umthombo
Youth Development Foundation

Incorporating the FOM Scholarship Scheme

2014-2015 annual report

Mission, vision and priority areas

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 for the next 3 years

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:
   a) Identify sufficient youth with potential
   b) Provide academic and social mentoring support to all students in order for them to succeed
   c) Provide comprehensive financial support to students

2. Graduate Support
   a) Graduates obtain employment at participating rural hospitals and honour their work back contracts
   b) 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
   a) Increase the number of students supported annually
   b) Expand to new hospitals within KwaZulu-Natal (3 per year)
   c) Expand the programme to a new province

5. Partnerships
   Develop partnerships with strategic stakeholders in order to achieve our mission

6. Organisational Development
   a) Ensure the necessary organisational systems and governance structures are in place
   b) Qualified and motivated Trustees that can assist the organisation to achieve its mission
   c) Competent and motivated staff whose expertise grows through professional development and reflection

7. Research
   a) Strengthen Monitoring & Evaluation to measure and share impact
   b) Share best practice in the area of human resources for health
   c) 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 14 years we have shown that rural youth can succeed in becoming qualified health care professionals, and that they will return to work at their local rural hospital on graduating.

Since the need for healthcare workers is still significant, we seek to identify and support more rural youth to become qualified health care professionals, in order to address the unacceptably high shortages of staff at rural hospitals.

In this regard we will:
1. Increase our impact at existing hospitals by training more youth
2. Expand our programme to include more rural hospitals in KwaZulu-Natal
3. Establish our programme in at least one other rural Province in South Africa

UYDF staff: Gavin MacGregor (Director), Dumsani Gumede (Student & Operations Manager), Mbali Shange (Graduate & Youth Development Coordinator), Cebile Zungu (Office Assistant), Nevilla van Dyk (Financial Administrator).

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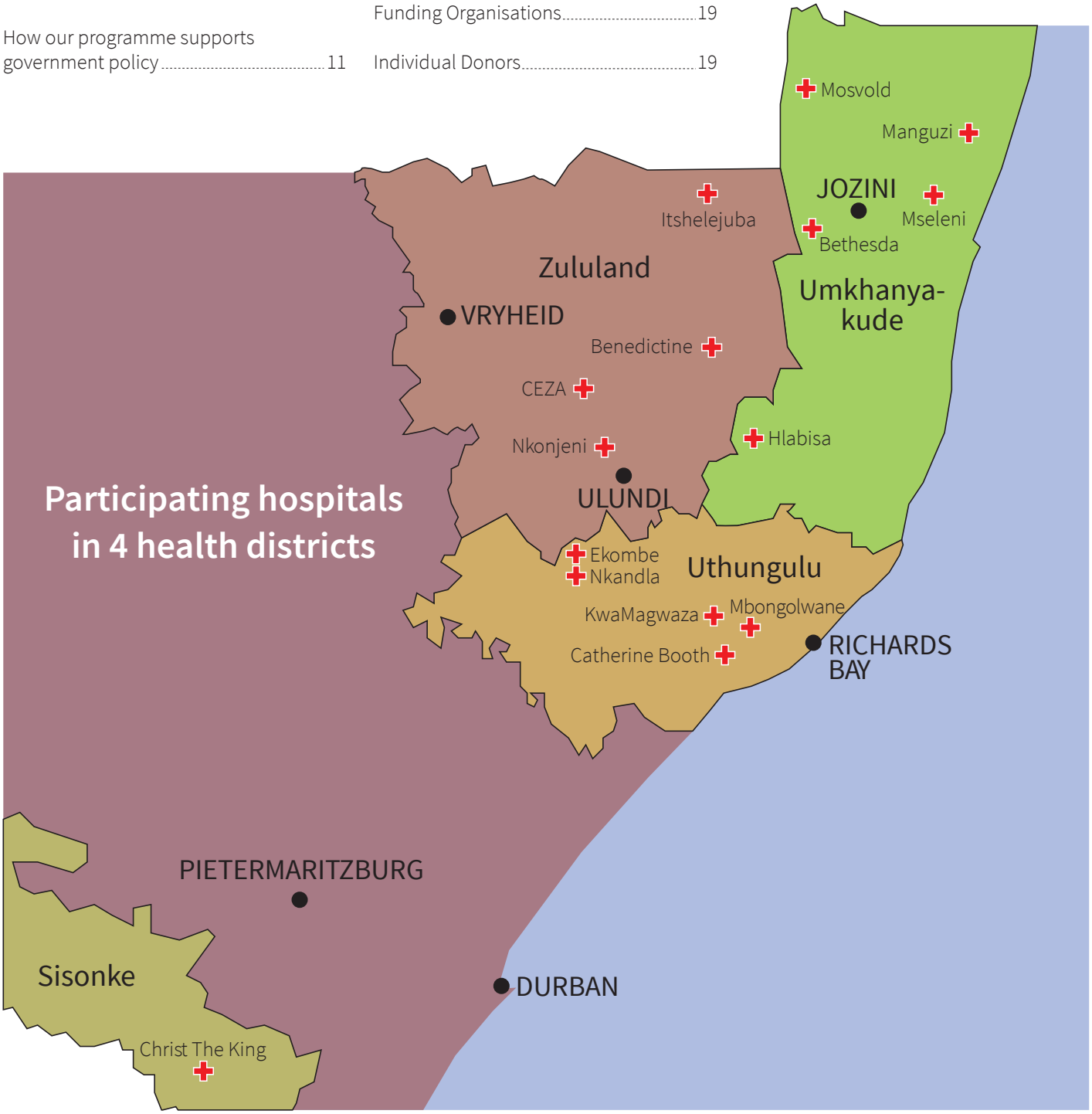


From the Founder's Pen

Order of Baobab – silver

While acknowledging the honour of being awarded the Order of Baobab (Silver) and the recognition by the presidency, it is pertinent to ask: "Why would the President of South Africa, President Jacob Zuma, have chosen me as Founder of UYDF and proxy for UYDF for awarding the Order of Baobab – silver?" UYDF is a relatively small organisation in the scheme of things, serving a relatively small population working in only two of the nine provinces in South Africa.

Was it because of:
The potential for replicability of our model – to education/engineering/justice etc. and the impact that such replicability could have on South Africa?
The contribution that our 218 graduates working in rural hospitals as health care professionals are making to service delivery in the province?
The opportunity that we are currently providing to 230 students to train to become health care professionals?
The ethos of hard work and giving back that we nurture in our students and graduates?
The hope for a better tomorrow that we are providing to local scholars who see others from their own community succeeding?
The transformation we see in individual lives and families when skills and knowledge are acquired which enable graduates to partake in meaningful, well remunerated work?

To Gavin and Dumsani and the rest of the UYDF team, who have taken this dream further, to our graduates and the contribution that each one of you is making in your families, communities and in the health sector, and to all our students for your hard work and commitment to achieving great things, I dedicate this award.

Dr Andrew Ross
Founder and Trustee

UYDF students and graduates

Students.

Graduates.

The Director's Report

Our Model of partnering with rural hospitals and investing in rural youth who will become the healthcare providers needed by the community is truly powerful in so many ways. Rural youth are obtaining opportunities they never had, whilst the community is benefiting from improved healthcare services. The impact is not only limited to the offering of medical and related services, but the fact that community members can speak to their healthcare provider in their own language and the professional understands the circumstances of the patient. This was aptly highlighted by Mrs Hlengiwe Mthimkulu, a lady from Ingwavuma who remembers the programme starting at Mosvold Hospital in 1999. She highlighted at that time patients never got the best healthcare because information was lost in the translation, or sometimes patients didn't want the nurse who was translating to know their personal details and so never told the doctor the truth! She compared that with visiting the hospital now, and being treated by a professional who understands the language and culture of their patients, and the satisfaction of such a visit.

A further indication that this Model is powerful is the fact that we have 218 qualified healthcare graduates, all originating from rural areas, and that our 2014 student pass rate was 93% (an exceptional achievement compared to the 50% national university pass rate).

The biggest impact which inspires me to do even more, however, is the radically changed lives. When we meet these young people as aspiring students, they come from some of the poorest families and communities in the country. Many only have a mother or grandmother to support them. However, once qualified and employed, their circumstances change, they earn a monthly salary (often being the first steady income for the family), they support their siblings to access better education, they motivate other youth and their community, restoring hope of a better future. They make good decisions around marriage and children, in many cases being the father that they never had. Their children will have a good education and not know social grants as the only form of family income – the spiral of poverty is finally broken.

The power of this Model compels us to use it to influence existing bursary programmes and ultimately influence government thinking. South Africa has a skills shortage whilst at the same time has millions of youth with no opportunities – 14 years ago these two aspects were combined to form what we know today as the Umthombo Youth Development Foundation. The National Development Plan, a powerful document to lead our country into the future, speaks about addressing the skills shortages and making opportunities available to youth, yet precious little seems to be done in linking these two needs.

To increase our impact we are working with various provincial Departments of Health to help them strengthen their provincial bursary schemes, so that they will obtain a greater throughput of healthcare professionals who are compassionate towards their patients and willing to serve the most needy communities. We also believe our mentoring support is appropriate for rural youth as evidenced by our high annual university pass rate, and thus we wish to partner with universities to ensure they provide the correct support to their rural students thus increasing their chances of success.

As an organisation we have so much to celebrate – Dr Andrew Ross, the founder of the Umthombo Youth Development Foundation has received the highest civilian award in South Africa – The Order of Baobab – Silver. The most awesome thing about the award is that graduates, whose lives have been forever changed, nominated Dr Ross for the Award!
Last year, Njabulo Mduduzi was our first student to ever complete their degree *Cum laude*. He studied dental therapy at the University of KwaZulu-Natal
Dr Mfundo Mathenjwa, is the first Umthombo graduate to qualify as a specialist – he qualified as an internal medicine specialist at the University of KwaZulu-Natal and is working at the Johannesburg General Hospital!

