

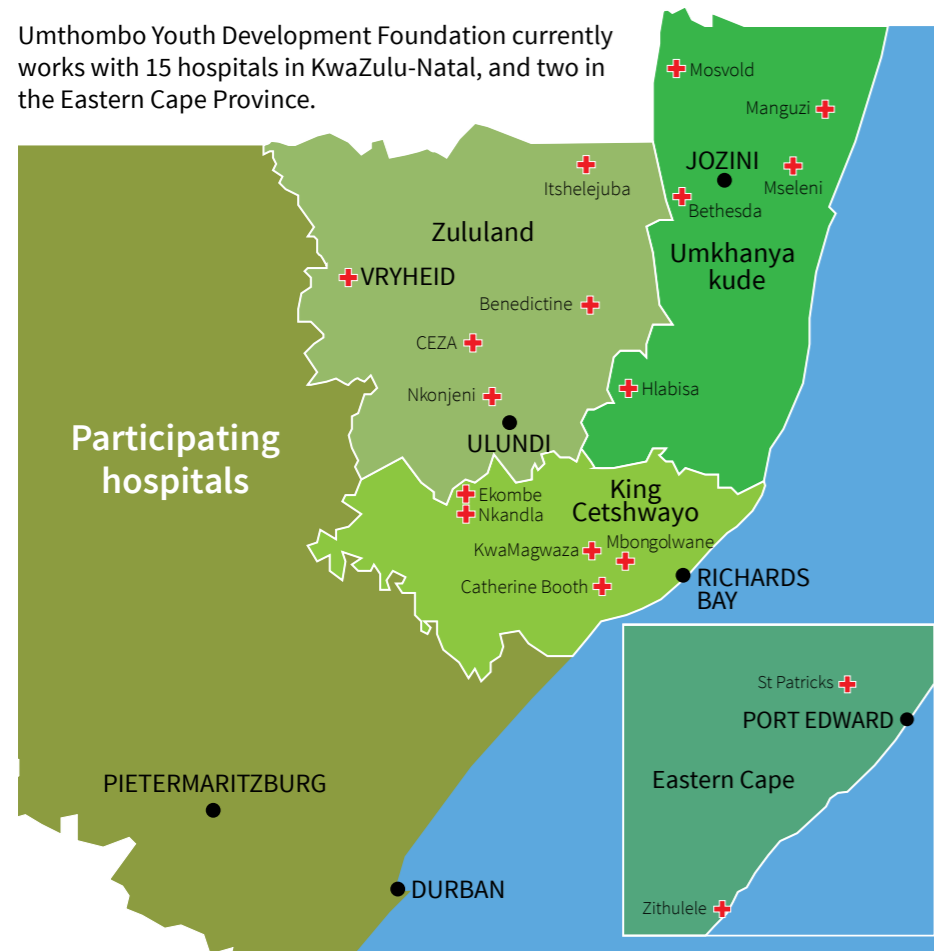
Umthombo Youth Development Foundation 2021 Annual Report



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



“
I grew up with my mother who was sick. I used to take care of her by lifting her up from the bed and ensuring that she gets everything she wanted near her. I developed an interest and passion for taking care of the sick people and improving their lives since then. After completing my degree, I aim to serve and improve my community by providing quality physiotherapy services on time to all people in need while preventing disabilities.
— Noxolo Nkosi, Physiotherapy student



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, third year medical student)



FROM THE FOUNDER'S PEN

PC — post COVID-19. For all intents and purposes, we are PC — post COVID-19. No more masks, no more social distancing, no more restrictions on social gathering, no emphasis on vaccinations — PC.

However, the impact of COVID remains. UNICEF estimates that between 400,000 and 500,000 children who were in schools in South Africa prior to the pandemic, will never return to school! Most children who are at school are almost a year behind with their studies, and up to 70% of 10-year-olds are unable to read or even understand a simple text! Businesses have closed, unemployment has increased... lockdown saved lives... but did not save livelihoods.

In the face of such challenges there is much work to be done and UYDF is a beacon of light and hope. It is possible for young (rural) students to succeed at Institutions of Higher Learning (IHL), despite all the challenges in basic education. In 2021, UYDF supported 167 rural origin health science students and over 94% were able to progress, whilst 37 graduated as health care professionals. It is possible to find meaningful employment, with 99% of UYDF graduates working and providing health care to the people of South Africa.

But this does not just happen by accident. It needs a plan, passion, commitment, perseverance. Young people want opportunities to study and to find meaningful employment — we owe it to them to help them succeed. The UYDF continues to do an amazing job and shows what is possible — well done to the UYDF team and network of local mentors!

In July, we held a student workshop attended by seventy of our students who are studying in and around Durban. It was wonderful to meet and greet, catch up, hear stories — we have all missed the human contact due to restrictions imposed by the COVID lockdown. We spent much of the time discussing the world of work and the importance of 'soft skills' such as communication, collaboration, critical thinking and creativity, as well as professionalism and what it means to be a professional. We discussed writing an engaging CV and how to present oneself at a job interview. Technical and academic skills are essential, but at UYDF we want to give our students and graduates those 'extras', which will help them secure a job and make a meaningful contribution to patient care, their families, and their extended community.



Ref: UNICEF press release July 2021 <https://www.unicef.org/press-releases/learners-south-africa-one-school-year-behind-where-they-should-be>

Professor Andrew Ross



DIRECTOR'S REPORT

We are thankful that as COVID restrictions were eased our students were able to return to campus at the beginning of the year and in-person teaching and learning was resumed, especially in the senior clinical years. During the COVID restrictions our students missed the in-person contact and the option of participating in study groups. They felt very isolated, leading to increased levels of anxiety. They also missed the valuable learning opportunity of their annual work exposure at their local hospital, which they have now resumed with gusto.

Despite the disruption of COVID and the adjustment to online/mixed modal learning, our students still did incredibly well with 94% of them progressing to the next year of study and 37 graduating.

Our investment in rural youth over the past 22 years has shown the following:

- 1) rural youth matriculating from non-fee paying rural schools can succeed in qualifying as healthcare professionals if given the correct support (academic and social mentoring, as well as financial support)
- 2) that they will go back and serve their community, if required to do so, by working at their local hospital
- 3) that their impact in terms of addressing staff shortages and delivering healthcare services in their mother tongue is significant
- 4) that through education leading to employment, they lift themselves and their families out of poverty by investing in the education of their sib-

lings, and providing for their parents and grandparents. Fortunately, their children will not experience poverty like they did — generational poverty has finally been broken!

With NSFAS providing full cost bursaries, the challenge is how to provide appropriate support to the hundreds of thousands of NSFAS recipients to ensure that they are successful in their higher education journey — by graduating in the shortest possible time, going into employment, and lifting themselves and their families out of poverty.

