



Annual Report 2018



umthombo

Youth Development + Foundation

Incorporating the FOM Scholarship Scheme



Mission, vision and priority areas

The Umthombo Youth Development Foundation is proof that **a little idea can become a reality** and *start changing what was thought to be an insurmountable problem.*

Mission

The Umthombo Youth Development Foundation seeks to address the shortages of qualified health care staff at rural hospitals 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.

Priority Areas

1 Student Support

- Identify sufficient youth with potential
- Provide academic and social mentoring support to all students in order for them to succeed
- Provide comprehensive financial support to students

2 Graduate Support

- Graduates obtain employment at participating rural hospitals and honour their work back contracts
- Graduate retention through on going support and professional development

3 Mobilisation of Resources

- Ensure sufficient financial, physical and human resources to meet all objectives

4 Expansion of the Programme

Increase the impact of our work through the provision of academic and social mentoring support to many more health science students from rural and quintile 1 & 2 schools, to ensure they have the best opportunity to succeed.

5 Partnerships

- Develop partnerships with strategic stakeholders in order to achieve our mission

6 Organisational Development

- Ensure the necessary organisational systems and governance structures are in place
- Qualified and motivated Trustees that can assist the organisation to achieve its mission
- Competent and motivated staff whose expertise grows through professional development and reflection

7 Research

- Strengthen Monitoring & Evaluation to measure and share impact
- Share best practice in the area of human resources for health

- Conduct applied research in order to contribute to the knowledge of addressing the shortages of health-care workers, specifically through the investment in rural youth

The Future

Over the past 18 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 allows us to focus on our strengths and provide academic and social mentoring support to many more students, including students we are not financially supporting. 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.



**RETURN
ON
investment**

2015 DATA *calculated at current prices*

cost to train 254 graduates

R186 MILLION

income tax paid over a lifetime

R1,2 BILLION

lifetime earnings of 254 graduates

R4 BILLION

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From the Founder's Pen

Wow – how the world is changing! After 20 years of fully funding rural students to study health science courses (at a cost of R16,7 million for 252 students in 2018), former president Zuma announced free higher education in December 2017. While this has allowed a larger number of students from poorer households to access higher education, there is to date, no data on the impact of this intervention in terms of pass rates, throughput and job creation.

The Umthombo Youth Development Foundation (UYDF) has been very successful over the last 20 years in supporting rural origin health science students at Institutions of Higher Learning. Over the last 6 years our annual pass rate has been greater than 92% and to date over 380 rural origin students have graduated as health care professionals of whom 98% (376/385) are currently employed. The UYDF model is built on 1) a partnership with district hospitals (selection, holiday work, employment), 2) timely payment of university fees, food, accommodation and books, and 3) compulsory mentorship and accountability of all UYDF supported students.

There was uncertainty among trustees and staff as to whether free higher education was a threat or an amazing opportunity for UYDF. The possible threats to our program arose from concerns that rural students might no longer a) apply to UYDF for support, b) engage in our mentoring program as their monthly food allowance was no longer linked to regular reporting and c) honour their work back obligation (currently standing at 98%). However, on the upside free education could mean that UYDF no longer had the burden of raising a large amount of money annually to cover

university fees (some fees are in excess of R100 000/ year) residence costs (±R50 000/ year), food and books. Potentially, this 'opportunity' could allow us to expand our mentoring programme to other rural students needing support at university.

Since last year, our relationship with the National Student Financial Aid Scheme (NSFAS), which started in 2011, has been strengthened, and we have been able to facilitate the completion of all the required forms as well as the submission of all supporting documentation for our students to ensure that fees and allowances are paid. Due to the large number of students supported by NSFAS (300 000 first entry students in 2019) and the enormous administrative burden, student allowances are often delayed. To ensure our students receive their food and book allowances on time, the UYDF has paid these allowances to students and will recoup the expense later from NSFAS. This ensures that students have food and books on day one as well as facilitating our mentoring relationship. In these challenging times students have metaphorically clung to UYDF as they know us, and our relationship with NSFAS has allowed us to resolve issues quickly or direct students to the correct people for assistance.

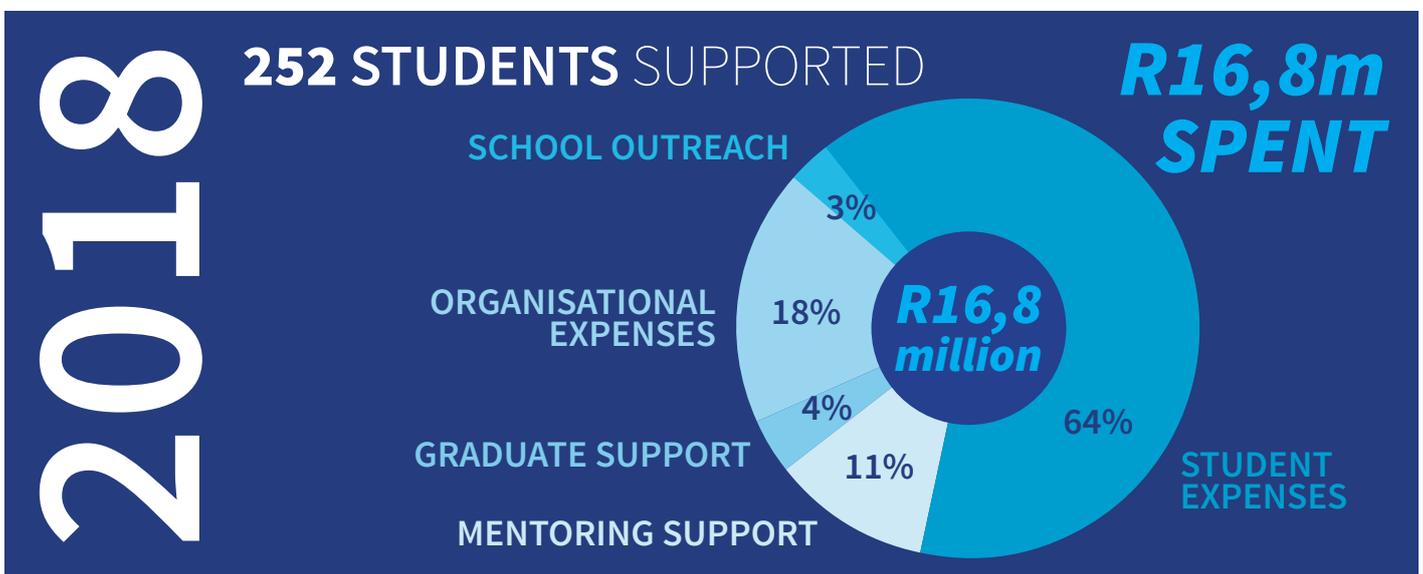
Not everything has been plain sailing since the announcement of free higher education. Last year UYDF spent an additional R2,8 million on student fees (total spend R10,8 million) to ensure that all final year students who passed were able to graduate and start working in 2019. We are however cautiously optimistic about our ongoing relationship with NSFAS and are hopeful that their funding of higher education will



allow UYDF to focus on our strengths – mentoring and support of rural students at university, and allow us to expand our footprint to ALL rural district hospitals in Kwa-Zulu-Natal. We believe that good staffing of all district hospitals is key to providing quality health services to the people of this province. Although things are still a little uncertain, we believe the future looks bright.

Congratulations are in order to Gavin and the UYDF team for another excellent year with a 92% pass rate and 47 rural origin students graduating as health care professionals – well done. On behalf of the trustees we would like to extend a warm word of welcome to Ntombenhle Mkhize who has joined the UYDF team as the student manager.

Professor A Ross
Founder and Trustee



The Director's Report

It is said that change is inevitable – this certainly has been our experience over the last year. The landscape in which we work is rapidly changing on many fronts. Despite the continued need for more healthcare professionals to work at rural hospitals, due to financial constraints, posts have been frozen. This has resulted in a number of our graduates not obtaining employment at their local hospital, or in their district, or within KwaZulu-Natal as envisaged in our support of them. The allied healthcare professions are worst affected, which will ultimately affect the provision of comprehensive healthcare and the move to primary health care as envisaged in the National Health Policy. Since a lack of money is the main reason for this situation it appears that it will not be overcome soon due to the large contingent of Cuban trained doctors entering the system each year that will need to be absorbed, as well as the lacklustre South African economy and numerous conflicting social imperatives.

On the other hand the cost of higher education is escalating at an alarming rate, whilst organisations willing to fund higher education are dwindling due to the fact that higher education is now supposedly “free”. We ended the financial year with an enormous loss due to decreased income and significantly higher university fees. Fortunately we had

sufficient reserves to absorb the loss, but it does threaten our financial sustainability. To overcome these challenges we have strengthened our partnership with the National Student Financial Aid Scheme (NSFAS), which up to date was providing partial financial support to our students, and will now provide comprehensive financial support to our students. As an organisation we will provide these students with the critical academic and social mentoring support which is essential to assisting them to overcome their challenges and succeed. In addition we will continue to provide rural school learners with information about health sciences as possible career options as well as, recruit new students through partnering hospitals. We will also continue to provide professional development opportunities for hospital staff as a retention strategy.

Despite these significant challenges we believe our investment in rural youth, which results in them obtaining a qualification and employment (maybe not at rural hospitals), resulting in financial independence and radical social transformation is worth pursuing. We thank those who have continued to support our work through the many challenges, and invite others on the journey of empowering rural youth to become masters of their own destiny.



Our work is described in a chapter of the 2018 South African Health Review:



A handwritten signature in black ink, appearing to read 'Gavin MacGregor'.

Dr Gavin MacGregor



Umthombo Youth Development Foundation staff: John Mkhumbuzi, Ganza Zihindula, Cebile Zungu, Gavin MacGregor, Jaunitill Pettus (Local Mentor), Nevilla van Dyk, Ntombi Mkhize

What is the problem?

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

How do we address these problems?

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 they were supported for.

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 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?

Our work is achieved through implementing the various aspects of our Model:

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 Hos-

pital Open Day and sources of funding including the UYDF selection criteria and requirements.

Learners doing maths and science, that 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 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.

