

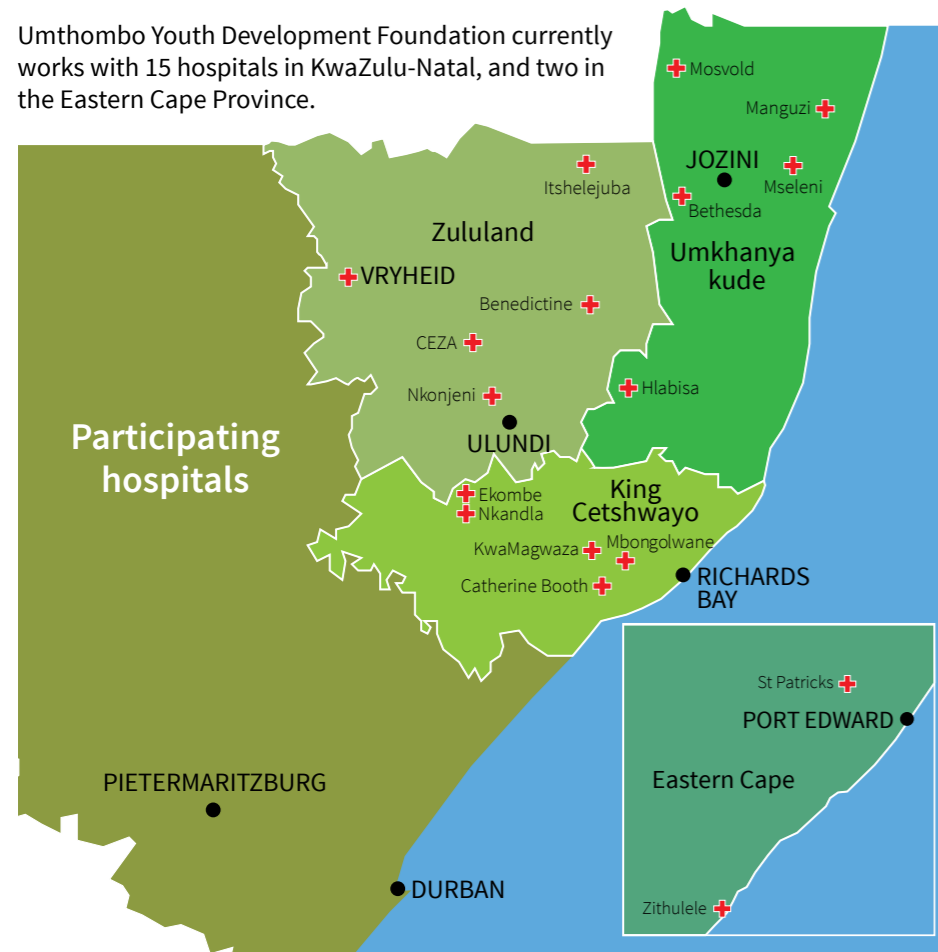
Umthombo Youth Development Foundation  
2020 Annual Report



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Umthombo Youth Development Foundation currently works with 15 hospitals in KwaZulu-Natal, and two in the Eastern Cape Province.



**RETURN on investment**

cost to train 254 graduates **R186 MILLION**

income tax paid over a lifetime **R15 BILLION**

lifetime earnings of 254 graduates **R4 BILLION**

2015 DATA calculated at current prices

# MISSION, VISION AND VALUES

## Mission

The Umthombo Youth Development Foundation seeks to address the shortages of qualified health care staff at rural hospitals in order to improve health care to the indigent population.

This is achieved through the identification, training and support of rural youth to become qualified health care professionals.

## Vision

That participating hospitals are well staffed, with local professionals developed through UYDF, resulting in the healthcare needs of the communities being addressed.

## Organisational Values

**Integrity:** honest, trustworthy, responsible.

**Commitment:** good attitude, loyal, see all tasks and challenges through.

**Professionalism:** qualified, ethical, abide by the rules, set an example. Conduct: on time, available, dressed appropriately, socially aware and responsible.

**Caring:** I communicate with you, listen to you, seek to understand, tolerant of others, show empathy, changing lives.

**Innovative and Creative:** always looking at ways to do things better and adapt to change.

# PRIORITY AREAS AND THEORY OF CHANGE

“

*Over the past twenty years we have shown that rural youth can succeed in becoming qualified healthcare professionals, if provided the necessary support, and that they will return to work at their local rural hospitals on graduating.*

”

## Achievement of Priority Areas

### 1 Student Support

Over the years an increasing number of students have been selected annually, except in 2016 and 2019. Despite the increasing number of students the annual university pass rate has remained around 92%. Comprehensive financial support has been provided to all students, with the annual budget increasing from R171 845 in 2000 to R16,7 million in 2018.

### 2 Graduate Support

Over the years the majority of graduates have obtained employment at their local hospital, although recently this has not been the case.

Over R620 000 has been spent on graduate retention through professional development support.

### 3 Mobilisation of Resources

Donor income has increased from R2 million in 2007 to a peak of R17,7 million in 2016 and was R10,8 million in 2019. NSFAS support has grown from R600 000 in 2011 to R16 million in 2019. Donor income over the last three years has been lower than required.

### 4 Expansion of the Programme

Over 20 years the programme has expanded from one hospital to fifteen. We have, however, not been able to successfully increase our impact by mentoring students we have not selected.

### 5 Partnerships

Our partnerships with funders are strong but no significant new partnerships have been formed. Local hospital partnerships remain strong.

### 6 Organisational Development

We have a robust Model, strong financial systems, good organisational governance and competent and motivated staff and trustees.

### 7 Research

We have a strong monitoring and evaluation system to monitor student progress and success and provide necessary support.

To share best practise in human resources for health (HRH) we have published a number of scientific articles sharing our Model, its components and our impact in addressing HRH in rural areas.

### The Future

Over the past twenty years we have shown that rural youth can succeed in becoming qualified health care professionals, if provided the necessary support, and that they will return to work at their local rural hospitals on graduating if required to do so.

We have successfully transformed from a full cost Model of support to a value-add Model, where the National Student Financial Aid Scheme (NSFAS) is providing the majority of student funding and we are providing the essential academic and

social mentoring support to students, as well as top-up funding, to ensure they have the greatest opportunity to succeed. Our transformed Model will allow us to focus on our strengths, namely, of providing academic and social mentoring support to many rural health science students. Going forward our strategy will be to provide mentoring support to many more health science students in order to increase their success and overall graduation rates.

### Theory of Change

Sufficient rural students with potential and interest in studying health science degrees will be recruited, and with the appropriate financial, academic and social support will succeed in qualifying as healthcare professionals. These graduates being compassionate, competent and motivated will take up employment at their local hospitals to address the shortages and serve their community, resulting in better health outcomes.

(Below: Nontobeko Ntshangase, 2<sup>nd</sup> year medical student)

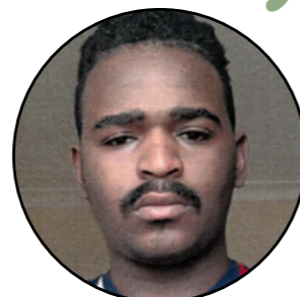
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*I have always wanted to be a doctor – no one in my family died, nor did anyone in my family encourage me, I chose to study medicine. I completed matric with distinctions, having obtained 100% for mathematics, and being the 4<sup>th</sup> best student in the Zululand district. With my results I could have chosen actuarial science, engineering or any other career, but I chose medicine because I am passionate about it.*

*I enjoy the complexity of the human body, and despite this medical professionals learn to understand it and are able to assist people to get better. I will practise for a number of years as a general practitioner, but would like to become a neurosurgeon – the brain fascinates me!*

*– Qiniso Zwane, 3<sup>rd</sup> year medical student at the University of KwaZulu-Natal*

”



## FROM THE FOUNDER'S PEN

What a year it has been – I am writing this from my office at home which has been my temporary work space since March 2020! Covid-19 is still with us, eighteen months after the initial lockdown, and is likely to remain with us for the foreseeable future. All of us have been affected and have experienced multiple losses: losses of family, friends and colleagues who have died, economic loss due to retrenchment and closure of businesses, emotional loss due to the lockdown and social isolation. Many of us are experiencing high levels of anxiety and uncertainty concerning the future, finances, education and career prospects. However, on the vaccination front there is hope. Vaccinations are here, vaccinations are available and vaccinations save lives. Based on the literature I have read and my experience at the hospital I would strongly encourage all of you to get vaccinated. Don't delay. Do it today!

July 2021 saw widespread looting across KwaZulu-Natal and Gauteng. These events have, once again, highlighted the urgency of finding solutions to the massive salary disparities and the need to create employment opportunities, especially for young

people in South Africa. As highlighted in this annual report, the UYDF has been doing fantastically well in finding and supporting rural youth (often more difficult than finding and supporting urban youth), and helping them to obtain a meaningful qualification – through support and mentorship – which leads to long term employment in well-paying jobs. These UYDF graduates are investing in a South Africa with a future. They will contribute to the tax base and will not need government social welfare grants. With over 92% of students progressing each year and 488 graduates (of whom over 98% are in employment) – this is GREAT NEWS. Well done to the UYDF team! Solutions to the South African employment challenges MUST be found. Solutions CAN be found – UYDF has shown that. The work of the UYDF and others like it MUST be expanded and replicated, so that skills are developed and meaningful work opportunities are created for the youth of South Africa. If we want to avoid seeing a replication of the events of July 2021, urgency is needed to take these real, practical solutions and ensure that they are implemented on a wider scale.



Dr. Andrew Ross

“Thank you for offering me an opportunity to prepare for the amelioration of my family, my community, and my nation. In 2017, my father had a stroke and lost his ability to communicate –

his speech slowed and became slurred (he was diagnosed with aphasia of speech due to a brain injury) but since I am doing speech therapy, I implemented rehabilitation of spoken language with him. This will help him retrieve the use

of his language and speech. This is all possible because of your support.

Ntombifuthi Mpungose, Final Year Speech Therapy student, 2021.

“Firstly, I was introduced to a mentor who was an incredible help with regards to making decisions that I would later not regret. I was also introduced to a family, my UYDF brothers and sisters, both younger and older than me. It was a great help because there was someone

ahead who I could learn from, and I knew there was always someone looking up at me, which has helped us all to do well. UYDF has given me and many others the opportunity of being like other students; through them I do not have feelings of inferiority. The pocket money we receive each and every month goes a long way, not in just getting groceries for me, or

a few clothing items here and there, but I get to help my family whenever I can. It has taught me something that university would have not taught me – that is how to handle my finances and be responsible with money.

Sanele Hlophe, 2019 Pharmacy graduate.

## DIRECTOR'S REPORT

The world – as we know it – has radically changed and, although we long for the way things were, it is unlikely that things will ever be the same again! Accompanied with the impact of COVID is the fear of the unknown, general disillusionment about whether the South African economy will be able to recover from its poor performance, and the general poor management of the economy and country by those in power. However, there is hope – the Umthombo Youth Development Foundation is a story of hope – not short-term hope, but tangible hope, that has endured over 20 years. A story where the most deprived rural youth have overcome immense obstacles to obtain a place at university, overcome the numerous obstacles of studying a health-science degree, and qualifying as a healthcare professionals. These rural youth – once the most marginalised youth in the country – are now among the 6% of graduates in South Africa – all achieved in a mere four to six years!

Further, these rural-origin graduates, with the support of the Umthombo Youth Development Foundation, have – in most cases – exceeded the national average in terms of graduation rates and time to completion (see page 12)!

Their success, however, did not come easy, but required dedication and hard work, embracing the opportunities they accessed, remaining focused and committed even when it was difficult and the temptation to give up was high. Their per-

severance in overcoming varied obstacles has given them the resilience and grit required in the rapidly changing world in which we live.

Could we all learn from these students' and graduates' journeys and apply them to the situations that we believe are impossible to address, such as rising unemployment, rising youth unemployment, persistent poverty and inequality? Could the Umthombo Youth Development Foundation's model of identification and support of youth be used to address the skills needed in our country?

Despite the uncertainty, we are convinced that there is a greater need for our work – helping rural youth obtain an education and qualification leading to meaningful work. Giving them the ability to help their families out of poverty, provide for their spouses and children, whilst serving their communities with their skills and empathy through their intimate knowledge of their patients' circumstances.

Fortunately, the major financial responsibility of our students has been taken over by the National Student Financial Aid Scheme (NSFAS), leaving us to focus on assisting them to succeed in the opportunity they have received. Our mentoring support programme operates on 16 different university campuses across the country and allows us the opportunity to support many more rural-origin health science students, should we have the necessary funding of R40,000 per student, per year. This relatively small investment



increases a student's chance of success from around 50% to over 90%! In this regard, may I invite individuals, companies, trusts and foundations to assist us to help many more rural youth overcome poverty through education leading to employment.

Dr. Gavin MacGregor

“This serves to thank you for your generous contribution towards my university studies. Not only did you fund a student, but a potential street kid who, without your help would be purposely roaming around the streets.

I did not have alternatives - none whatsoever, but your kind gesture has brought me this far. Every year when it is registration time I sit back and reflect on the privilege I have in you. Through the university education you are feeding my mental wellness. Through the food allowance you feed my physical wellness. And through your payment of my

tuition you feed my spiritual wellness simply because you take away all my financial stresses. Thus, I can shout to the world and say “Umthombo and Discovery cares.”

From first year you have been shielding me like a hen shielding her chicks. I have reached my goal of graduating with you holding my hand. The role you played could not be played by any of my family members given their dire economic background. You have brought light to me, my family, as well as the village where I am from as I will be the first resident to have such a prestigious qualification.

The greatest teacher to have ever walked on this earth once said, “freely

ye received, freely ye give.” This I will take as a command, that now that I have received the light of education, I teach the art to those who wish to learn it.

Grateful,  
Dr. Dumisani Mthembu, Medical Graduate from the University of Pretoria, 2020.



# SEEKING TO ADDRESS A PROBLEM

## The Problem

The problems are the high shortages of qualified healthcare staff at rural hospitals, as well as the high disease burdens of rural communities. Reasons for the shortages of healthcare workers in rural areas include: the remoteness of location, lack of employment opportunities for spouses, poor schooling for healthcare workers children; perceived lack of professional development opportunities and support among others. The reasons for high disease burdens of rural communities include: poor water and sanitation, poor nutrition and health education, poverty; poor preventative healthcare programmes due to remoteness of communities.