Despite the success of our work, and the willingness of our graduates to work in rural areas, the employment of our graduates at rural hospitals is no longer guaranteed, due to employment moratoria instituted by the Department of Health. This is despite the need for more health professionals at these hospitals and in the public sector in general. Unfortunately, the national Department of Health bemoans the fact that many health professionals work in the private sector, but unfortunately, without opportunities of employment in the public sector, health professionals have no choice. In this regard, in a recent survey of 135 graduates, those not working at a rural hospital were asked to provide reasons — 40% said that they could not get a post! The lack of employment opportunities with the Department of Health does need to be seen within the context of a lacklustre economy, mismanagement of resources,



and competing social priorities. The good thing is that our graduates will obtain employment with its ripple effects, it may, however, not be at a rural hospital.

We are thankful for those who have continued to support our work over the years, and are particularly grateful to have secured two new donors at the end of last year, allowing us to select fifty new students in 2022 and support a total of 174 students.

Dr. Gavin MacGregor

VIDEO GALLERY



[Investing in Rural Youth for a Brighter Future.](#)



[A Short Video on how to become a Medical Orthotist & Prosthetist.](#)



[Tholumisa Sibiyi Medical student at UKZN.](#)

Watch these videos on the Umthombo Youth Development Foundation [YouTube channel.](#)



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 and 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

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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



Nokwanda Ngubane, sixth-year medical student.

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.

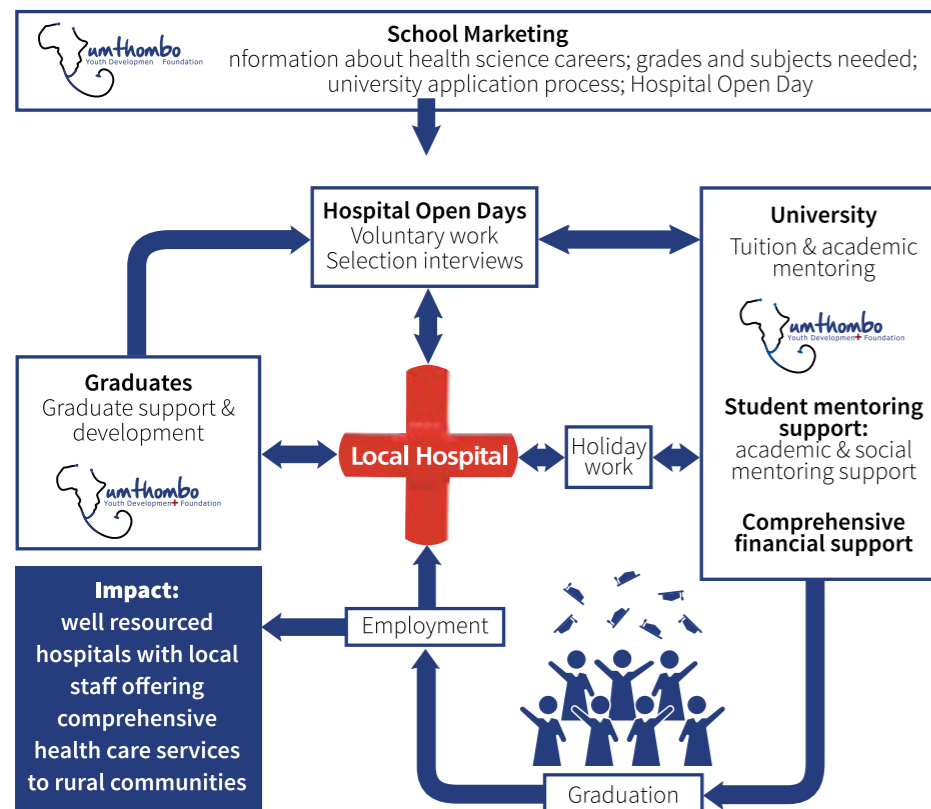
On Graduation they are employed by the Department of Health at their local hospital (doctors, pharmacists, psychologists and biomedical technologists are required to complete their compulsory internship first at a tertiary (urban) hospital). In addition to graduates serving their community with their 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.

“
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The Model



Health Science Disciplines

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

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

Visit www.umthomboyouth.org.za/info-students/prospective-students for more 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**.



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 healthcare 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 underresourced 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 2021

The highlight of 2021 was in December when two potential funders, who we had been pursuing for 18 months, finally agreed to support our work!

For most of the year we were focused more on containing costs than being creative and innovative in our support of students who were faced with the challenges brought about by COVID such as online teaching and learning.

However, despite the numerous and significant challenges, our students did exceptionally well. Of the 167 who wrote examinations, 146 (88%) passed all their subjects, whilst ten failed one subject, but were allowed to progress to the next year of study whilst 'carrying' the subject — these are considered as students who passed, resulting in an overall 94% pass rate. Nine students failed, some of which have been excluded by the university — or us — whilst two did not write examinations.