We are inspired by the changed lives, and are spurred on to continue providing rural youth with opportunities to become the healthcare providers so desperately needed by their communities. We thank you for your support thus far, and request that you continue to support us to achieve even more.

In our attempt to share our Model widely, and influence thinking, we have published various aspects of our work in a number of scientific publications as listed below:

Scholarship Success: Umthombo Youth Development Foundation. Ross, AJ & MacGregor, RG. SA Medical Journal 2012; Vol 102 (5).

Building on Tinto's model of engagement and persistence: Experiences from the Umthombo Youth Development Foundation Scholarship Scheme. Ross, AJ. African J of Health Professions Education, 2014; Vol 6 (2).

Review of the Umthombo Youth Development Foundation Scholarship Scheme, 1999-2013. Ross, A; MacGregor, G, Campell, L. African J of Primary Health Care & Family Medicine, 2015; Vol 7(1)

A case study to reflect on medical education in a rural South African context: individualism vs communitarianism. Africa J of Health Professions Education. Accepted for publication in 2015.

Dr Gavin Macgregor

What is the Problem?

The problem is the high shortages of qualified healthcare staff at rural hospitals and 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 and support, among others, whilst 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:

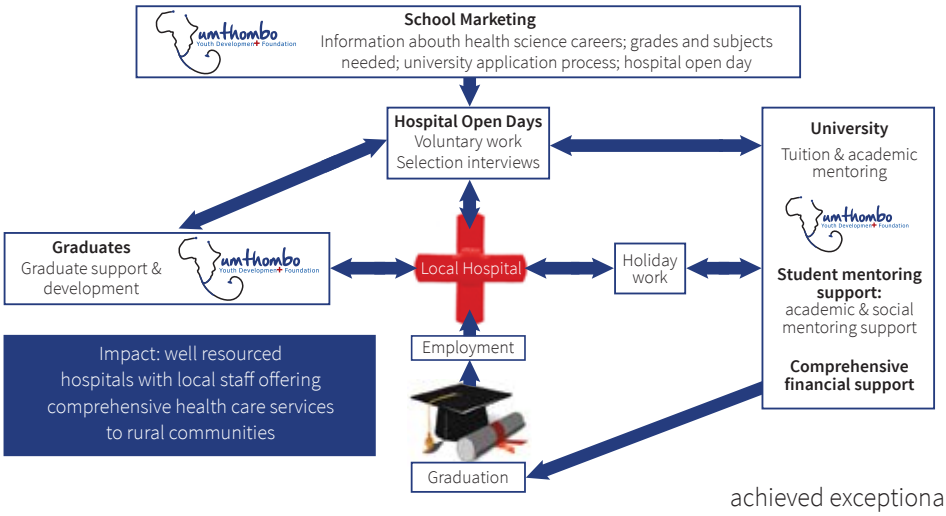
The local participating hospital is in the centre of the Model. The hospital is involved in the identification and support of students and the employment of graduates. They are the beneficiaries of our work.

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 **hospital 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.

The Model



Our selection criteria requires learners to apply to university themselves (we provide the contact details and applications forms), and complete 5 days voluntary work at their local hospital in the respective department. This exposes them to the realities of the relevant health science discipline and serves to confirm their choice.

If they have obtained a place at university to study an approved health science degree, they are invited to a selection interview. The interview panel consists of hospital staff, local education and community representatives, and an UYDF representative. The interview exists to determine the learner's motivation for studying the relevant health science degree, and obtain their commitment to work at their local hospital after graduation for the same number of years they were supported for.
These learners then leave for **university**. The Umthombo Youth Development Foundation provides students a full cost bursary covering tuition, accommodation, books, food and minor equipment. In addition, because rural youth are poorly equipped both academically and socially, the UYDF provides **academic and social mentoring** support to all its students. All new students are allocated a mentor, with whom they need to meet once a month. The mentor, who may not be a health science graduate or university academic, holds the student accountable to address the challenges they face in order to succeed. Common challenges faced by rural youth include: poor command of English, poor study skills and time management, difficulty in social integration, and family issues to mention a few. Through the provision of 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.

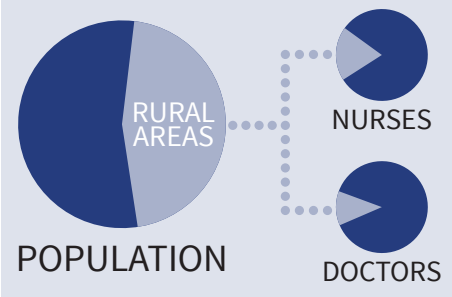
On **graduation** they are employed by the Department of Health at their local hospital (doctors, pharmacists, psychologists and biomedical technologists are required to complete their compulsory internship first at a tertiary (urban) hospital). In addition to graduates serving their community with their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

Why Do We Do It?

Forty six percent of the population live in rural areas, whilst only 19% of nurses and 12% of doctors work in rural areas. At the same time rural communities have high disease burdens related to poverty and poor infrastructural development among other things. This results in a high need for healthcare services, which cannot be met due to the shortages of staff (often between 40-60%), thus leading to unnecessary suffering, morbidity and even mortality.

For example, the five hospitals in the Umkhanyakude district, namely Mosvold; Manguzi; Mseleni; Hlabisa and Bethesda, and their associated clinics, provide health care to over 550 000 indigent people living in the district, which is situated in northern KwaZulu-Natal bordering on Swaziland and Mozambique. Most of the inhabitants do not have access to electricity or piped water, and live in scattered homesteads, eking out a living by subsistence farming supplemented by income from old age pensions, disability grants and wages from migrant labour. Unemployment is high, whilst job opportunities are scarce and the population is generally poorly skilled. Infrastructure like communication and transport is poorly developed, whilst schools are over-crowded and under resourced, leading to a generally poor standard of education. In some schools certain important subjects are simply not taught to learners for lack of qualified teachers and related resources like text books, laboratories and equipment. In most schools the medium of instruction is *isiZulu*, whilst all tertiary education is in English.

Malaria, Tuberculosis and HIV/Aids are examples of the major health problems affecting these rural communities, whilst a lack of clean water and inadequate sanitation resulting in poor hygiene lead to health problems such as gastroenteritis and parasitic infestations. Chronic poverty and illiteracy lead to widespread malnutrition.



Over the years these hospitals have functioned by recruiting doctors from overseas. This serves as a short term solution with the majority of foreign Doctors staying a relatively short time (± 12 months). Further, although these doctors provide an essential service, they often lack the experience needed in a rural hospital where disease burdens are high and varied – they do, however, gain these competencies in time. In addition, the registration of foreign doctors to work in South Africa is often difficult, frustrating and prolonged. In addition, and importantly, this initiative does not address the shortages of staff other than doctors, who are critical in the support of doctors and in the normal functioning of the hospital system and in providing primary health care services. Unfortunately, even with this initiative in place, vacancy rates of critical positions at rural hospitals are still unacceptably high.

Thus, 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:

a) Local youth, when qualified, are more likely to remain in the area since they have family attachments and commitments
b) they are able to communicate with patients in their mother tongue aiding in understanding and treating the problem
c) they are known by the community and held in high esteem which may further encourage them to stay
d) many youth with potential exist
e) rural youth are being offered opportu nities which were never available before and thus are motivated to work hard at school in order to qualify
g) Graduates of the programme are positive role models for the rural youth to emulate
h) The number of qualified health care workers in the country is increased
i) These graduates not only serve their community with their skills, but also assist their families to get out of poverty as they invest in schooling for their siblings and provide regular income for the family

How Can You Help?

We need your support in order to make the future vision a reality. You can help in a number of ways:

1) Commit to making a **financial contribution** towards a student's fees.

2) Use your **influence** in your circle of friends.

3) Share **business contacts** with the UYDF Director for fundraising purposes & encourage businesses to make donations, which are tax deductible.

4) Initiate **fundraising** ideas to raise money to support students.

6) Share information about the programme with your **Facebook** contacts.

7) Invest your Skills Development spend in the UYDF's students.

Note: all donations are tax deductible for individuals and companies. Companies can obtain BBB-EE points through support of our work.

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. You too can become part of the solution.

Highlights of 2014

In 2014 we supported 205 students. The majority of students (121) were studying medicine followed by pharmacy (29) and physiotherapy (16). We supported students across 15 different health science disciplines to ensure that rural hospitals will be able to provide a wide range of health care services to the community. Later in the year we accepted 11 students who were facing financial exclusion and met our criteria.

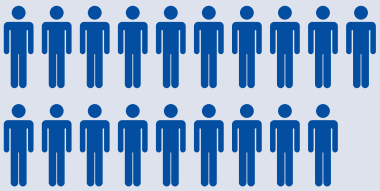
Thus 214 students wrote exams of which 199 passed of which 34 graduated, whilst 15 failed (two were excluded and 10 are repeating). The overall pass rate was thus 93%!

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. Dumsani Gumede and his team of 14 local mentors must be congratulated for assisting these students to achieve so well.

The 34 graduates increase our total graduate numbers to 218! The 34 graduates covered 10 different health science disciplines, with the majority being doctors (7) and radiographers (7), followed by nurses (6).

Participating hospitals form the centre of our model, as we exist to assist them to address their shortages of staff. As part of increasing our impact in KwaZulu-Natal we have expanded to include four additional rural hospitals, namely Catherine Booth, Mbongolwane, KwaMagwaza and Ceza. Participating hospitals are involved in student selection, student mentoring and training in the form of holiday work, and the employment of our graduates. We had a number of workshops with hospital representatives around these issues to ensure that they are implemented effectively and the hospital derives the greatest benefit from our work.