## How do we address this problem?

By investing in rural youth who have the interest and potential to successfully study a health science degree, and who agree to work at a rural hospital after graduation for the same number of years for which they were supported.

## Why rural youth?

Since they come from rural areas, they are more likely to live and work in a rural area than their urban counterparts. They know

the language and culture of the community and thus are able to better communicate and understand the healthcare needs of the community. They do not feel isolated, as would urban origin healthcare workers, as they have family and friends to support them.

## How is this achieved?

The local participating hospital is in the centre of the Model. The hospital is involved in the identification and support of students and the employment of graduates. They are the beneficiaries of our work.

The components of the model include the following:

### School Marketing

Presentations are done at schools to learners providing information about health sciences as career options; the subjects and grades needed; the university application process; the Hospital Open Day and sources of funding including the UYDF selection criteria and requirements. Learners doing maths and science, who are interested in studying a health science degree, are invited to attend the **Hospital Open Day**, where they rotate through the hospital departments and are addressed

“  
Through the provision of mentoring support, the Umthombo Youth Development Foundation has consistently achieved exceptionally high pass rates – in the high 90s!  
”

by the various healthcare professionals (often our graduates) regarding the nature of their work, as well as where they studied, and how they succeeded.

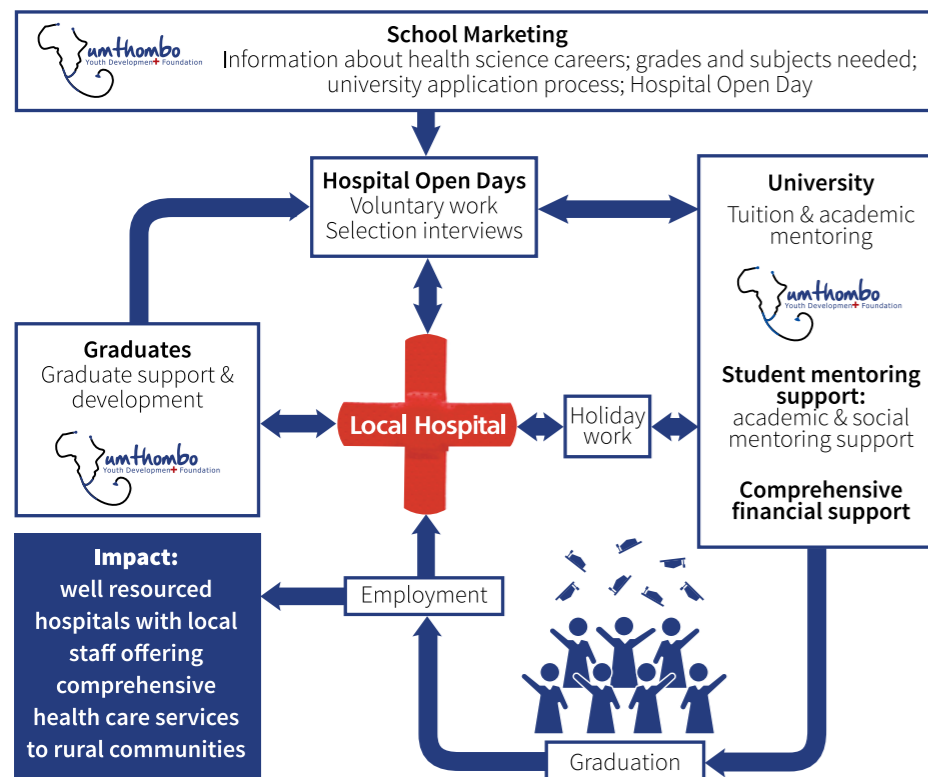
Our selection criteria requires learners to apply to university themselves (we provide the contact details and applications forms), and complete five days **voluntary work** at their local hospital in the respective department. This exposes them to the realities of the relevant health science discipline and serves to confirm their choice. If they have obtained a place at university to study an approved health science degree, they are invited to a **selection interview**. The interview panel consists of hospital staff, local education and community representatives, and an UYDF representative. The interview exists to determine the learner’s motivation for studying the relevant health science degree, and obtain their commitment to work at their local hospital after graduation for the same number of years they were supported for. These learners then leave for university. Through NSFAS, they receive a full cost bursary covering tuition, accommodation, books, food and minor equipment. In addition, because rural youth are poorly equipped both academically and socially for university, the UYDF provides **academic and social mentoring support** to all its students. All new students are allocated a mentor, with whom they need to meet once a month. The mentor, who may not be a health science graduate or university academic, holds the student accountable to address the challenges they face in order to succeed. Common challenges faced by rural youth include: poor command of English, poor study skills and time management, difficulty in social integration, and family issues to mention a few. Through the provision of



“  
In addition to graduates serving their community with their new skills, they become involved in motivating youth in the area, and participate in the various aspects of the UYDF Model, like Open Days and Selection Interviews.  
”

Mgcineni Mbatha, fifth-year UKZN medical student.

## The Model



mentoring support, the UYDF has consistently achieved exceptionally high university pass rates – in the high 90s!

As part of the mentoring support, all students are required to do four weeks of **holiday work** each year at their local hospital. This allows them to complement their theory with practise as they are mentored by hospital staff. They also get a sense of the working environment and the need for their services when they graduate. The holiday work is done during the June and December holidays.

On **Graduation** they are employed by the Department of Health at their local hospital (doctors, pharmacists, psychologists and biomedical technologists are required to complete their compulsory internship first at a tertiary (urban) hospital). In addition to graduates serving their community with their new skills, they become involved in motivating youth in the area, and the various aspects of the UYDF Model, like Open Days and Selection interviews, as described above.

Recently, due to financial constraints within the KZN Department of Health not all our graduates have obtained employment at a rural hospital and thus they have sought employment at other public hospitals within or outside KZN.

We are currently working with fifteen hospitals in four health districts of KwaZulu-Natal (Umkhanyakude, Zululand, King Cetshwayo, Harry Gwala). Two of the four health districts (Umkhanyakude and Zululand) are Priority 18 districts – districts where health care indicators are poor and require significant interventions. We are also working with two hospitals in the Eastern Cape Province: Zithulele, near Hole in the Wall and St Patricks in Bizana.

### Health Science Disciplines

Click on the career for job descriptions, salary statistics, education and training information and job opportunities:

<p><b>Audiology</b> The study of hearing and hearing related disorders.</p> <p><a href="#">READ MORE</a></p>	<p><b>Biomedical Technology</b> Medical technologists perform tests on blood samples, urine and skin scrapings, and provide results for diagnostic purposes.</p> <p><a href="#">READ MORE</a></p>	<p><b>Clinical Associates</b> Clinical associates are healthcare providers found in South Africa.</p> <p><a href="#">READ MORE</a></p>	<p><b>Dental Therapy</b> Dental Therapy provides a vital service in dental care and preventative dentistry to the public.</p> <p><a href="#">READ MORE</a></p>
<p><b>Dentistry</b> The job requires the treatment of ailments and diseases of the mouth and teeth to prevent their occurrence or recurrence.</p>	<p><b>Dietetics</b> The study of the relationship between nutrition and health.</p>	<p><b>Emergency and Medical Care (Paramedic)</b> Paramedics respond to accident scenes, whether on the road or elsewhere, to lend medical assistance to accident victims.</p>	<p><b>Environmental Health</b> The theory and practice of assessing, correcting, controlling and preventing those factors in the environment that can adversely affect the health of present and future generations.</p>

Visit our [website](#) providing information on different health science disciplines.

# THE PROGRAMME'S BENEFITS AND SUCCESSES

The programme's benefits are not only limited to providing financial support to needy students but include:

1. Providing an **incentive for local learners** to work hard to achieve the grades that are needed to be accepted to study a health science degree at university. No such opportunities ever existed in rural areas before.
2. Providing a beacon of hope for local learners and **stimulating local youth development** by highlighting that it is possible to come from a deep rural area and become a health professional!
3. It proves that **rural students have the potential to succeed** at university, if provided with the appropriate support, since the pass rate over the past nine years has exceeded 90% — well above the national average.
4. Graduates of the programme are **positive role models** for rural youth to look up to and emulate.
5. **Stimulating community development**, through community participation in the selection of scholarship participants and graduates serving their community when qualified.
6. Providing **comprehensive financial support** to students, thus **removing the financial barriers** that would prevent students with potential from going to university.
7. The financial support allows students to **concentrate exclusively on their studies** without worrying about how they will pay their fees or buy food.
8. Providing comprehensive and accessible **mentoring support** for students to deal with academic, social and/or personal issues, thus ensuring that they have the best opportunity to succeed in their studies.
9. The graduates, who are role models, are involved in encouraging and motivating school children to **dream about a better future**.

OVER THE PAST

# 21 YEARS

UMTHOMBO HAS PRODUCED

# 488 GRADUATES

COVERING DIFFERENT HEALTH SCIENCE DISCIPLINES

# NINETEEN

IMPROVING HEALTHCARE IN

# 15 RURAL HOSPITALS

OF OUR 488 GRADUATES

55% ARE WOMEN

45% ARE MEN

**IMPACT:** IMPROVED HEALTH CARE SERVICES TO RURAL COMMUNITIES

10. Training young people in careers which will give them a **job for life**, as they are scarce and important skills that will always be in demand.
11. It has shown that graduates **will return to work in the district where they come from**. In 2019, 65% of graduates who had completed their work-back obligations continued to work at rural hospitals.
12. By investing in local people to address a local problem the **solution becomes sustainable**, since the graduates are more likely to stay and build their careers in the local hospital.
13. **Improved retention of rural hospital staff** by providing professional development opportunities.
14. **Improving the quality of health-care delivery** through the provision of qualified healthcare workers, who understand the language and the culture of the local community, and are committed to make a difference (I am helping *my* community!).
15. Providing **stability in the workforce** as graduates honour their multi-year work-back obligations.
16. It offers one of the most sustainable solutions for the **long-term supply of professional health care staff** for rural hospitals.
17. It is **replicable**. If it is able to work in one of the most rural and under-resourced districts, then it may work anywhere in South Africa – and the rest of Africa.
18. It is a **local solution** to the interntional problem of a shortage of health care workers in areas of greatest need.
19. It **breaks the spiral of rural poverty** as youth become qualified healthcare workers, obtain work, earn salaries, assist and serve their communities, whilst inspiring others to do the same.

# HIGHLIGHTS OF 2020

I'm sure nobody could have envisaged 2020 to be a year of global turmoil and uncertainty, with nearly every country implementing some form of lockdown. COVID-19 and the associated lockdown caused major disruption in the higher education sector and what became evident in the months following was that different academic institutions responded differently to the role out of online learning. The reality was that students had 72 hours to evacuate their accommodation and travel home. Since all our students come from rural areas, this resulted in numerous challenges when online teaching and learning was implemented. Some of the challenges included: poor network connectivity making accessing online content difficult, constant need for expensive data (which we provided), lack of a digital device such as a tablet or computer, non-conducive study environment at home with siblings, household chores and a lack of a dedicated study space. These factors caused the students to experience high levels of stress and anxiety. When university programmes finally resumed, due to the shorter academic year, many students were required to learn and cover the same amount of study material in a shorter time, causing further stress and anxiety. Despite these numerous and significant challenges our students did exceptionally well. 177 wrote examinations; 148 (84%) passed outright, whilst 16 failed one subject which they are allowed to "carry" – these are considered as students who passed, resulting in a 93% pass rate. 13 students failed, some of which have been excluded by the university or UYDF. Graduate numbers have increased to 488, with 57 students having completed their degrees! The breakdown of the new graduates is as follows: 28 doctors; 18 pharmacists; 2 nurses; two occupational therapists; two physiotherapists; one audiologist; 1 biomedical technologist; 1 dentist; 1 optometrist; and 1 radiographer. 70% (40) of the 57 graduates completed their qualification in the minimum time, whilst 28% (16) needed an additional year, and one medical student needed an additional two years. The high percentage of graduates completing their qualifications in the minimum time or with only one additional year (98%) is incredible for students who all completed their high school careers at non-fee-paying rural schools! This clearly shows the academic

potential of these rural youth, who have overcome the immense obstacles of language, and poor academic and social preparation in order to succeed. These 57 young graduates have begun a journey that will enable them to financially provide for themselves, and their families, as well as contribute to the social good as taxpayers, in addition to serving their communities with their newly gained skills. Fortunately we were able to have a meeting with the Umkhanyakude District Medical/Clinical Managers in February, before the implementation of lockdown. However, due to COVID-19, no meetings were held with participating hospitals in the Zululand or King Cetshwayo districts.



Lungelo Khumalo, pharmacy graduate 2020 Cum Laude.