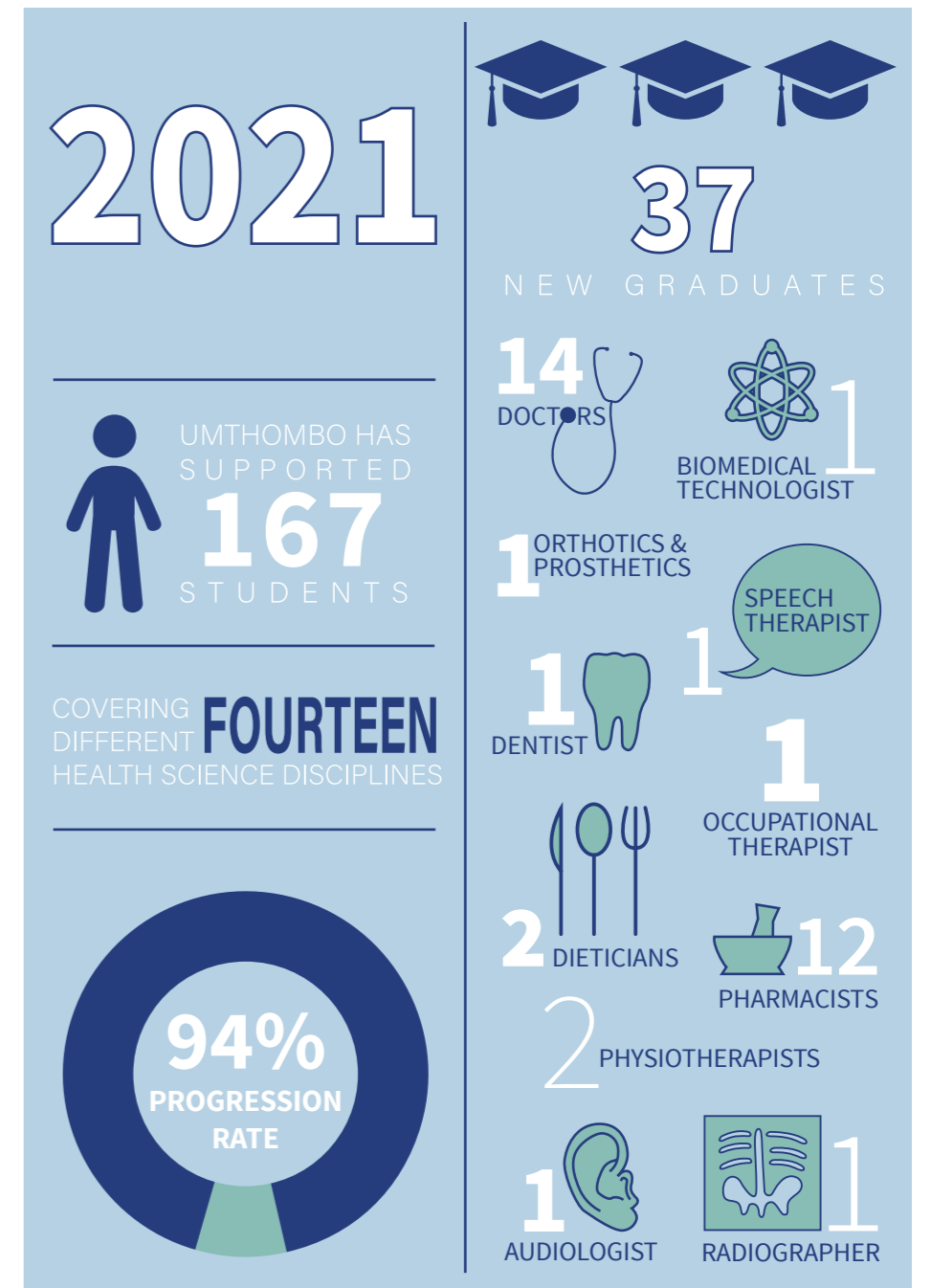
Thirty-seven (37) students completed their degrees, increasing the graduate numbers to 528! The breakdown of the new graduates is as follows: fourteen doctors; twelve pharmacists; two dietitians; two physiotherapists; one audiologist; one biomedical technologist; one dentist; one occupational therapist; one orthotist & prosthetist; one radiographer; and one speech therapist.

Twenty students (54%) completed their qualification in the minimum time, whilst ten (27%) needed one additional year, six needed two additional years, and one pharmacy student needed three additional years. It is noteworthy that this is one of the smallest graduate groups we have had in recent years, and their performance was not as good as the 2020 graduates, where 70% (40) completed their qualification in the minimum time.

These thirty-seven 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.



Some of our current students.

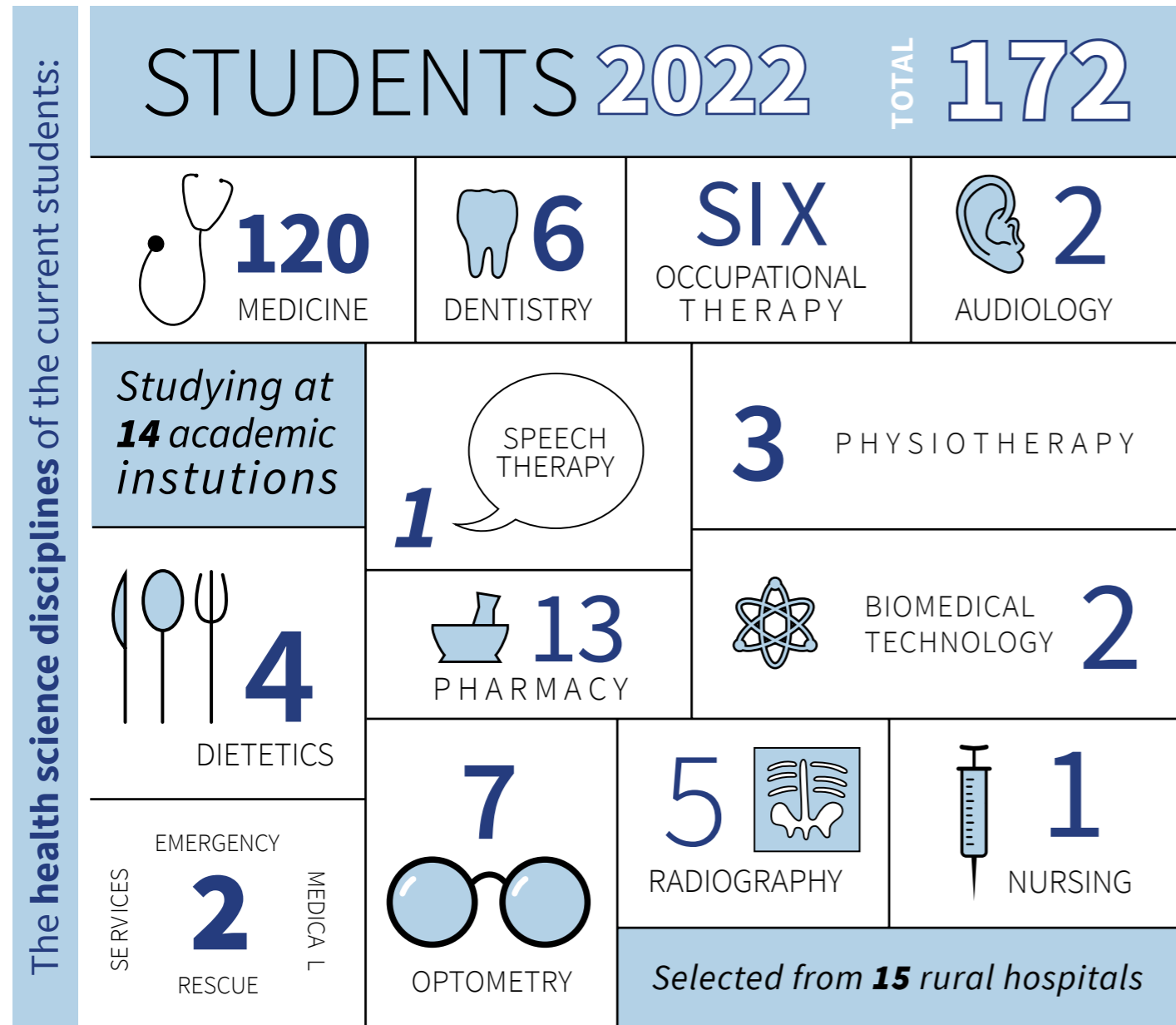


THE STUDENTS

This year – 2022 – we are supporting 172 students, after selecting forty-six new candidates. 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

