education by level and region (2014)



Source: DHET (2015)

- There is no other sector in Sub Saharan Africa which has the greater potential to shift poverty and inequality
- RoI to Higher Ed is higher in Sub-Saharan Africa than all other economies, including high income economies

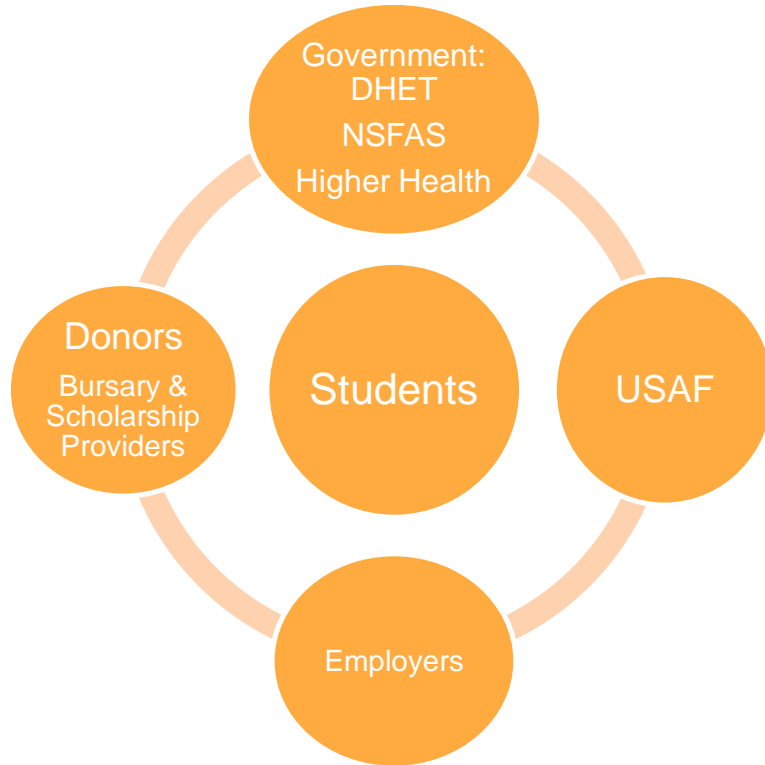
Can we seize the moment for collective impact?

- Roll Back Malaria – 3% increase until 2005 and then a 10 year drop of 75%, saving 6 million lives
- Teen Pregnancies in the USA – 60/1000 in 1991 to 20/1000 by 2016, thanks to the National Campaign
- Strive in Cincinnati – 300 leaders focused on “cradle to career” with 34/55 success indicators showing positive trends

The Five Conditions of Collective Impact

Common Agenda	All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions.
Shared Measurement	Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.
Mutually Reinforcing Activities	Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.
Continuous Communication	Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.
Backbone Support	Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.