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

As part of the mentoring support, all students are required to do 4 weeks **holiday work** a year at their local hospital. This allows them to complement the theory with practise as they

are mentored by hospital staff. They also get a sense of the working environment and 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 as-

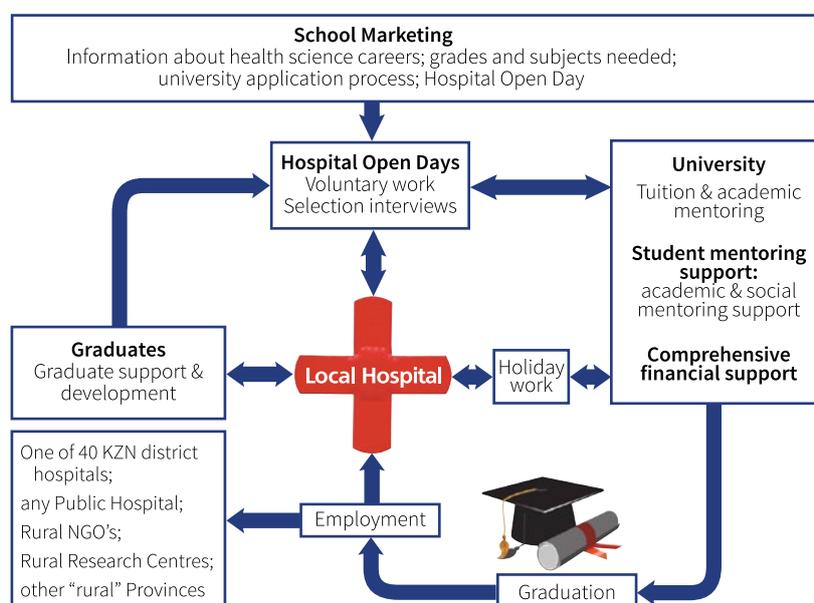
pects of the UYDF Model, like Open Days and Selection interviews, as described above. Recently, due to financial constraints within the KZN Department of Health not all our graduates have obtained employment at a rural hospital and thus they would seek employment at any public rural hospital within or outside KZN.

We are currently working with 15 hospitals in 4 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.

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**. We provide students with 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

The Model



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); Nkosinqhile Nyawo (a qualified biomedical technologist) and Sibusiso Thwala (a pharmacist who is unfortunately deceased). Dr Ross and Mrs Elda Nsimbini were involved in mentoring and supporting these first students.

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

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

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

2007 By the end of 2007, the number of students being supported had grown to 55 and the Scheme had produced 33 health science graduates. The Scheme was still being managed by Dr Ross, who was fundraising and providing mentoring support, and Mrs Elda Nsimbini who was managing the finances, organising holiday work for students, co-ordinating the selection of new students and compiling the reports required to maintain the organisations non-profit status. It was at this time, that Dr Ross, who had since left Mosvold Hospital and taken up a post at the University of KwaZulu-Natal, realized that he needed help. An award from the Discovery Foundation, relieved the immediate fundraising pressure and allowed Dr Ross to find someone to assist him. Ruth Osborne, a skilled Organisational Development person, with experience in the NGO sector, joined as a consultant to assist Dr Ross and the Trustees 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, Dumsani 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 5 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 10 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.

2019 385 graduates produced, and 236 students being supported.

Highlights of 2018

In 2018 we supported 252 students studying 15 different health science disciplines, two of which were provincial bursary students. The majority of students (126) were studying medicine followed by pharmacy (58). We supported students across 15 different health science disciplines to ensure that rural hospitals are able to provide a wide range of health care services to the community.

Of the 252 who wrote examinations, 233 passed, whilst 19 failed, giving an overall pass rate of 92%. Of the 19 that failed, 12 are still be supported by us, whilst 7 were excluded.

This is an incredible achievement, especially when one considers that these students attended poorly resourced rural schools! We attribute this high pass rate to our highly effective mentoring support programme, which assists students to address both academic and social issues in order to pass.

Forty-eight students completed their studies, increasing graduate numbers from 337 to 385! 78% of the new graduates completed their degrees in the minimum time, with 14% requiring an additional year – accounting for 92% of new the graduates.

The breakdown of the new graduates by discipline is as follows: 21 doctors; 8 pharmacists; 5 audiologists; 4 occupational therapists; 3 physiotherapists; 2 dentists; 1 dental therapist; 1 dietician; 1 nurse; 1 optometrist; and 1 radiographer.

Participating hospitals are involved by exposing school learners to the different health science disciplines through hosting Open days, and are involved in student selection, student mentoring and training in the form of holiday work, as well as the employment of our graduates. We met with hospital representatives to discuss their involvement in these issues, to ensure that they are implemented effectively, and the hospital derives the greatest benefit from our work.

Unfortunately due to financial constraints within the KZN Department of Health our graduates are no longer guaranteed employment at the hospital where they were selected and done holiday work throughout the duration of their studies, and may not even obtain employment within their

2018

Umthombo supported **252 STUDENTS** covering **15** different health-science disciplines and produced **48** graduates

92% PASS

has been achieved for the past **7** years

The infographic features a dark blue background with white and light blue text. At the top, the year '2018' is written in large white font. Below it, a row of ten light blue human icons represents the students. The text 'Umthombo supported 252 STUDENTS covering 15 different health-science disciplines and produced 48 graduates' is written in white. A large light blue circle contains the text '92% PASS' in white. Below the circle, the text 'has been achieved for the past 7 years' is written in white, with '7' being significantly larger than the other numbers.

SELECTION CRITERIA

To be eligible for a scholarship, students need to:

- Be from the district
- Be accepted at a tertiary institution to study an approved health science degree
- Have done voluntary work at their local hospital
- Have a financial need and be able to provide proof thereof
- Be selected by a local committee
- Be prepared to sign a year-for-year work-back contract

The infographic has a dark blue background with white text. It starts with a white checkmark icon in a light blue square, followed by the title 'SELECTION CRITERIA' in large white font. Below the title, the text 'To be eligible for a scholarship, students need to:' is written in white. A list of six criteria follows, each preceded by a white checkmark icon in a light blue square.

District, or the Province. This is naturally a concern especially since the need for healthcare workers has not decreased in rural and underserved areas. It also undermines our Model of supporting youth to become the healthcare providers their communities desperately need. The affected graduates having a scarce-skills qualification will obtain employment, but will not impact the shortages of healthcare workers in rural areas as originally intended.

We ended the year with a wonderful, interactive and informative Student Life Skills Imbizo. The value of interacting with the students outside the university environment is critical to moulding and shaping these young people to be the future health care professionals that our country and rural communities desperately need, namely: empathetic, caring, professional, competent, and committed healthcare professionals!

The investment in the training and development of rural youth to become the future health care workers, is seen as critical to addressing the shortages of staff at rural hospitals, and may be considered a more sustainable solution (albeit long term) since:

- local youth, when qualified, are more likely to remain in the area since they have family support – 63% of graduates who had completed their work back obligations continued to work in rural hospitals in 2017
- they are able to communicate with patients in their mother tongue, aiding in understanding and treating the problem
- they are known by the community and held in high esteem which may further encourage them to stay
- many youth with potential exist
- rural youth are being offered opportunities which were never available before and thus are motivated to work hard at school in order to qualify (they have something to aim for)
- Graduates of the programme are positive role models for the rural youth to emulate
- The number of qualified health care workers in the country is increased
- These graduates not only serve their community with their skills, but also assist their family's to get out of poverty as they invest in schooling for their siblings and provide regular income for the family

The Benefits and Successes

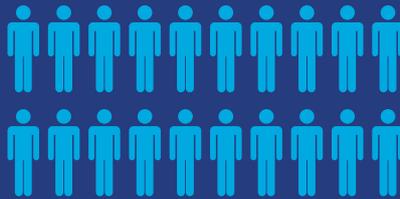
The programme's benefits are not only limited to providing financial support to needy students but include:

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 seven 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**.
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 2018, 63% of graduates who had completed their work-back obligations continued to work at rural hospitals.
12. By investing in local people to ad-

dress a local problem the **solution becomes sustainable**, since the graduates are more likely to stay and build their careers in the local hospital.

13. Providing **work place mentoring** for newly qualified graduates to assist the transition from university life to working in a hospital.
14. Providing rural hospital staff with **professional development opportunities** as a retention strategy.
15. **Improving the quality of health care delivery** through the provision of qualified healthcare workers, who understand the language and the culture of the local community, and are committed to make a difference (I am helping *my* community!).
16. Providing **stability in the workforce** as graduates honour their multi-year work-back obligations.
17. Offers one of the most sustainable solutions for the **long-term supply of professional health care staff** for rural hospitals.
18. It is **replicable**. If it can work in one of the most rural and under-resourced districts, then it can work anywhere in South Africa and possibly Africa.
19. It is a **local solution** to the international problem of a shortage of health care workers in areas of greatest need.
20. 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.

2019



Umthombo is supporting **236 STUDENTS** covering **15** different health-science disciplines:

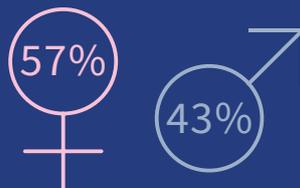
115

students are studying Medicine,
with the remaining doing:

Audiology • Biomedical Technology
Dental Therapy • Dentistry • Dietetics • EMRS
Nursing • Occupational Therapy • Optometry
Orthotics and Prostheses • Pharmacy
Physiotherapy • Radiography
Speech Therapy