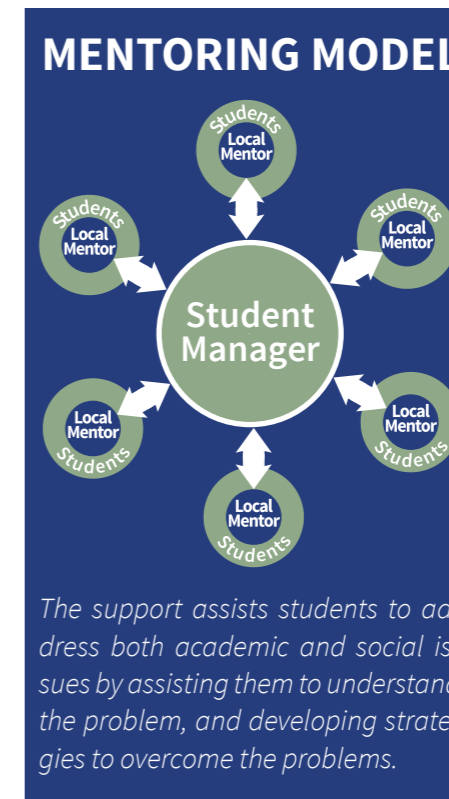
A critical component of the programme's success is the mentoring support provided to students. Rural students face many challenges at university, including their poor command of English (which is the medium of instruction); the fast pace of the

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



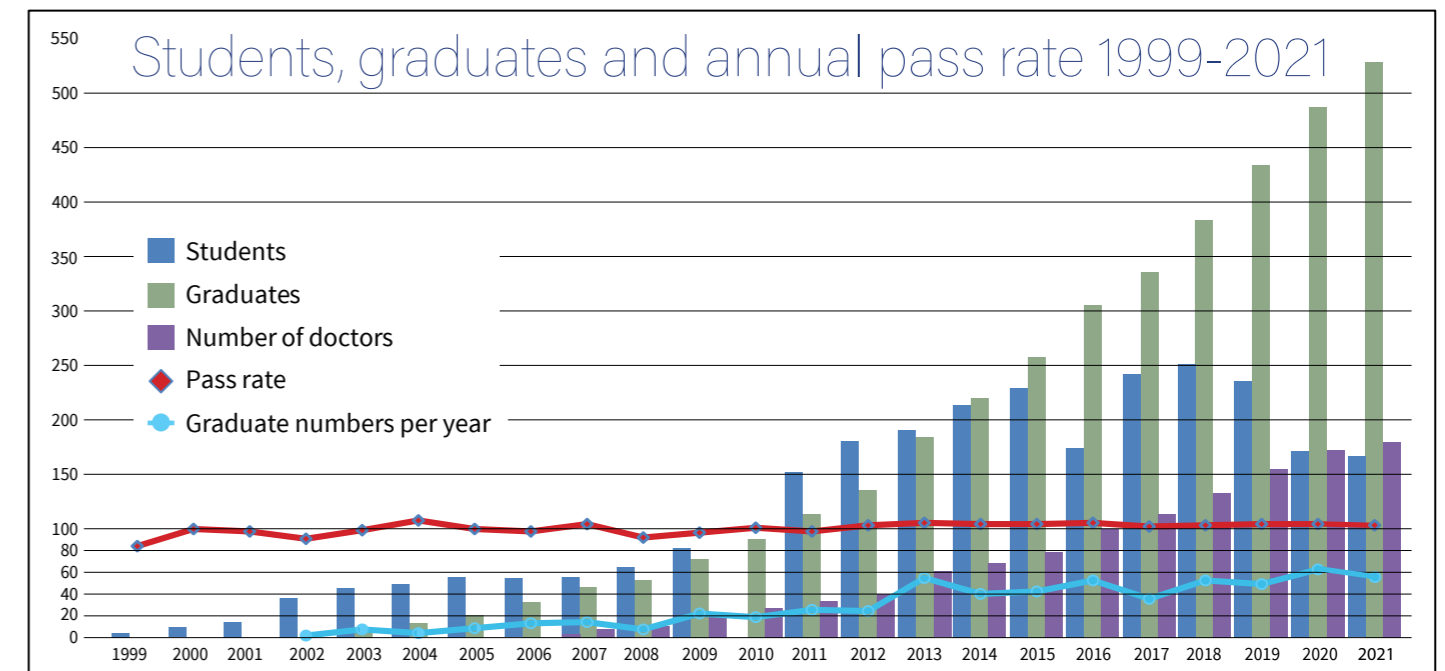
their hospital to make a difference.

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 their hospital to make a difference.
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

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 and come from Eshowe, a small town in KwaZulu-Natal. I'm a third-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 four distinctions out of a possible five, 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 three 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 third 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 and I'm a third-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 which 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 all 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, fourth-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, fourth-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 1/3 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); Nkosinqiphile 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 university 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 organisation's 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!

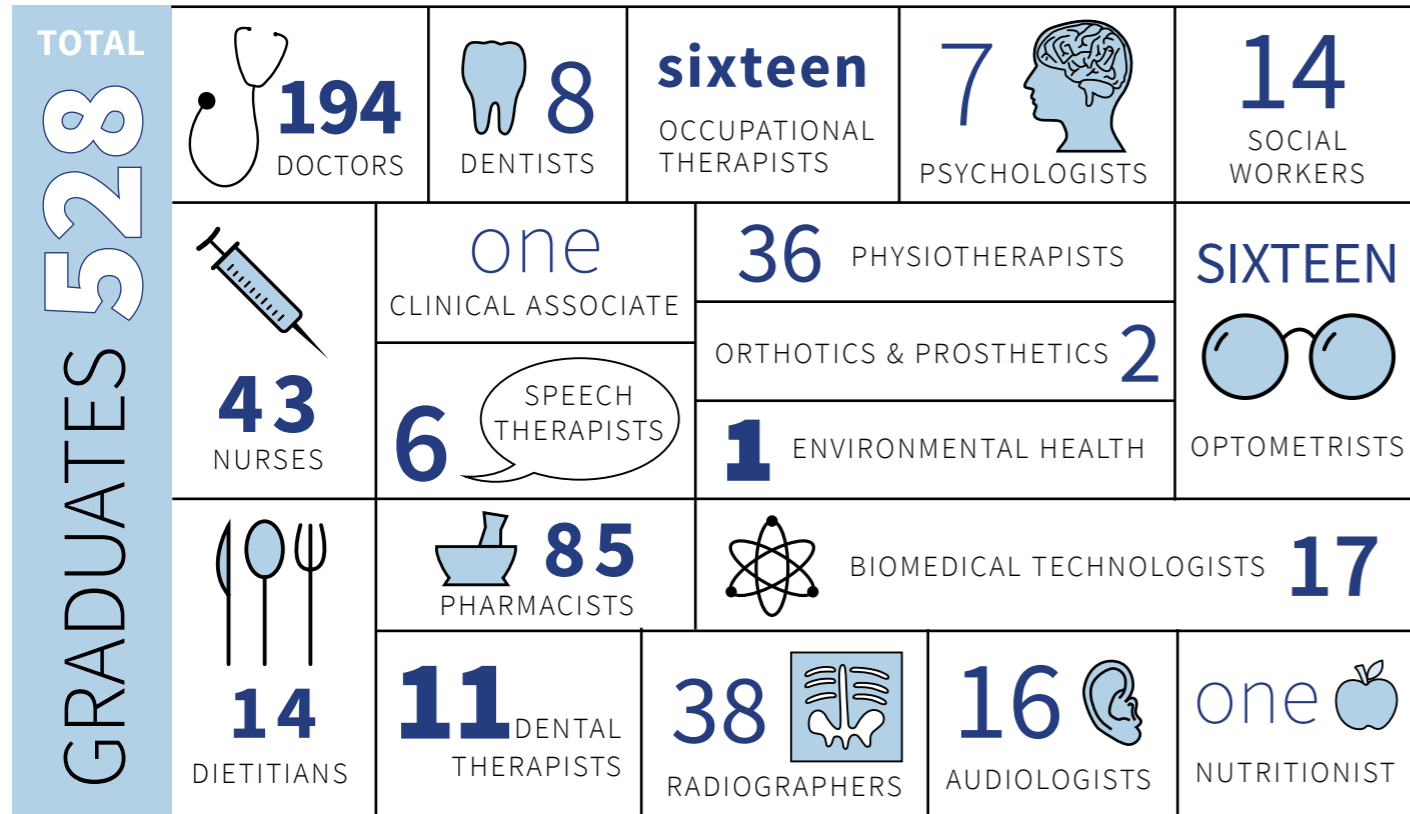
2010 On 4 December 2010, a ten-year celebration of the achievements of the FOM Scholarship Scheme was held at Mosvold hospital. The celebration was an opportunity to acknowledge all those who had been involved in developing and supporting the scheme as well as an opportunity to share with the community 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.