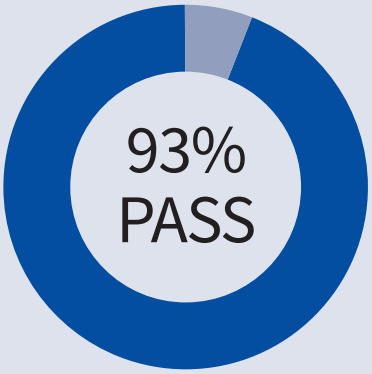
2014



Umthombo supported

214 STUDENTS

covering 14 different health-science disciplines, and produced 34 graduates



Our relationship with the KZN Department of Health continues to develop. We held regular quarterly meetings with Department of Health officials, which has lead to a closer working relationship to the benefit of both organisations. Through this relationship all our graduates are employed at rural hospitals immediately after graduation, which is naturally a huge benefit to us and the communities they will serve.

We ended the year with our annual 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!
The time together was inspiring as the speakers shared their personal stories which lead them to choose rural health. Particularly inspiring was Mrs Hlengiwe Mthimkhulu, a woman who lives and works in Ingwavuma, and who remembers when the scheme started and Dr Ross had asked the community to contribute. She shared how services at Mosvold Hospital have improved because patients can now speak directly to healthcare workers in *isiZulu* (an impact of our work). The Imbizo is also a wonderful time to be family – laugh and have fun together as well as celebrate our successes!

This year, for the first time, we had graduates sitting on the selection panel to select the new cohort of students! Graduates have always been involved in the marketing of the programme in schools and sharing their wisdom with learners attending the Hospital Open Day, but this is the first time we have had graduates interviewing new applicants. This shows us how far we have come as an organisation.

218
GRADUATES
PROVIDE STAFF FOR:

nine rural hospitals

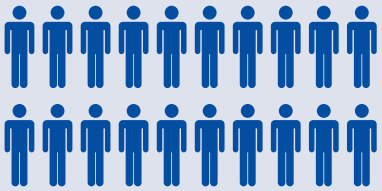
sufficient doctors for five rural hospitals

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 five years has exceeded 88% - 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 develop ment**, through community participa tion 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 about **dreaming 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.
12. By investing in local people to address a local problem the **solution be- comes sustainable** since the gradu- ates are more likely to stay and build their careers in the local hospital.
13. Providing **work place mentoring** for newly qualified graduates to assist in the transition from university life to working in a hospital.
14. Providing rural hospital staff with professional development opportuni- ties 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 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.
19. It is a local solution to the intern- tional problem of a shortage of health care workers in rural hospitals.
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.

2015



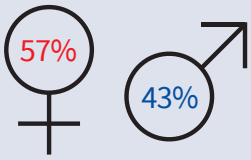
Umthombo is supporting

230 STUDENTS

covering 15 different health-science disciplines:

One hundred and twenty-one students are studying Medicine, with the remaining doing:

Occupational Therapy • Optometry
Audiology • Biomedical Technology
Dental Therapy • Dentistry • Nursing
Psychology (Masters) • Speech Therapy
Physiotherapy • Dietitics • Radiography
Orthotics & Prothesis • Pharmacy



218 Graduates

Participating districts and hospitals
We are currently working with 14 hospi- tals in 4 health districts of KwaZulu-Natal (Umkhanyakude, Zululand, Uthungulu, Harry Gwala). Two (Umkhanyakude & Zululand) of the four health districts 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.

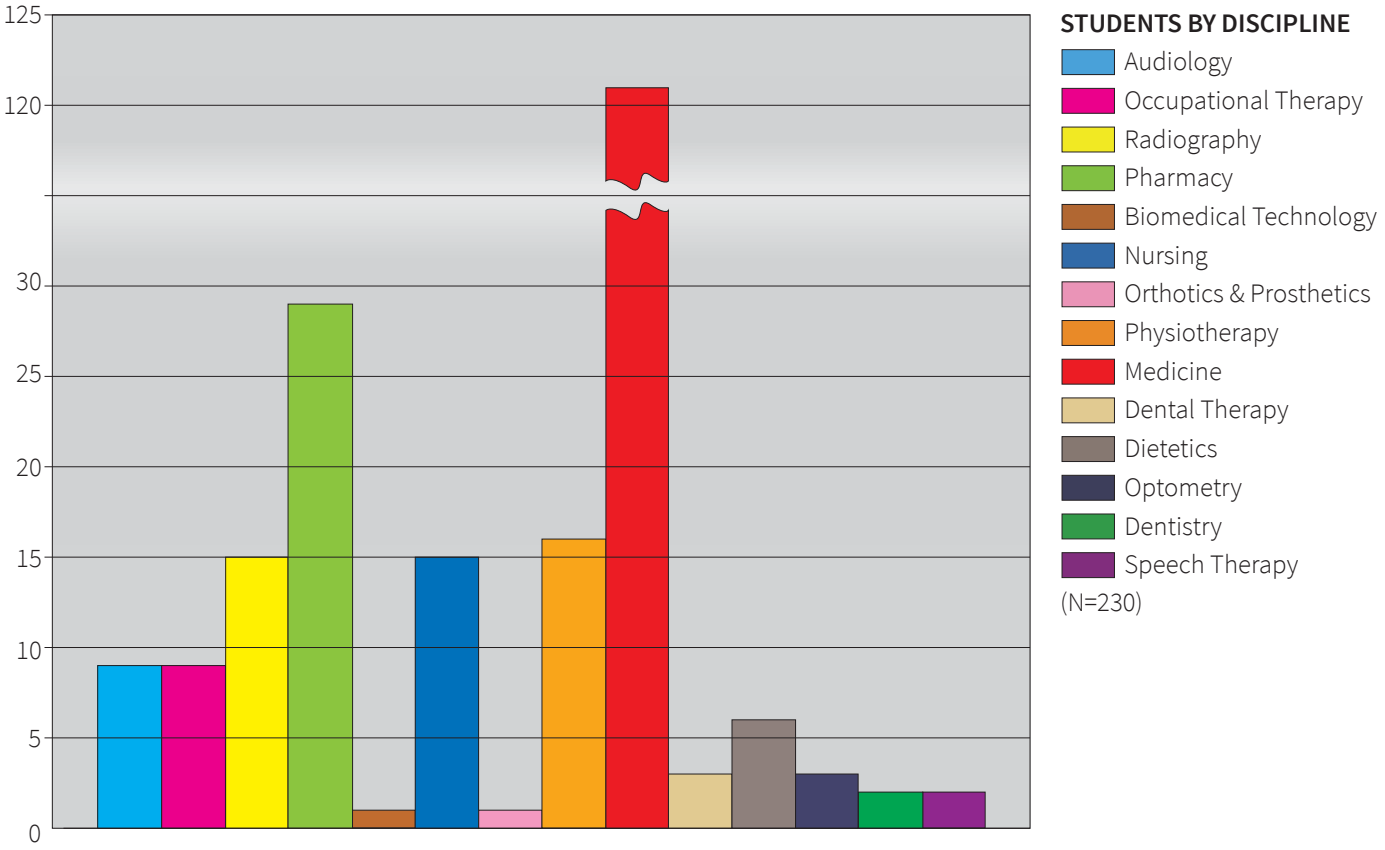
IMPACT: IMPROVED HEALTH CARE SERVICES TO RURAL COMMUNITIES

The Students

In 2015, we are supporting 230 students that were selected from 14 rural hospitals.

School Outreach programme
School learners are made aware of health sciences as career opportunities, as well as the subjects and grades needed through our school outreach programme. Learners who are interested in studying a health science degree, and have the correct subjects and grades, are invited to attend the **Hospital Open Day** at their local hospital. This gives them the opportunity to learn more about the health science discipline they are interested in and also to ask questions of hospital staff.
Our graduates are involved in organising the Open Day, and presenting and interacting with the learners - sharing valuable experience about how they were able to succeed in studying a health science degree. The learners are then required to apply to various universities themselves and complete at least one week of voluntary work at the hospital before attending the selection interviews held at the end of the year.

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



It is amazing that 121 of the 230 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 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. The organisation is fortunate to have Dumsani Gumede, one of the first graduates, as the full time mentor, since he can identify with the struggles of the students and provide practical advice for them to overcome their challenges. Dumsani 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 a number of different academic institutions, we have a network of 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 to the various academic institutions, and have skills and experience in motivating and supporting students. Each mentor submits a monthly report on each student to Dumsani in order for him to remain aware of the progress of every student and provide additional support where needed.

The exceptionally high pass rate of 93% achieved last year can be ascribed to the mentoring support provided to students. Our 93% pass rate far exceeds the national average of around 50% for all university students, and the 35% success rate of disadvantaged students at university.

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

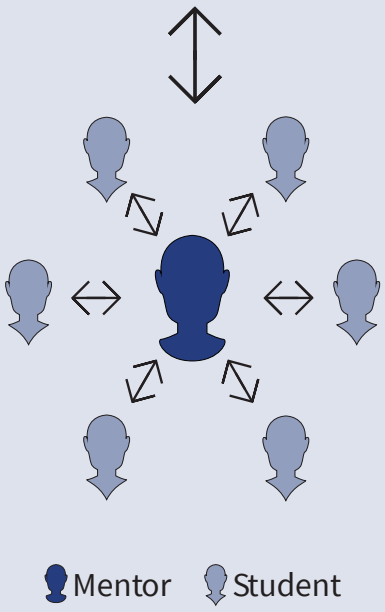
1. The student's academic performance and their need to pass. Struggling students are linked with university tutors and the University mentoring programme. They are held account able by our mentors in terms of ensuring they make the necessary changes needed to address their challenges so they can pass.
2. How they are coping socially and personally. Students are encouraged to support one 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. social worker.
3. Their need to honour their work-back agreement when they qualify.
4. The need to make good choices concerning their future such as remaining HIV negative; preventing teenage pregnancy; avoiding drugs etc. It is emphasised that they have a bright future ahead of them which could be negated due to 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 as high standards have been set.

Holiday Work

All students, including the Provincial Bursary students that we support, are required to do at least 4 weeks compulsory holiday work at their local hospital each year for which we pay a stipend. The purpose is to allow them to interact with hospital staff and get a sense that "this is their hospital", as well as get an idea of our vision for the provision of quality health services to rural communities. This exposure also assists students to gain valuable practical experience which assists them at University. In addition, during their holiday work students participate in outreach activities in local communities – interacting with the youth and encouraging them to work hard, dream about a better future, know their HIV status and choose healthy lifestyles, so they too can become the change agents in their communities.