There is power in collaboration

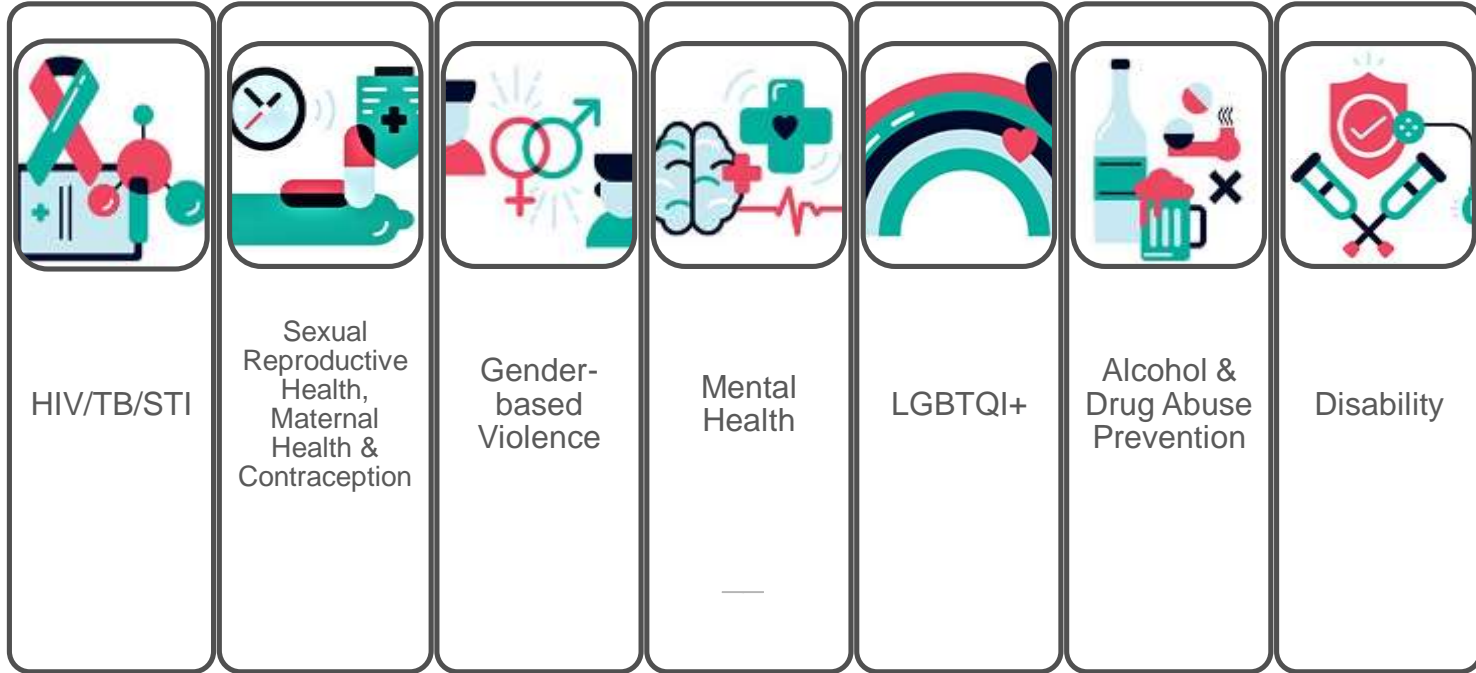


- The challenge of providing comprehensive student support is far greater than any single partner can achieve alone
- Need multi-stakeholder action to achieve goals
- Driven collaborations are proven to enhance impact