2021 528 graduates produced, and 172 students being supported.

THE ALUMNI

The Umthombo Youth Development Foundation has produced 528 graduates, in nineteen different health science disciplines. As may be seen from the graphic below, the majority of graduates are doctors!



Of the 528 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 following their 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 (in years)					
	Total	Min	Min+1	Min+2	Min+3	Min+4
Audiology	16	11	3	2		
Biomedical Technology	17	10	4	1	1	1
Dental Therapy	11	5	4	1	1	
Dentistry	8	4	2	1		
Dietitian	16	1	5	4	5	1
Medicine	194	154	33	5	1	1
Nursing	43	38	4		1	
Occupational Therapy	16	8	6	2		
Optometry	16	6	6	1	3	
Pharmacy	85	62	18	4	1	
Physiotherapy	36	15	15	6		
Radiography	38	25	9	3	1	
Social Work	14	14				
Speech Therapy	6	4	1	1		
	516	357	110	31	14	4
Percentage		69%	21%	6%	3%	1%
Combined Percentage			90%	96%	99%	100%

Note: Clinical Associate, Environmental Health, Nutritionist, Orthotics & Prosthetics and Psychologists not included as numbers too low.

OUR TEAM



Dr. Gavin MacGregor
Director



Ms. Nevilla van Dyk
Financial Administrator



Ms. Cebile Zungu
Student Coordinator

TRUSTEES



Prof. 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.

- Aspen Pharmacare
- Bidvest Corporate Services (Pty) Ltd
- Discovery Fund
- Douglas Jooste Trust
- FirstRand Empowerment Fund

Department of Education

Cooperation with schools in the area and universities where our students are enrolled.

Districts and Communities where we work

Community members are represented on the selection committee, and the community markets the programme in the area. Initially, some funding came from the local community of Ingwavuma.

Funding organisations

- Freddie Marincowitz Welfare Trust
- Fulton Trust
- Lily and Ernst Hausmann Bursary Trust
- Norman Wevell Trust
- Oppenheimer Memorial Trust
- RB Hagart Trust
- RED Foundation
- Robert Niven Trust
- Robin Hamilton Trust
- Zululand Air Mission Transport (ZUMAT)

Individual donors

- Amy Clithero, Brian Whittaker, Carlos Chavarri, Cord Hollender, Dr Gloria Nkabinde, Dr Zandi Rosochacki, Jurgen Fleisch,
- Glenys Ross, John Rosenberg, Prof Andrew Ross, Ronald and Gill Ingle, Wendy Clarke.
- Dr I Dlamini, Dr N Mangeni, NN Mkombo, S Dlamini, Dr NC Mbokazi, Dr NN Dlamini, SN Msweli, B Dlamini, Dr K Saleni, 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 the videos on the Umthombo Youth Development Foundation [YouTube channel](#).



15 participating hospitals



2021



51% of doctors

55% of graduates

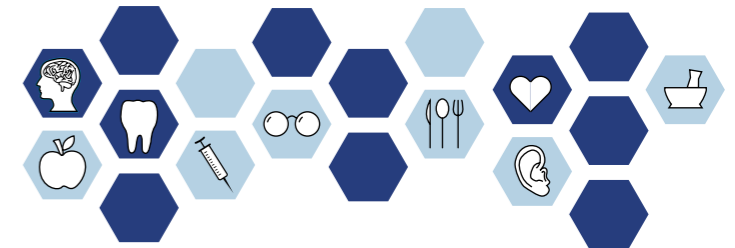


528 GRADUATES

2013



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



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 programme was established at the hospitals and in local schools to promote careers in health sciences, to inspire learners to dream about what seemed impossible, and to raise awareness about HIV/AIDS.

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



“

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.

”

2010



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!

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 HCWs	142	R294 051 660	R45 052 323	
Dentists	6	R23 913 779	R6 532 395	
Psychologists	6	R46 995 524	R12 234 799	
Total	379	R1 068 065 798	R273 872 846	R271 493 166

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

1999

UYDF GRADUATES

2002

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

2003

John Mkhumbuzi, *Dental Therapist*
Sithembile Nyawo, *Nurse*
France Nxumalo, *Optometrist*
Dumisani Gumede, *Physiotherapist*
Snehlanhla Gumede, *Physiotherapist*
Samkelisiwe Mamba, *Radiographer*

2004

Zotha Myeni, *Biomedical Technologist*
Moses Mkhabela, *Environmental Health*
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*
Nomfundo Ntimbane, *Nurse*
Samkelo Sithole, *Nurse*
Siyabonga Mthembu, *Nurse*
Zethu Ngcamu, *Nurse*
Zinhle Mdletshe, *Occupational Therapist*
Sebenzile Manyoni, *Optometrist*
Thembele 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*
Simphele Mhlangu, *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*
Nokwanda Buthelezi, *Radiographer*
Phele Gumede, *Radiographer*