385 graduates



PARTICIPATING DISTRICTS & HOSPITALS

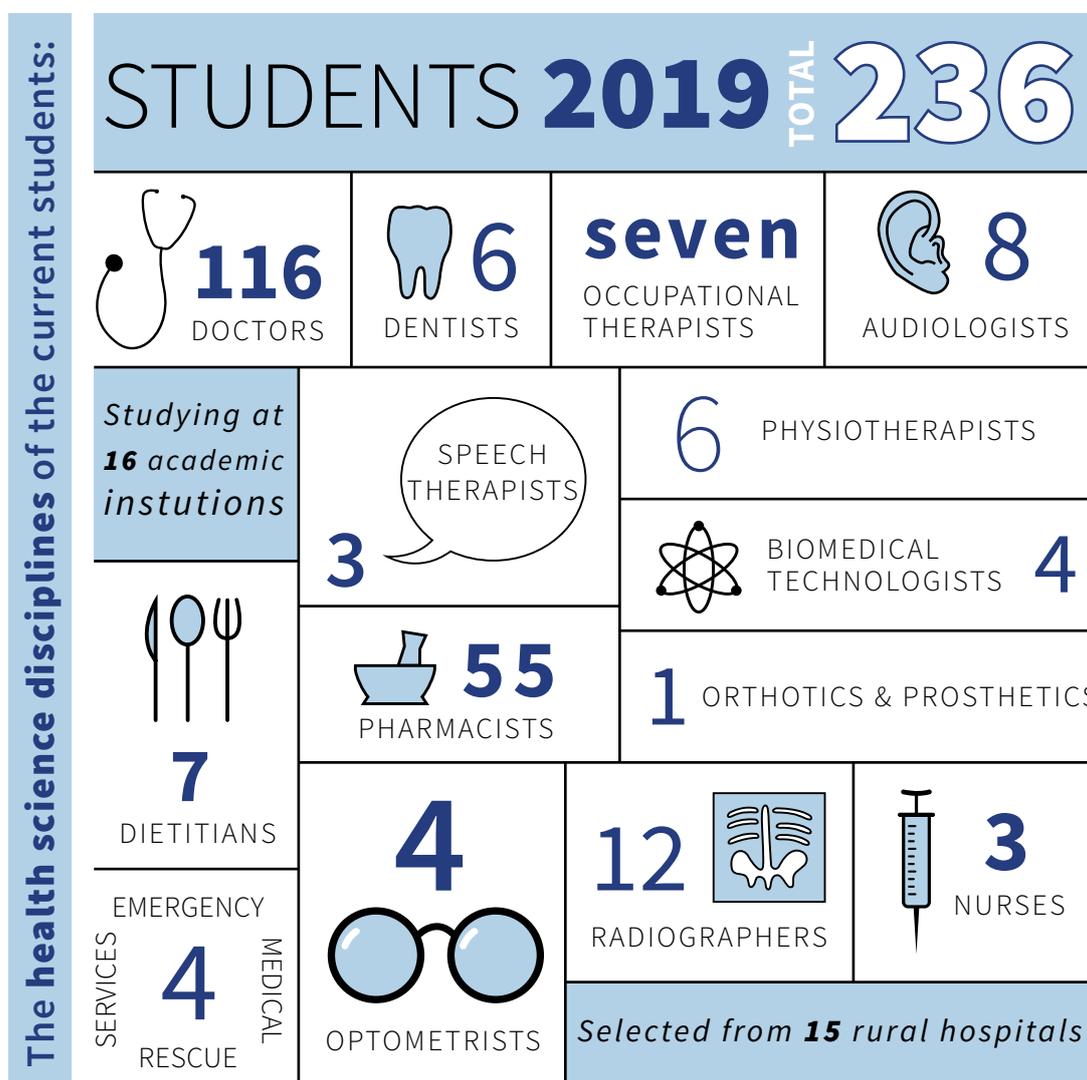
We are currently working with fifteen hospitals in four health districts of **Kwa-Zulu-Natal** (Umkhanyakude, Zululand, King Cetshwayo and Harry Gwala). Two of the four health districts (Umkhanyakude and Zululand) are Priority 18 districts – areas where health care indicators are poor and require significant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

IMPACT:

IMPROVED HEALTH CARE SERVICES TO RURAL COMMUNITIES

The Students

This year (2019) we are supporting 236 students. Thirty-five (35) new students were selected from 15 rural hospitals in northern KwaZulu-Natal.



It is amazing that 116 of the 236 students are studying medicine! A number of years ago, no one would have believed it possible that youth from deep rural areas would gain entry to university, let alone study to become a doctor – this is a major achievement!

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

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. Ntombi Mkhize is the Student Manager and has a network of local mentors situated around the country who provide assistance to students on a monthly basis. Ntombi is in contact with the students monthly, either by sms, email or telephone, and meets with them twice a year at University, and at least once whilst they are doing their holiday work.

With the large numbers of students we are supporting, and the fact that the students are studying at 16 different academic institutions across the country, we have a network of local student mentors to ensure

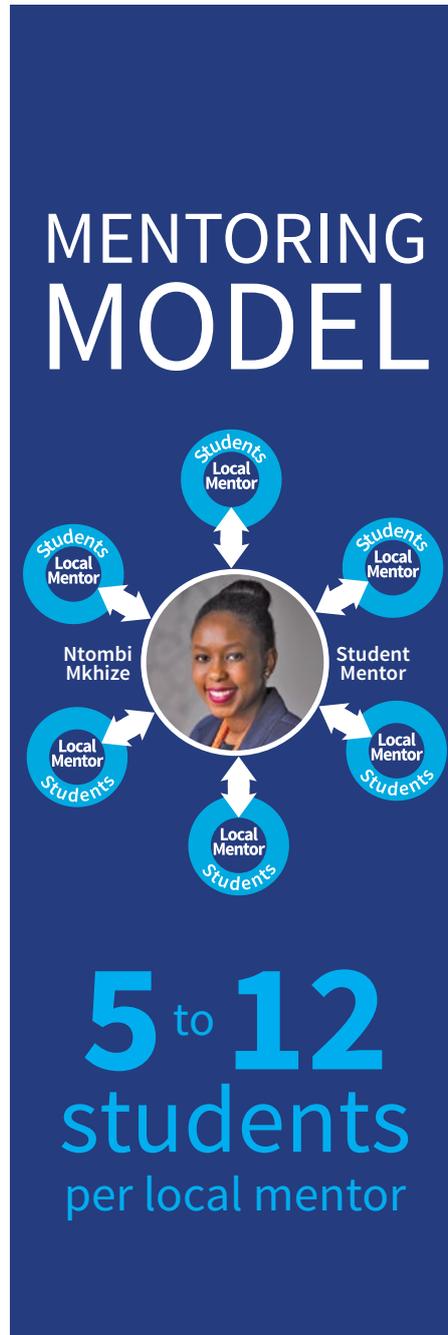
that all students are able to have a face to face meeting with a mentor. These mentors are based within close proximity of the various academic institutions, and have skills and experience in motivating and supporting students. All first, second and struggling senior students are allocated to a mentor with who they meet monthly. Each mentor, submits a monthly report on each student to Ntombi in order for her to remain aware of the progress of every student and provide additional support where needed.

The exceptionally high pass rate of 92%, achieved last year can be ascribed to the mentoring support provided to students. Our 92% 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.

In meeting with the students, the mentors always discuss the following:

1. The student's academic performance and their need to pass. The mentor's assist students to identify their problems and develop a plan of action (which may include the student meeting the lecturer to ask for assistance and/or being allocated a tutor). The mentor's hold the students accountable to implement the plan and monitor the change. The emphasis is on the student finding a solution to their problem.
2. How they are coping socially and personally. Students are encouraged to support each other and meet at least once a month to discuss issues and interact socially. Students with serious problems are referred to relevant professionals for specific help e.g. Counsellor; Social Worker.
3. Their need to honour their work-back agreement when they qualify.
4. The need to make good choices concerning their future by managing themselves well, and thus remaining HIV negative; preventing teenage pregnancy; avoiding substance abuse. It is emphasised that they have a bright future ahead of them which could be negated as a result of irresponsible behaviour.

The mentor/mentee relationship becomes one of respect, with the mentor being an accessible and available "shoulder to lean on", and who encourages the student to achieve their true potential. We have seen so many students exceed their own expectations by the high standards set.



Holiday Work

All students are required to undertake at least 4 weeks compulsory holiday work 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 understanding and experiencing the implications of shortages of staff, and understand 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.

Financial Support

The financial support provided to the students is comprehensive to ensure that the students are able to concentrate on their studies and pass. The support covers the following:

- Full tuition and accommodation
- A monthly food allowance
- A book allowance paid twice year
- Payment for holiday work
- Any other essential expense as required as part of the curriculum (eg. Minor equipment, compulsory excursions etc.)

How our programme supports government policy

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

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

nent quality positions.

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

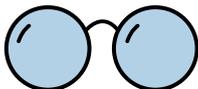
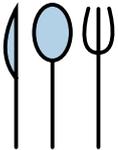
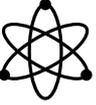
after graduating or completing their internship training.

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

The Alumni

The Umthombo Youth Development Foundation has produced 385 graduates, covering 17 different health science disciplines. As can be seen from the table below, 133 of the graduates are

doctors! All the graduates, except 9, are either employed or busy with internship training.

TOTAL GRADUATES 385	 133 DOCTORS	 6 DENTISTS	twelve OCCUPATIONAL THERAPISTS	7  PSYCHOLOGISTS	14 SOCIAL WORKERS
	 41 NURSES	one CLINICAL ASSOCIATE	31 PHYSIOTHERAPISTS	FIFTEEN  OPTOMETRISTS	
	4  SPEECH THERAPISTS	ORTHOTICS & PROSTHETICS 1	1 ENVIRONMENTAL HEALTH		
		 12 DIETITIANS	 40 PHARMACISTS		 BIOMEDICAL TECHNOLOGISTS 15
	11 DENTAL THERAPISTS	30  RADIOGRAPHERS	10  AUDIOLOGISTS	one  NUTRITIONIST	

The chart below gives a breakdown of where these graduates are currently working:

Of the 385 graduates, 39 are busy with their internship training and are thus unavailable to work at a rural hospital at this time. Subtracting them from the 385 graduates, we see that 56% of our graduates are working at a rural hospital – the aim and purpose of the scheme! If one includes the number of graduates working in rural non government organisations, this percentage increases to 58%!

10 graduates are specialising, whilst 47 of the 385 graduates have gone into the private sector.

To determine the effectiveness of our strategy of investing in rural youth to address the shortages of staff at rural hospitals in the long term, it is worth knowing where graduates that have no further work back obligations are working. Of the 385 graduates, 177 have no further work-back obligations - see graph, right.