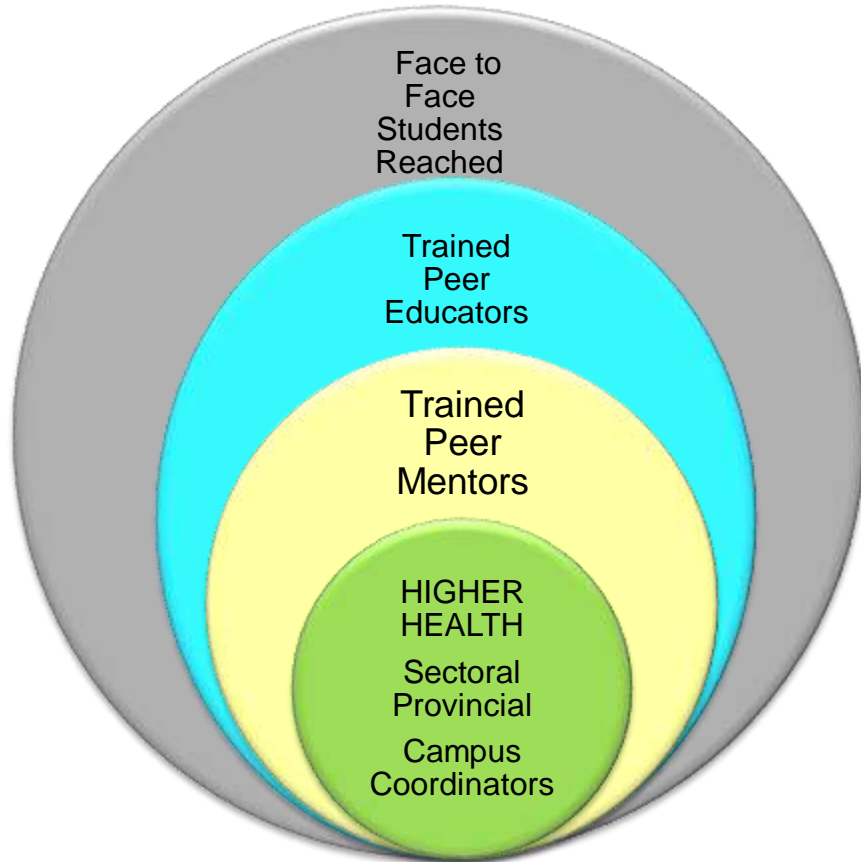
The Case for Collaboration

- Implications of the demographic access data
 - Both access and success remains racially skewed.
 - In comparison with other racial groups, more black students are able to access university, however, their participation in proportion to age cohort is still among the lowest (18% vs. 56% white student participation per age cohort) (CHE, 2019).
 - Some trends are promising, yet dropout rates, and key gaps in achievement and the lived experiences of learners remain.
 - Many of the important barriers to success relate to multiple socio-economic factors.
 - As a group we need to develop and track indicators, and provide services accordingly.
 - We could model highly individualised support and then share resources and responsibilities in order to close critical gaps- partnership is key.