UYDF GRADUATES

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, *Bio Medical*
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*
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*
Linden Ngubane, *Nurse*
Nomthandazo Nkosi, *Nurse*
Nondumiso Sitholi, *Nurse*
Este Louw, *Occupational Therapist*
Siduduzo Ngobese, *Occupational Therapy*
Siphephelo Mkhwanazi, *Orthotics and Prosthetics*
Nqobile Bhengu, *Pharmacist*
Nobuhle Gabela, *Pharmacist*
Ronald Hlangu, *Pharmacist*
Nontokozo Mkhombo, *Pharmacist*
Phumla Msomi, *Pharmacist*
Sithabile Mwelase, *Pharmacist*

UYDF GRADUATES

Sakhile Zulu, *Pharmacist*
Bongokuhle Menyuka, *Physiotherapist*
Malusi Zwane, *Physiotherapist*
Syanda Dlamini, *Radiographer*
Noluthando Tshabalala, *Speech Therapy*

2018

Anele Mkhize, *Audiologist*
Mxolosi Mabaso, *Audiologist*
Sanele Mncube, *Audiologist*
Siphile Dimba, *Audiologist*
Noxolo Nkosi, *Audiologist*
Noxolo Nxumalo, *Dental Therapist*
Nontobeko Mdlalose, *Dentistry*
Mbalenhle Mazibuko, *Dentistry*
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*
Thembeke 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*
Ntokozo Mthethwa, *Radiographer*

2019

Jabulisiwe Mntambo, *Audiologist*
Njabulo Masondo, *Audiologist*
Theminkosi Malinga, *Audiologist*

Mukeliwe Mdlolo, *Dietetics*
Phindile Mthembu, *Dietetics*
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*
Sinxolo 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*
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*
Lindenani Ngubane, *Nurse*
Nontandazo Nkosi, *Nurse*
Nondumiso Sitholi, *Nurse*
Este Louw, *Occupational Therapist*
Siduduzo Ngobese, *Occupational Therapy*
Siphephelo Mkhwanazi, *Orthotics and Prosthetics*
Nqobile Bhengu, *Pharmacist*
Nobuhle Gabela, *Pharmacist*
Ronald Hlangu, *Pharmacist*
Nontokozo Mkhombo, *Pharmacist*
Phumla Msomi, *Pharmacist*
Sithabile Mwelase, *Pharmacist*
Sakhile Zulu, *Pharmacist*
Bongokuhle Menyuka, *Physiotherapist*
Malusi Zwane, *Physiotherapist*
Syanda Dlamini, *Radiographer*
Noluthando Tshabalala, *Speech Therapy*

2018

Anele Mkhize, *Audiologist*
Mxolosi Mabaso, *Audiologist*
Sanele Mncube, *Audiologist*
Siphile Dimba, *Audiologist*
Noxolo Nkosi, *Audiologist*
Noxolo Nxumalo, *Dental Therapist*
Nontobeko Mdlalose, *Dentistry*
Mbalenhle Mazibuko, *Dentistry*
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*
Thembeke 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*
Ntokozo Mthethwa, *Radiographer*

2019

Jabulisiwe Mntambo, *Audiologist*
Njabulo Masondo, *Audiologist*
Theminkosi Malinga, *Audiologist*
Mukeliwe Mdlolo, *Dietetics*
Phindile Mthembu, *Dietetics*
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*
Sinxolo 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*

UYDF GRADUATES

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 Nzuza, *Doctor*
Phakamani Madlala, *Doctor*
Philane Shabangu, *Doctor*
Philasande Dlamini, *Doctor*
Phindokuhle Mathenjwa, *Doctor*
Sabelo Zulu, *Doctor*
Sduduzo Mahamba, *Doctor*
Sibusisiwe Zulu, *Doctor*
Simphele Nzuza, *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*

2021

Nonhlonipho Msweli, *Audiologist*
Nobuhle Zikhali, *Biomedical Technologist*
Thabani Mthethwa, *Dentist*
Bahle Mazibuko, *Dietitian*
Thubelihle Fakude, *Dietitian*
Hlumisa Nqala, *Doctor*
Kenneth Sithole, *Doctor*
Mbalizethu Ndlovu, *Doctor*
Mxolisi Xulu, *Doctor*
Nokwanda Mathonsi, *Doctor*
Nothando Zulu, *Doctor*
Ntokozo Gasa, *Doctor*
Phumelele Buthelezi, *Doctor*
Sabelo Moyana, *Doctor*
Sakhile Ntuli, *Doctor*
Thembekani Mashazi, *Doctor*
Zethembiso Nyawo, *Doctor*
Sanele Nzuza, *Occupational Therapist*
Nkosiyomuzi Xhakaza, *Orthotics and Prosthetics*
Ayanda Myeni, *Pharmacist*
Menzi Mabilisa, *Pharmacist*
Minenhle Busane, *Pharmacist*
Nkanyiso Sithole, *Pharmacist*
Nolwazi Nkosi, *Pharmacist*
Noxolo Ndadandaba, *Pharmacist*
Nozipho Zulu, *Pharmacist*
Sunboy Nsele, *Pharmacist*
Thabiso Lindani Mtshali, *Pharmacist*
Thobeka Khonjelwayo, *Pharmacist*
Thulile Zulu, *Pharmacist*
Xolani Manyathi, *Pharmacist*
Nokuphiwa Mtshali, *Physiotherapist*
Thabani Mthethwa, *Physiotherapist*
Joshua Ndlangamandla, *Radiographer*
Yolanda Mthimkhulu, *Speech Therapist*

SPECIALISTS

Dr Mfundo Mathenjwa, *Cardiologist*
Dr Thembelihle Phakathi, *Paediatrician*
Dr Archwell Hlabisa, *Obstetrician & Gynaecologist*
Dr Lungile Nxumalo, *Family Medicine Specialist*
Dr Mazwi Mabika, *Cardiologist*
Dr Sicelo Mabika, *Neurosurgeon*

ANNUAL FINANCIAL STATEMENTS

For the year ended 28 February 2022

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 NG 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
Auditor	R.I. Kennedy & Associates Chartered Accountant (S.A.) Registered Auditor
Trust registration number	IT1856/95
Non Profit Organisation No.	010-021 NPO
Public Benefit Organisation (PBO) No.	18/11/13/4296

INDEX

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

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Independent Auditor's Report	2-3
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Statement of Financial Position	4
Statement of Comprehensive Income	4
Statement of Changes in Equity	5
Statement of Cash Flows	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 external auditor is engaged to express an independent opinion on the annual financial statements.

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 judgements 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 board of trustees sets

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 year to 28 February 2023 and, in the light of this review and the current financial position, they are satisfied that the trust has or has access to adequate resources to continue in operational existence for the foreseeable future.

The external auditor is 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 auditor and his report is presented on pages 2 to 3.