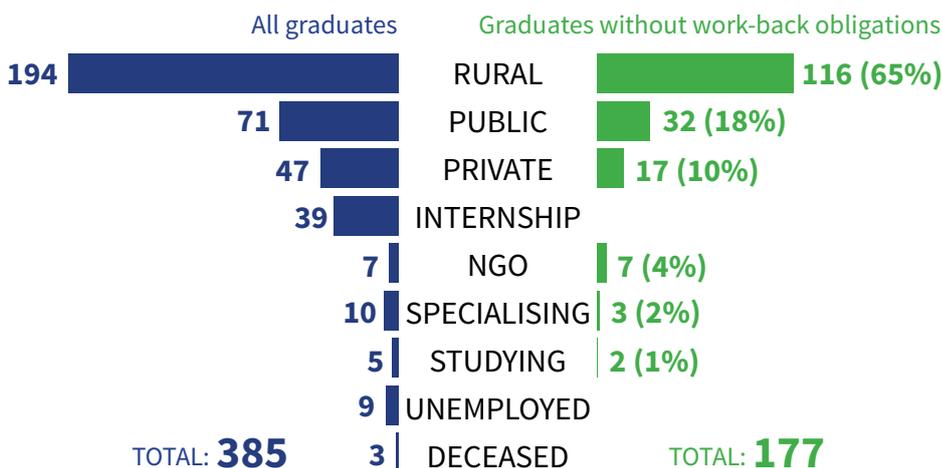
Significantly, of the 177 graduates that have no further work-back obligation to the UYDF, 65% are still working at a rural hospital! In addition, 4% are still serving rural communities as they work for rural non governmental organisations, thus in-

creasing the percentage to 69%. 18% are working in urban public hospitals, thus serving the majority of the population, whilst 2% are specialising. Only 10% have gone into the private health care sector. This confirms that the investment in rural youth does have a positive effect on the staffing of rural hospitals in the long term.

Of the 385 graduates, currently 7 graduates are defaulting and will be made to pay back the amount spent on them.

This confirms that the investment in rural youth does have a positive effect on the staffing of rural hospitals - both in the short and long term.

Graduates by place of work



Trustees



The Trustees of the Umthombo Youth Development Foundation are: Mr Sphamandla Mngomezulu, Dr Cyril Nkabinde, Ms Makhosazana Themba, Dr A Ross (Founder), Ms Nobayeni Dladla, Mr Joseph Motha

Organisational values

Our Values are:

Integrity: honest, trustworthy, responsible

Commitment: good attitude, loyal, see it 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

Our Values drive our behaviour, and thus as we ascribe to these values we trust they are reflected in our behaviour.

Partners

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.

Our relationship with the Department of Health has been cap-

tured in a Memorandum of Cooperation at Head Office level.

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

Anglo American Chairman's Fund
Aspen Pharmacare
Discovery Fund
Don McKenzie Trust
Kingdom Slots

Lily & Ernst Hausmann Bursary Trust
Nedbank Foundation
Norman Wevell Trust
Oppenheimer Memorial Trust
RB Hagart Trust

Robert Niven Trust
Robin Hamilton Trust
UCS Technology (Natal)
Zululand Air Mission Transport (ZUMAT)

Individual donors

Brian Whittaker
Dr Andrew Ross
Dr SS Mathenjwa
Dr Zandi Rosochacki

Koen Vermorgan
Glenys Ross
Wendy Clarke
Rob Roy Craft Club

Mngomezulu Family
R Ingle
Este Louw

Creating a ru

Rural hospitals having adequate local qualified staff, wh
offering comprehensive health ca

Imp

Student
development
support

Output

Graduat
385 graduates
17 health sciences
194 graduates are working
71 are working in the
65% of graduates without any
are working at

University Enrolment
Comprehensive financial support • Aca
2018 – 252 students were support
All students gain valuable experience do

Identify youth
with potential

School Outreach

Information provided to
rural school learners about health
sciences as career options
Subjects and grades needed
University application process
and funding options

Hospital Op

Allow pupils to lea
specific health scie
Meet and interact
See how a hos

43.6% of population is rural - only 12%
UYDF is working

PROB

Rural workforce

Impact

To understand the language and culture of their patients,
provide services to rural communities

Challenges

covering
disciplines
working at a rural hospital
public sector
work-back obligations
rural hospitals

Programme and Support

Academic & Social Mentoring support
achieved - 92% pass rate achieved
including holiday work at a rural hospital

Open Days

Learn more about
science disciplines
working with graduates
hospital works

Student Selection

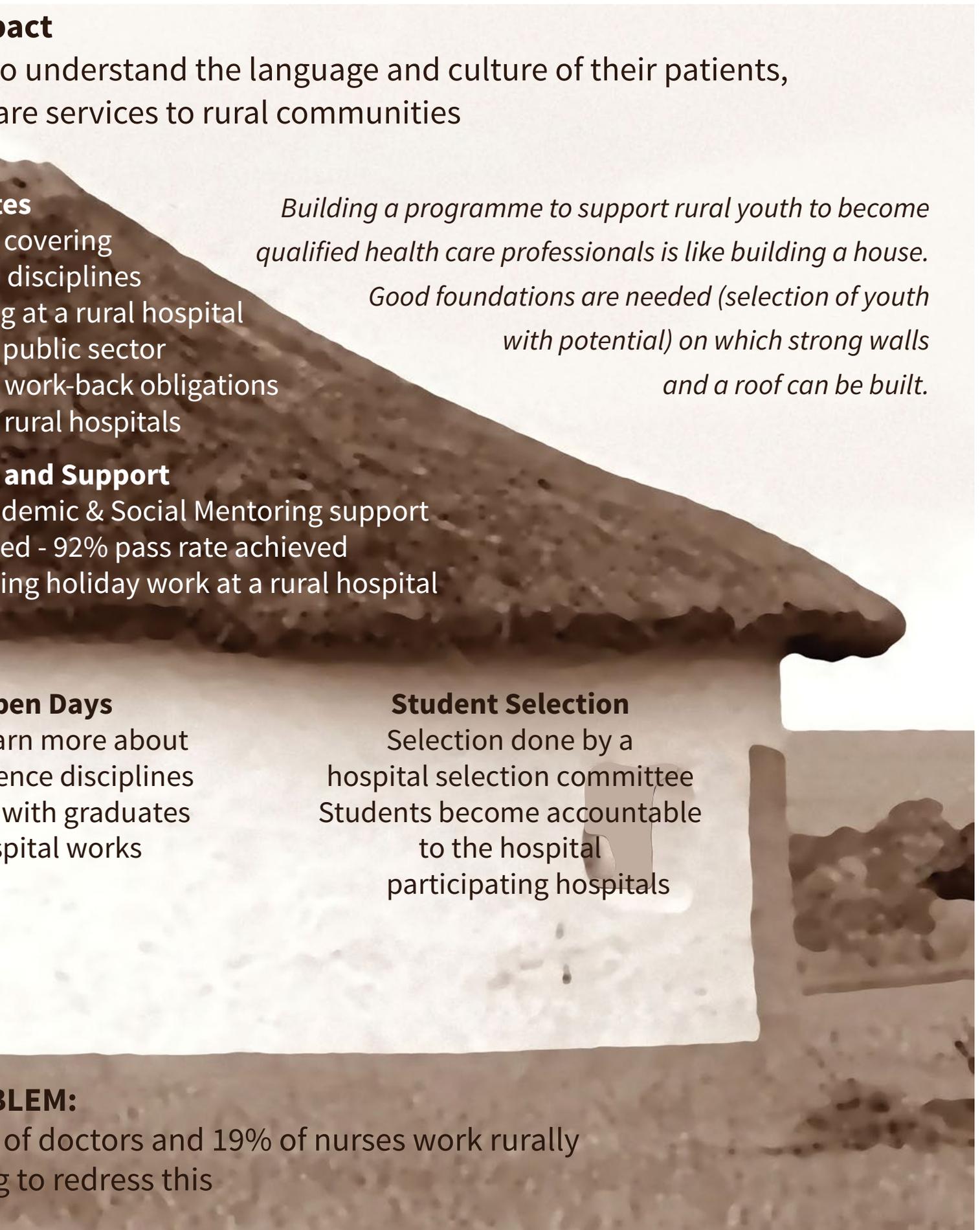
Selection done by a
hospital selection committee
Students become accountable
to the hospital
participating hospitals

Problem:

Only 10% of doctors and 19% of nurses work rurally
aiming to redress this

*Building a programme to support rural youth to become
qualified health care professionals is like building a house.*

*Good foundations are needed (selection of youth
with potential) on which strong walls
and a roof can be built.*



UYDF Graduates

2002

Nkosingiphile Nyawo, *Biomedical Technologist*, Private

Sibusiso Thwala, *Pharmacist*, Deceased

2003

John Mkhumbuzi, *Dental Therapist, Graduate & Youth Development Coordinator*, UYDF