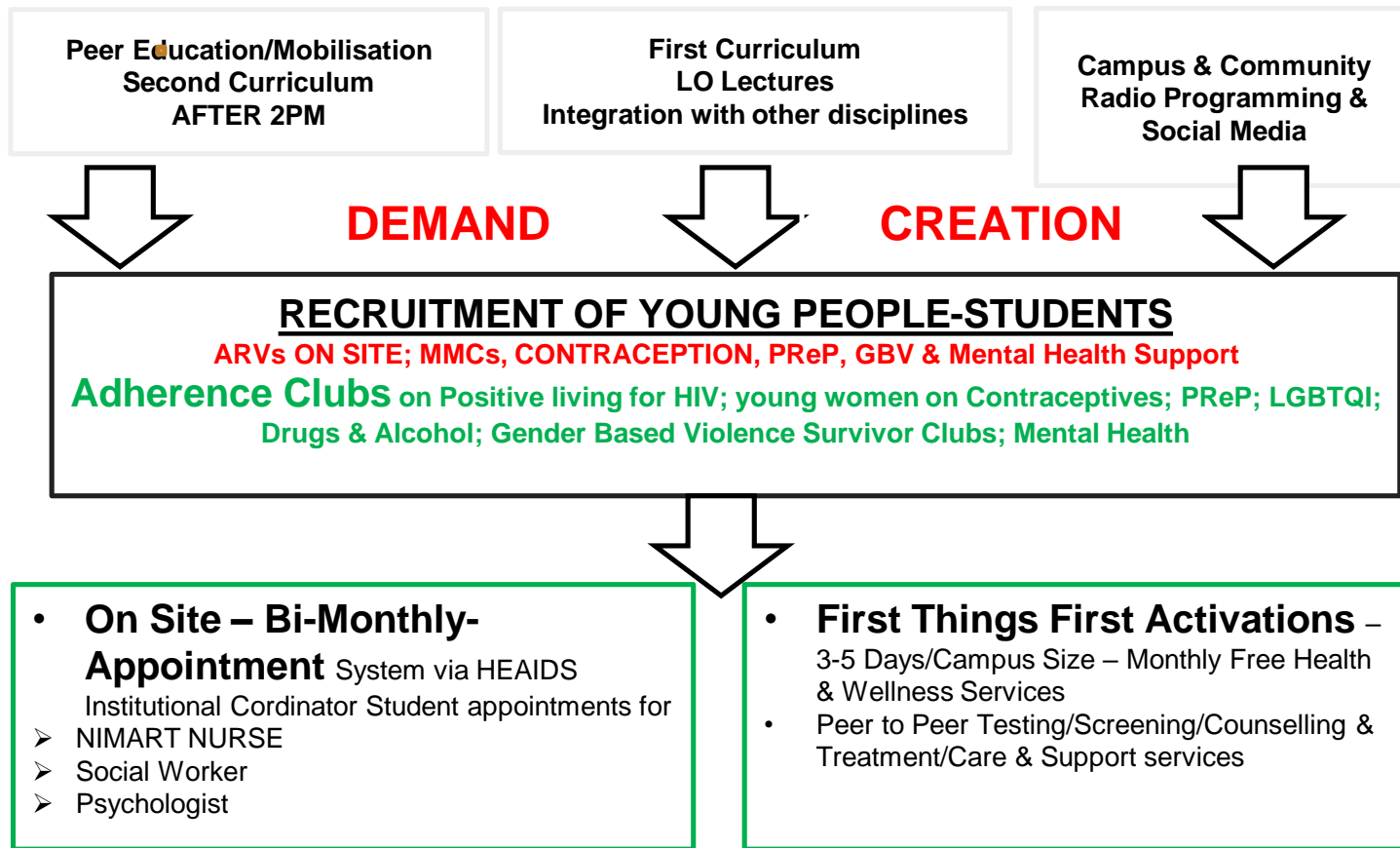
HIGHER HEALTH 7 PRIORITY AREAS



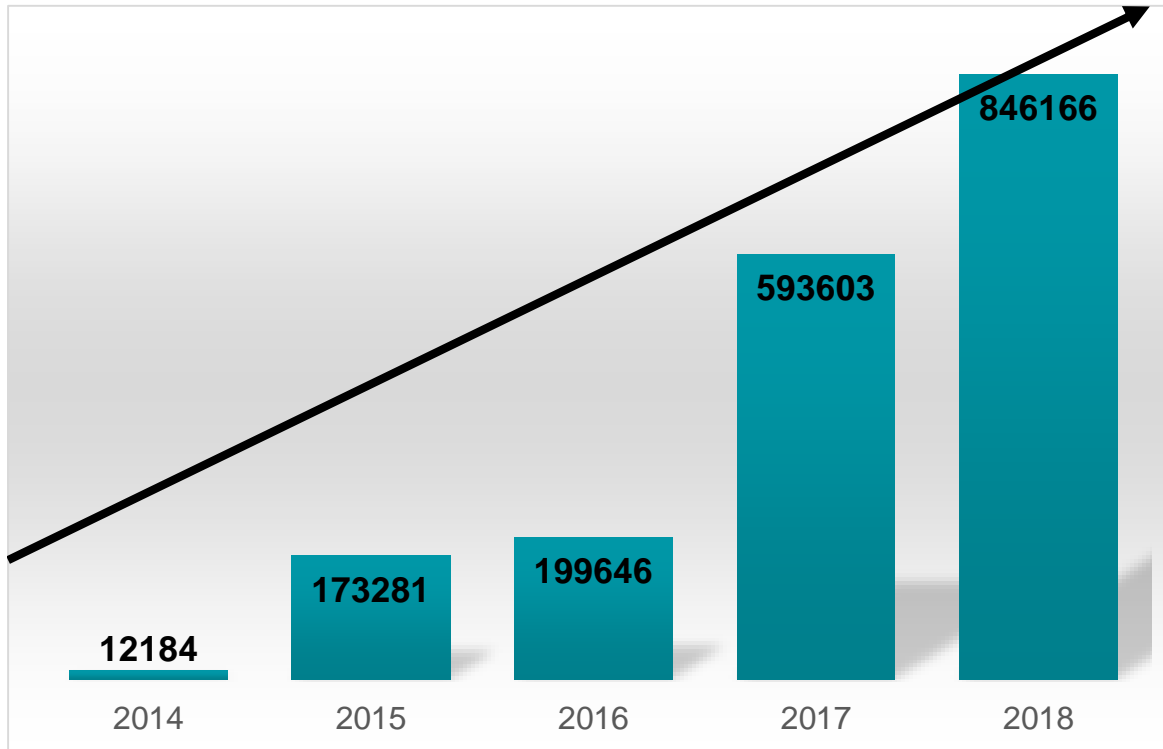
PEER TO PEER EDUCATION



First Things First Start to End Implementation Model

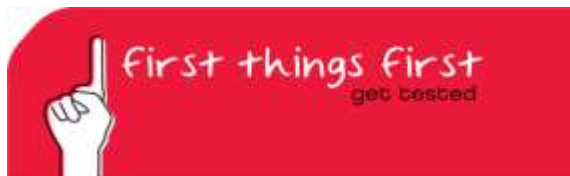


Peer to Peer Education



- **Peer Education**
- Dialogues/Debates
- Adherence Clubs
- Women Clubs
- LGBTI Groups
- Substance abuse groups