STUDENT MENTOR



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 per year
- Payment for holiday work
- Any other essential expenses as required as part of the curriculum (e.g. minor equipment, compulsory excursions etc.)

How our programme supports government policy

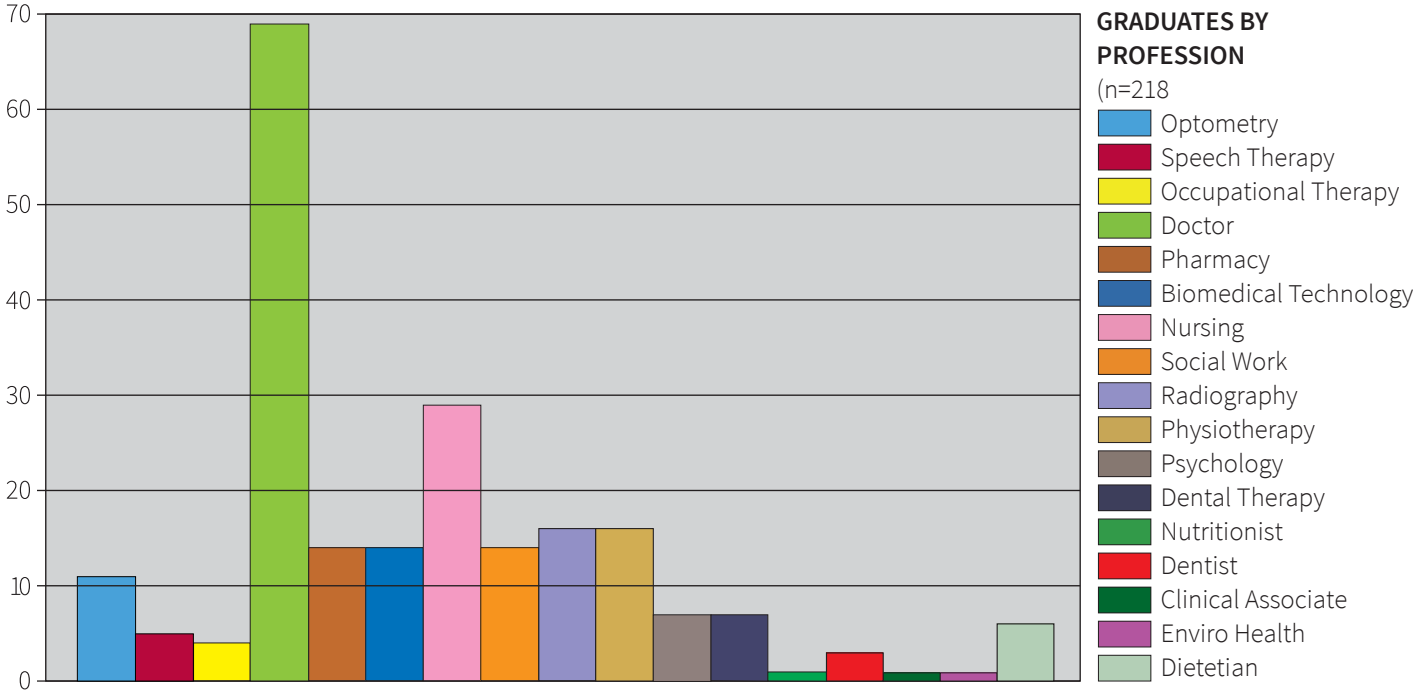
Our work addresses critical aspects of rural and youth development, health, as well as skills development and job creation which are government priorities. These are detailed as:

1. Focuses on opportunities for rural youth.
2. Improves service delivery to rural communities.
3. Leads to skills development, particularly the addressing of scare skills.
4. Leads to job creation as youth are being trained for specific jobs.
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. Our work of investing in rural youth to become the future healthcare providers is aligned with the government's 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 have the necessary skills to become competent managers and leaders.

The Alumni

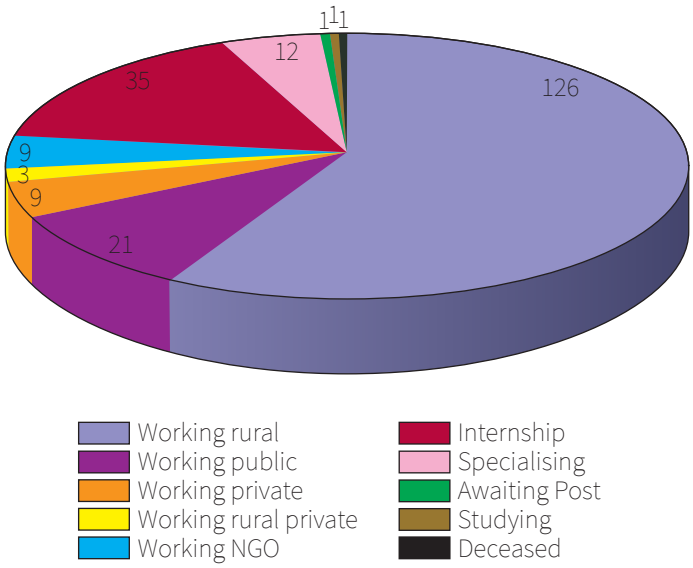
The Umthombo Youth Development Foundation has produced 218 graduates, covering 16 different health science disciplines.

As can be seen from the table below, the majority of graduates are doctors!



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

GRADUATES
(n=218)

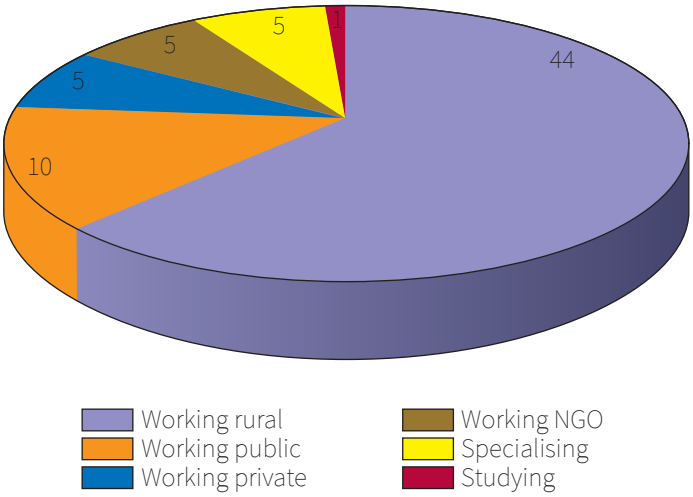


Of the 218 graduates, 35 are busy with their internship training and are thus unavailable to work at a rural hospital at this time. Thus subtracting them from the 218 graduates, we see that 69% of our graduates are working at a rural hospital – the aim and purpose of the scheme! If one includes the number of graduates working in rural non government organisations, this percentage increases to 74%!

We have seen a trend over time of more doctors wishing to specialise - 6% of current graduates are specialising. Twelve of the 218 graduates have gone into the private sector – three having private practises in rural areas.

Regarding our investment in rural youth as a way to address the shortages of staff at rural hospitals over the long term, it is valuable to see where graduates that have no further work back obligations are working. This information for 73 graduates that have no further work-back obligations is presented below:

GRADUATES WITH NO WORK-BACK OBLIGATION
(n-70)



Significantly, of the 70 graduates that have no further work-back obligation to the UYDF, 63% are still working at a rural hospital! In addition, 5 are still serving rural communities as they work for rural non governmental organisations, thus increasing the percentage to 70%. Ten are working in urban public hospitals, thus serving the majority of the population, whilst 5 are specialising. Only 5 have gone into the private health care sector – all of which are working in rural areas!

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).

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 people 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 on going problem of shortages of qualified staff.

A comprehensive programme was set up 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.

1999

The first four students supported were: France Nxumalo (now a qualified Optometrist); Dumisani Gumede (a qualified Physiotherapist); Nkosinqiphile Nyawo (a qualified Biomedical Technologist) and Sibusiso Thwala (a Pharmacist who is unfortunately deceased). Dr Ross and Mrs Elda Nsimbini were involved in mentoring and supporting these first students.

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

2007

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.

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 to determine the best way forward.

They came to the conclusion that either:
1) the Scheme is stopped, having been successful in supporting a number of rural youth to succeed at University (there were 33 graduates) and being able to say it can happen or
2) full time staff should be employed to manage and develop the Scheme further. Due to the huge potential that the Scheme had, the Trustees decided to employ a Director to manage and develop the Scheme.

2008

In that regard, the present Director, Gavin MacGregor, was employed on 8 February 2008 as the Scheme's first employee and Director. At the same time, Dr Will Mapham was engaged by a potential funder 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.

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. Dumisani Gumede, a physiotherapist graduate of the Scheme was eventually approached to become the Scheme's full time student mentor.
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, it was realized that in developing the Scheme further that 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!