Sithembile Nyawo, *Nurse*, Kwa Msane Clinic, Mtubatuba

France Nxumalo, *Optometrist*, National Department of Health

Dumisani Gumede, *Physiotherapist*, Studying

Snenhlanhla Gumede, *Physiotherapist*, Private

Samkelisiwe Mamba, *Radiographer*, Ngwelezana Hospital

Thembinkosi Ngubane, *Radiographer*, Private

2004

Zotha Myeni, *Biomedical Technologist*, NGO, Pietermaritzburg

Moses Mkhabela, *Environmental Health*, District Office, Umkhanyakude

Derrick Hlophe, *Occupational Therapist/Doctor*, Hlabisa Hospital

Lillian Mabuza, *Speech Therapist*, Lower Umfolozi Hospital

2005

Nkosinathi Ndimande, *Nutritionist*, studying

Sibongeleni Mngomezulu, *Nurse*, Ngwelezane Hospital

Zodwa Menyuka, *Nurse*, Hlabisa Hospital

Hazel Mkhwanazi, *Optometrist*, Private

Nelly Mthembu, *Pharmacist*, Mosvold Hospital

2006

Thulisiwe Nxumalo, *Physiotherapist*, DoE, Umkhanyakude

Happiness Nyawo, *Radiographer*, Private

Richard Gumede, *Social Worker*, Mosvold Hospital

Nonkuthalo Mbhamali, *Biomedical Technologist*, Private

Phila Gina, *Biomedical Technologist*, Evander Hospital, Mpumalanga

Thulani Shandu, *Dental Therapist*, Private

Lungile Hobe, *Doctor*, UKZN, Mseleni Hospital

Phindile Gina, *Doctor*, Specialist, Grootes Schuur Hospital

Thembelihle Phakathi, *Doctor*, UKZN, Paediatrician, Inkosi Albert Luthuli

Sicelo Nxumalo, *Nurse*, Mosvold Hospital

Zachariah Myeni, *Nurse*, Umkhanyakude District

Makhosazana Zwane, *Physiotherapist*, Northdale Hospital

Themba Mngomezulu, *Physiotherapist*, Mosvold Hospital

Ntombifuthi Mngomezulu,

Radiographer, Hlabisa Hospital

Mthokozisi Gumede, *Social Worker*,

Mseleni Hospital

2007

Mfundo Mathenjwa, *Doctor*, Specialist, Johannesburg General Hospital

Nhlakanipho Mangeni, *Doctor*, WITS, Specialising

Noxolo Ntsele, *Doctor*, UKZN, Edendale Hospital

Patrick Ngwenya, *Doctor*, Private

Petronella Manukuza, *Doctor*, Specialist, Steve Biko Academic Hospital

Bongumusa Mngomezulu, *Nurse*, NGO, BroadReach

Ntombikayise Gumede, *Nurse*, Manguzi Hospital

Phindile Ndlovu, *Nurse*, Ngwelezane Hospital

Ntokozi Mantengu, *Occupational Therapist*, Port Shepstone Hospital

Wiseman Nene, *Physiotherapist*, Private

Ntokozi Fakude, *Pharmacist*, Mosvold Hospital

Nozipho Myeni, *Radiographer*, Tongaat CHC

Nobuhle Mpanza, *Social Worker*, Mosvold Hospital

2008

Norman Thabethe, *Biomedical Technologist*, Bethesda Hospital

Lindiwe Khumalo, *Doctor*, Stanger Hospital

Mlungisi Khanyile, *Doctor*, Private

Sifiso Buthelezi, *Doctor*, UKZN,

Specialising

Zipho Zwane, *Doctor*, DoH, Pretoria

Brian Mahaye, *Nurse*, Ngwelezane Hospital

Celenkosini Sibiya, *Speech Therapist*, EC Department of Education

2009

Cynthia Tembe, *Biomedical Technologist*, Victoria Hospital, Tongaat

Nonsikelelo Mazibuko, *Biomedical Technologist*, Wentworth Hospital

Archwell Hlabisa, *Doctor*, UKZN, Specialising

Gug'elihle Mkhulisi, *Doctor*, Africa Centre

Nhlanhla Champion, *Doctor*, Deceased

Nompilo Xulu, *Doctor*, Addington Hospital

Nonhlanhla Gumede, *Doctor*, Private, Mpumalanga

Nontobeko Khumalo, *Doctor*, Prince Mshiyeni Hospital

Pamela Zungu, *Doctor*, Private

Philokuhle Buthelezi, *Doctor*, UKZN, Specialising

Phumla Dladla, *Doctor*, Edendale Hospital

Velemseni Mdletshe, *Doctor*, Private

Bheki Mendlula, *Optometrist*, Phelophepa Health Train

Sicelo Mafuleka, *Optometrist*, Phelophepa Health Train

Simangele Mathenjwa, *Psychologist*, Private

Siphamandla Mngomezulu, *Psychologist*, Private

Ncamsile Mafuleka, *Radiographer*, St Anne's Hospital

Nokuthula Zikhali, *Social Worker*, Northdale Hospital

Noxolo Mngomezulu, *Social Worker*, Mseleni Hospital

Phumzile Biyela, *Social Worker*, NGO, Association for Physical Disabilities

2010

Sthembiso Ngubane, *Biomedical Technologist*, studying medicine

Bhotsotso Tembe, *Dental Therapist*, Private

Bongiwe Nungu, *Doctor*, Private, Pietermaritzburg

Faustin Butiri, *Doctor*, Nkosi Albert Luthuli Hospital

Mazwi Mabika, *Doctor*, WITS, Specialist, JHB General Hospital

Mndeni Kunene, *Doctor*, Nelson Mandela Academic Hospital

Sandile Mbonambi, *Doctor*, Private

Thabia Sekgota, *Doctor*, Ngwelezane Hospital

Celumusa Xaba, *Nurse*, Mosvold Hospital

Thokozile Phakathi, *Occupational Therapist*, DoE, Umkhanyakude

Bongekile Zwane, *Pharmacist*, Mosvold Hospital

UYDF Graduates

Victoria Masinga, *Pharmacist*, Medical Research Council

Wonderboy Nkosi, *Pharmacist*, Northdale Hospital, PMB

Bhekumuzi Shongwe, *Physiotherapist*, Mosvold Hospital

Nonkululeko Nsimbini, *Physiotherapist*, Manguzi Hospital

Silindile Gumbi, *Psychologist*, Turton CHC, Umzumbe

Themba Myeni, *Social Worker*, Bethesda Hospital

2011

Andreas Mthembu, *Biomedical Technologist*, Edendale Hospital

Nomusa Zikhali, *Biomedical Technologist*, Private

Simanga Khanyile, *Biomedical Technologist*, NHLS Evander

Thandi Nxumalo, *Biomedical Technologist*, Ngwelezane Hospital

Sikhumbuzo Mbelu, *Dentist*, Private

Immaculate Dlamini, *Doctor*, Nkonjeni Hospital

Mlungisi Banda, *Doctor*, Hlabisa Hospital

Nokwazi Khumalo, *Doctor*, Benedictine Hospital

Nomcebo Gumede, *Doctor*, Johannesburg General

Nonkululeko Mncwabe, *Doctor*, Ngwelezane Hospital

Sicelo Mabika, *Doctor*, Steve Biko Academic Hospital, Specialising

Thulusiwe Mthembu, *Doctor*, St Margaret Hospital, Umzimkulu

Musa Gumede, *Nurse*, Mosvold Hospital

Phindile Khuluse, *Nurse*, Hlabisa Hospital

Senziwe Ndlovu, *Nurse*, Hlabisa Hospital

Zamani Dlamini, *Nurse*, NGO, Umkhanyakude

Mamsy Ndwandwe, *Pharmacist*, Mseleni Hospital

Sithabile Mthethwa, *Pharmacist*, Hlabisa Hospital

Ntombifuthi Mbatha, *Psychologist*, Private

Sibongiseni Mkhize, *Psychologist*, Ngwelezane Hospital

Sicelo Ntombela, *Radiographer*, Itshelejuba Hospital

Ncamsile Sithole, *Social Worker*, Deceased

Zamakhondlo Gumede, *Social Worker*, Mseleni Hospital

2012

Gugu Ndlamlenze, *Audiologist*, NGO Aurum Institute

Senzo Khambule, *Clinical Associate*, University of Pretoria

Justice Shongwe, *Dentist*, Ermelo Hospital

Bongumusa Dlamini, *Dietician*, Bethesda Hospital

Nothile Khumalo, *Dietician*, Hlabisa Hospital

Philile Nxumalo, *Dietician*, Itshelejuba Hospital

Bongekile Kubheka, *Doctor*, Addington Hospital

Delani Hlophe, *Doctor*, Hlabisa Hospital

Phelelani Dladla, *Doctor*, Benedictine Hospital

Sibusiso Gumede, *Doctor*, Specialising, King Edward Hospital

Thulani Ndimande, *Doctor*, Specialising, Ngwelezane Hospital

Thulani Ngwenya, *Doctor*, Bethesda Hospital

Sibongile Thwala, *Nurse*, Manguzi Hospital

Zanele Buthelezi, *Nurse*, Hlabisa Hospital

Zanele Buthelezi, *Optometrist*, Private

Londiwe Msimango, *Pharmacist*, Itshelejuba Hospital

Sithandiwe Shange, *Pharmacist*, Nkandla Hospital

Phumelele Nkosi, *Radiographer*, Benedictine Hospital

Lungile Thwala, *Social Worker*, Bethesda Hospital

Nombuso Ngubane, *Social Worker*, Mosvold Hospital

Thabo Nakedi, *Social Worker*, NGO, Mseleni

Zandile Mthembu, *Social Worker*, Eshowe Hospital

Samkelo Sibiya, *Biomedical Technologist*, Unemployed

Ayanda Nsele, *Dental Therapist*, Bethesda Hospital

Fanele Simelane, *Dental Therapist*, Montebello Hospital

Nonhle Magubane, *Dental Therapist*, Mseleni Hospital

Siphamandla Dube, *Dentist*, Nkandla Hospital

Nomkhosi Ncanana, *Dietician*, Hlabisa Hospital

Ntandoyenkosi Mkhombo, *Dietician*, Manguzi Hospital

Themba Manzini, *Dietician*, Mosvold Hospital

Andisiwe Ngcobo, *Doctor*, Nkonjeni Hospital

Halalisani Ncanana, *Doctor*, Nkandla Hospital

Khanyile Saleni, *Doctor*, Addington Hospital

Lindokhule Mfeka, *Doctor*, Christ the King Hospital

Lungile Gumede, *Doctor*, Hlabisa Hospital

Mbongeni Mathenjwa, *Doctor*, Empangeni

Mbongi Mpanza, *Doctor*, Tembisa Hospital

Mncedisi Ndlovu, *Doctor*, Specialising, UFS

Nokwanda Linda, *Doctor*, Manguzi Hospital

Nokwethemba Myeni, *Doctor*, Nkandla Hospital

Nomalungelo Mbokazi, *Doctor*, Specialising, Greys Hospital

Nomfundo Cele, *Doctor*, Stanger Hospital

Nontobeko Mthembu, *Doctor*, St Margaret Hospital

Ntibelleng Motebele, *Doctor*, Greytown Hospital

Ntokozi Zondi, *Doctor*, Bethesda Hospital

Samukelisiwe Mkhize, *Doctor*, Umzimkulu Psychiatric Hospital

Sandra Khumalo, *Doctor*, Hlabisa Hospital

Sinovuyo Madikane, *Doctor*, EG Usher Memorial Hospital

Sithokozile Myeni, *Doctor*, Private

Zanele Ntuli, *Doctor*, Mosvold Hospital

Khulani Gumede, *Nurse*, Bethesda Hospital

Lindani Mkhwanazi, *Nurse*, Mosvold Hospital

Nokwanda Ndabandaba, *Nurse*, Bethesda Hospital

Nomfumdo Ntimbane, *Nurse*, Mosvold Hospital

Samkelo Sithole, *Nurse*, Mosvold Hospital

Siyabonga Mthembu, *Nurse*, Mosvold Hospital

Zethu Ngcamu, *Nurse*, Hlabisa Hospital

Zinhle Mdletshe, *Occupational Therapist*, Manguzi Hospital

Sebenzile Manyoni, *Optometrist*, Mseleni Hospital

Thembile Zikhali, *Optometrist*, Bethesda Hospital

Gugulethu Zulu, *Pharmacist*, Benedictine Hospital

Sibusiso Mabizela, *Pharmacist*, Nkandla Hospital

Sthembiso Mahendula, *Physiotherapist*, Mosvold Hospital

Thobekile Gumede, *Physiotherapist*, Itshelejuba Hospital

Zandile Vilana, *Physiotherapist*, Vryheid Hospital

Zanele Mkhwanazi, *Physiotherapist*, Hlabisa Hospital

UYDF Graduates

Zama Kunene, *Psychologist*, Nkonjeni Hospital