The annual financial statements set out on pages 3 to 8, which have been prepared on the going concern basis, were approved by the board of trustees on 18 May 2022 and were signed on its behalf by:



A J Ross



N G Nkabinde

INDEPENDENT AUDITOR'S REPORT

To the trustees of Umthombo Youth Development Foundation

I have audited the annual financial statements of Umthombo Youth Development Foundation, as set out on pages 8 to 17, which comprise the statement of financial position as at 28 February 2022, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and the notes, comprising a summary of significant accounting policies and other explanatory information.

Trustees' Responsibility for the Annual Financial Statements

The trust's trustees are responsible for the preparation and fair presentation of these annual financial statements in accordance with the International Financial Reporting Standard for Small and Medium-sized Entities, and for such internal control as the trustees determine is necessary to

enable the preparation of annual financial statements that are free from material misstatements, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on these annual financial statements based on my audit. I conducted my audit in accordance with the International Standards on Auditing. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the annual financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the annual financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the annual

financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the annual financial statements 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the annual financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Basis for Qualified Audit Opinion

In common with similar organisations, it is not feasible for the organisation to institute

accounting controls over donations received prior to initial entry of the collections in the accounting records. Accordingly, it was impracticable for us to extend our examination beyond the receipts actually recorded.

Qualified Opinion

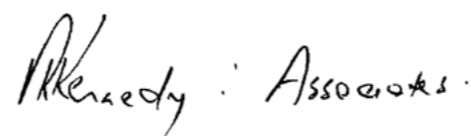
In my opinion, except for the possible effects of the matter described in the basis for Qualified Audit Opinion paragraph, the annual financial statements present fairly, in all material respects, the financial position of Umthombo Youth Development Foundation as at 28 February 2022, and its

financial performance and cash flows for the year then ended in accordance with the International Financial Reporting Standard for Small and Medium sized Entities.

Emphasis of Matter

The continuation of the trust's activities is dependent on the future support of its donors. The financial statements have been prepared on the going concern basis which assumes that the donors will continue to give their support in future. Accordingly, the financial statements do not include any adjustments relating to the recoverability and classification of assets or to the

amounts and classification of liabilities that might be necessary if the company is unable to continue as a going concern. Our opinion is not qualified in respect of this matter.



R.I. Kennedy & Associates 18 May 2022

R.I. Kennedy

Partner

Chartered Accountant (SA)

Registered Auditor

TRUSTEES' REPORT

The trustees have pleasure in submitting their report on the annual financial statements of Umthombo Youth Development Foundation for the year ended 28 February 2022.

1. The trust

The trust was created by a trust deed dated 19 May 1995 and commenced operations on 1 March 1996. The name of the trust was changed from Friends of Mosvold 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).

2. Nature of business

Umthombo Youth Development Foundation seeks to address the shortages of healthcare 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 potential and interest of becoming healthcare providers. The beneficiaries of the trust are Black people as defined by the Broad-Based Economic Empowerment Act No.53 of 2003, residing in rural communities of KwaZulu-Natal and Eastern Cape provinces. The purpose of the trust 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 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 of South Africa (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 material changes to the nature of the trust's business from the prior year.

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 year. 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 during the year and up

to 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

The trustees are not aware of any material event which occurred after the reporting date and up to the date of this report.

6. Going concern

The trustees believe that the trust has adequate financial resources to continue in operation for the foreseeable future and accordingly the annual financial statements have been prepared on a going concern basis. The trustees have satisfied themselves that the trust is in a sound financial position and that it has access to sufficient borrowing facilities to meet its foreseeable cash requirements. The trustees are not aware of any new material changes that may adversely impact the trust. The trustees are also not aware of any material non-compliance with statutory or regulatory requirements or of any pending changes to legislation which may affect the trust.

7. Auditors

R.I. Kennedy & Associates was appointed as auditors for the trust for 2022.

STATEMENT OF FINANCIAL POSITION AS AT 28 FEBRUARY 2022

	Note(s)	2022 R	2021 R
Assets			
Non-Current Assets			
Property, plant and equipment	2	2,921	31,771
Other financial assets	3	9,919,590	-
		9,922,511	31,771
Current Assets			
Trade and other receivables	4	13,341	186,810
Cash and cash equivalents	5	9,306,895	15,316,784
		9,320,236	15,503,594
		19,242,747	15,535,365
Equity and Liabilities			
Equity			
Trust reserves		19,048,294	15,231,581
Liabilities			
Current Liabilities			
Provisions	6	93,217	107,011
Trade and other payables	7	101,236	196,773
		194,453	303,784
		19,242,747	15,535,365

STATEMENT OF COMPREHENSIVE INCOME

	Note(s)	2022 R	2021 R
Revenue			
Donations and grants received	8	10,622,134	8,139,536
Other income			
Interest received	9	614,017	773,651
Gains on disposal of assets		125,000	153,135
Fair value adjustments		1,743,910	-
		2,482,927	926,786
Operating expenses			
Accounting fees		(55,143)	(93,275)
Auditors remuneration		(44,000)	(42,000)
Bad debts		(61,304)	-
Bank charges		(128,259)	(149,972)
Computer expenses		(14,462)	(10,964)
Conferences and workshops		(5,278)	(5,448)
Depreciation, amortisation and impairments		(28,850)	(164,867)
Employee costs		(1,807,818)	(2,001,672)
Lease rentals on operating lease		(79,826)	(142,240)
Legal expenses		(20,734)	(4,865)
Motor vehicle expenses		(22,554)	(67,381)
Printing and stationery		(27,109)	(51,275)
Staff welfare		(3,801)	(6,157)
Student expenses		(6,248,747)	(4,866,260)
Student mentoring expenses		(641,448)	(480,020)
Subscriptions		(32,347)	(39,495)
Telephone and fax		(27,138)	(45,009)
Training		(26,555)	(23,000)
Travel - local		(12,975)	(18,295)
		(9,288,348)	(8,212,195)
		3,816,713	854,127
		3,816,713	854,127

STATEMENT OF CHANGES IN EQUITY

Balance at 01 March 2020
Surplus for the year
Balance at 01 March 2021
Surplus for the year
Balance at 28 February 2022

Note(s)

	2022 R	2021 R
	14,377,454	14,377,454
	854,127	854,127
	15,231,581	15,231,581
	3,816,713	3,816,713
	19,048,294	19,048,294

STATEMENT OF CASH FLOWS

Cash flows from operating activities

	2022 R	2021 R	
Cash generated from / (used in) operations	11	1,426,774	(264,079)
Interest income		614,017	773,651
Net cash from operating activities		2,040,791	509,572
Cash flows from investing activities			
Sale of property, plant and equipment	2	125,000	155,305
Net movement in financial assets		(8,175,680)	-
Net cash from investing activities		(8,050,680)	155,305
Total cash movement for the year		(6,009,889)	664,877
Cash at the beginning of the year		15,316,784	14,651,907
Total cash at end of the year		9,306,895	15,316,784

ACCOUNTING POLICIES

1. Presentation of Annual Financial Statements

The annual financial statements have been prepared 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 Property, plant and equipment

Property, plant and equipment are tangible items that:

- are held for use in the production or supply of goods or services, for rental to others or for administrative purposes; and
- are expected to be used during more than one period.