HIGHER HEALTH FIRST THINGS FIRST PROGRAMME



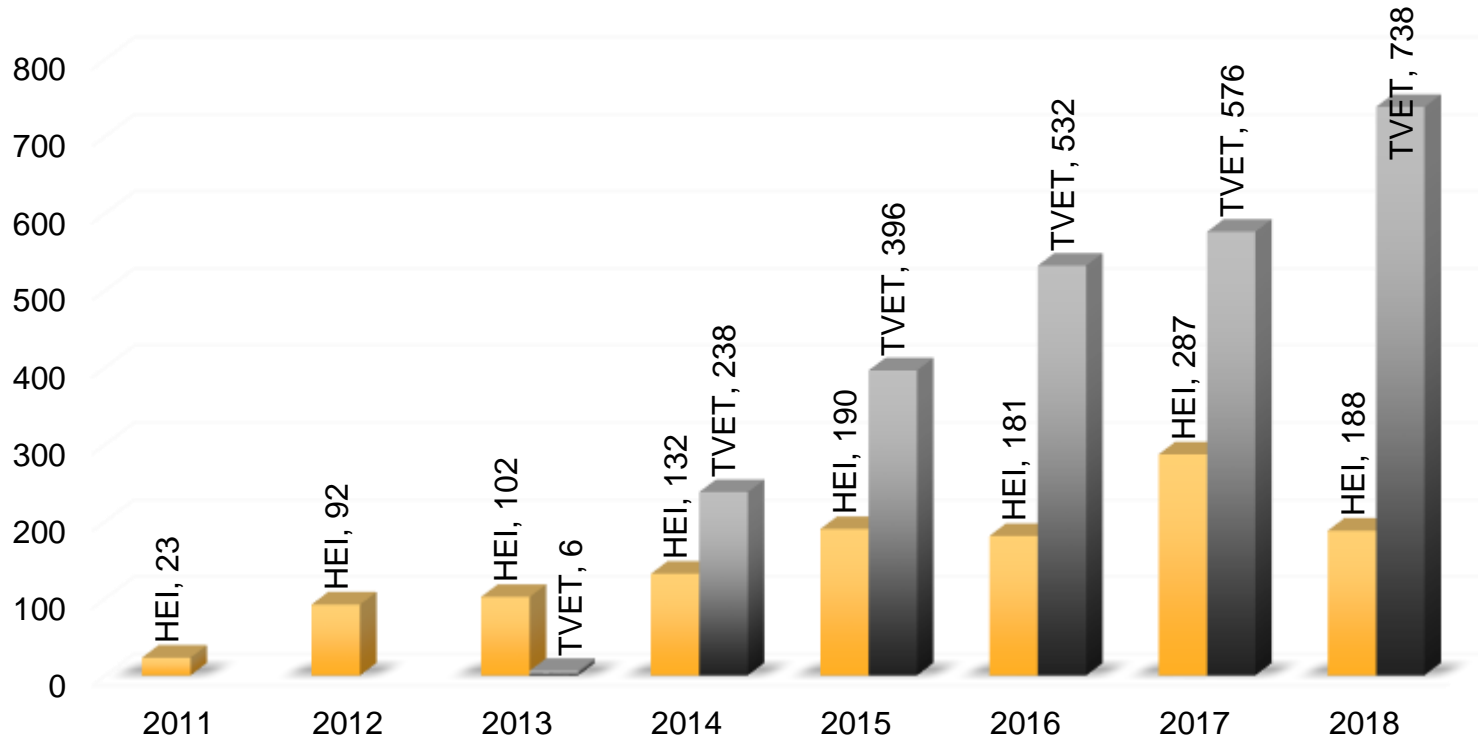
*First Priority of Every young South African to Look after his/her health and well-being, while prioritising **EDUCATION**.*