Ntuthuko Nxumalo, *Radiographer*, Benedictine Hospital

Thembeka Dlamini, *Social Worker*, Mosvold Hospital

Octavia Tembe, *Speech Therapist*, Itshelejuba Hospital

2014

Gumede Lindani, *Dietician*, Private

Londiwe Manda, *Audiologist*, Vryheid Hospital

Sibongakonke Mamba, *Biomedical Technologist*, Bethesda Hospital

Njabulo Nhlenyama, *Dental Therapist*, Studying Dentistry

Cebisile Sibiya, *Doctor*, Pelonomi Hospital, Free State

Fanele Simelane, *Doctor*, Itshelejuba Hospital

Fezile Mkhize, *Doctor*, Private

Ndumiso Sibisi, *Doctor*, King Edward

Nokuthula Mbele, *Doctor*, Queen Nandi Hospital

Sanelisiwe Myeni, *Doctor*, Vryheid Hospital

Yvonne Ngobese, *Doctor*, Mosvold Hospital

Nkosingiphile Dlamini, *Nurse*, Mosvold Hospital

Nombuyiselo Dlamini, *Nurse*, Benedictine Hospital

Nonduduzo Ndlovu, *Nurse*, Mosvold Hospital

Silindile Mncube, *Nurse*, Mseleni Hospital

Simphiwe Mahlangu, *Nurse*, Manguzi Hospital

Thokozani Mbatha, *Nurse*, Hlabisa Hospital

Muzi Ndlazi, *Optometrist*, Hlabisa Hospital

Nontobeko Nsele, *Optometrist*, Mosvold Hospital

Nombuso Nxumalo, *Optometrist*, Bethesda Hospital

Siphesihle Madi, *Optometrist*, Catherine Booth Hospital

Mbalenhle Mncube, *Pharmacist*, Nkandla Hospital

Thobile Mpontshane, *Pharmacist*, Bethesda Hospital

Gugulethu Kunene, *Physiotherapist*, Bethesda Hospital

Nomzamo Mashaba, *Physiotherapist*, Vryheid Hospital

Phakamani Ntuli, *Physiotherapist*, Royal Eagle Football Club

Sandiso Msweli, *Physiotherapist*, Private

Khanyisile Nene, *Psychologist*, Private

Mthobisi Makhoba, *Radiographer*, Mseleni Hospital

Nokubonga Ndlovu, *Radiographer*, Ceza Hospital

Nokwanda Buthelezi, *Radiographer*, Christ the King Hospital

Phele Gumede, *Radiographer*, Mosvold Hospital

Sibusiso Zwane, *Radiographer*, Itshelejuba Hospital

Siphamandla Mbuli, *Radiographer*, Hlabisa Hospital

Vukile Miya, *Radiographer*, Holy Cross Hospital

2015

Lindiwe Ngubane, *Audiologist*, Mosvold Hospital

Muziwakhe Myeni, *Audiologist*, Ceza Hospital

Nomzamo Thabethe, *Audiologist*, Mseleni Hospital

Nombuso Khumalo, *Dental Therapist*, Mosvold Hospital

Thuleleni Masinga, *Dental Therapist*, Bethesda Hospital

Sabelo Mngomezulu, *Dentistry*, Mosvold Hospital

Fortunate Shandu, *Dietetics*, Benedictine Hospital

Sizophila Nene, *Dietetics*, Nkonjeni Hospital

Londiwe Ntshangase, *Doctor*, Port Shepstone Hospital

Luanda Mthembu, *Doctor*, Queen Nandi Hospital

Mfanukhona Nyawo, *Doctor*, Bethesda Hospital

Ndabezitha Khoza, *Doctor*, Mbongolwane Hospital

Nduduzo Ndimande, *Doctor*, Manguzi Hospital

Nkosikhona Ntuli, *Doctor*, Hlabisa Hospital

Ntokozo Shandu, *Doctor*, Ngwelezana Hospital

Phindile Chonco, *Doctor*, Christ the King Hospital

Sicelo Khumalo, *Doctor*, Itshelejuba Hospital

Sphamandla Zulu, *Doctor*, Kalafong Hospital

Simosakhe Mbatha, *Nurse*, Catherine Booth Hospital

Scebi Mhlongo, *Nurse*, Eshowe Hospital

Thembeke Shezi, *Nurse*, Ngwelezana Hospital

Xolelani Ngubane, *Nurse*, Manguzi Hospital

Gugulethu Dumakude, *Occupational Therapist*, Benedictine Hospital

Mesuli Mkhwanazi, *Optometrist*, Mseleni Hospital

Siyathokoza Nyawo, *Optometrist*, Manguzi Hospital

Menzi Nyawo, *Pharmacist*, Nkandla Hospital

Mukeliwe Zulu, *Pharmacist*, Queen Nandi Hospital

Nongcebo Khanyile, *Pharmacist*, Queen Nandi Hospital

Ntombikayise Langa, *Pharmacist*, Private

Thandeka Zungu, *Pharmacist*, Mseleni Hospital

Ayanda Ngubane, *Physiotherapist*, Bethesda Hospital

Nokukhanya Masango, *Physiotherapist*, Nkonjeni Hospital

Samukeliswe Mazibuko, *Physiotherapist*, Benedictine Hospital

Silindile Zungu, *Physiotherapist*, Dumbé CHC

Busiwe Dlamini, *Radiographer*, Mosvold Hospital

Menzi Khali, *Radiographer*, Dumbé CHC

Themba Mbonambi, *Radiographer*, Mseleni Hospital

Thobeka Mavuso, *Radiographer*, Itshelejuba Hospital

2016

Nompumelelo Hlengwa, *Bio Medical Technologist*, Nkonjeni Hospital

Bongekile Mngomezulu, *Dental Therapist*, Mosvold Hospital

Khulekile Dlamuka, *Dietetics*, Unemployed

Phakamile Ngubane, *Dietetics*, Private

Grace Dlamini, *Doctor*, Tembe Hospital

Halala Jiyane, *Doctor*, Kalafong Hospital

Joanah Mdluli, *Doctor*, Church of Scotland

Lindokuhle Bhengu, *Doctor*, Don McKenzie Hospital

Mlungisi Gumede, *Doctor*, Don McKenzie

Ncamisile Mthembe, *Doctor*, Jozini CHC

Nkosinathi Mlambo, *Doctor*, Kalafong Hospital

Nomthandazo Mkhwanazi (Myeni), *Doctor*, Ceza Hospital

Nonhlanhla Cele, *Doctor*, KwaMagwaza

Nontobeko Mnguni, *Doctor*, Vryheid Hospital

Nothando Mbatha, *Doctor*, Kwadabeka CHC

Nothile Mbatha, *Doctor*, Bethesda Hospital

UYDF Graduates

Sibusisiwe Nkosi, *Doctor*, Sundumbili CHC

Sibusiso Zwane, *Doctor*, Northdale Hospital

Sihle Dlamini, *Doctor*, Itshelejuba

Silindile Nsele, *Doctor*, Sundumbili CHC

Sinothile Malinga, *Doctor*, Klerksdorp Hospital

Sithokoziso Goso, *Doctor*, Nkandla

Smangele Simelane, *Doctor*, Glengrace Hospital, EC

Thabiso Mtshali, *Doctor*, Rustenburg

Thubelihle Mpungose, *Doctor*, Volksrust Hospital

Zandile Xaba, *Doctor*, Mankweng Hospital

Zilandile Xaba, *Doctor*, Bethesda Hospital

Bongekile Mashaba, *Nurse*, Unemployed

Zakhona Mkhwanazi, *Nurse*, Mosvold Hospital

Eliot Nogo, *Nurse*, Cloete Joubert Hospital

Kwenzile Jiyane, *Occupational Therapist*, Private

Mondli Zulu, *Occupational Therapist*, Private

Mbekezeli Methula, *Optometrist*, Itshelejuba Hospital

Londiwe Gumede, *Pharmacist*, Unemployed

Simosethu Magwala, *Pharmacist*, Studying medicine

Sindiswa Qwabe, *Pharmacist*, Private

Nkanyiso Zulu, *Pharmacist*, Mseleni

Philile Zulu, *Pharmacist*, Imbalenhle CHC

Smangele Mabika *Physiotherapist*, Manguzi Hospital

Fanelisibonge Msane, *Physiotherapist*, Ceza Hospital

Nsindiso Mthembu, *Physiotherapist*, Nkandla Hospital

Thobeka Mthethwa, *Physiotherapist*, Bethesda Hospital

Sicelo Ndlazi, *Physiotherapist*, Unemployed

Lungile Njokweni, *Physiotherapist*, Unemployed

Cebolenkosi Khumalo, *Radiographer*, Studying

Faith Botha, *Radiographer*, St Andrews Hospital

Kwenzakwabo Magwaza, *Radiographer*, Ceza Hospital

Thulisile Maphumulo, *Radiographer*, Ceza Hospital

Celumusa Myeni, *Radiographer*, Unemployed

Vuyiswa Ngoza, *Radiographer*, Unemployed

Yandisa Zulu, *Radiographer*, Unemployed

2017

Akhona Zulu, *Doctor*, Internship

Sibusile Buthelezi, *Doctor*, Internship

Mphathiseni Dlamini, *Doctor*, Internship

Mbalenhle Dube, *Doctor*, Internship

Zamaqwabe Gumede, *Doctor*, Internship

Hlanzeka Madlala, *Doctor*, Internship

Mlamuli Mkhali, *Doctor*, Internship

Nomasiko Myeni, *Doctor*, Internship

Nhlakanipho Ndlazi, *Doctor*, Internship

Thobani Dlamini, *Nurse*, Unemployed

Lindeni Ngubane, *Nurse*, Mseleni Hospital

Nomthandazo Nkosi, *Nurse*, Private

Nondumiso Sitholi, *Nurse*, Bethesda Hospital

Este Louw, *Occupational Therapist*, Private

Siduduzo Ngobese, *Occupational Therapy*, Private

Siphephelo Mkhwanazi, *Orthotics and Prosthetics*, Wentworth Hospital

Nqobile Bhengu, *Pharmacist*, Ekombe Hospital

Nobuhle Gabela, *Pharmacist*, Ekombe hospital

Ronald Hlangu, *Pharmacist*, Rietvlei Hospital

Nontokozi Mkhombo, *Pharmacist*, Manguzi Hospital

Phumla Msomi, *Pharmacist*, Pholela CHC

Sithabile Mwelase, *Pharmacist*, Hlabisa Hospital

Sakhile Zulu, *Pharmacist*, KwaMagwaza Hospital

Bongokuhle Menyuka, *Physiotherapist*, Unemployed

Malusi Zwane, *Physiotherapist*, Private

Syanda Dlamini, *Radiographer*, Rietvlei Hospital

Noluthando Tshabalala, *Speech Therapy*, Private

2018

Anele Mkhize, *Audiologist*, Hlabisa Hospital

Mxolosi Mabaso, *Audiologist*, Mseleni Hospital

Sanele Mncube, *Audiologist* Benedictine Hospital

Siphile Dimba, *Audiologist*, Bethesda Hospital

Noxolo Nkosi, *Audiologist*, Nkonjeni Hospital

Noxolo Nxumalo, *Dental Therapist*, Private

Nontobeko Mdalose, *Dentistry*, Vryheid Hospital

Mbalenhle Mazibuko, *Dentistry*, Ekombe Hospital

Lungelo Buthelezi, *Dietetics*, Ekombe Hospital

Attah Mkhize, *Doctor*, Internship

Ayanda Guma, *Doctor*, Internship

Bongiwe Xaba, *Doctor*, Internship

Hloniphani Mpanza, *Doctor*, Internship

Mlungisi Vilakazi, *Doctor*, Internship

Mondli Khumalo, *Doctor*, Internship

Nondumiso Mkhize, *Doctor*, Internship

Nosipho Dlamini, *Doctor*, Internship

Noxolo Nxele, *Doctor*, Internship

Nqobile Myeni, *Doctor*, Internship

Olwethu Vilakazi, *Doctor*, Internship

Sakhile Mabasa, *Doctor*, Internship

Sambulo Mthembu, *Doctor*, Internship

Sibonelo Khumalo, *Doctor*, Internship

Siphiwe Gina, *Doctor*, Internship

Siza Gusha, *Doctor*, Internship

Thabiso Magudulela, *Doctor*, Internship

Thembeke Mahlobo, *Doctor*, Internship

Zakhile Zungu, *Doctor*, Internship

Zandile Sibeko, *Doctor*, Internship

Ziningi Thwala, *Doctor*, Internship

Sibongakonke Manzini, *Nurse*, Manguzi Hospital

Nonkazimulo Dlamini, *Occupational Therapist*, Itshelejuba Hospital

Nozipho Tembe, *Occupational Therapist*, Montebello Hospital

Thulani Fakude, *Occupational Therapist*, Mosvold Hospital

Velisiwe Mbuyisa, *Occupational Therapist*, Sundumbili CHC

Nomthandazo Sibiyi, *Optometrist*, Private

Bongumenzi Dlamini, *Pharmacist*, internship

Mvelo Buthelezi, *Pharmacist*, Internship

Nomthandazo Mbatha, *Pharmacist*, Internship