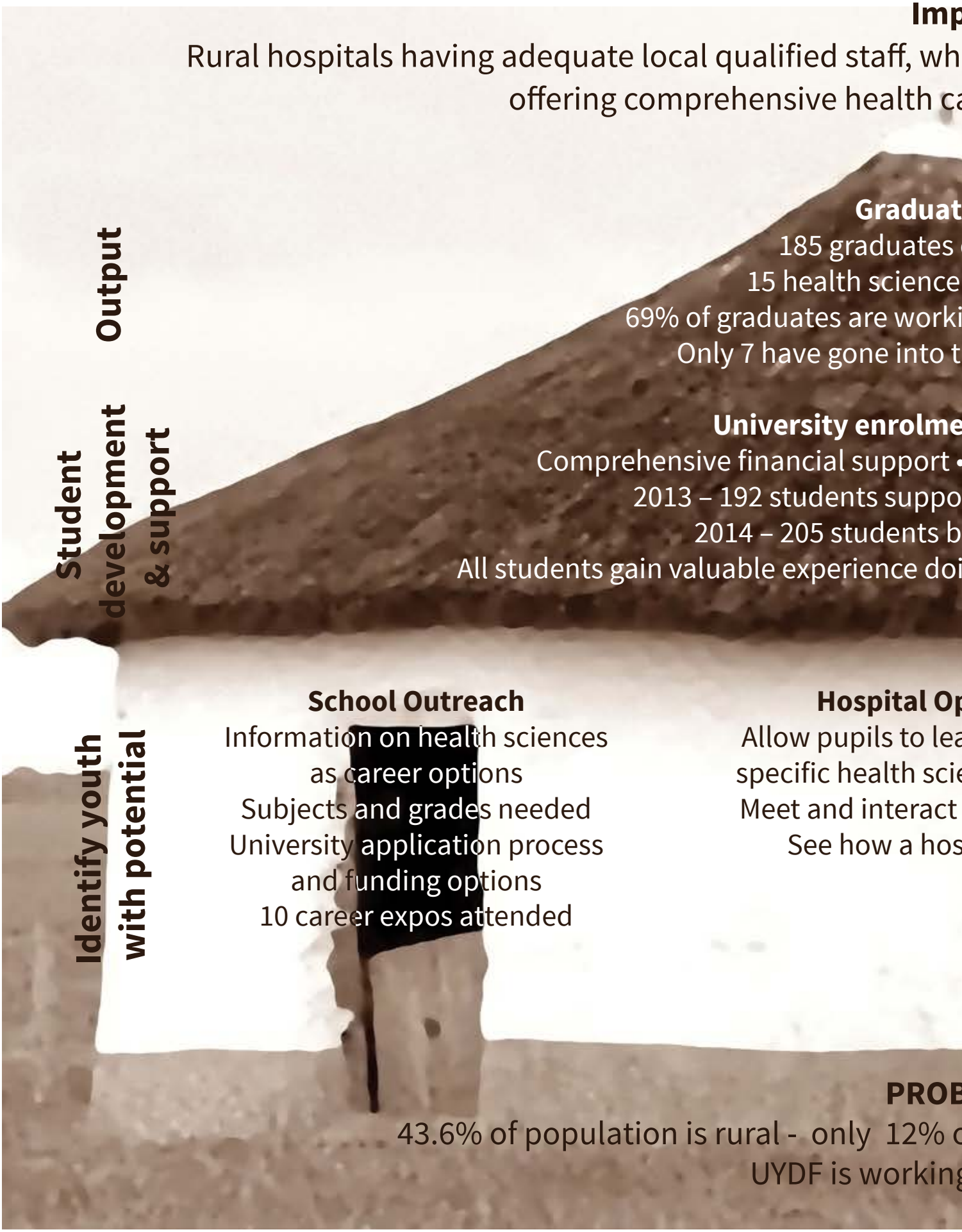
2010

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.

2015

230 students being supported, 218 graduates produced, 5 staff members and an annual budget of R15 million.

CREATING A RUR



Imp

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

Output

Student development & support

Graduat

185 graduates
15 health science
69% of graduates are worki
Only 7 have gone into t

University enrolme

Comprehensive financial support
2013 – 192 students suppo
2014 – 205 students b
All students gain valuable experience doi

Identify youth with potential

School Outreach

Information on health sciences as career options
Subjects and grades needed
University application process and funding options
10 career expos attended

Hospital Op

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

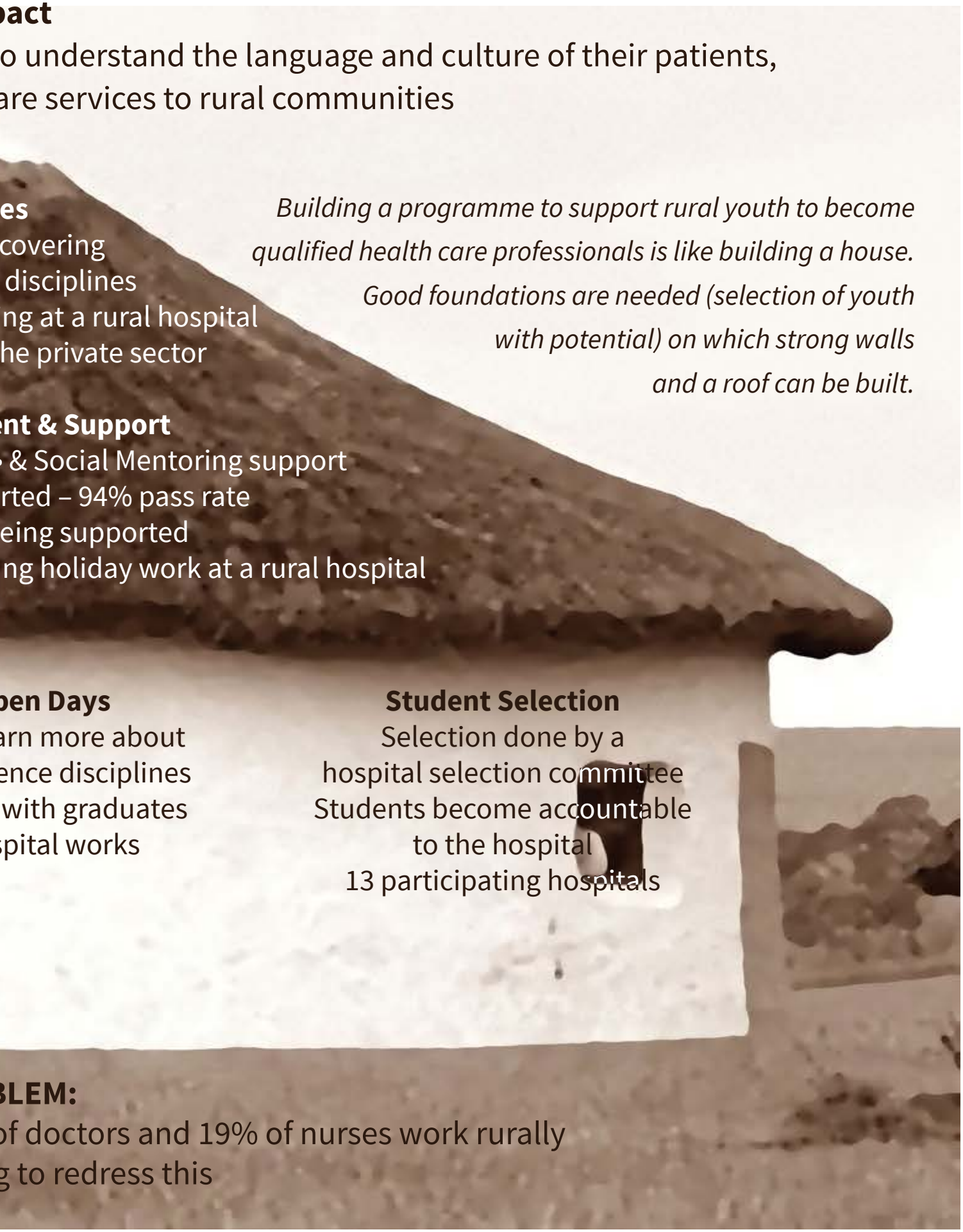
PROB

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

RAL WORKFORCE

pact

o understand the language and culture of their patients,
are services to rural communities



es
covering
disciplines
ng at a rural hospital
he private sector

nt & Support
& Social Mentoring support
rted – 94% pass rate
eing supported
ng holiday work at a rural hospital

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.