2020

UMTHOMBO HAS SUPPORTED

# 177 STUDENTS

COVERING DIFFERENT HEALTH SCIENCE DISCIPLINES

# FOURTEEN

93% PASS RATE

57 NEW GRADUATES

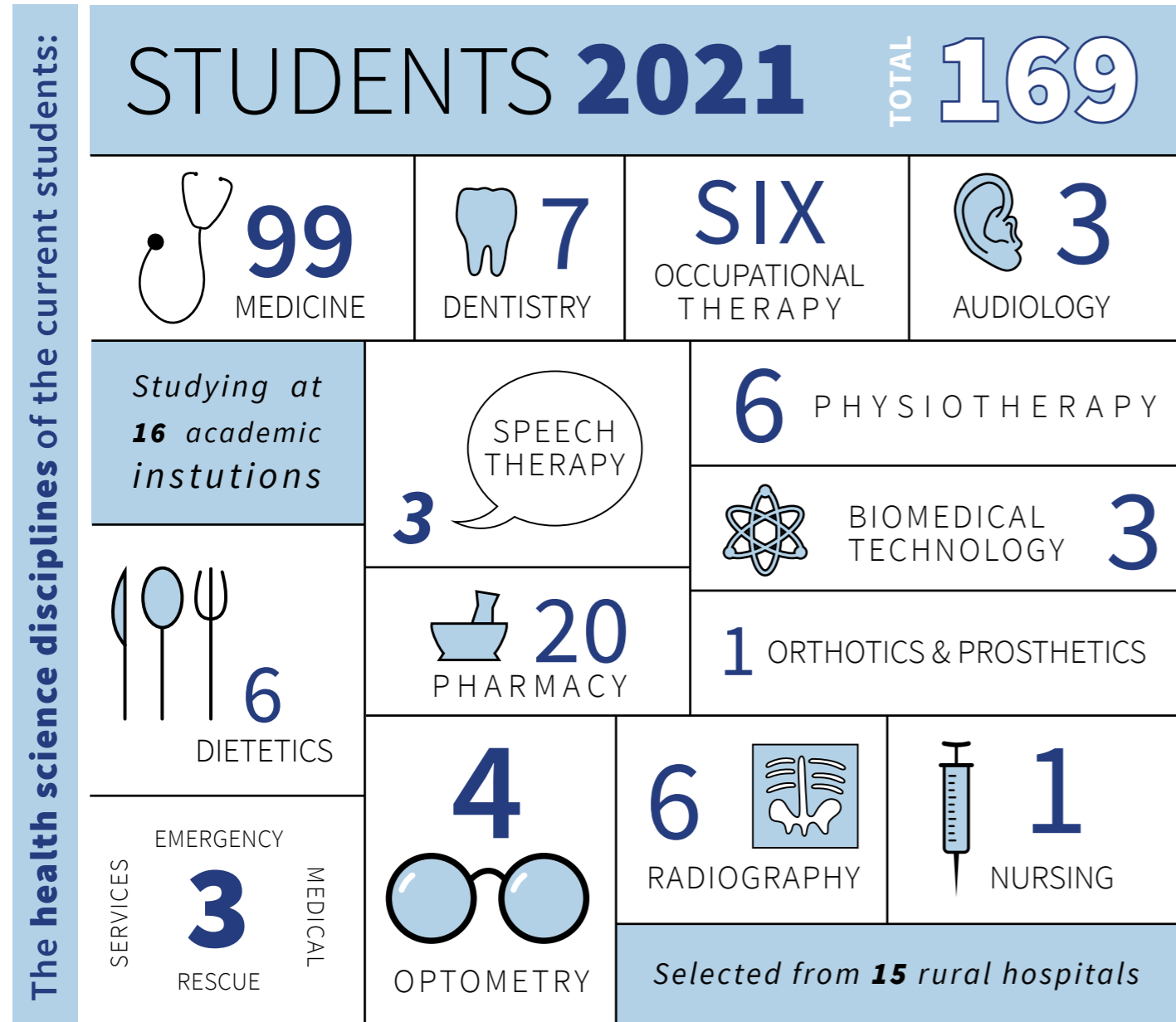
- 28 DOCTORS
- 1 BIOMEDICAL TECHNOLOGIST
- 1 AUDIOLOGIST
- 2 OCCUPATIONAL THERAPISTS
- 2 NURSES
- 18 PHARMACISTS
- 2 PHYSIOTHERAPISTS
- 1 RADIOGRAPHER
- 1 DENTIST
- 1 OPTOMETRIST

# THE STUDENTS

This year – 2021 – we are supporting 169 students, after selecting 44 new students. We trust that, as NSFAS provides the bulk of the student funding, that in future we

will be able to increase the number of students we provide mentoring support to, in order to have a greater impact on the success of rural youth studying health

science degrees. The table below shows the various health science disciplines of the current students:



Although the majority of students are studying medicine, it is important to note the broad range of health science disciplines being supported. The different disciplines are important in providing comprehensive healthcare, especially in a rural hospital.

### Student Support: Mentoring Support

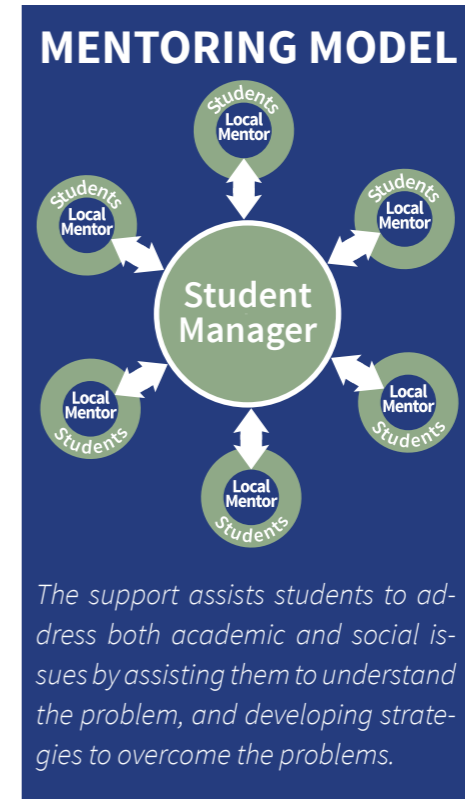
A critical component of the programme's success is the mentoring support provided to students. Rural students face many challenges at university, including their poor command of English (which is the medium of instruction); the fast pace of

the academic programme; peer pressure; requests from home and many more. The mentoring support is thus provided to help students cope and overcome these many challenges. We have students studying at sixteen different academic institutions across the country and therefore, to enable all first and second year students, as well as struggling senior students to receive support, we have a network of local student mentors situated on, or close to, the various campuses. The student manager works together with the local mentors to ensure that students receive all the support that they

require. The support enables students to address both academic and social issues, by assisting them to understand the issues, and developing strategies to overcome the problems. The mentor holds the student accountable to implement the agreed plan of action and reflect on its effectiveness. With the mentor's support the student is empowered to find their own solutions to their problems. In addition to the monthly mentor meetings, the student manager meets with the students twice a year, on campus, and remains in contact during the year via emails and WhatsApp.

### Holiday Work

Another component of the mentoring support is the four weeks of compulsory holiday work that students are required to undertake at their local hospital each year. The purpose is for them to complement their theory with practise, and learn in a non-threatening environment, as well as assisting them to understand and experience the implications of staff shortages, and realise that they are being groomed to address the shortages. In addition, it allows them to develop relationships with hospital staff who mentor and encourage them, and hold them accountable to honour their work back obligation. It also gives the hospitals an opportunity to groom their future employees, and makes the transition from university to work a lot easier. Many students report that the holiday work is such a valuable and wonderful experience as it gives context to their university studies and motivates them to work hard in order to qualify so they can return to



*The support assists students to address both academic and social issues by assisting them to understand the problem, and developing strategies to overcome the problems.*

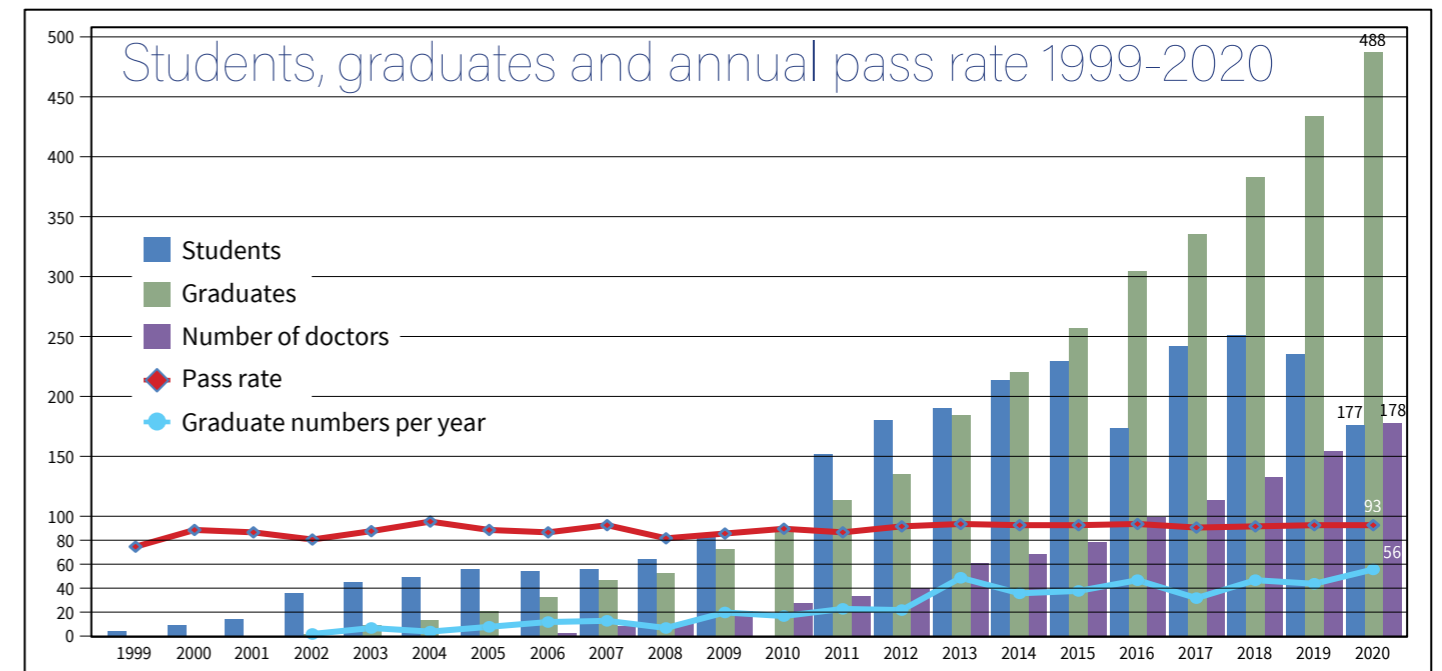
their hospital to make a difference.

### Personal Development

Finally we seek to assist our students in their personal development in order to make good decisions and manage themselves well, as well as learn and develop the skills needed to be competent, empathetic healthcare workers. This is done through the local mentors, campus visits, and focused regional workshops. The workshops are student led and cover a variety of current issues that affect students.

### Impact of the Mentoring Support

The consistently high pass rate of 92% achieved by our students over a nine year period may be ascribed to the mentoring support as described above. Our 92% annual pass rate far exceeds the national average of around 50% for all university students, and the 35% success rate of students originating from quintile 1 & 2 rural schools.



## HOW OUR PROGRAMME SUPPORTS GOVERNMENT POLICY

Our work addresses critical aspects of rural and youth development, health, as well as skills development and job creation which are government priorities. These are detailed as:

1. Focuses on opportunities for rural youth.
2. Improves service delivery to rural communities.
3. Leads to skills development, particularly the addressing of scarce skills.
4. Increases the number of taxpayers as

graduates are employed in permanent quality positions.

5. Exposes students to the world of work through their holiday work experience.
6. Our work is concentrated in the Priority 18 districts – districts identified by government with particularly poor health indicators that need improvement.
7. This work is aligned to the National Skills Development Strategy III.
8. Youth are trained for specific jobs and

are able to work immediately after graduating or completing their internship training.

9. Our model ensures that rural hospitals are actively involved in addressing the shortages of skills at their hospitals.
10. Our support of our graduates and hospital staff, in their professional development, ensures that they are retained and have the necessary skills to become competent managers and leaders.

## TESTIMONIALS

I am Cebolenkosi Khumalo. I am 18 years old and come from Ulundi. I live with my mother because one day my biological father decided to leave us as he was not up to the task of taking care of his children. My mother remarried in 2011, but shortly thereafter my stepfather died. At that moment I vowed to myself that I will become a doctor to save lives. I completed school in 2020 with 7 distinctions and have been accepted to study medicine at the University of KwaZulu-Natal. My journey has begun and hopefully, with the support of the Umthombo Youth Development Foundation I will succeed in my dream of becoming a doctor.



My name is Asanda Ngema. I'm 19 years old coming from Eshowe, a small town in KwaZulu-Natal. I'm a second-year optometry student at the University of KwaZulu-Natal. My first choice was to study medicine, but my matric results, although good, did not allow me to be accepted for medicine. I did, however, get accepted for BSc Applied Chemistry. I took this as an opportunity to show that I can excel academically. I received the Dean's Commendation and was placed within the top 15% of BSc students at UKZN. I then received an offer to study optometry, which I accepted and am loving. I do not regret the year spent doing a BSc, as I learnt so much that year that has made me the person I am today. I completed my first year optometry, receiving 4 distinctions out of a possible 5, and fell in love with the anatomy of the eye! This is just the beginning as I am certain I will achieve much more in the remaining 3 years of my degree. After all, my motto is "to always strive for excellence" – I will not rest until I graduate Cum Laude! After completing my degree I would like to open a foundation to support children from deep rural areas with academic support, mentorship and eye care.



My name is Mackayla Hanumuthoo, and I come from the Melmoth area, which is poorly developed in terms of healthcare facilities, infrastructure and standard of living. To be honest, occupational therapy was never my first choice, but I thank God for guiding me towards this health science discipline as I have grown to love it over the past year. I am currently in second year at the University of KwaZulu-Natal. To know that I will contribute to improving the lives of others by increasing their independence in everyday activities is so rewarding to me. I have always been a person who loves helping people, and occupational therapy helps me to do that daily. My hope is to graduate and make my family proud of me because I know the sacrifices they have made for me – even during the hardships they remained strong for me. I want to assist my community by becoming a better healthcare professional and empowering the youth in my community. I want to be a living testimony that, although your beginnings might be small, you may still achieve greatness!



My name is Nqubeko Mthembu, I'm a 2<sup>nd</sup> year medical student at the University of KwaZulu-Natal. Unfortunately my mother passed away in 2010, which was the last time anyone saw my father. I lived with my aunt for five years and then my grandmother. The circumstances I grew up in, and relocating from one place to another, did not demotivate me, rather it made me work harder. I became a peer wellness mentor to assist other children at school. I completed my matric with excellent results. My drive and passion for medicine is coming from the fact that my mother passed away from a treatable disease that was not diagnosed early because of a lack of resources in my area. My hope is to prevent other children losing their loved ones due to lack of resources and medical personnel. I would like to help restore the trust people have lost in the public health system, and encourage and mentor more rural students to study medicine so that services can improve in rural areas.