Nokulunga Shongwe, *Pharmacist*, Internship

Nokwanda Tembe, *Pharmacist*, Unemployed

Ntandoyakhe Nxumalo, *Pharmacist*, Internship

Sabelo Sihlongonyana, *Pharmacist*, Internship

Sphiwosoxolo Qoyo, *Pharmacist*, Internship

Thokozile Dinga, *Pharmacist*, Internship

Lethukuthula Khumalo, *Physiotherapist*, Ladysmith Hospital

Nelisiwe Mntungwa, *Physiotherapist*, Northwest Province

WandileMthembu, *Physiotherapist*, Benedictine Hospital

Ntokozi Mthethwa, *Radiographer*, Mseleni Hospital

Annual Financial Statements

For the ten months ended 31 December 2018

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 S S Mngomezulu N C Dladla T C Nkabinde T J Motha M P Themba
Registered office	1A Shongweni Road Hillcrest 3650
Business address	1A Shongweni Road Hillcrest 3650
Postal address	Postnet Suite 10328 Private Bag X7005 Hillcrest 3650
Auditors	Victor Fernandes & Co Chartered Accountants (S.A.) Registered Auditor
Trust registration number	IT1856/95
Tax reference number	1326/035/20/9
Level of assurance	These annual financial statements have been audited in compliance with the applicable requirements of the Trust Deed.
Preparer	The annual financial statements were independently compiled by: V M R Fernandes CA (S.A.)
Published	15 April 2019

INDEX

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

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

Detailed Statement of Comprehensive Income	16 - 17
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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 auditors are 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 judgments and estimates.

The trustees acknowledge that they are ultimately responsible for the system of internal financial control established by the trust and place considerable importance on maintaining a strong control environment. To enable the trustees to meet these responsibilities, the trustees 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.

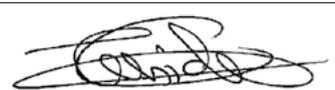
The trustees are of the opinion, based on the information and explanations given by management, that the system of internal control provides reasonable assurance that the financial records may be relied on for the preparation of the annual financial statements. However, any system of internal financial 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 twelve months to 31 December 2018 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 auditors are responsible for independently auditing and reporting on the trust's annual financial statements. The annual financial statements have been examined by the trust's external auditors and their report is presented on page 6.

The annual financial statements set out on pages 8 to 15, which have been prepared on the going concern basis, were approved by the trustees on 15 April 2019 and were signed on its behalf by:

A J Ross 
T C Nkabinde 

Trustees' Report

The trustees submit their report on the annual financial statements of Umthombo Youth Development Foundation Trust for the ended 31 December 2018.

1. The trust

The trust was created by the trust deed dated 19 May 1995 although it commenced operations on 01 March 1996.

The name of the trust was changed from Friends of Mosvold to Umthombo Youth Development Foundation Trust in March 2010.

2. Nature of business

The beneficiaries of the trust are Black people as defined by the Broad-Based Economic Empowerment Act No 53 of 2003, resident in rural communities of South Africa. The purpose of the trust is to improve and extend health and health related services to the residents in South Africa.

The Umthombo Youth Development Foundation (UYDF) has entered into a partnership with the National Student Financial Aid Scheme (NSFAS) in which NSFAS provides an annual allocation to the UYDF to disperse loans on its behalf. The loans are issued to UYDF students

to fund their university expenses. In terms of the trust's agreement with the student, the trust has agreed to assume the repayment of one year of the obligation that the student has to NSFAS, provided the student completes a year of work at an agreed rural hospital. This contingency requires that the UYDF has reserves and cash available to meet these commitments should they become due. During the academic year January to December 2018 NSFAS advanced R14,500,000 (2017:R13,000,000), and with the new agreement by NSFAS to fund the entire cost of 236 students in 2019, including bearing a proportion of the student monitoring costs, previously borne solely by the trust, it is envisaged that the 2019 advances will be in the region of R21,000,000.

This undertaking by NSFAS to provide full cost funding going forward will reduce the trust's repayment obligation, that previously the student had to NSFAS, and which the trust had agreed to assume, provided the student completed a year of work at a rural hospital. Of the liability R344,826 provided in 2017, only R108,842 was actually paid out in 2018.

With the introduction of "free higher education", the 2018 students in the programme

will receive full cost busarries going forward, as apposed to loans, and thus it is felt that there would be no further liability on the part of the trust. Furthermore the likelihood of outstanding student loans being recoverable from the trust is minimal.

The trustees thus feel that a provision of R125,000 for the possible repayment of student loans is sufficient.

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

3. Review of financial results and activities

The annual financial statements have been prepared in accordance with International Financial Reporting Standard for Small and Medium-sized Entities. The accounting policies have been applied consistently compared to the prior period.

Full details of the financial position, results of operations and cash flows of the trust are set out in these annual financial statements.

Please note that the prior year financial report only covers 10 months (March to December 2017) as the financial year was changed to a

calendar year to correspond with the academic year and business cycle.

Trust capital has significantly decreased due to the funding cycle of a large funder ending (worth R4 million in 2017), as well as the unforeseen need to fund the settlement of students' outstanding university fees in order not to impede their academic progress, amounting to R2,403,949, as well as increased employee costs. The National Student Financial Aid Scheme (NSFAS) has subsequently agreed to refund the

R2,403,949 in the 2019 financial year.

4. Trustees

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

Trustees

A J Ross
S S Mngomezulu
N C Dladla
T C Nkabinde
T J Motha

M P Themba

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. Auditors

Victor Fernandes & Co continued in office as auditors for the trust for 2018. They will continue in office for the 2019 financial year.

Independent Auditor's Report

To the trustees of Umthombo Youth Development Foundation Trust

Qualified opinion

We have audited the annual financial statements of Umthombo Youth Development Foundation Trust set out on pages 8 to 15, which comprise the statement of financial position as at 31 December 2018, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the then ended, and notes to the annual financial statements, including a summary of significant accounting policies.

In our opinion, except for the possible effect of the matter described in the basis for qualified opinion section of our report, the annual financial statements present fairly, in all material respects, the financial position of Umthombo Youth Development Foundation Trust as at 31 December 2018, and its financial performance and cash flows for the then ended in accordance with International Financial Reporting Standard for Small and Medium-sized Entities and the requirements of the Trust Property Control Act 57 of 1988.

Basis for qualified opinion

In common with similar organisations, it is not feasible for the organisation to institute accounting controls over collections from donations and grants prior to being received and recorded in the accounting records. Accordingly, it was impractical for us to extend our examination beyond the receipts actually recorded. We conducted our audit in accordance with International Standards on Auditing. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the annual financial statements section of our report. We are independent of the trust in accordance with the Independent Regulatory Board for Auditors Code of Professional Conduct for Registered Auditors (IRBA Code) and other independence requirements applicable to performing audits of annual financial statements in South Africa. We have fulfilled our

other ethical responsibilities in accordance with the IRBA Code and in accordance with other ethical requirements applicable to performing audits in South Africa. The IRBA Code is consistent with the International Ethics Standards Board for Accountants Code of Ethics for Professional Accountants (Parts A and B). We believe that our audit procedures were sufficient and appropriate to support the basis for our qualified opinion.