pen Days
arn more about
ence disciplines
with graduates
spital works

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

BLEM:
of doctors and 19% of nurses work rurally
g to redress this

UYDF Graduates

2002

Nkosingiphile Nyawo
Biomedical Technologist, Bethesda Hospital

Sibusiso Thwala
Pharmacist, Deceased

2003

John Mkhumbuzi
Dental Therapist, NGO, Health Systems Trust

Sithembile Nyawo
Nurse, Hlabisa Hospital

France Nxumalo
Optometrist NGO, Brien Holden Vision Institute

Dumisani Gumede
Physiotherapist, Student Mentor, UYDF

Snenhlanhla Gumede
Physiotherapist, private

Samkelisiwe Mamba
Radiographer, Ngwelezana Hospital

Thembinkosi Ngubane
Radiographer, private

2004

Zotha Myeni
Biomedical Technologist, NGO, Management Sciences for Health

Moses Mkhabela
Environmental Health, Ngwelezana Hospital

Derrick Hlophe
Occupational therapist, qualified as a doctor

Lillian Mabuza
Speech Therapist, Lower Umfolozi Hospital

2005

Nkosinathi Ndimande
Nutritionist, no post

Sibongeleni Mngomezulu
Nurse, Ngwelezane Hospital

Zodwa Menyuka
Nurse, Hlabisa Hospital

Hazel Mkhwanaz
Optometrist, private practise, Jozini

Nelly Mthembu
Pharmacist, NGO, MATCH

2006

Thulisiwe Nxumalo
Physiotherapist, Ngwelezane Hospital

Happiness Nyawo
Radiographer, Itshelejuba Hospital

Richard Gumede
Social Worker, Mosvold Hospital

Nonkuthalo Mbhamali
Biomedical Technologist, Private

Phila Gina
Biomedical Technologist, Evander Hospital Mpumalanga

Thulani Shandu
Dental therapist, private, Manguzi

Phindile Gina
Doctor, Groote Schuur Hospital, specialising

Lungile Hobe
Doctor, UKZN, specialising

Thembelihle Phakathi
Doctor, UKZN, specialising

Zachariah Myeni
Nurse, Mosvold Hospital

Sicelo Nxumalo
Nurse, Mosvold Hospital

Makhosazana Zwane
Physiotherapist, Northdale Hospital

Themba Mngomezulu
Physiotherapist, Mosvold Hospital

Ntombifuthi Mngomezulu
Radiographer, Hlabisa Hospital

Mthokozisi Gumede
Social Worker, Bethesda Hospital

2007

Mfundo Mathenjwa
Doctor, Specialist, Johannesburg General Hospital

Nhlakanipho Mangeni
Doctor, WITS, specialising

Noxolo Ntsele
Doctor, UKZN, specialising

Patrick Ngwenya
Doctor, Prince Mshiyeni/Hlabisa Hospitals

Petronella Manukuza
Doctor, University of Pretoria, specialising

Bongumusa Mngomezulu
Nurse, NGO, Health Systems Trust

Ntombikayise Ngubane
Nurse, Manguzi Hospital

Phindile Ndlovu
Nurse, Ngwelezane Hospital

Ntokozo Mantengu
Occupational Therapist, Umzimkulu Hospital

Wiseman Nene
Physiotherapist, private

Ntokozo Fakude
Pharmacist, Mosvold Hospital

Nozipho Myeni
Radiographer, Lower Umfolozi Memorial Hospital

Nobuhle Mpanza
Social Worker, Mosvold Hospital

2008

Norman Thabethe
Biomedical Technologist Bethesda Hospital

Lindiwe Khumalo
Doctor, RK Khan Hospital

Mlungisi Khanyile
Doctor, private

Sifiso Buthelezi
Doctor, UKZN, specialising

Zipho Zwane
Doctor, locums

Brian Mahaye
Nurse, Mosvold Hospital

Celenkosini Sibiya
Speech Therapist, Mseleni Hospital

2009

Cynthia Tembe
Biomedical Technologist Mosvold Hospital

Nonsikelelo Mazibuko
Biomedical Technologist Hlabisa Hospital

Archwell Hlabisa
Doctor, UKZN, Specialising

Gug'elihle Mkhulisi
Doctor, Africa Centre

Nhlanhla Champion
Doctor, private practise

Nompilo Xulu
Doctor, Addington Hopsital

Nonhlanhla Gumede
Doctor, Rob Ferreria Hospital

Nontobeko Khumalo
Doctor, Prince Mshiyeni Hospital

Pamela Zungu
Doctor, Ugu District Office

Philokuhle Buthelezi
Doctor, UKZN, specialising

Phumla Dladla
Doctor, Christ the King Hospital

Velemseni Mdletshe
Doctor, locums

Bheki Mendlula
Optometrist, Phelophepa Health Train

Sicelo Mafuleka
Optometrist, Mpumalanga, private

Simangele Mathenjwa
Psychologist, private, Durban

Siphamandla Mngomezulu
Psychologist, private, Mtubatuba

Ncamsile Mafuleka
Radiographer, St Anne's Hospital

Nokuthula Zikhali
Social Worker, Northdale Hospital

Noxolo Mngomezulu
Social Worker, Mseleni Hospital

UYDF Graduates

2010

Phumzile Biyela
Social Worker, NGO, Association for Physical Disabilities

Sthembiso Ngubane
Biomedical Technologist, studying medicine
Bhotsotso Tembe
Dental Therapist, private, Jozini
Bongiwe Nungu
Doctor, locums
Faustin Butiri
Doctor, Mosvold Hospital
Mazwi Mabika
Doctor, WITS, specialising
Mndeni Kunene
Doctor, Nelson Mandela Academic Hospital
Sandile Mbonambi
Doctor, Ngwelezane Hospital
Thabia Sekgota
Doctor, Hlabisa Hospital
Celumusa Xaba
Nurse, Mosvold Hospital
Thokozile Phakathi
Occupational Therapist, Newcastle Hospital
Bongekile Zwane
Pharmacist, Manguzi Hospital
Victoria Masinga
Pharmacist, Mseleni Hospital
Wonderboy Nkosi
Pharmacist, Hlabisa Hospital
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, Hlabisa Hospital
Nomusa Zikhali
Biomedical Technologist, Hlabisa Hospital
Simanga Khanyile
Biomedical Technologist, Itshelejuba Hospital
Thandi Nxumalo
Biomedical Technologist, Ngwelezane Hospital
Sikhumbuzo Mbelu
Dentist, Mosvold Hospital
Immaculate Dlamini
Doctor, Church of Scotland
Mlungisi Banda
Doctor, Hlabisa Hospital
Nokwazi Khumalo
Doctor, Hlabisa Hospital
Nomcebo Gumede
Doctor, Hlabisa Hospital
Nonkululeko Mncwabe
Doctor, Hlabisa Hospital
Sicelo Mabika
Doctor, Phoenix
Thulisiwe Mthembu
Doctor. Edendale Hospital
Musa Gumede
Nurse, Mosvold Hospital
Phindile Khuluse
Nurse, Hlabisa Hospital
Senziwe Ndlovu
Nurse, Hlabisa Hospital
Zamani Dlamini
Nurse, Hlabisa Hospital
Sithabile Mthethwa
Pharmacist, Mseleni Hospital
Mamsy Ndwandwe
Pharmacist, Mseleni Hospital
Ntombifuthi Mbatha
Psychologist, Mseleni Hospital
Sibongiseni Mkhize
Psychologist, Ngwelezane Hospital
Sicelo Ntombela
Radiographer, Benedictine Hospital
Ncamsile Sithole
Social Worker, Turton, CHC, Umzumbe
Zamakhondlo Gumede
Social Worker, Mseleni Hospital

2012

Gugu Ndlamlenze
Audiologist, Hlabisa Hospital
Senzo Khambule
Clinical Associate, Manguzi Hospital
Justice Shongwe
Dentist, Mosvold Hospital
Bongumusa Dlamini
Dietician, Bethesda Hospital
Nothile Khumalo
Dietician, Hlabisa Hospital
Philile Nxumalo
Dietician, Mseleni Hospital
Phelelani Dludla
Doctor, Manguzi Hospital
Delani Hlophe
Doctor, Hlabisa Hospital
Bongekile Kubheka
Doctor, Newcastle Hospital
Sibusiso Gumede
Doctor, Manguzi Hospital
Thulani Ndimande
Doctor, Mosvold Hospital
Thulani Ngwenya
Doctor, Bethesda Hospital
Zanele Buthelezi
Nurse, Hlabisa Hospital
Sibongile Thwala
Nurse, Manguzi Hospital
Zanele Buthelezi
Optometrist, Itshelejuba Hospital
Londiwe Msimango
Pharmacist, Itshelejuba Hospital
Sithandiwe Shange
Pharmacist, Mseleni 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

2013

Samkelo Sibiya
Biomedical Technologist, Manguzi Hospital
Nonhle Magubane
Dental Therapist, Mseleni Hospital
Ayanda Nsele
Dental Therapist, Bethesda Hospital
Fanele Simelane
Dental Therapist, Manguzi Hospital
Siphamandla Dube
Dentist, Nkandla Hospital
Themba Manzini
Dietician, Mosvold Hospital
Ntandoyenkosi Mkhombo
Dietician, Manguzi Hospital
Nomkhosi Ncanana
Dietician, Hlabisa Hospital
Andisiwe Ngcobo
Doctor, Internship
Halalisani Ncanana
Doctor, Internship
Khanyile Saleni
Doctor, Internship
Lindokhule Mfeka
Doctor, Internship
Lungile Gumede
Doctor, Internship
Mbongeni Mathenjwa
Doctor, Internship

UYDF Graduates

Mbongi Mpanza
Doctor, Internship
Mncedisi Ndlovu
Doctor, Internship
Nokwanda Linda
Doctor, Internship
Nokwethemba Myeni
Doctor, Internship
Nomalunggelo Mbokazi
Doctor, Internship
Nomfundo Cele
Doctor, Internship
Nontobeko Mthembu
Doctor, Internship
Ntibelleng Motebele
Doctor, Internship
Ntokozo Zondi
Doctor, Internship
Phethile Mavundla
Doctor, Internship
Samukelisiwe Mkhize
Doctor, Internship
Sandra Khumalo
Doctor, Internship
Sinovuyo Madikane
Doctor, Internship
Sithokozile Myeni
Doctor, Internship
Zanele Ntuli
Doctor, Internship
Khulani Gumede
Nurse, Hlabisa Hospital
Lindani Mkhwanazi
Nurse, Mosvold Hospital
Siyabonga Mthembu
Nurse, Mosvold Hospital
Nokwanda Ndabandaba
Nurse, Bethesda Hospital
Zethu Ngcamu
Nurse, Hlabisa Hospital
Samkelo Sithole
Nurse, Mosvold Hospital
Zinhle Mdletshe
Occupational Therapist, Manguzi Hospital
Thembile Zikhali
Optometrist, Bethesda Hospital
Gugulethu Zulu
Pharmacist, Utrecht Hospital
Sibusiso Mabizela
Pharmacist, Benedictine Hospital
Thobekile Gumede
Physiotherapist, Itshelejuba Hospital
Sthembiso Mahendula
Physiotherapist, Mosvold Hospital
Zanele Mkhwanazi
Physiotherapist, Hlabisa Hospital

2014

Zandile Vilana
Physiotherapist, Vryheid Hospital
Zama Kunene
Psychologist, Hlabisa Hospital
Ntuthuko Nxumalo
Radiographer, Benedictine Hospital
Thembeka Dlamini
Social Worker, Mosvold Hospital
Octavia Tembe
Speech Therapist, Itshelejuba Hospital

Londiwe Manda
Audiologist, Hlabisa Hospital
Sibongakonke Mamba
Biomedical Technologist, Internship
Njabulo Nhlenyama
Dental Therapist, Mosvold Hospital
Nokuthula Mbele
Doctor, Internship
Fezile Mkhize
Doctor, Internship
Sanelisiwe Myeni
Doctor, Internship
Yvonne Ngobese
Doctor, Internship
Ndumiso Sibisi
Doctor, Internship
Cebisile Sibiya
Doctor, Internship
Fanele Simelane
Doctor, Internship
Nombuyiselo Dlamini
Nurse, Benedictine Hospital
Nkosingiphile Dlamini
Nurse, Mosvold Hospital
Simphiwe Mahlangu
Nurse, Manguzi Hospital
Thokozani Mbatha
Nurse, Hlabisa Hospital
Silindile Mncube
Nurse, Mseleni Hospital
Nonduduzo Ndlovu
Nurse, Mosvold Hospital
Sphesihle Madi
Optometrist, Catherine Booth Hospital
Muzi Ndlazi
Optometrist, Hlabisa Hospital
Nontobeko Nsele
Optometrist, Mosvold Hospital
Nombuso Nxumalo
Optometrist, Bethesda Hospital
Mbalenhle Mncube
Pharmacist, Internship
Thobile Mpontshane
Pharmacist, Internship