I lived with my grandmother and two older siblings since we lost my mother in 2004, and lost trace of my father. Unfortunately, my grandmother, who was my legal guardian, passed away in 2020. We never regarded ourselves as lacking anything as our grandmother provided everything we needed, with her foster care and pension grant. I now live with my mother's younger sister who is unemployed and depends on her children's child grants to make ends meet – she also takes care of my two-year-old son whilst I am at university. Becoming a doctor has always been my dream. I'm fascinated by the intricacies of the human body and the prospect of lifelong learning. I feel that medicine is an incredibly significant way of helping others. Being a doctor, you get to help others when they are at their lowest and in their most difficult time. One thing that drove me to this career is how it continually requires critical thinking and problem-solving skills. I hope to become one of the best doctors, known to be competent, hard working and who respects their patients. I hope to specialise in obstetrics and gynaecology. – Nontobeko Luthuli, 3<sup>rd</sup> year medical student at the University of KwaZulu-Natal.

I lost my grandmother while I was in high school due to cancer. My family believes strongly in traditional medicine and so they took her to a traditional healer. The healer gave her herbs that he believed would make her better. Unfortunately, we lost her due to my family ignoring the doctor's diagnosis. After this incident I decided that I will work hard and study medicine to introduce western medicine to my family and community. I want to specialise in oncology, more specifically surgical oncology so that I can help cancer patients and my community. I received the Dean's Commendation in my second year, and am really motivated to continue working hard. I want to change my background and create a legacy. – Hlobisile Nkosi, 3<sup>rd</sup> year UKZN medical student.



## HISTORY OF UMTHOMBO YOUTH DEVELOPMENT FOUNDATION

**1995** The Friends of Mosvold (FOM) Trust was established in 1995 to facilitate health development in the Umkhanyakude District. Over the years the trust raised money for Mosvold Hospital to purchase vehicles, improve accommodation, provide fencing for residential clinics, develop a HIV/AIDS education programme, and implement a large-scale sanitation programme. In 1998, based on the need to find a solution to the long-term problem of a lack of qualified staff at the hospitals in the district, and the belief that youth from the area – in spite of many financial, social and educational obstacles – had the potential to become healthcare professionals, the trust decided to establish a scholarship scheme.

1. The trust committed to provide at least four new scholarships each year.
2. Obtained an agreement with MESAB (Medical Education for South African Blacks) to contribute half of the university costs (approximately ½ of the total costs involved) – this agreement ended in 2007 when MESAB closed.
3. Initiated career guidance days ('Open Days') at the hospitals in the district, twice a year, to expose school leavers to career opportunities in the health sciences.

**1999** This move by the trust was fundamentally motivated by the belief that rural learners from Umkhanyakude have the potential to become healthcare professionals, and will return to work in the district, which is their 'home' community after qualifying – thus addressing the ongoing problem of shortages of qualified staff.

A programme was established at the hospitals and in local schools to promote careers in health sciences, as well as to inspire learners to dream about what seemed impossible, and to raise awareness about HIV/AIDS. Dr Andrew Ross, the Mosvold Hospital Superintendent at the time, started fundraising in order for this concept to become a reality.

The first four students supported were: France Nxumalo (now a qualified optometrist); Dumisani Gumede (a qualified physiotherapist); Nkosinqhile Nyawo (a qualified biomedical technologist) and Sibusiso Thwala (a pharmacist who is unfortunately deceased). Dr Ross and Mrs Elda Nsimbini were involved in mentoring and supporting these first students.

In time and through interactions with others it was realised that for the approach to succeed, there was a need to not only fund students accepted at university, but also to provide mentoring support, as rural students face many challenges at university (both academic and social). Dr Ross played a key role in providing mentoring support to students whilst at uni-

versity and Mrs Elda Nsimbini was known by the students as their "mother".

Each year more and more students applied for assistance, which required Dr Ross to find more funding. A number of people caught the vision shared with them by Dr Ross and provided the necessary financial support. These people included Mrs Lynne Fiser of BOE Private Clients; Mr Ken Duncan of the Swiss South African Co-operative Initiative and the Trustees of MESAB (Lynne Fiser and Ken Duncan have continued to provide support through their organisations) as well as a number of individuals.

**2007** By the end of 2007, the number of students being supported had grown to 55 and the scheme had produced 33 health science graduates. The scheme was still being managed by Dr Ross, who was fundraising and providing mentoring support, and Mrs Elda Nsimbini who was managing the finances, organising holiday work for students, coordinating the selection of new students and compiling the reports required to maintain the organisations non-profit status. It was at this time that Dr Ross, who had since left Mosvold Hospital and taken up a post at the University of KwaZulu-Natal, realized that he needed help. An award from the Discovery Foundation, relieved the immediate fundraising pressure and allowed Dr Ross to find someone to assist him. Ruth Osborne, a skilled organisational development person, with experience in the NGO sector, joined as a consultant to assist Dr Ross and the trustees to determine the best way forward.

They came to the conclusion that either:

1. the scheme is stopped, having been successful in supporting a number of rural youth to succeed at university (there were 33 graduates) and being able to say it can happen or
2. full-time staff should be employed to manage and develop the scheme further. Due to the huge potential that the scheme had, the trustees decided to employ a director to manage and develop the scheme.

**2008** In that regard, the present director, Gavin MacGregor, was employed on 8 February 2008 as the Scheme's first employee and director. At the same time, Dr Will Mapham was engaged by a potential funder (Atlantic Philanthropies) as an independent consultant, to assess the various aspects of the scheme and highlight the areas that needed strengthening. Using this information, a strategic planning session was held to map out the 3-5 year future of the scheme. Atlantic Philanthropies had shown a commitment to fund the development of the organisation so that its impact could be significantly increased. The first Atlantic Philanthropies donation was received in October 2008.

Since the mentoring support was found to be a critical component of the success of the scheme it was decided to employ a full time student mentor. Many very capable mentors and life coaches were interviewed, but they lacked the context of the life of our students. It was thought that the best possible mentor would be a graduate of the scheme. Dumisani Gumede, a physiotherapist graduate of the scheme, was eventually approached to become the scheme's full-time student mentor. He started in September 2008.

As the director interacted with the five hospitals within the Umkhanyakude district, as well as the Department of Health District and Head Office as well as other stakeholders, he realized that in developing the scheme further, and to get 100% buy-in by all hospitals, the name needed to change. Through a participative process involving the graduates, current students, trustees and other stakeholders a new name was chosen. Umthombo is an isiZulu word for a well or spring. We believe that, just as a well provides life giving and refreshing water to sustain a person, so our work offers new life and opportunities for rural youth.

Although the name has changed, the rich history remains in the hearts and minds of many and will not be forgotten. The new name embraces the same mission and purpose, but with a much greater vision of giving even more rural youth opportunities to study health science degrees and involving more hospitals, so that shortages of staff at rural hospitals will be a thing of the past!

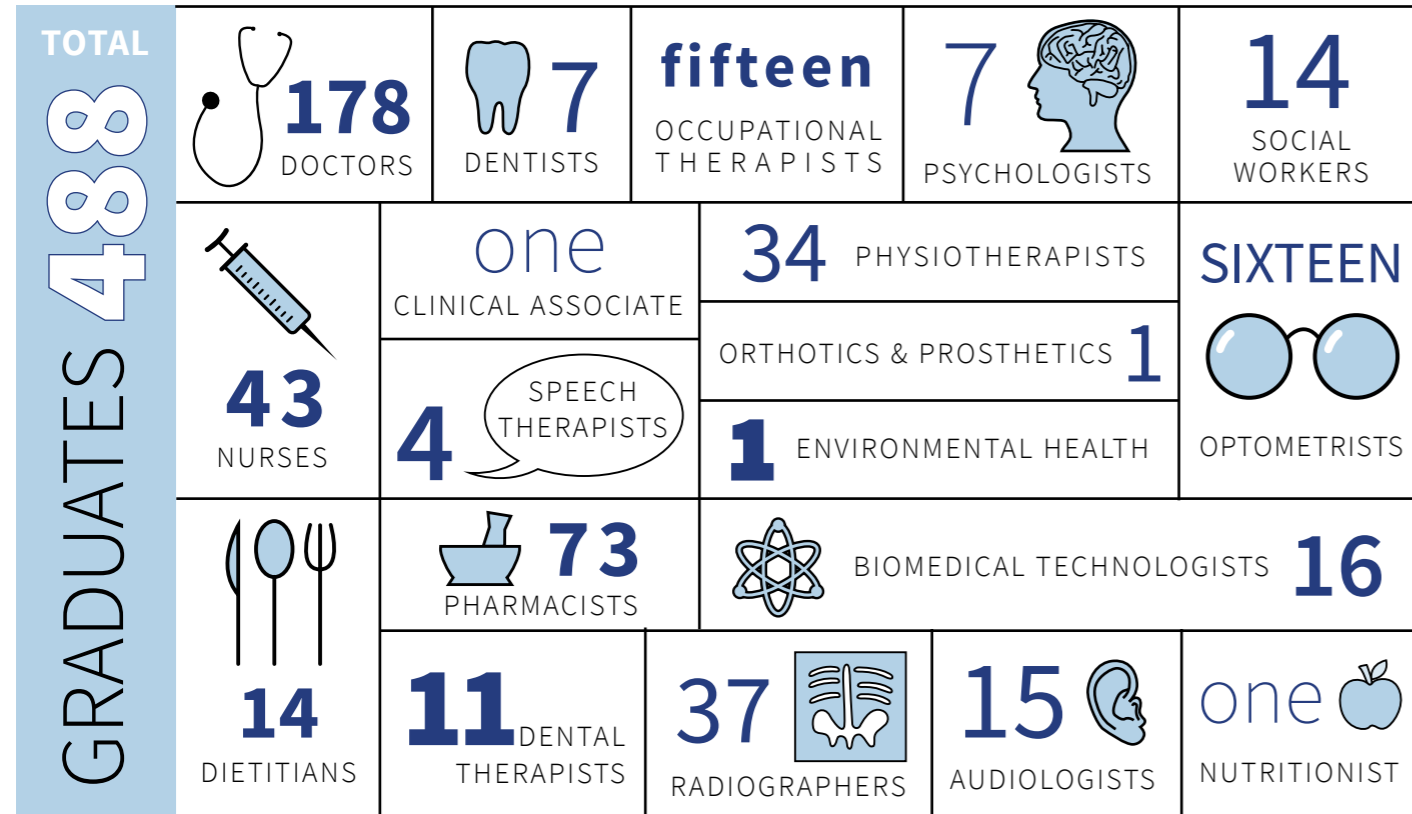
**2010** On 4 December 2010, a ten-year celebration of the achievements of the FOM Scholarship Scheme was held at Mosvold hospital. The celebration was an opportunity to acknowledge all those who had been involved in developing and supporting the scheme as well as an opportunity to share with the community and broader audience the future plans of the organisation, including the name change. The celebration was considered as a visit to our rich and successful past, as well as an embracing of the future expansion of the programme to assist many more youth in order to ensure service delivery to rural communities improves through an increased number of qualified health care workers.

**2016** Unfortunately, for the first time in the history of the scheme, no new students were selected due to financial uncertainty. Fortunately, this has been addressed and over 100 new students were selected in 2017.

**2020** 488 graduates produced, and 169 students being supported.

# THE ALUMNI

The Umthombo Youth Development Foundation has **produced 488 graduates**, in nineteen different health science disciplines. As may be seen from the graphic below, the majority of graduates are doctors!



Of the 488 graduates, 55 medical graduates, and 18 pharmacy graduates are busy with their internship training. The majority of the graduates are working in the public sector, approximately 10% of graduates are working in the private sector, four graduates are specialists, whilst three graduates (an audiologist, pharmacist and physiotherapist) are unemployed.

Of concern is the fact that not all graduates are being employed by the KwaZulu-Natal Department of Health post community service, despite them wishing to continue to work in rural areas. This naturally undermines our efforts to address staff shortages at rural hospitals.

Data on time to completion of all graduates by discipline is presented to the right. Overall, after one additional year 91% of our students would have completed their degree. Regarding medical students, 82% completed on time, and with one additional year, 98% would have completed. This exceeds the national statistics for medical students.

Discipline	Time to Completion					
	Min	Min+1	Min+2	Min+3	Min+4	Total
Audiology	10	3	2			15
Biomedical Technology	10	4		1	1	16
Dental Therapy	5	5	1	1		12
Dentistry	3	3			2	7
Dietitian	1	4	3	5	1	14
Medicine	146	29	1	1	1	178
Nursing	38	4		1		43
Occupational Therapy	8	6	1			15
Optometry	6	6	1	3		16
Pharmacists	54	15	4			73
Physiotherapy	13	15	6			34
Radiography	25	8	3	1		37
Social Work	14					14
Speech Therapy	3	1				4
	<b>336</b>	<b>102</b>	<b>22</b>	<b>13</b>	<b>5</b>	<b>478</b>
	<b>70%</b>	<b>21%</b>	<b>5%</b>	<b>3%</b>	<b>1%</b>	

**Note:** Clinical Associates, Environmental Health, Nutritionists and Psychologists are not included as numbers are small.

# OUR TEAM



Dr. Gavin MacGregor  
Director



Ms. Ntombi Mkhize  
Student Manager  
*Resigned August 2020*



Ms. Nevilla van Dyk  
Financial Administrator



Ms. Cebile Zungu  
Office Administrator

# TRUSTEES



Dr. Andrew Ross



Dr. Gloria Nkabinde



Dr. Cyril Nkabinde



Dr. Lungile Nxumalo



Mrs. Nomusa Zulu

# PARTNERS AND DONORS

In achieving our objectives we work with a number of partners including:

### Department of Health

Local participating hospitals are involved in many aspects of the programme, such as: marketing of the opportunities to the youth including hosting Open Days and offering volunteer work opportunities for interested youth; student selection; holiday work opportunities and ultimately employment opportunities for our graduates.