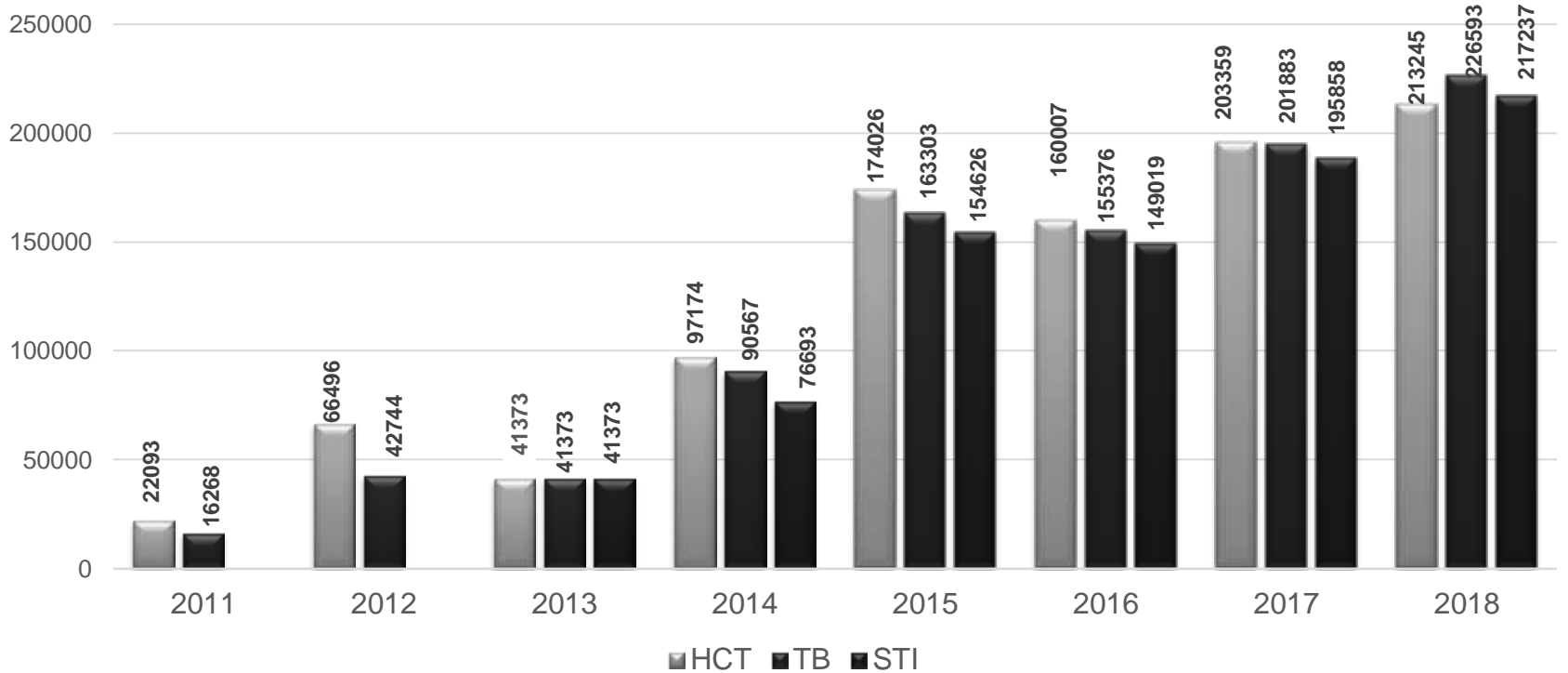
KEY SERVICES: Peer to Peer Testing screening and treatment campaign.

- HIV education, screening and referral;
- TB education, screening and referral;
- STI education, screening and referral;
- Hypertension, diabetes and/or cardiovascular risk factors education, screening and referral;
- Cancer education, screening and referral;
- Family planning education and awareness and contraceptives programmes
- Condom promotion programme; and
- Male medical circumcision