Gugulethu Kunene
Physiotherapist, Newcastle Hospital
Nomzamo Mashaba
Physiotherapist, Manguzi Hospital
Sandiso Msweli
Physiotherapist, Nkonjeni Hospital
Phakamani Ntuli
Physiotherapist, Hlabisa Hospital
Khanyisile Nene
Psychologist, Internship
Nokwanda Buthelezi
Radiographer, Christ the King Hospital
Phele Gumede
Radiographer, Mosvold Hospital
Mthobisi Makhoba
Radiographer, Edendale Hospital
Siphamandla Mbuli
Radiographer, Hlabisa Hospital
Vukile Miya
Radiographer, St Patricks Hospital
Nokubonga Ndlovu
Radiographer, Ceza Hospital
Sibusiso Zwane
Radiographer, Itshelejuba Hospital

SELECTION CRITERIA

To be eligible for a scholarship, students need to:

- Be from a district where we are working
- 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
- Be selected by a local committee
- Be prepared to sign a year-for-year work-back contract

Trustees

The Trustees of the Umthombo Youth Development Foundation are:

Dr A Ross (Founder)
Ms M Themba
Ms Nobayeni Dladla
Mr Joseph Motha
Dr Cyril Nkabinde
Mr Sphamandla Mngomezulu

Organisational Values

- Honesty
- Integrity
- Hard work
- Seeing potential in others and giving them an opportunity
- Open communication, approachable, understanding
- Creative and innovative (looking for solutions)
- Committed (Your *yes* is *yes* and *no* is *no*)
- Professional
- Empower people who in turn empower others
- Respect for others and their situation (flexible when need to be)

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 captured in a Memorandum of Co-operation 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 Health
Mkhiwa Trust
Robin Hamilton Trust
The Atlantic Philanthropies
The Bertha Foundation
The Chuma Foundation
The DG Murray Trust
The Don McKenzie Trust
The ELMA Foundation
The Lily & Ernst Hausmann Bursary Trust
The National Lottery
The Nedbank Foundation
The Norman Wevell Trust
The Oppenheimer Memorial Trust
The RB Hagart Trust
The Robert Niven Trust
UCS Technology (Natal)

Individual Donors

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Umthombo Youth Development Foundation Trust
Formerly Friends of Mosvold Trust
(Registration number IT1856/95)

Annual Financial Statements

for the year ended 28 February 2015

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	Makhosazana Princess Themba Andrew John Ross Siphamandla Senzo Mngomezulu Nobayeni Cecilia Dladla Thandaza Cyril Nkabinde Thanduyise Joesph Motha
Registered office	1A Shongweni Road Hillcrest 3650
Business address	1A Shongweni Road Hillcrest 3650
Postal address	Postnet Suite 10328 Private Bag X7005 Hillcrest 3650
Bankers	Standard Bank of SA Limited
Auditors	Victor Fernandes & Co Chartered Accountants (S.A.) Registered Auditor
Trust registration number	IT1856/95
Tax reference number	1326/035/20/9
Vat reference number	4050263617
Level of assurance	These annual financial statements have been audited in compliance with the applicable requirements of the Companies Act of South Africa.
Preparer	The annual financial statements were independently compiled by: AKN Miller CA(SA)
Published	04 May 2015

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

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

The trustees have reviewed the trust's cash flow forecast for the year to 29 February 2016 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 reviewing and reporting on the trust's annual financial statements. The annual financial statements have been examined by the trust's external auditors and their report is presented on page 2.

The annual financial statements set out on pages 3 to 8, which have been prepared on the going concern basis, were approved by the trustees on 5 May 2015 and were signed on its behalf by:

AJ Ross - Trustee

MP Themba - Trustee

Victor Fernandes & Co
Chartered Accountants (S.A)
Registered Auditors No 951366

Report of the Independent Auditors

To the trustees of Umthombo Youth Development Foundation

We have audited the accompanying annual financial statements of Umthombo Youth Development Foundation Trust, which comprise the trustees' report, the statement of financial position as at 28 February 2015, the statement of comprehensive income, the statement of changes in equity and statement of cash flows for the year then ended, a summary of significant accounting policies and other explanatory notes, as set out on pages 3 to 8.

Trustees' Responsibility for the Financial Statements

The trust's trustees are responsible for the preparation and fair presentation of these annual financial statements in accordance with International Financial Reporting Standards for Small and Medium-sized Entities, and in the manner required by the Companies Act of South Africa. This responsibility includes: designing, implementing and maintaining internal control relevant to the preparation and fair presentation of annual financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditors' Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the annual financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the annual financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the annual financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the trustees, as well as evaluating the overall presentation of the annual financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Basis for Qualified Opinion

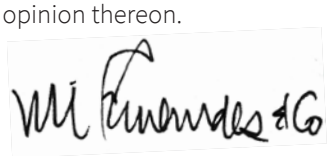
In common with similar organisations, it is not feasible for the organisation to institute accounting controls over collections from donations and grants prior to being received and recorded in the accounting records. Accordingly, it was impractible for us to extend our examination beyond the receipts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

Opinion

In our opinion, except for the effects of the matters described in the Basis for Qualified Opinion paragraph, the annual financial statements give a true and fair view of (or "present fairly, in all material respects") the financial position of the trust as of 28 February 2015, and of its financial performance and its cash flows for the year then ended in accordance with International Financial Reporting Standards for Small and Medium-sized Entities.

Supplementary Information

We draw your attention to the fact that the supplementary information set out on page 8 does not form part of the annual financial statements and is presented as additional information. We have not audited this information and accordingly do not express an opinion thereon.



Victor Fernandes & Co — 5 May 2015
Registered Auditor
Chartered Accountants (S.A.)

Suite 5,
Kloof Country House
Per: VMR Fernandes — 20 Village Road
Kloof
3610

Trustees' Report

The trustees submit their report for the year ended 28 February 2015.

1. The trust

The trust was created by a deed of trust dated 19 May 1995 although it commenced operations on 1 March 1996. The name of the trust was changed from Friends of Mosvold to Umthombo Youth Development Foundation Trust in March 2010.

2. Review of activities

Main business and operations

The beneficiaries of the trust are Black people, as defined by the Broad-Based Black Economic Empowerment Act 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 operating results and state of affairs of the trust are fully set out in the attached annual financial statements and do not in our opinion require any further comment.

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. The UYDF undertakes to repay students' loans after they complete a year of work at an agreed rural hospital for every year studied. This contingency requires that the UYDF has reserves and cash available to meet these committments should they become due. During the academic year January to December 2014 NSFAS advanced R4,770,000 to students of which R1,296,680 potentially may need to be repaid in 2016 by UYDF (Refer note 13).

3. Events after the reporting period

The trustees are not aware of any matter or circumstance arising since the end of the financial year.

4. Trustees

The trustees of the trust during the year and to the date of this report are as follows:

Name
Makhosazana Princess Themba
Andrew John Ross
Siphamandla Senzo Mngomezulu
Nobayeni Cecilia Dladla
Thandaza Cyril Nkabinde
Thanduyise Joseph Motha

5. Auditors

Victor Fernandes & Co will continue in office for the next financial period.

Statement of Financial Position

Figures in Rand	Note(s)	2015	2014
Assets			
Non-Current Assets			
Property, plant and equipment	2	265,653	363,892
Current Assets			
Other receivables	3	144,896	153,177
Cash and cash equivalents	4	13,957,267	14,074,920
		14,102,163	**14,228,097**
Total Assets		**14,367,816**	**14,591,989**
Equity and Liabilities			
Equity			
Trust Capital	5	13,852,354	14,261,818
Liabilities			
Current Liabilities			
Trade and other payables	8	94,247	107,878
Provision for unpaid leave	7	128,075	153,837
Other Liabilities	13	293,140	68,456
		515,462	**330,171**
Total Equity and Liabilities		**14,367,816**	**14,591,989**

Statement of Comprehensive Income

Figures in Rand	Note(s)	2015	2014
Revenue		13,166,121	14,255,258
Other income		-	46,667
Operating expenses (see page 8)		(14,196,191)	(10,622,685)
Operating (deficit) surplus	9	**(1,030,070)**	**3,679,240**
Investment revenue		620,606	412,090
(Deficit) surplus before taxation		**(409,464)**	**4,091,330**
Taxation	10	-	-
(Deficit) surplus for the year		**(409,464)**	**4,091,330**
Other comprehensive income		-	-
Total comprehensive (loss) income for the year		**(409,464)**	**4,091,330**

Statement of Cash Flows

Figures in Rand	Note(s)	2015	2014
Cash flows from operating activities			
Cash (used in) generated from operations	12	(897,012)	3,754,245
Interest income		620,606	412,090
Net cash from operating activities		**(276,406)**	**4,166,335**
Cash flows from investing activities			
Purchase of property, plant and equipment	2	(65,931)	(489,633)
Sale of property, plant and equipment	2	-	219,363
Net cash from investing activities		**(65,931)**	**(270,270)**
Cash flows from financing activities			
Movement in other liabilities		224,684	68,456
Total cash movement for the year		**(117,653)**	**3,964,521**
Cash at the beginning of the year		14,079,920	10,110,399
Total cash at end of the year	4	**13,957,267**	**14,074,920**

Accounting Policies

1. Presentation of Annual Financial Statements

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

These accounting policies are consistent with the previous period.