- Anglo American Chairman's Fund
- Aspen Pharmicare
- Dandelion Trust
- Discovery Fund
- Don McKenzie Trust
- Douglas Jooste Trust

### Funding organisations

- Freddie Marincowitz Welfare Trust
- Fulton Trust
- Lily and Ernst Hausmann Bursary Trust
- Norman Wevell Trust
- Oppenheimer Memorial Trust
- RB Hagart Trust

- Robert Niven Trust
- Robin Hamilton Trust
- Rogerwilco
- Silcom
- Zululand Air Mission Transport (ZUMAT)

### Individual donors

- Amy MacGregor, Brian Whittaker, Carlos Chavarri, Cord Hollender, Dr Gloria Nkabinde, Dr Zandi Rosochacki, Jurgen Fleisch, Glenys Ross, John Golding, John Rosenberg, Marion Bergman, Michael

- Savage (late), Prof Andrew Ross, Prof M Siwela, Ronald and Gill Ingle, Wendy Clarke.
- Graduates:** Dr NP Cele, N Fakude, Dr M Gumbi, Dr I Dlamini, NN Mkombo, S

- Dlamini, Dr NC Mbokazi, Dr NN Dlamini, SN Msweli, B Dlamini, S Dlamini, MM Buthelezi, Dr K Saleni, Dr NF Myeni, L Gobinamba, T Mpontshane, T Sobazile, Dr B Xaba.



# THE HISTORY TIMELINE

“

*It is born out of the fundamental belief that rural youth, in spite of the many financial, social and educational obstacles, have the potential to become healthcare professionals, and will return to work at their local hospital after qualifying.*

”

2002



The Scheme celebrates its first two graduates! One biomedical technologist and one physiotherapist.

2008

Dr. Gavin MacGregor is employed as the Scheme's first employee and director. Since the mentoring support is found to be a critical component of the success of the Scheme, a full time Student Mentor becomes the second employee. As the director interacts with the hospitals within the Umkhanyakude district, the Department of Health District and Head Office, as well as other stakeholders, he realises that to get 100% buy-in from all hospitals, the Scheme's name needs to change. Through a participative process involving the graduates, current students, Trustees and other stakeholders a new name was chosen. Umthombo is an isiZulu word for a well or spring. We believe that just as a well provides life-giving refreshing water to sustain a person, so our work offers new life and opportunities for rural youth. Although the name changed, the rich history remains in the hearts and minds of many and will not be forgotten.



Umthombo Youth Development Foundation: Investing in Rural Youth for a Brighter Future. Watch this video clip now, by clicking [here](#).

2013



King Cetswayo district joins, with five new hospitals: Ekombe Hospital, Nkandla Hospital, Catherine Booth, KwaMagwaza Hospital and Mbongolwane Hospital



15 participating hospitals

2020



51% of doctors

55% of graduates



488

GRADUATES



NINETEEN different health science disciplines

The Friends of Mosvold Scholarship Scheme is launched in Mosvold Hospital. It is born out of the fundamental belief that rural youth, in spite of the many financial, social and educational obstacles, have the potential to become healthcare professionals, and will return to work at their local hospital after qualifying – thus addressing the ongoing problem of shortages of qualified staff.

2006

The first three doctors graduate from University!



A 10 Year Celebration of the achievements of the Friends of Mosvold Scholarship Scheme is held at Mosvold Hospital. The Celebration is an opportunity to acknowledge all those who have been involved in developing and supporting the Scheme as well as to share with the community and broader audience the future plans of the Organisation - including the name change. The celebration is considered a visit to our rich and successful past as well as an embracing of the future expansion of the Programme.

2017



In 2016 for the first time, due to financial uncertainty, UYDF is unable to take on any new students. However, by 2017 this has been addressed, and the Scheme takes on 100 new students!

2010



“

*Umthombo is an isiZulu word for a well or spring. We believe that just as a well provides life-giving refreshing water to sustain a person, so our work offers new life and opportunities for rural youth.*

”

The Scheme supported its first four students, mentored by Dr. Ross and Mrs. Elda Nsimbini (below) who became a 'mother' to the students.



1999

Total value of salaries earned by UYDF graduates 2002 to 2020 per health science discipline

	Number	Salary 2020	Tax 2020	Total invested
Doctors	128	R495 326 218	R170 995 533	
Specialists	4	R29 558 903	R8 782 773	
Pharmacists	39	R96 205 178	R22 217 830	
Nurses	41	R72 892 928	R10 340 257	
Social Workers	13	R38 680 511	R5 998 709	
Allied HCW's	142	R294 051 660	R45 052 323	
Dentists	6	R23 913 779	R6 532 395	
Psychologists	6	R46 995 524	R12 235 799	
<b>Total</b>	<b>379</b>	<b>R1 068 065 798</b>	<b>R273 872 846</b>	<b>R271 493 166</b>

21 YEARS OF PROVIDING LIFE-CHANGING OPPORTUNITIES TO RURAL YOUTH AND TRANSFORMING THE FACE OF RURAL HEALTH

## 2002

**Nkosingiphile Nyawo**, Biomedical Technologist  
**Sibusiso Thwala**, Pharmacist

## 2003

**John Mkhumbuzi**, Dental Therapist, Graduate & Youth Development Coordinator  
**Sithembile Nyawo**, Nurse  
**France Nxumalo**, Optometrist  
**Dumisani Gumede**, Physiotherapist  
**Snenhlanhla Gumede**, Physiotherapist  
**Samkelisiwe Mamba**, Radiographer

## 2004

**Zotha Myeni**, Biomedical Technologist  
**Moses Mkhabela**, Environmental Health Doctor  
**Derrick Hlophe**, Occupational Therapist/Doctor  
**Lillian Mabuza**, Speech Therapist

## 2005

**Nkosinathi Ndimande**, Nutritionist  
**Sibongeleni Mngomezulu**, Nurse  
**Zodwa Menyuka**, Nurse  
**Hazel Mkhwanazi**, Optometrist  
**Nelly Mthembu**, Pharmacist  
**Theminkosi Ngubane**, Radiographer  
**Happiness Nyawo**, Radiographer  
**Richard Gumede**, Social Worker

## 2006

**Thulisiwe Nxumalo**, Physiotherapist  
**Nonkuthalo Mbhamali**, Biomedical Technologist  
**Phila Gina**, Biomedical Technologist  
**Thulani Shandu**, Dental Therapist  
**Lungile Hobe**, Family Medicine Specialist  
**Thembelihle Phakathi**, Paediatrician  
**Sicelo Nxumalo**, Nurse  
**Zachariah Myeni**, Nurse  
**Makhosazana Zwane**, Physiotherapist  
**Themba Mngomezulu**, Physiotherapist  
**Ntombifuthi Mngomezulu**, Radiographer  
**Mthokozisi Gumede**, Social Worker

## 2007

**Mfundo Mathenjwa**, Cardiologist  
**Nhlakanipho Mangeni**, Doctor  
**Noxolo Ntsele**, Doctor  
**Patrick Ngwenya**, Doctor  
**Petronella Manukuza**, Doctor  
**Bongumusa Mngomezulu**, Nurse  
**Ntombikayise Gumede**, Nurse

**Phindile Ndlovu**, Nurse  
**Ntokozo Mantengu**, Occupational Therapist  
**Wiseman Nene**, Physiotherapist  
**Ntokozo Fakude**, Pharmacist  
**Nozipho Myeni**, Radiographer  
**Nobuhle Mpanza**, Social Worker

## 2008

**Norman Thabethe**, Biomedical Technologist  
**Lindiwe Khumalo**, Doctor  
**Mlungisi Khanyile**, Doctor  
**Sifiso Buthelezi**, Doctor  
**Zipho Zwane**, Doctor  
**Brian Mahaye**, Nurse  
**Celenkosini Sibiya**, Speech Therapist

## 2009

**Cynthia Tembe**, Biomedical Technologist  
**Nonsikelelo Mazibuko**, Biomedical Technologist  
**Archwell Hlabisa**, Obstetrician and Gynaecologist  
**Gug'elihle Mkhulisi**, Doctor  
**Nhlanhla Champion**, Doctor, Deceased  
**Nompilo Xulu**, Doctor  
**Nonhlanhla Gumede**, Doctor  
**Nontobeko Khumalo**, Doctor  
**Pamela Zungu**, Doctor  
**Philokuhle Buthelezi**, Doctor  
**Phumla Dladla**, Doctor  
**Velemseni Mdletshe**, Doctor  
**Bheki Mendlula**, Optometrist  
**Sicelo Mafuleka**, Optometrist  
**Simangele Mathenjwa**, Psychologist  
**Siphamandla Mngomezulu**, Psychologist  
**Ncamsile Mafuleka**, Radiographer  
**Nokuthula Zikhali**, Social Worker  
**Noxolo Mngomezulu**, Social Worker  
**Phumzile Biyela**, Social Worker

## 2010

**Sthembiso Ngubane**, Biomedical Technologist  
**Bhotsotso Tembe**, Dental Therapist  
**Bongiwe Nungu**, Doctor  
**Faustin Butiri**, Doctor  
**Mazwi Mabika**, Doctor  
**Mndeni Kunene**, Doctor  
**Sandile Mbonambi**, Doctor  
**Thabia Sekgota**, Doctor  
**Celumusa Xaba**, Nurse  
**Thokozile Phakathi**, Occupational Therapist  
**Bongekile Zwane**, Pharmacist  
**Victoria Masinga**, Pharmacist

**Wonderboy Nkosi**, Pharmacist  
**Bhekumuzi Shongwe**, Physiotherapist  
**Nonkululeko Nsimbini**, Physiotherapist  
**Silindile Gumbi**, Psychologist  
**Themba Myeni**, Social Worker

## 2011

**Andreas Mthembu**, Biomedical Technologist  
**Nomusa Zikhali**, Biomedical Technologist  
**Simanga Khanyile**, Biomedical Technologist  
**Thandi Nxumalo**, Biomedical Technologist  
**Sikhumbuzo Mbelu**, Dentist  
**Immaculate Dlamini**, Doctor  
**Mlungisi Banda**, Doctor  
**Nokwazi Khumalo**, Doctor  
**Nomcebo Gumede**, Doctor  
**Nonkululeko Mncwabe**, Doctor  
**Sicelo Mabika**, Doctor  
**Thulisiwe Mthembu**, Doctor  
**Musa Gumede**, Nurse  
**Phindile Khuluse**, Nurse  
**Senziwe Ndlovu**, Nurse  
**Zamani Dlamini**, Nurse  
**Mamsy Ndwandwe**, Pharmacist  
**Sithabile Mthethwa**, Pharmacist  
**Ntombifuthi Mbatha**, Psychologist  
**Sibongiseni Mkhize**, Psychologist  
**Sicelo Ntombela**, Radiographer  
**Ncamsile Sithole**, Social Worker, Deceased  
**Zamakhondlo Gumede**, Social Worker

## 2012

**Gugu Ndlamlenze**, Audiologist  
**Senzo Khambule**, Clinical Associate  
**Justice Shongwe**, Dentist  
**Bongumusa Dlamini**, Dietician  
**Nothile Khumalo**, Dietician  
**Philile Nxumalo**, Dietician  
**Bongekile Kubheka**, Doctor  
**Delani Hlophe**, Doctor  
**Phelelani Dladla**, Doctor  
**Sibusiso Gumede**, Doctor  
**Thulani Ndimande**, Doctor  
**Thulani Ngwenya**, Doctor  
**Sibongile Thwala**, Nurse  
**Zanele Buthelezi**, Nurse,  
**Zanele Buthelezi**, Optometrist  
**Londiwe Msimango**, Pharmacist  
**Sithandiwe Shange**, Pharmacist  
**Phumelele Nkosi**, Radiographer  
**Lungile Thwala**, Social Worker  
**Nombuso Ngubane**, Social Worker  
**Thabo Nakedi**, Social Worker  
**Zandile Mthembu**, Social Worker

## 2013

**Samkelo Sibiya**, Biomedical Technologist  
**Ayanda Nsele**, Dental Therapist  
**Fanele Simelane**, Dental Therapist  
**Nonhle Magubane**, Dental Therapist  
**Siphamandla Dube**, Dentist  
**Nomkhosi Ncanana**, Dietician  
**Ntandoyenkosi Mkhombo**, Dietician  
**Themba Manzini**, Dietician  
**Andisiwe Ngcobo**, Doctor  
**Halalisani Ncanana**, Doctor  
**Khanyile Saleni**, Doctor  
**Lindokhule Mfeka**, Doctor  
**Lungile Gumede**, Doctor  
**Mbongeni Mathenjwa**, Doctor  
**Mbongi Mpanza**, Doctor  
**Mncedisi Ndlovu**, Doctor  
**Nokwanda Linda**, Doctor  
**Nokwethemba Myeni**, Doctor  
**Nomalungelo Mbokazi**, Doctor  
**Nomfundo Cele**, Doctor  
**Nontobeko Mthembu**, Doctor  
**Ntibelleng Motebele**, Doctor  
**Ntokozo Zondi**, Doctor  
**Samukelisiwe Mkhize**, Doctor  
**Sandra Khumalo**, Doctor  
**Sinovuyo Madikane**, Doctor  
**Sithokozile Myeni**, Doctor  
**Zanele Ntuli**, Doctor  
**Khulani Gumede**, Nurse  
**Lindani Mkhwanazi**, Nurse  
**Nokwanda Ndabandaba**, Nurse  
**Nomfumdo Ntimbane**, Nurse  
**Samkelo Sithole**, Nurse  
**Siyabonga Mthembu**, Nurse  
**Zethu Ngcamu**, Nurse  
**Zinhle Mdletshe**, Occupational Therapist  
**Sebenzile Manyoni**, Optometrist  
**Thembile Zikhali**, Optometrist  
**Gugulethu Zulu**, Pharmacist  
**Sibusiso Mabizela**, Pharmacist  
**Sthembiso Mahendula**, Physiotherapist  
**Thobekile Gumede**, Physiotherapist  
**Zandile Vilana**, Physiotherapist  
**Zanele Mkhwanazi**, Physiotherapist  
**Zama Kunene**, Psychologist  
**Ntuthuko Nxumalo**, Radiographer  
**Thembeke Dlamini**, Social Worker  
**Octavia Tembe**, Speech Therapist

## 2014

**Gumede Lindani**, Dietician  
**Londiwe Manda**, Audiologist  
**Sibongakonke Mamba**, Biomedical Technologist  
**Njabulo Nhlenyama**, Dental Therapist