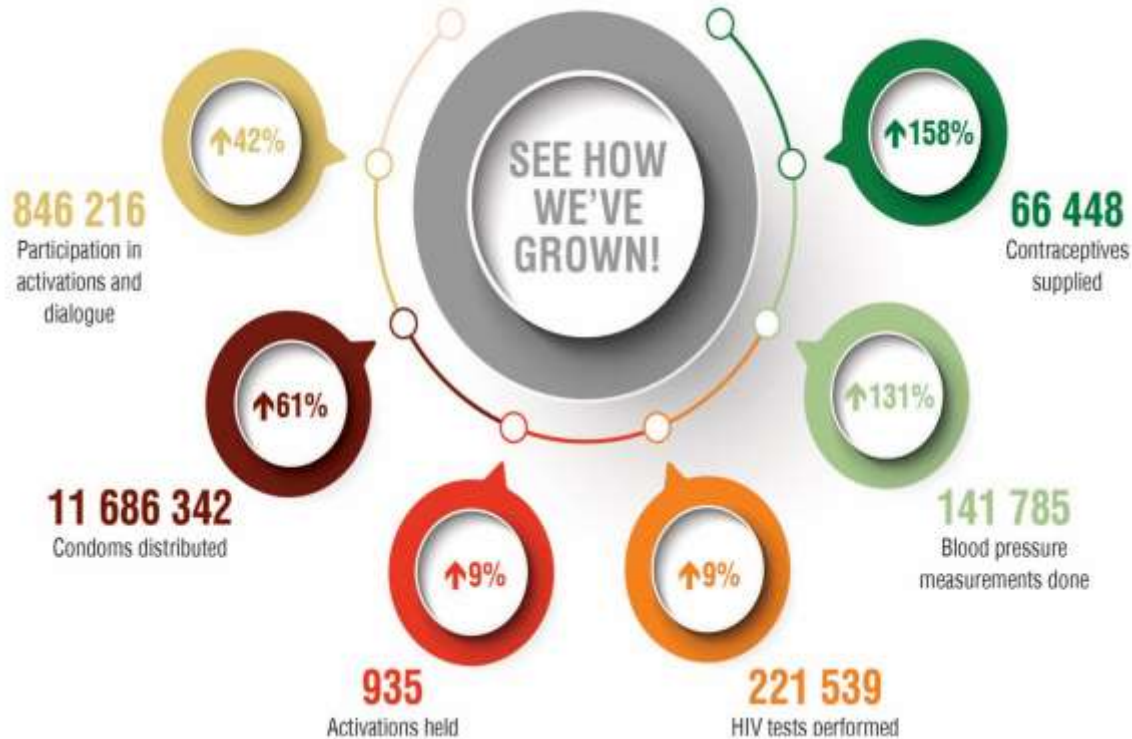
First Things First Activation Trends 2011 to 2018 for TVETs & HEIs



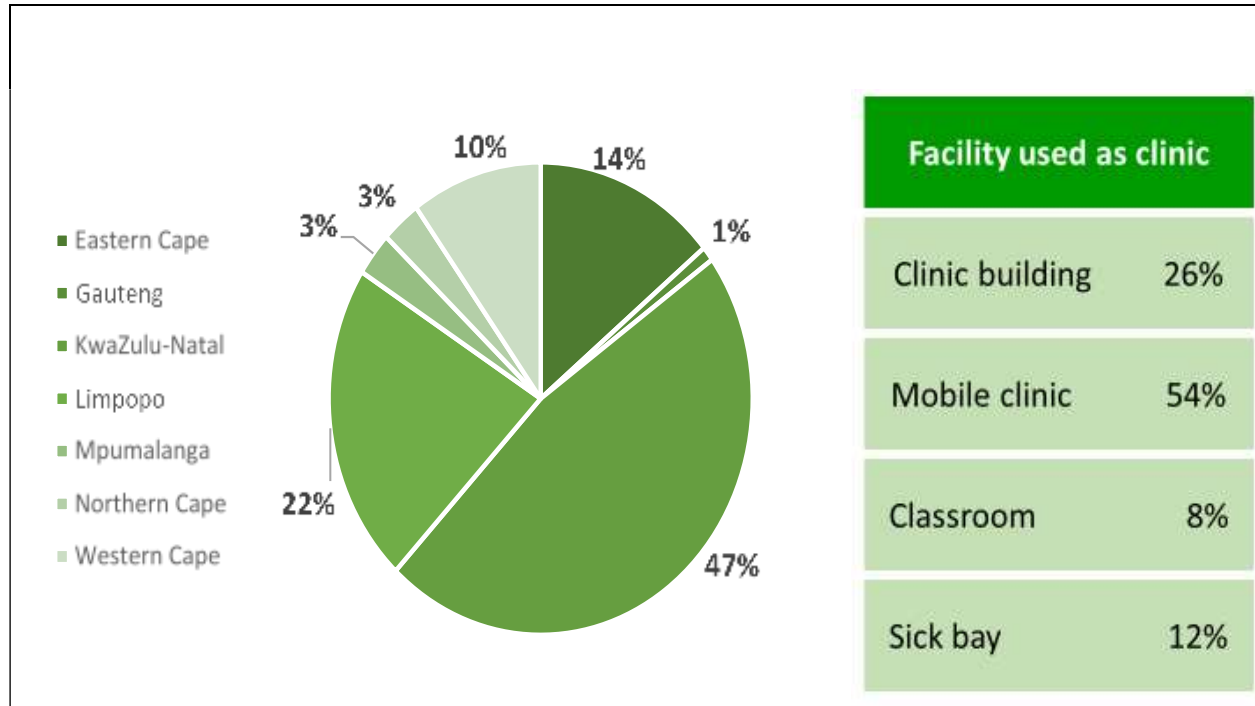
First Things First HIV/TB/STI Trends 2011 to 2018 for TVETs & HEIs