Property, plant and equipment is carried at cost less accumulated depreciation and accumulated impairment losses.

Cost includes all costs incurred to bring the asset to the location and condition necessary for it to be capable of operating in the manner intended by management.

Costs include costs incurred initially to acquire or construct an item of property, 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 property, plant and equipment, the carrying amount of the replaced part is derecognised.

The initial estimate of the costs of dismantling and removing an asset and restoring the site on which it is located is also included in the cost of property, plant and equipment, when such dismantling, removal and restoration is obligatory.

Depreciation is provided using the straight-line method to write down the cost, less estimated residual value over the useful life of the property, plant and equipment, which is as follows:

Item	Average useful life
Furniture and fixtures	6 years
Motor vehicles	5 years
Office equipment	5 years
IT equipment	3 years

Gains and losses on disposals are determined by comparing the proceeds with the carrying amount and are recognised in profit or loss in the period.

1.2 Financial instruments

Initial measurement

Financial instruments are initially measured at the transaction price. This includes transaction costs, except for financial instruments which are measured at fair value through surplus or deficit.

Financial instruments at amortised cost

Debt instruments, as defined in 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 the end of 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 so, an impairment loss is recognised.

Financial instruments at cost

Commitments to receive a loan are measured at cost less impairment.

Equity instruments that are not publicly traded and whose fair value cannot otherwise be measured reliably are measured at cost less impairment. This includes equity instruments held in unlisted investments.

Financial instruments at fair value

All other financial instruments are measured at fair value through profit and loss.

1.3 Donations

Revenue is measured at the fair value of the

consideration received or receivable and represents donations received in the normal course of operations, and is recorded to the extent that it is utilised.

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

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

	2022 R			2021 R		
2. Property, plant and equipment						
	2022			2021		
	Cost	Accumulated depreciation	Carrying value	Cost	Accumulated depreciation	Carrying value
Furniture and fixtures	19,191	(17,634)	1,557	19,191	(16,106)	3,085
Motor vehicles	-	-	-	193,000	(173,700)	19,300
Office equipment	3,052	(3,052)	-	3,052	(2,924)	128
IT equipment	37,926	(36,562)	1,364	37,926	(28,668)	9,258
Total	60,169	(57,248)	2,921	253,169	(221,398)	31,771

Reconciliation of property, plant and equipment - 2022

	Opening balance	Depreciation	Closing balance
Furniture and fixtures	3,085	(1,528)	1,557
Motor vehicles	19,300	(19,300)	-
Office equipment	128	(128)	-
IT equipment	9,258	(7,894)	1,364
	31,771	(28,850)	2,921

Reconciliation of property, plant and equipment - 2021

	Opening balance	Disposals	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
	198,808	(2,170)	(164,867)	31,771

3. Other financial assets

At fair value

Nedbank Private Wealth - unit trust	9,919,590	-
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Non-current assets

At fair value	9,919,590	-
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4. Trade and other receivables

Deposits	7,623	11,477
Prepayments	-	53,900
Student loans	-	103,284
Sundry receivables	299	128
VAT	5,419	18,021
	13,341	186,810

5. Cash and cash equivalents

Cash and cash equivalents consist of:

Bank balances	9,306,895	15,316,784
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		2022 R	2021 R
6. Provisions			
Reconciliation of provisions - 2022			
	Opening balance	Utilised during the year	Closing balance
Provision for employee benefits	107,011	(13,794)	93,217
Reconciliation of provisions - 2021			
	Opening balance	Additions	Utilised during the year
Provision for employee benefits	116,041	194,408	(203,438)
			Closing balance
			107,011
7. Trade and other payables			
Sundry payables		101,236	51,773
Undertaking student loans		-	145,000
		101,236	196,773
8. Revenue			
Donations and grants received			
Anglo American Chairman's Fund		-	1,815,000
Aspen Pharmacare Holdings Limited		240,000	682,000
Bidvest Corporate Services (Pty) Ltd		460,000	-
Brian Whittaker		58,000	32,000
Discovery Fund		2,610,000	1,500,000
Don McKenzie Trust		-	58,000
FirstRand Empowerment Fund		4,150,000	-
Freddie Marincowitz Welfare Trust		200,000	200,000
Oppenheimer Memorial Trust		1,000,000	1,800,000
Robin Hamilton Trust		170,000	165,000
The Fulton Trust		40,000	-
The Lily & Ernst Hausmann Bursary Trust		-	327,000
The Norman Wevell Trust		144,000	161,750
The RB Hagart Trust		250,000	285,000
The RED Foundation		348,000	-
The Robert Niven Trust		75,000	-
Zululand Air Mission Transport (ZUMAT)		767,177	104,000
Other donations under R40,000		109,957	1,009,786
		10,622,134	8,139,536
9. Investment revenue			
Interest revenue			
Bank		614,017	773,651

10. Taxation

No provision has been made for 2022 tax as the trust is exempt from income tax in terms of section 10(1)(cN) of the Income Tax Act.

The trust, as a public benefit 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 the 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.

In terms of section 4(1) (f) of the Stamp Duties Act, 1968, any instrument which is executed by or on behalf of the public benefit organisation is exempt from stamp duty, if the duty thereon would be legally payable and borne by the public organisation.

Donations and bequests of an asset to or by the association is exempt from the payment of capital gains tax in terms of paragraphs 62 and 63 of the Eighth Schedule of the Income Tax Act, No 58 of 1962, as amended.

The relevant exemptions are subject to the following condition, that the annual returns of income and accounts must be submitted to the Tax Exemption Unit, together with a statement showing how the income has been expended, as well as full details of the receipts issued in respect of tax deductible donations in terms of section 18A and how these funds were expended.

	2022 R	2021 R
11. Cash generated from / (used in) operations		
Surplus before taxation	3,816,713	854,127
Adjustments for:		
Depreciation and amortisation	28,850	164,867
Surplus on sale of assets	(125,000)	(153,135)
Interest received	(614,017)	(773,651)
Fair value adjustments	(1,743,910)	-
Movements in provisions	(13,794)	(9,030)
Changes in working capital:		
Trade and other receivables	173,469	275,366
Trade and other payables	(95,537)	(622,623)
	1,426,774	(264,079)

12. Comparative figures

Certain comparative figures have been reclassified.

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

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Registered Auditors
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Zethembiso Njokweni
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