**Cebisile Sibiya**, Doctor  
**Fanele Simelane**, Doctor  
**Fezile Mkhize**, Doctor  
**Ndumiso Sibisi**, Doctor  
**Nokuthula Mbele**, Doctor  
**Sanelisiwe Myeni**, Doctor  
**Yvonne Ngobese**, Doctor  
**Nkosingiphile Dlamini**, Nurse  
**Nombuyiselo Dlamini**, Nurse  
**Nonduduzo Ndlovu**, Nurse  
**Silindile Mncube**, Nurse  
**Simphiwe Mahlangu**, Nurse  
**Thokozani Mbatha**, Nurse  
**Muzi Ndlazi**, Optometrist  
**Nontobeko Nsele**, Optometrist  
**Nombuso Nxumalo**, Optometrist  
**Siphesihle Madi**, Optometrist  
**Mbalenhle Mncube**, Pharmacist  
**Thobile Mpontshane**, Pharmacist  
**Gugulethu Kunene**, Physiotherapist  
**Nomzamo Mashaba**, Physiotherapist  
**Phakamani Ntuli**, Physiotherapist  
**Sandiso Msweli**, Physiotherapist  
**Khanyisile Nene**, Psychologist  
**Mthobisi Makhoba**, Radiographer  
**Nokubonga Ndlovu**, Radiographer  
**Phele Gumede**, Radiographer  
**Sibusiso Zwane**, Radiographer  
**Siphamandla Mbuli**, Radiographer  
**Vukile Miya**, Radiographer

## 2015

**Lindiwe Ngubane**, Audiologist  
**Muziwakhe Myeni**, Audiologist  
**Nomzamo Thabethe**, Audiologist  
**Nombuso Khumalo**, Dental Therapist  
**Thuleleni Masinga**, Dental Therapist  
**Sabelo Mngomezulu**, Dentistry  
**Fortunate Shandu**, Dietetics  
**Sizophila Nene**, Dietetics  
**Londiwe Ntshangase**, Doctor  
**Luanda Mthembu**, Doctor  
**Mfanukhona Nyawo**, Doctor  
**Ndabezitha Khoza**, Doctor  
**Nduduzo Ndimande**, Doctor  
**Nkosikhona Ntuli**, Doctor  
**Ntokozo Shandu**, Doctor  
**Phindile Chonco**, Doctor  
**Sicelo Khumalo**, Doctor  
**Sphamandla Zulu**, Doctor  
**Simosakhe Mbatha**, Nurse  
**Scebi Mhlongo**, Nurse  
**Thembeke Shezi**, Nurse  
**Xolelani Ngubane**, Nurse  
**Gugulethu Dumakude**, Occupational Therapist

**Mesuli Mkhwanazi**, Optometrist  
**Siyathokoza Nyawo**, Optometrist  
**Menzi Nyawo**, Pharmacist  
**Mukeliwe Zulu**, Pharmacist  
**Nongcebo Khanyile**, Pharmacist  
**Ntombikayise Langa**, Pharmacist  
**Thandeka Zungu**, Pharmacist  
**Ayanda Ngubane**, Physiotherapist  
**Nokukhanya Masango**, Physiotherapist  
**Samukelisiwe Mazibuko**, Physiotherapist  
**Silindile Zungu**, Physiotherapist  
**Busisiwe Dlamini**, Radiographer  
**Menzi Khali**, Radiographer  
**Themba Mbonambi**, Radiographer  
**Thobeka Mavuso**, Radiographer

## 2016

**Nompumelelo Hlengwa**, Biomedical Technologist  
**Bongekile Mngomezulu**, Dental Therapist  
**Khulekile Dlamuka**, Dietetics  
**Phakamile Ngubane**, Dietetics  
**Grace Dlamini**, Doctor  
**Halala Jiyane**, Doctor  
**Joanah Mdluli**, Doctor  
**Lindokuhle Bhengu**, Doctor  
**Mlungisi Gumede**, Doctor  
**Ncamisile Mthembe**, Doctor  
**Nomthandazo Mkhwanazi (Myeni)**, Doctor  
**Nonhlanhla Cele**, Doctor  
**Nontobeko Mnguni**, Doctor  
**Nothando Mbatha**, Doctor  
**Nothile Mbatha**, Doctor  
**Sibusisiwe Nkosi**, Doctor  
**Sihle Dlamini**, Doctor  
**Sinothile Malinga**, Doctor  
**Sithokoziso Goso**, Doctor  
**Smangele Simelane**, Doctor  
**Thabiso Mtshali**, Doctor  
**Thubelihle Mpungose**, Doctor  
**Zandile Xaba**, Doctor  
**Zilandile Xaba**, Doctor  
**Bongekile Mashaba**, Nurse  
**Zakhona Mkhwanazi**, Nurse  
**Eliot Nogo**, Nurse  
**Kwenzile Jiyane**, Occupational Therapist  
**Mondli Zulu**, Occupational Therapist  
**Mbekezeli Methula**, Optometrist  
**Londiwe Gumede**, Pharmacist  
**Simosethu Magwala**, Pharmacist  
**Sindiswa Qwabe**, Pharmacist  
**Nkanyiso Zulu**, Pharmacist  
**Philile Zulu**, Pharmacist  
**Smangele Mabika**, Physiotherapist

## UYDF GRADUATES

**Fanelisibonge Msane**, *Physiotherapist*  
**Nsindiso Mthembu**, *Physiotherapist*  
**Thobeka Mthethwa**, *Physiotherapist*  
**Sicelo Ndlazi**, *Physiotherapist*  
**Lungile Njokweni**, *Physiotherapist*  
**Cebolenkosi Khumalo**, *Radiographer*  
**Celumusa Myeni**, *Radiographer*  
**Faith Botha**, *Radiographer*  
**Kwenzakwabo Magwaza**, *Radiographer*  
**Nompumelelo Mncube**, *Radiographer*  
**Thulisile Maphumulo**, *Radiographer*  
**Vuyiswa Ngoza**, *Radiographer*  
**Yandisa Zulu**, *Radiographer*

### 2017

**Akhona Zulu**, *Doctor*  
**Hlanzeka Madlala**, *Doctor*  
**Lusapho Msebenzi**, *Doctor*  
**Mbalenhle Dube**, *Doctor*  
**Mlamuli Mkhali**, *Doctor*  
**Mphathiseni Dlamini**, *Doctor*  
**Nhlakanipho Ndlazi**, *Doctor*  
**Nkosinathi Mlambo**, *Doctor*  
**Nomasiko Myeni**, *Doctor*  
**Sibusile Buthelezi**, *Doctor*  
**Sibusiso Zwane**, *Doctor*  
**Silindile Nsele**, *Doctor*  
**Zamaqwabe Gumede**, *Doctor*  
**Thobani Dlamini**, *Nurse*  
**Lindeni Ngubane**, *Nurse*  
**Nomthandazo Nkosi**, *Nurse*  
**Nondumiso Sitholi**, *Nurse*  
**Este Louw**, *Occupational Therapist*  
**Siduduzo Ngobese**, *Occupational Therapist*  
**Siphephelo Mkhwanazi**, *Orthotics and Prosthetics*  
**Nqobile Bhengu**, *Pharmacist*  
**Nobuhle Gabela**, *Pharmacist*  
**Ronald Hlangu**, *Pharmacist*  
**Nontokozi Mkhombo**, *Pharmacist*  
**Phumla Msomi**, *Pharmacist*  
**Sithabile Mwelase**, *Pharmacist*  
**Sakhile Zulu**, *Pharmacist*  
**Bongokuhle Menyuka**, *Physiotherapist*  
**Malusi Zwane**, *Physiotherapist*  
**Syanda Dlamini**, *Radiographer*  
**Noluthando Tshabalala**, *Speech Therapist*

### 2018

**Anele Mkhize**, *Audiologist*  
**Mxolosi Mabaso**, *Audiologist*  
**Sanele Mncube**, *Audiologist*  
**Siphile Dimba**, *Audiologist*  
**Noxolo Nkosi**, *Audiologist*  
**Noxolo Nxumalo**, *Dental Therapist*  
**Nontobeko Mdlalose**, *Dentist*

**Mbalenhle Mazibuko**, *Dentist*  
**Lungelo Buthelezi**, *Dietetics*  
**Attah Mkhize**, *Doctor*  
**Ayanda Guma**, *Doctor*  
**Bongiwe Xaba**, *Doctor*  
**Hloniphani Mpanza**, *Doctor*  
**Mlungisi Vilakazi**, *Doctor*  
**Mondli Khumalo**, *Doctor*  
**Nondumiso Mkhize**, *Doctor*  
**Nosipho Dlamini**, *Doctor*  
**Noxolo Nxele**, *Doctor*  
**Nqobile Myeni**, *Doctor*  
**Olwethu Vilakazi**, *Doctor*  
**Sakhile Mabasa**, *Doctor*  
**Sambulo Mthembu**, *Doctor*  
**Sibonelo Khumalo**, *Doctor*  
**Siphiwe Gina**, *Doctor*  
**Siza Gusha**, *Doctor*  
**Thabiso Magudulela**, *Doctor*  
**Thembeka Mahlobo**, *Doctor*  
**Zakhile Zungu**, *Doctor*  
**Zandile Sibeko**, *Doctor*  
**Ziningi Thwala**, *Doctor*  
**Sibongakonke Manzini**, *Nurse*  
**Nonkazimulo Dlamini**, *Occupational Therapist*  
**Nozipho Tembe**, *Occupational Therapist*  
**Thulani Fakude**, *Occupational Therapist*  
**Velisiwe Mbuyisa**, *Occupational Therapist*  
**Nomthandazo Sibiyi**, *Optometrist*  
**Bongumenzi Dlamini**, *Pharmacist*  
**Mvelo Buthelezi**, *Pharmacist*  
**Nomthandazo Mbatha**, *Pharmacist*  
**Nokulunga Shongwe**, *Pharmacist*  
**Nokwanda Tembe**, *Pharmacist*  
**Ntandoyakhe Nxumalo**, *Pharmacist*  
**Sabelo Sihlongonyana**, *Pharmacist*  
**Sphiwosoxolo Qoyo**, *Pharmacist*  
**Thokozile Dinga**, *Pharmacist*  
**Lethukuthula Khumalo**, *Physiotherapist*  
**Nelisiwe Mntungwa**, *Physiotherapist*  
**Wandile Mthembu**, *Physiotherapist*  
**Ntokozi Mthethwa**, *Radiographer*

### 2019

**Jabulisiwe Mntambo**, *Audiologist*  
**Njabulo Masondo**, *Audiologist*  
**Theminkosi Malinga**, *Audiologist*  
**Mukeliwe Mdlolo**, *Dietetician*  
**Phindile Mthembu**, *Dietetician*  
**Bathokozile Sithole**, *Doctor*  
**Khanya Nxele**, *Doctor*  
**Khethelo Ndwandwe**, *Doctor*  
**Lindokuhle Ngwane**, *Doctor*  
**Luis Vilakazi**, *Doctor*  
**Mpendulo Mabuyakhulu**, *Doctor*  
**Nokuphila Simelane**, *Doctor*

**Noluthando Kunene**, *Doctor*  
**Nonhlanhla Nkomo**, *Doctor*  
**Nontethelelo Gumede**, *Doctor*  
**Nontuthuko Tshabalala**, *Doctor*  
**Ntuthuko Gumede**, *Doctor*  
**Ntuthuko Mkhabela**, *Doctor*  
**Phelelani Mtshali**, *Doctor*  
**Philile Zwane**, *Doctor*  
**Sbongumusa Qwabe**, *Doctor*  
**Seneme Kubheka**, *Doctor*  
**Sinoxolo Nsele**, *Doctor*  
**Sithabile Hlabisa**, *Doctor*  
**Vihna Linda**, *Doctor*  
**Zanele Ndlazi**, *Doctor*  
**Zanele Qwabe**, *Doctor*  
**Yonela Tywalana**, *Nurse*  
**Kholiwe Ndlovu**, *Pharmacist*  
**Lindelani Mabuyakhulu**, *Pharmacist*  
**Lungisa Gobinamba**, *Pharmacist*  
**Mbekezeli Gumbi**, *Pharmacist*  
**Mlungisi Sithole**, *Pharmacist*  
**Nontobeko Ndlovu**, *Pharmacist*  
**Sanele Hlophe**, *Pharmacist*  
**Sanele Madliswana**, *Pharmacist*  
**Sbusile Lamula**, *Pharmacist*  
**Sicelo Sithole**, *Pharmacist*  
**Nyawo Zwelihle**, *Pharmacist*  
**Sobazile Thembakazi**, *Pharmacist*  
**Zamanguni Myeni**, *Pharmacist*  
**Zenani Qwabe**, *Pharmacist*  
**Vusumuzi Mazibuko**, *Physiotherapist*  
**Nosipho Siyaya**, *Radiographer*  
**Sduduzo Mbatha**, *Radiographer*  
**Siphephelo Zikhali**, *Radiographer*  
**Thandeka Tembe**, *Radiographer*  
**Vuthiwe Cele**, *Radiographer*  
**Vuyelwa Mkhize**, *Radiographer*

### 2020

**Khayelihle Khumalo**, *Audiologist*  
**Nontando Mthethwa**, *Dentist*  
**Biyela Sabelo**, *Doctor*  
**Cebolenkosi Mncwango**, *Doctor*  
**Dumisani Mthembu**, *Doctor*  
**Emerancia Myeni**, *Doctor*  
**Khanya Nxele**, *Doctor*  
**Mphafolane Mongaule**, *Doctor*  
**Muzi Shabangu**, *Doctor*  
**Nduduzo Nxumalo**, *Doctor*  
**Nhlawlenhle Mchunu**, *Doctor*  
**Nombuso Tembe**, *Doctor*  
**Nondumiso Nzuzo**, *Doctor*  
**Phakamani Madlala**, *Doctor*  
**Philane Shabangu**, *Doctor*  
**Philasande Dlamini**, *Doctor*  
**Phindokuhle Mathenjwa**, *Doctor*