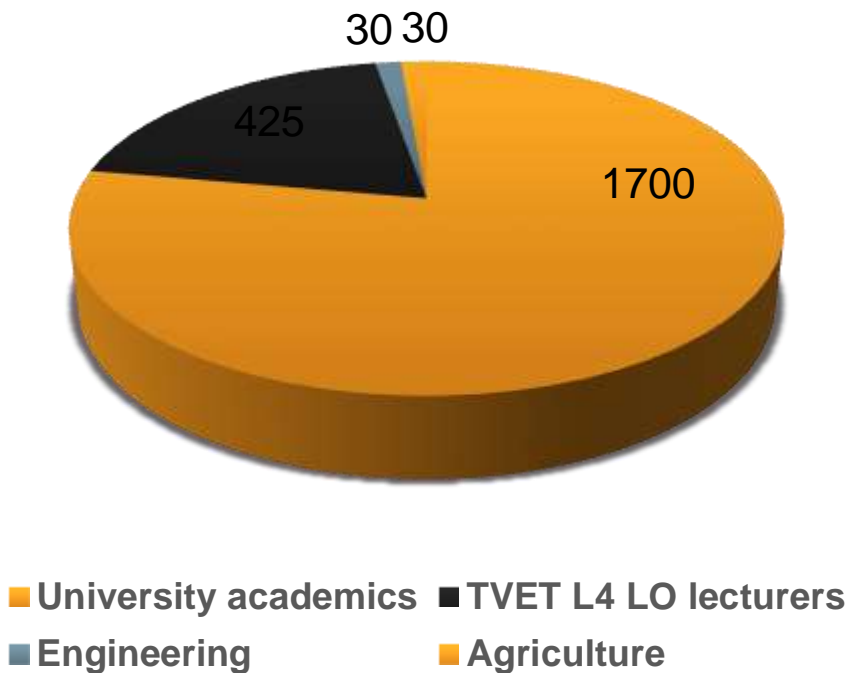
First Things First Growth from 2017 to 2018



Development of Campus Clinics in TVETs



HIGHER HEALTH Curriculum Integration Programme – The First Curriculum Approach



HIGHER HEALTH Future Beats Campus & Community Radio Programme



- Over 1 million regular youth listenership
- Current 14 radio stations – In total over 24 radio stations
- Over 192 radio journalists Trained
- Over 42 radio Content Running per week including Prime time



HIGHER HEALTH Implementation Forums

HIGHER HEALTH has already established existing National and Provincial Forums established since 2013. A capacity development programme is underway for each group

- **Deans & Directors of Students Affairs/Services**
- **Campus Health HODs**
- **Campus Security Directors (CAMPROSA)**
- **Employee Wellness Directors**
- **Deputy Principals Academics**
- **SSMs Student Support Managers**
- **TVET Campus Managers**
- **Life Orientation Lecturers**
- **Peer Mentors & Peer Educators**
- **Student Leadership SRCs – SAUS & SAFETSA**

Thank You