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

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

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

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

dit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the trust's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the annual financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the trust to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the annual financial statements, including the disclosures, and whether the annual financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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



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

15 April 2019

Statement of Financial Position as at 31 December 2018

	Note(s)	31 December 2018 R	31 December 2017 R
Assets			
Non-Current Assets			
Plant and equipment	2	383,694	388,437
Current Assets			
Other receivables	3	295,666	243,669
Cash and cash equivalents	4	14,701,559	22,485,482
		14,997,225	22,279,151
Total Assets		15,380,919	23,117,588
Equity and Liabilities			
Equity			
Trust Capital	5	14,652,511	21,907,296
Liabilities			
Current Liabilities			
Trade and other payables	6	588,568	1,108,047
Provision for unpaid leave	7	139,840	102,245
		728,408	1 210,292
Total Equity and Liabilities		15,380,919	23 117,588

Statement of Comprehensive Income

	Note(s)	12 Months ended 31 December 2018 R	10 Months ended 31 December 2017 R
Revenue			
Other income (Refer to page 16)		39,783	15,111
Operating expenses (Refer to page 17)		(16,768,356)	(11,433,803)
Operating (deficit)/surplus		(8,185,194)	910,560
Investment revenue		930,409	1,025,093
Finance costs		-	(58)
(Deficit)/surplus for the year		(7,254,785)	1,935,595
Other comprehensive (deficit)/surplus			
Total comprehensive (deficit)/surplus for the year		(7,254,785)	1,935,595

Statement of Cash Flows

	Note(s)	12 Months ended 31 December 2018 R	12 Months ended 31 December 2017 R
Cash flows from operating activities			
Cash generated from/(used in) operations	10	(8,564,422)	1,415,943
Interest income		930,409	1,025,093
Finance costs		-	(58)
Net cash from operating activities		(7,634,013)	2,440,978
Cash flows from investing activities			
Purchase of plant and equipment	2	(221,875)	(330,456)
Sale of plant and equipment	2	71,965	79,999
Net cash from investing activities		(149,910)	(250,457)
Total cash movement for the		(7,783,923)	2,190,521
Cash at the beginning of the		22,485,482	20,294,961
Total cash at end of the	4	14,701,559	22,485,482

Accounting Policies

1. Basis of preparation and summary of significant accounting policies

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

These accounting policies are consistent with the previous period.

1.1 Plant and equipment

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

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

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

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

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

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

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

The depreciation charge for each period is recognised in surplus or deficit unless it is included in the carrying amount of another asset.

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

1.2 Financial instruments

Initial measurement

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

Financial instruments at amortised cost

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

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

Financial instruments at cost

Equity instruments that are not publicly traded and whose fair value cannot other-

wise be measured reliably without undue cost or effort are measured at cost less impairment.

Financial instruments at fair value

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

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

1.3 Provisions and contingencies

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

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

1.4 Revenue

Revenue comprises of grants and donations received and are recognised when they are received.

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

1.5 Borrowing costs

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

Notes to the Annual Financial Statements

				12 months ended 31 December 2018 R	10 months ended 31 December 2017 R	
2. Plant and equipment						
	2018			2017		
	Cost or revaluation	Accumulated depreciation	Carrying value	Cost or revaluation	Accumulated depreciation	Carrying value
Furniture and fixtures	25,374	(18,524)	6,850	25,374	(16,511)	8,863
Motor vehicles	516,353	(184,735)	331,618	456,406	(168,621)	287,785
Office equipment	456,406	(62,032)	13,449	75,481	(55,106)	20,375
IT equipment	75,481	(21,736)	31,777	190,711	(125,427)	65,284
Other plant and equipment	162,316	(162,316)	-	162,316	(156,186)	6,130
Total	833,037	(449,343)	383,694	910,288	(521,851)	388,437
Reconciliation of plant and equipment - 2018						
	Opening balance	Additions	Disposals	Depreciation	Closing balance	
Furniture and fixtures	8,863	-	-	(2,013)	6,850	
Motor vehicles	287,785	193,000	-	(149,167)	331,618	
Office equipment	20,375	-	-	(6,926)	13,449	
IT equipment	65,284	28,875	(32,182)	(30,200)	31,777	
Other plant and equipment	6,130	-	-	(6,130)	-	
Total	388,437	330,456	(32,182)	(194,436)	383,694	
Reconciliation of plant and equipment - 2017						
	Opening balance	Additions	Disposals	Depreciation	Closing balance	
Furniture and fixtures	10,862	-	-	(1,999)	8,863	
Motor vehicles	102,456	323,353	(64,888)	(73,136)	287,785	
Office equipment	25,376	1,052	-	(6,053)	20,375	
IT equipment	83,464	6,051	-	(24,231)	65,284	
Other plant and equipment	18,153	-	-	(12,023)	6,130	
	240,311	330,456	(64,888)	(117,442)	388,437	
3. Other receivables						
Sundry receivables - loans				268,039	160,254	
Deposits				8,047	8,047	
VAT				19,580	75,368	
				295,666	243,669	
4. Cash and cash equivalents						
Cash and cash equivalents consist of:						
Bank balances				14,701,559	22,485,482	
5. Trust capital						
Capital account / Trust capital						
Balance at beginning of year				21,907,296	19,971,701	
Transfer of surplus to capital account				(7,002,234)	1,935,595	
				14,905,062	21,907,296	
6. Trade and other payables						
Other payables				588,568	1,108,047	

	12 months ended 31 December 2018 R	10 months ended 31 December 2017 R
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7. Provision for unpaid leave

Reconciliation of provision for unpaid leave - December 2018

	Opening balance	Additions	Utilised	Total
Provisions for employee benefits	102,245	262,722	(225,127)	139,840

Reconciliation of provision for unpaid leave - February 2017

	Opening balance	Additions	Utilised	Total
Provisions for employee benefits	48,808	162,660	(109,223)	102,245

8. Donations and grants received

Anglo American Chairman's Fund				1 210 000
Aspen Pharmacare		780 000		
Discovery Fund		1 500 000		853 440
Don McKenzie Trust				220 000
Lily & Ernest Hausman Bursary Trust		200 000		167 000
Norman Wevell Trust		148 000		140 000
Other donations and grants being under R100,000		304 179		217 614
RB Hagart Trust				250 000
Robert Niven Trust		100 000		
Robin Hamilton Trust		160 000		155 000
The ELMA Foundation				4 000 000
The Nedbank Foundation		851 200		
The Oppenheimer Memorial Trust		4 500 000		4 800 000
Vitol Foundation UK				316 198
		8 543 379		12 329 252

9. Taxation

No provision has been made for 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 payment of estate duty in terms of section 4(h) of the Estate Duty Act No.45 of 1955.

10. Cash generated from/(used in) operations

Surplus/(deficit) before taxation	(7,254,785)	1,935,595
Adjustments for:		
Depreciation	194,436	117,442
Surplus on sale of assets	(39,783)	(15,111)
Interest received	(930,409)	(1,025,093)
Finance costs	-	58
Movements in provisions	37,595	53,437
Changes in working capital:		
Other receivables	(51,997)	(174,136)
Trade and other payables	(519,479)	523,751
	(8,564,422)	1,415,943

	12 months ended 31 December 2018 R	10 months ended 31 December 2017 R
11. Employee cost		
Employee costs		
Basic	4,066,514	2,283,313
Leave pay provision charge	37,595	53,437
	4,104,109	2,336,750

Detailed Statement of Comprehensive Income

	Notes	12 months ended 31 December 2018 R	12 months ended 31 December 2017 R
Revenue			
Donations and grants received		8,543,379	12,329,252
Other income			
Interest		930,409	1,025,093
Gains on disposal of assets		39,783	15,111
		970,192	1,040,204
Expenses (Refer to page 17)		(16,768,356)	(11,433,803)
Operating (deficit) surplus		(7,254,785)	1,935,653
Finance costs		-	(58)
(Deficit) surplus for the		(7,254,785)	1,935,595
Operating expenses			
Accounting fees		(82,370)	(64,313)
Advertising		-	(3,436)
Assets scrapped		(32,182)	-
Auditors remuneration		(40,000)	(37,000)
Bank charges		(97,465)	(69,877)
Computer expenses		(30,264)	(16,087)
Conferences and workshops		(17,979)	(1,225)
Consulting		(28,004)	(40,488)
Depreciation	2	(194,436)	(117,442)
Employee costs	11	(4,104,109)	(2,336,750)
Graduate development		(183,484)	(91,012)
Legal expenses		(18,282)	(6,646)
Mentoring: system in use		(2,189)	(1,626)
Motor vehicle expenses		(144,393)	(128,411)
Office rental		(127,937)	(102,605)
Other expenses		(70,886)	(1,639)
Outsourced personnel - student mentors		(319,266)	(223,871)
Printing and stationery		(71,329)	(47,357)
Staff development		(46,420)	(49,326)
Student expenses (actually incurred)		(10,810,137)	(8 000,199)
Student expenses (decrease in liability for student loans)		(141,566)	73,848
Subscriptions		(3,746)	-
Telephone and fax		(42,941)	(38,860)
Travel - local		(158,971)	(129,481)
		(16,768,356)	(11,433,803)

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

Registration Details

The Umthombo Youth Development Foundation –

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

Auditors

Victor Fernandes & Co
63 St Andrews Drive
Durban North
4051

*Dr Mondli Khumalo;
Prof Andrew Ross;
Dr Sakhile Mabasa*



Contact Details

Head Office

Physical Address:

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

Postal Address:

Postnet Suite 10328
Private Bag X7005
Hillcrest
3650

Tel: 031 765 5774

Fax: 031 765 6014

Email: info@umthomboyouth.org.za

*Dr Mlungisi Vilakazi
Dr Nqobile Myeni
Dr Ayanda Guma*



Mtubatuba Office

Physical Address:

Office 1 & 2
Mtuba Office Park
107 Kiepersol Drive
Mtubatuba

Postal Address:

PO Box 724
Mtubatuba
3935

Tel: 035 55 00 499

Fax: 086 55 434 15

Email: cebile@umthomboyouth.org.za

*Mr Mpanza
Dr Hloniphani Mpanza
Mrs Mpanza*



www.umthomboyouth.org.za