**Sabelo Zulu**, *Doctor*  
**Sduduzo Mahamba**, *Doctor*  
**Sibusisiwe Zulu**, *Doctor*  
**Simphiwe Nzuzo**, *Doctor*  
**Sinothi Mswane**, *Doctor*  
**Siphesihle Mlambo**, *Doctor*  
**Thabani Dlamini**, *Doctor*  
**Thamsanqa Manukuza**, *Doctor*  
**Thobeka Mkhwanazi**, *Doctor*  
**Zanele Ndlazi**, *Doctor*  
**Nokubonga Malawu**, *Nurse*  
**Siyathemba Duba**, *Nurse*  
**Mbalenhle Ndwandwe**, *Occupational Therapist*  
**Sibusiso Khumalo**, *Occupational Therapist*  
**Nonhle Nxumalo**, *Optometrist*  
**Andile Ntuli**, *Pharmacist*  
**Bongumenzi Mtshali**, *Pharmacist*  
**Kholeka Nzimande**, *Pharmacist*  
**Lungelo Khumalo**, *Pharmacist*  
**Lwandile Zondi**, *Pharmacist*  
**Mazwi Mkhize**, *Pharmacist*  
**Mxolisi Mngomezulu**, *Pharmacist*  
**Nduduzo Mahlobo**, *Pharmacist*  
**Nomakhosi Nhlapo**, *Pharmacist*  
**Nontuthuko Tembe**, *Pharmacist*  
**Phindile Majola**, *Pharmacist*  
**Sabelo Khathi**, *Pharmacist*  
**Sethabile Simelane**, *Pharmacist*  
**Sethabile Zulu**, *Pharmacist*  
**Sibusiso Mpanza**, *Pharmacist*  
**Skhulile Gwamanda**, *Pharmacist*  
**Zamani Sithole**, *Pharmacist*  
**Ziningi Ntuli**, *Pharmacist*  
**Sibusiso Thwala**, *Physiotherapy*  
**Sithabile Mtshali**, *Physiotherapy*  
**Kwanele Mdlalose**, *Radiographer*

### Completed 31 March 2021

**Cebelihle Zungu**, *Biomed Technology*  
**Nombuso Tembe**, *Doctor*  
**Simiso Mavundla**, *Doctor*

Specialists	
<input type="checkbox"/>	Dr Mfundo Mathenjwa - Cardiologist
<input type="checkbox"/>	Dr Thembelihle Phakathi - Paediatrician
<input type="checkbox"/>	Dr Archwell Hlabisa - Obstetrician and Gynaecologist
<input type="checkbox"/>	Dr Lungile Nxumalo - Family Medicine Specialist

## VIDEO GALLERY



Umtombo Youth Development Foundation: Investing in Rural Youth for a Brighter Future. Watch this video clip now, by clicking [here](#).



A Short Video on how to become a Medical Orthotist and Prosthetist. Watch this video clip now, by clicking [here](#).



Tholumisa Sibiyi Medical student at UKZN. Watch this video clip now, by clicking [here](#).

# ANNUAL FINANCIAL STATEMENTS

For the 14 months ended 28 February 2021

GENERAL INFORMATION

Country of incorporation and domicile	South Africa
Nature of trust	The purpose of the trust is to improve and extend health and health related services to rural communities in South Africa.
Trustees	A J Ross T C Nkabinde N G Nkabinde L L Nxumalo N E Zulu
Registered office	1A Shongweni Road Hillcrest 3650
Business address	1A Shongweni Road Hillcrest 3650
Postal address	Postnet Suite 10328 Private Bag X7005 Hillcrest 3650
Auditors	Victor Fernandes & Co Chartered Accountants (S.A.) Registered Auditor
Trust registration number	IT1856/95
Tax reference number	1326/035/20/9
Level of assurance	These annual financial statements have been audited in compliance with the applicable requirements of the Trust Deed.
Preparer	The annual financial statements were independently compiled by: A K M Muller CA (S.A.)
Issued	20 August 2021

## INDEX

The reports and statements set out below comprise the annual financial statements presented to the trustees:

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Statement of Financial Position	4
Statement of Comprehensive Income	5
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## TRUSTEES' RESPONSIBILITIES AND APPROVAL

The trustees are required to maintain adequate accounting records and are responsible for the content and integrity of the annual financial statements and related financial information included in this report. It is their responsibility to ensure that the annual financial statements fairly present the state of affairs of the trust as at the end of the financial year and the results of its operations and cash flows for the period then ended, in conformity with the International Financial Reporting Standard for Small and Medium-sized Entities.

The annual financial statements are prepared in accordance with the International Financial Reporting Standard for Small and Medium-sized Entities and are based upon appropriate accounting policies consistently applied and supported by reasonable and prudent judgments and estimates.

The trustees acknowledge that they are ultimately responsible for the system of internal financial control established by the trust and place considerable importance on maintaining a strong control environment. To enable the trustees to meet these responsibilities, the trustees set standards for internal control aimed at reducing the risk of error or loss in a cost effective manner. The standards include the proper delegation of

responsibilities within a clearly defined framework, effective accounting procedures and adequate segregation of duties to ensure an acceptable level of risk. These controls are monitored throughout the trust and all employees are required to maintain the highest ethical standards in ensuring the trust's business is conducted in a manner that in all reasonable circumstances is above reproach. The focus of risk management in the trust is on identifying, assessing, managing and monitoring all known forms of risk across the trust. While operating risk cannot be fully eliminated, the trust endeavours to minimise it by ensuring that appropriate infrastructure, controls, systems and ethical behaviour are applied and managed within predetermined procedures and constraints.

The trustees are of the opinion, based on the information and explanations given by management, that the system of internal control provides reasonable assurance that the financial records may be relied on for the preparation of the annual financial statements. However, any system of internal financial control can provide only reasonable, and not absolute, assurance against material misstatement or loss.

The trustees have reviewed the trust's cash flow forecast for the twelve months to 28 February

2022 and, in the light of this review and the current financial position, and the possible effect of the extended lockdown for the Covid-19 pandemic, they are satisfied that the trust has or has access to adequate resources to continue in operational existence for the foreseeable future.

The external auditors are responsible for independently auditing and reporting on the trust's annual financial statements. The annual financial statements have been examined by the trust's external auditors and their report is presented on page 2.

The annual financial statements set out on pages 4 to 8, which have been prepared on the going concern basis, were approved by the trustees on 20 August 2021 and were signed on its behalf by:



A J Ross



N G Nkabinde

## TRUSTEES' REPORT

The trustees have pleasure in submitting their report on the annual financial statements of Umthombo Youth Development Foundation for the 14 months ended 28 February 2021.

### 1. The trust

The trust was created by the trust deed dated 19 May 1995 although it commenced operations on 01 March 1996. The name of the trust was changed from Friends of Mosvold Scholarship Scheme to Umthombo Youth Development Foundation Trust in March 2010. The trust is trading as Umthombo Youth Development Foundation and is registered as a non-profit organisation with the department of social development (NPO- 010-021). The trust changed its financial year end from December to February to better align itself with the requirements of the Department of Social Development.

### 2. Nature of business

The Umthombo Youth Development Foundation seeks to address the shortages of health-care professionals serving in rural hospitals in KwaZulu-Natal and Eastern Cape provinces. This is achieved through the identification and support of rural youth who have the potential

and interest of becoming healthcare providers. The beneficiaries of the foundation are Black people as defined by the Board-Based Economic Empowerment Act No 53 of 2003, residing in rural communities of KwaZulu-Natal and Eastern Cape provinces. The purpose of the foundation is to improve and extend health and health related services to the residents in KwaZulu-Natal and Eastern Cape Provinces. The Umthombo Youth Development Foundation (UYDF) has entered into a working relationship with the South African institutions of higher education and training and the public hospitals in rural areas in KwaZulu-Natal and Eastern Cape provinces. The Foundation identifies young students coming from rural communities in these two provinces and provides them with financial and academic support. In the 2020 academic year, the foundation's relationship with the National Student Financial Aid Scheme (NSFAS) changed in that the Foundation no longer receives an allocation of funds from NSFAS as the students are now direct beneficiaries of NSFAS. The implication of this change is that the number of students the foundation can support is no longer dependent on the size of the allocation from NSFAS, meaning the foundation can support more students in future.

There have been no other material changes to the nature of the trust's business from the prior period.

### 3. Review of financial results and activities

The annual financial statements have been prepared in accordance with International Financial Reporting Standard for Small and Medium-sized Entities. The accounting policies have been applied consistently compared to the prior periods. Full details of the financial position, results of operations and cash flows of the trust are set out in these annual financial statements.

### 4. Trustees

The trustees in office at the date of this report are as follows:

#### Trustees

A J Ross  
T C Nkabinde  
N G Nkabinde  
L L Nxumalo  
N E Zulu

### 5. Events after the reporting period

Other than the continuing effects of the

Covid-19 pandemic, the trustees are not aware of any other material event which occurred after the reporting date and up to the date of this report.

#### 6. Going concern

The trustees are aware of the possible effects of the global Covid-19 pandemic on the foundation. Whilst we as the trustees, have taken every necessary step and precaution possible to ensure that this event and its related consequences do not cast significant doubts on the foundation's ability to continue as a going concern, we accept that owing to the national and international severity of the pandemic, it is not possible to accurately determine the prolonged effects that this pandemic will have on the local economy.

In the light of the above the trustees are still of the view that the foundation has adequate financial resources in place to continue in operation for the foreseeable future and accordingly the annual financial statements have been prepared on the basis of accounting policies appli-

cable to a going concern. This basis presumes that funds will be available to finance future operations and that the realisation of assets and settlement of liabilities, contingent obligations and commitments will occur in the ordinary course of business.

#### 7. Covid-19 implications

On 15 March 2020, a national state of disaster was declared in South Africa due to the Covid-19 pandemic and subsequently on 23 March 2020, all South African citizens, businesses, schools and institutions of higher education and training were to adhere to a nationwide lockdown. The national lockdown implemented in March 2020 due to the Covid-19 pandemic had negative implications for the organisation and our students. After the lockdown was announced all students had 72 hours to return to their homes. The foundation played an important role in ensuring that the students were able to return to their home. The teaching and learning was disrupted and universities had to implement other methods of learning to ensure that the academ-

ic year was not lost. Most of the universities adjusted their vacation period to initially compensate for the lost time, however the lockdown was extended on 16 April 2020. The institutions of higher education and training introduced on-line teaching and learning. Our students faced a number of challenges regarding this as most of them had no internet access and laptop or smart phone to use. The universities rolled out data packages for NSFAS funded students and some students were given laptops. This took longer to gain full momentum and we had to assist with ensuring that our students had access to internet and received laptops as soon as possible.

The Covid-19 pandemic and related lockdown exposed our students to high level of stress, anxiety and uncertainty, the foundation provided access to additional mental health related support to the students during this trying time.

#### 8. Auditors

Victor Fernandes & Co continued in office as auditors for the trust for 2021.

available to us after that date. The other information does not include the annual financial statements and our auditor's report thereon.

Our opinion on the annual financial statements does not cover the other information and we do not and will not express an audit opinion or any form of assurance conclusion thereon.

In connection with our audit of the annual financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the annual financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed on the other information obtained prior to the date of this auditor's report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

#### Responsibilities of the trustees for the Annual Financial Statements

The trustees are responsible for the preparation and fair presentation of the annual financial statements in accordance with the International Financial Reporting Standard for Small and Medium-sized Entities and the requirements of the Trust Property Control Act 57 of 1988, and for such internal control as the trustees determine is necessary to enable the preparation of annual financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the annual financial statements, the trustees are responsible for assessing the trust's

ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the trust or to cease operations, or have no realistic alternative but to do so.

#### Auditor's responsibilities for the audit of the Annual Financial Statements

Our objectives are to obtain reasonable assurance about whether the annual financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with International Standards on Auditing will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these annual financial statements.

As part of an audit in accordance with International Standards on Auditing, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the annual financial statements,

whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the trust's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the annual financial statements

or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the trust to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the annual financial statements, including the disclosures, and whether the annual financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the trustees regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



**Victor Fernandes & Co** 20 August 2021  
**Partner : V M R Fernandes**  
**Chartered Accountants (SA)**  
**Registered Auditor**  
**63 St Andrews Drive**  
**Durban North**  
**4051**

## INDEPENDENT AUDITOR'S REPORT

#### To the trustees of Umthombo Youth Development Foundation Trust

#### Qualified opinion

We have audited the annual financial statements of Umthombo Youth Development Foundation (the trust) set out on pages 4 to 8, which comprise the statement of financial position as at 28 February 2021, statement of comprehensive income and statement of cash flows for the 14 months then ended, and the notes to the annual financial statements, including a summary of significant accounting policies.

In our opinion, except for the possible effect of the matter described in the Basis for Qualified Opinion section of our report, the annual financial statements present fairly, in all material respects, the financial position of Umthombo Youth Development Foundation as at 28 February 2021, and its financial performance and cash flows for the 14 months then ended in accordance with the International Financial Reporting Standard for Small and Medium-sized Entities and the requirements of the Trust Property Control Act 57 of 1988.

#### Basis for qualified opinion

As common with similar organisations, it is not feasible for the organisation to institute accounting controls over cash collections from donations and grants prior to being received and recorded in the accounting records. Accordingly, it was impractical for us to extend our examination beyond the receipts actually recorded.

We conducted our audit in accordance with

International Standards on Auditing. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Annual Financial Statements section of our report. We are independent of the trust in accordance with the Independent Regulatory Board for Auditors' Code of Professional Conduct for Registered Auditors (IRBA Code) and other independence requirements applicable to performing audits of annual financial statements in South Africa. We have fulfilled our other ethical responsibilities in accordance with the IRBA Code and in accordance with other ethical requirements applicable to performing audits in South Africa. The IRBA Code is consistent with the corresponding sections of the International Ethics Standards Board for Accountants' International Code of Ethics for Professional Accountants (including International Independence Standards). We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified opinion.

#### Other information

The trustees are responsible for the other information. The other information comprises the information included in the document titled "Umthombo Youth Development Foundation annual financial statements for the 14 months ended 28 February 2021", which includes the Trustees' Report as required by the Trust Property Control Act 57 of 1988 and the supplementary information as set out on pages 8 to 9, which we obtained prior to the date of this report, and the Annual Report, which is expected to be made

## STATEMENT OF FINANCIAL POSITION AS AT 28 FEBRUARY 2021

	Notes	28 February 2021 R	31 December 2019 R
<b>Assets</b>			
<b>Non-Current Assets</b>			
Plant and equipment	2	31 771	198 808
<b>Current Assets</b>			
Other receivables	3	186 810	462 176
Cash and cash equivalents	4	15 316 784	14 651 907
<b>Total Assets</b>		<b>15 503 594</b>	<b>15 114 083</b>
<b>Equity and Liabilities</b>			
<b>Equity</b>			
Trust Capital		15 231 581	14 377 454
<b>Liabilities</b>			
<b>Current Liabilities</b>			
Trade and other payables	5	196 773	819 396
Provision for unpaid leave	6	107 011	116 041
<b>Total Equity and Liabilities</b>		<b>15 535 365</b>	<b>15 312 891</b>

# STATEMENT OF COMPREHENSIVE INCOME

	Note(s)	14 months ended 28 February 2021 R	12 months ended 31 December 2019 R
<b>Revenue</b>	10	8 139 536	10 808 053
Other income	11	153 135	1 000
Operating expenses (Refer to page 17)		(8 212 195)	(11 811 774)
<b>Operating (deficit)/surplus</b>		<b>80 476</b>	<b>(1 002 721)</b>
Investment revenue	12	773 651	727 665
<b>(Deficit)/surplus for the year</b>		<b>854 127</b>	<b>(275 056)</b>
Other comprehensive (deficit)/surplus		-	-
<b>Total comprehensive (deficit)/surplus for the year</b>		<b>854 127</b>	<b>(275 056)</b>

# STATEMENT OF CASH FLOWS

	Notes	14 months ended 28 February 2021 R	31 December 2019 R
<b>Cash flows from operating activities</b>			
Cash generated from/(used in) operations	7	(264 079)	(768 704)
Interest income		773 651	727 665
<b>Net cash from operating activities</b>		<b>509 572</b>	<b>(41 039)</b>
<b>Cash flows from investing activities</b>			
Purchase of plant and equipment	2	-	(8 613)
Sale of plant and equipment	2	155 305	-
<b>Net cash from investing activities</b>		<b>155 305</b>	<b>(8 613)</b>
<b>Total cash movement for the year</b>		<b>664 877</b>	<b>(49 652)</b>
Cash at the beginning of the year		14 651 907	14 701 559
<b>Total cash at end of the year</b>	4	<b>15 316 784</b>	<b>14 651 907</b>

# ACCOUNTING POLICIES

## 1. Basis of preparation and summary of significant accounting policies

The annual financial statements have been prepared on a going concern basis in accordance with the International Financial Reporting Standard for Small and Medium-sized Entities. The annual financial statements have been prepared on the historical cost basis, and incorporate the principal accounting policies set out below. They are presented in South African Rands.

These accounting policies are consistent with the previous period.

### 1.1 Plant and equipment

Plant and equipment are tangible assets which the trust holds for its own use or for rental to others and which are expected to be used for more than one period.

An item of plant and equipment is recognised as an asset when it is probable that future economic benefits associated with the item will flow to the trust, and the cost of the item can be measured reliably.

Plant and equipment is initially measured at cost. Cost includes costs incurred initially to acquire

or construct an item of plant and equipment and costs incurred subsequently to add to, replace part of, or service it. If a replacement cost is recognised in the carrying amount of an item of plant and equipment, the carrying amount of the replaced part is derecognised.

Plant and equipment is subsequently stated at cost less accumulated depreciation and any accumulated impairment losses, except for land which is stated at cost less any accumulated impairment losses.

Depreciation of an asset commences when the asset is available for use as intended by management. Depreciation is charged to write off the asset's carrying amount over its estimated useful life to its estimated residual value, using a method that best reflects the pattern in which the asset's economic benefits are consumed by the trust.

The useful lives of items of plant and equipment have been assessed as follows:

Item	Depreciation method	Average useful life
Furniture and fixtures		10 years
Motor vehicles		3 years
Office equipment		4 years

IT equipment	4 years
Other equipment	4 years

An item of plant and equipment is derecognised upon disposal or when no future economic benefits are expected from its continued use or disposal. Any gain or loss arising from the derecognition of an item of plant and equipment, determined as the difference between the net disposal proceeds, if any, and the carrying amount of the item, is included in surplus or deficit when the item is derecognised.

### 1.2 Financial instruments

#### Initial measurement

Financial instruments are initially measured at the transaction price (including transaction costs except in the initial measurement of financial assets and liabilities that are measured at fair value through surplus or deficit) unless the arrangement constitutes, in effect, a financing transaction in which case it is measured at the present value of the future payments discounted at a market rate of interest for a similar debt in-

strument.

### Financial instruments at amortised cost

These include loans, trade receivables and trade payables. Those debt instruments which meet the criteria in section 11.8(b) of the standard, are subsequently measured at amortised cost using the effective interest method. Debt instruments which are classified as current assets or current liabilities are measured at the undiscounted amount of the cash expected to be received or paid, unless the arrangement effectively constitutes a financing transaction.

At each reporting date, the carrying amounts of assets held in this category are reviewed to determine whether there is any objective evidence of impairment. If there is objective evidence, the recoverable amount is estimated and compared with the carrying amount. If the estimated recoverable amount is lower, the carrying amount is reduced to its estimated recoverable amount, and an impairment loss is recognised immediately in surplus or deficit.

### Financial instruments at cost

Equity instruments that are not publicly traded

and whose fair value cannot otherwise be measured reliably without undue cost or effort are measured at cost less impairment.

### Financial instruments at fair value

All other financial instruments, including equity instruments that are publicly traded or whose fair value can otherwise be measured reliably, without undue cost or effort, are measured at fair value through surplus and deficit.

If a reliable measure of fair value is no longer available without undue cost or effort, then the fair value at the last date that such a reliable measure was available is treated as the cost of the instrument. The instrument is then measured at cost less impairment until management are able to measure fair value without undue cost or effort.

### 1.3 Provisions and contingencies

Provisions are recognised when the trust has an obligation at the reporting date as a result of a past event; it is probable that the trust will be required to transfer economic benefits in settlement; and the amount of the obligation can be estimated reliably.

Provisions are measured at the present value

of the amount expected to be required to settle the obligation using a pre-tax rate that reflects current market assessments of the time value of money and the risks specific to the obligation. The increase in the provision due to the passage of time is recognised as interest expense.

Provisions are not recognised for future operating losses.

### 1.4 Revenue

Revenue is recognised to the extent that the trust has transferred the significant risks and rewards of ownership of goods to the buyer, or has rendered services under an agreement provided the amount of revenue can be measured reliably and it is probable that economic benefits associated with the transaction will flow to the trust. Revenue is measured at the fair value of the consideration received or receivable, excluding sales taxes and discounts.

Interest is recognised, in surplus or deficit, using the effective interest rate method.

### 1.5 Borrowing costs

Borrowing costs are recognised as an expense in the period in which they are incurred.

# NOTES TO THE ANNUAL FINANCIAL STATEMENTS

	14 months ended 28 February 2021 R	31 December 2019 R
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## 2. Plant and equipment

	2021			2019		
	Cost or revaluation	Accumulated depreciation	Carrying value	Cost or revaluation	Accumulated depreciation	Carrying value
Furniture and fixtures	19 191	(16 106)	3 085	25 374	(19 937)	5 437
Motor vehicles	193 000	(173 700)	19 300	516 353	(355 132)	161 221
Office equipment	3 052	(2 924)	128	48 512	(41 988)	6 524
IT equipment	37 926	(28 668)	9 258	62 126	(36 500)	25 626
Other plant and equipment	-	-	-	162 316	(162 316)	-
	<b>253 169</b>	<b>(221 398)</b>	<b>31 771</b>	<b>814 681</b>	<b>(615 873)</b>	<b>198 808</b>

### Reconciliation of plant and equipment - 2021

	Opening balance	Additions	Depreciation	Closing balance
Furniture and fixtures	5 437	(783)	(1 569)	3 085
Motor vehicles	161 221	-	(141 921)	19 300
Office equipment	6 524	-	(6 396)	128
IT equipment	25 626	(1 387)	(14 981)	9 258
	<b>198 808</b>	<b>(2 170)</b>	<b>(164 867)</b>	<b>31 771</b>

### Reconciliation of plant and equipment - 2019

	Opening balance	Disposals	Depreciation	Closing balance
Furniture and fixtures	6 850	-	(1 413)	5 437
Motor vehicles	331 618	-	(170 397)	161 221
Office equipment	13 449	-	(6 925)	6 254
IT equipment	31 777	8 613	(14 764)	25 626
	<b>383 694</b>	<b>8 613</b>	<b>(193 499)</b>	<b>198 808</b>

	14 months ended 28 February 2021 R	31 December 2019 R
<b>3. Other receivables</b>		
Student loans	542 743	862 988
Student loans impairment provision	(439 459)	(439 459)
Deposits	11 477	13 567
Other receivables	128	700
Prepayments	53 900	-
VAT	18 021	24 380
	<b>186 810</b>	<b>462 176</b>

#### 4. Cash and cash equivalents

Cash and cash equivalents consist of:  
Bank balances

Bank balances	15 316 784	14 651 907
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#### 5. Trade and other payables

PAYE, UIF and SDL payable	23 454	114 982
Undertaking student loans	145 000	185 000
Accrued expenses	28 319	519 414
	<b>196 773</b>	<b>819 396</b>

#### 6. Provision for unpaid leave

##### Reconciliation of provision for unpaid leave - December 2021

	Opening balance	Additions	Utilised during the year	Total
Provisions for employee benefits	116 041	194 408	(203 438)	107 011

##### Reconciliation of provision for unpaid leave - December 2019

	Opening balance	Additions	Utilised during the year	Total
Provisions for employee benefits	139 840	238 293	(262 092)	116 041

#### 7. Cash generated from/(used in) operations

Surplus/(deficit) before taxation	854 127	(275 056)
<b>Adjustments for:</b>		
Depreciation	164 867	193 499
Surplus on sale of assets	(153 135)	-
Interest received	(773 651)	(727 665)
Movements in provisions	(9 030)	(23 799)
Non-cash configuration	-	1
<b>Changes in working capital:</b>		
Other receivables	275 366	(166 510)
Trade and other payables	(622 623)	230 826
	<b>(264 079)</b>	<b>(768 704)</b>

#### 8. Taxation

No provision has been made for tax as the trust is exempt from tax in terms of Section 10(1)(cN) of the Income Tax Act.

The trust, as a public organisation, has been given section 18A(1)(a) exemption and donations to the organisation will be tax deductible in the hands of the donors in terms of and subject to the limitations prescribed in Section 18A of the Act.

Future donations by and to the trust are exempt from donations tax in terms of section 56(1)(h) of the Act.

Bequests or accruals from the estates of deceased persons in favour of public benefit organisation are exempt from the payment of estate duty in terms of Section 4(h) of the Estate Duty Act No. 45 of 1955.

	14 months ended 28 February 2021 R	31 December 2019 R
<b>9. Employee cost</b>		
<b>Employee costs</b>		
Basic	2 758 250	3 107 828
WCA	1 302	1 838
Leave pay provision charge	(9 030)	(23 799)
	<b>2 750 522</b>	<b>3 085 867</b>

#### 11. REVENUE

Anglo American Chairman's Fund	1 815 000	1 210 000
Aspen Pharmacare	682 000	819 200
Discovery Fund	1 500 000	2 800 000
Don McKenzie Trust	58 000	420 000
Lily and Ernst Hausmann Bursary Trust	327 000	220 000
Nedbank Foundation (Eyethu Community Trust)	-	900 000
Oppenheimer Memorial Trust	1 800 000	3 500 000
Other donations and grants under R200,000	1 241 786	128 103
RB Hagart Trust	285 000	250 000
Robert Niven Trust	-	100 000
Robin Hamilton Trust	165 000	195 000
The Norman Wevell Trust	161 750	161 750
ZUMAT	104 000	104 000
	<b>8 139 536</b>	<b>10 808 053</b>

#### 11. Other income

Profit on sale of assets	153 135	-
Sundry income	-	1 000
	<b>153 135</b>	<b>1 000</b>

#### 12. Investment revenue

##### Interest revenue

Bank	773 651	727 665
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## DETAILED STATEMENT OF COMPREHENSIVE INCOME

	Notes	2021 R	2019 R
<b>Revenue</b>			
Donations and grants received (refer to note 11)		8 139 539	10 808 083
<b>Other income</b>			
Other sundry income		-	1 000
Gains on disposal of assets		153 135	-
		<b>153 135</b>	<b>1 000</b>
<b>Expenses (Refer to page 17)</b>		<b>(8 212 195)</b>	<b>(11 811 774)</b>
<b>Operating surplus (deficit)</b>		<b>80 479</b>	<b>(1 002 691)</b>
Investment income	12	773 651	727 665
<b>Surplus (deficit) for the 14 months</b>		<b>854 130</b>	<b>(275 026)</b>

The supplementary information presented does not form part of the annual financial statements and is unaudited

## DETAILED STATEMENT OF COMPREHENSIVE INCOME

Notes	14 months ended 28 February 2021 R	12 months ended 31 December 2019 R
<b>Operating expenses</b>		
Graduate support costs	-	(413 146)
Organisational costs	(2 589 898)	(2 874 419)
Student mentoring support	(1 319 365)	(1 533 134)
Student recruitment costs	(166 147)	(400 775)
Students expenses	(4 136 785)	(6 590 300)
	<b>(8 212 195)</b>	<b>(11 811 774)</b>

### Registration Details

- The Umthombo Youth Development Foundation –
- is a registered Trust – IT 1856/95
  - is a Non Profit Organisation (010-021 NPO)
  - is a Public Benefit Organisation (PBO) (18/11/13/4296)
  - has tax exemption on the basis of 10 (1) (cB)(i)(bb) of the Income Tax Act
  - has 18A Tax exemption status

### Auditors

Victor Fernandes & Co  
63 St Andrews Drive  
Durban North  
4051

Njokweni Zethembiso  
Medical student

### Contact Details

#### Head Office

#### Physical Address:

Office 4A  
Bristol House  
1A Shongweni Road  
Hillcrest  
KwaZulu-Natal

#### Postal Address:

Postnet Suite 10328  
Private Bag X7005  
Hillcrest  
3650

Tel: 031 765 5774

Fax: 031 765 6014

Email: [info@umthomboyouth.org.za](mailto:info@umthomboyouth.org.za)

[www.umthomboyouth.org.za](http://www.umthomboyouth.org.za)



Lungisa Gobinamba  
Pharmacist

Hlobisile Nkosi  
Medical student