1.1 Property, plant and equipment

Property, plant and equipment are tangible items that:

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

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

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

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

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

The residual value, depreciation method and the useful life of each asset are reviewed at each annual reporting period if there are indicators present that there is a change from the previous estimate.

Each part of an item of property, plant and equipment with a cost that is significant in relation to the total cost of the item and have significantly different patterns of consumption of economical benefits is depreciated separately over its useful life.

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

1.2 Receivables and Prepayments

Receivables and prepayments are recognised initially at fair value and subsequently measured at amortised cost using the effective interest method, less provision for impairment. A provison for impairment of trade receivables is established when there is objective evidence that the trust will not be able to collect all amounts due according to original terms of receivables. Significant financial difficulties of the debtor, probability that the debtor will enter bankruptcy or financial reorganisation, and default or deliquency in payments are considered indicators that the trade receivable is impaired. The amount of the provision is the difference between the asset's carrying amount and the present value of estimated future cash flow, discounted at the effective interest rate. The amount of the provision is recognised in the income statement within expenses.

1.3 Cash and cash equivalents

Cash and cash equivalents are carried in the balance sheet at cost. Cash and cash equivalents includes cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities on the balance sheet.

1.4 Trade payables

Trade payables are carried at the fair value of the consideration to be paid in future for goods or services that have been received or supplied and invoiced or formally agreed with the supplier.

1.5 Provisions and contigencies

Provisions are recognised when

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

1.6 Revenue

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

Interest income is recognised when it is accrued.

1.7 Financial risk management

Foreign exchange risk

The trust is not exposed to foreign exchange risk as no foreign currency transactions are entered into.

Interest rate risk

As the trust has no significant interest-bearing assets, except for cash and cash equivalents, the trust's income and operating cash flows are substantially independent of changes in market interest rates.
As the trust has no interest-bearing borrowings, it is not exposed to any interest rate risks.

Credit risk

The trust has no significant concentrations of credit risk, as receivables comprise mainly of prepayments and deposits. At the year-end, cash transactions are limited to high credit quality financial institutions.

Liquidity risk

Prudent liquidity risk management implies maintaining sufficient cash and the availability of funding through credit facilities.

Fair value estimations

The carrying amounts of the financial assets and liabilities in the balance sheet approximate fair values at the year-end. The particular recognition methods adopted are disclosed in the individual policy statements associated with each item.

1.8 Borrowing costs

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

Notes to the Annual Financial Statements

Figures in Rand	2015	2014

2. Property, plant and equipment

	2015			2014		
	Cost/ Valuation	Accumulated depreciation	Carrying value	Cost/ Valuation	Accumulated depreciation	Carrying value
Furniture and fixures	18,411	(9,569)	8,842	18,411	(7,728)	10,683
Motor vehicles	338,043	(178,903)	159,140	338,043	(67,349)	270,694
Office equipment	47,779	(34,182)	13,597	47,779	(24,920)	22,859
Computer equipment	91,474	(77,638)	13,836	83,251	(72,979)	10,272
Other property, plant & equipment	162,316	(92,078)	70,238	104,608	(55,224)	49,384
Total	**658,023**	**(392,370)**	**265,653**	**592,092**	**(228,200)**	**363,892**

Reconciliation of property, plant and equipment - 2015

	Opening Balance	Additions	Depreciation	Total
Furniture and fixtures	10,683	-	(1,841)	8,842
Motor vehicles	270,694	-	(111,554)	159,140
Office equpment	22,859	-	(9,262)	13,597
Computer equipment	10,272	8,223	(4,659)	13,836
Other property, plant and equipment	49,384	57,708	(36,854)	70,238
	363,892	**65,931**	**(164,170)**	**265,653**

Reconciliation of property, plant and equipment - 2014

	Opening Balance	Additions	Disposals	Depreciation	Total
Furniture and fixtures	10,458	2,000	-	(1,775)	10,683
Motor vehicles	54,655	468,823	(172,996)	(79,788)	270,694
Office equpment	13,821	18,810	-	(9,772)	22,859
Computer equipment	15,813	-	-	(5,541)	10,272
Other property, plant and equipment	75,535	-	-	(26,151)	49,384
	170,282	**489,633**	**(172,996)**	**(123,027)**	**363,892**

3. Other receivables

Sundry debtors - loans	114,758	114,794
Deposits	8,047	7,467
VAT	22,091	24,980
Other receivables	-	5,936
	144,896	**153,177**

4. Cash and cash equivalents

Cash and cash equivalents consist of:

Bank balances	13,957,267	14,074,920

5. Trust capital

Trust capital

Balance at beginning of year	14,261,818	10,170,486
Transfer of deficit to capital account	(409,464)	4,091,332
	13,852,354	**14,261,818**

The trust has committed to assist 230 students (2014: 205), estimated to cost R12,000,000 (2014: actual R7,791,882). This would reduce the uncommitted reserves to R1,852,354 (2014: actual R6,469,936).

6. Donations and grants received

Anglo American Chairman's Fund	880,000	640,000
Aspen Pharmacare	642,000	608,000
Chuma Foundation	270,000	250,000
Discovery Health	704,000	1,048,650
Norman Wevell Trust	110,000	-
RB Hagart Trust	200,000	-
The Atlantic Philanthrophies	2,993,467	3,307,618
The Bertha Foundation	390,000	390,000
The DG Murray Trust	1,146,000	1,060,000
The Don McKenzie Trust	105,000	327,200
The ELMA Foundation	3,000,000	4,000,000
The Lily & Ernst Hausmann Bursary Trust	150,000	130,000
The National Lottery	378,660	378,660
The Nedbank Foundation	-	500,000
The Oppenheimer Memorial Trust	1,700,000	1,160,000
The Robin Hamilton Trust	130,000	100,000
Other donations and grants being under R100,000	366,994	355,130
	13,166,121	**14,255,258**

Figures in Rand	2015	2014

7. Provision for unpaid leave

Reconciliation of provision for unpaid leave - 2015

	Opening balance	Movement	Total
Provision for unpaid leave	153,837	(25,762)	128,075

Reconciliation of provision for unpaid leave - 2014

	Opening balance	Movement	Total
Provision for unpaid leave	161,156	(7,319)	153,837

8. Trade and other payables

Other payables	94,247	107,878

9. Operating (deficit) surplus

Operating (deficit) surplus for the year is stated after accounting for the following:

Operating lease charges		
Lease rentals on operating lease - Other		
• Contractual amounts	99,215	92,742
Surplus on sale of assets	-	46,367
Depreciation on property, plant and equipment	164,170	123,027
Employee costs	2,010,818	1,756,220
Student expenses	10,760,169	7,832,531
Audit fees	31,500	30,780

10. 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 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, 45 of 1955.

11. Auditors' remuneration

Fees	31,500	30,780

12. Cash (used in) generated from operations

(Deficit) surplus before taxation	(409,464)	4,091,330
Adjustments for:		
Depreciation and amortisation	164,170	123,027
Surplus on sale of assets	-	(46,367)
Interest received	(620,606)	(412,090)
Movements in provisions	(25,762)	(7,319)
Changes in working capital:		
Other receivables	8,283	(15,992)
Trade and other payables	(13,633)	21,656
	(897,012)	**3,754,245**

13. Commitment for future funding of students

a) The trust has committed to assist 230 students (2014: 205) in the forthcoming year and it is estimated the cost of this will not be less than R12,000,000 (2014: R7,791,882). This is made up of an estimated R9,500,000 for the full cost students, and R2,500,000 for the partial costs for students that have received the majority of their funding from the National Student Financial Aid Scheme.

b) In terms of the new funding arrangement with NSFAS, commencing in 2011, 143 (2014: 123) students have been financially assisted by the organisation to date to the extent of R9,824,485 (2014: R5,597,609).

In terms of the trust's agreement with the student, the trust has agreed to assume the repayment obligation that the student has to NFSAS, provided the student completes a year of work at a rural hospital for every year studied.

Of the 143 (2014: 123) students, 9 (2014: 2) are fulfilling their work obligation in the 2015 academic year and the commitment to fund R293,140 (2014: R68,456) at the end of the 2015 academic year has accordingly been raised in the financials.

In 2016, if all NSFAS funded students work in a rural hospital, an amount of R1,296,680 will be needed by UYDF to repay their loans.

Statement of Financial Performance

Figures in Rand	Note(s)	2015	2014
Revenue			
Donations and grants received		13,166,121	14,255,258
Other income			
Bad debts recovered		-	300
Interest		620,606	412,090
Gains on disposal of assets		-	46,367
		620,606	**458,757**
Operating expenses			
Accounting fees		(57,913)	(53,607)
Administration and management fees		(49,106)	(10,664)
Advertising		(119,199)	(31,761)
Auditors' remuneration	11	(31,500)	(30,780)
Bank charges		(71,577)	(58,334)
Computer expenses		(6,360)	(3,654)
Conferences and workshops		(42,041)	(90,925)
Database monthly fees		(46,664)	(95,697)
Depreciation, amortisation and impairments	2	(164,170)	(123,027)
Employee costs		(2,010,818)	(1,756,220)
Graduate development		(87,526)	-
Internet connection		(880)	-
Legal expenses		(1,402)	-
Motor vehicle expenses		(91,184)	(128.889)
Office rental		(99,215)	(92,742)
Other expenses		(16,895)	(5,500)
Outsourced personnel - student mentors		(212,165)	(177,188)
Printing, stationery and postage		(57,862)	(21,908)
Bad debts written off		(5,095)	-
Repairs and maintenance		(3,148)	(2,787)
Staff development		(39,815)	(24,647)
Student Expenses		(10,760,169)	(7,791,882)
Telephone and fax		(39,648)	(41,069)
Travel - local		(181,839)	(81,404)
		(14,196,191)	**(10,622,685)**
(Deficit) surplus for the year		**(409,464)**	**4,091,330**

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
- Non Profit organisation (010-021 NPO)
- 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
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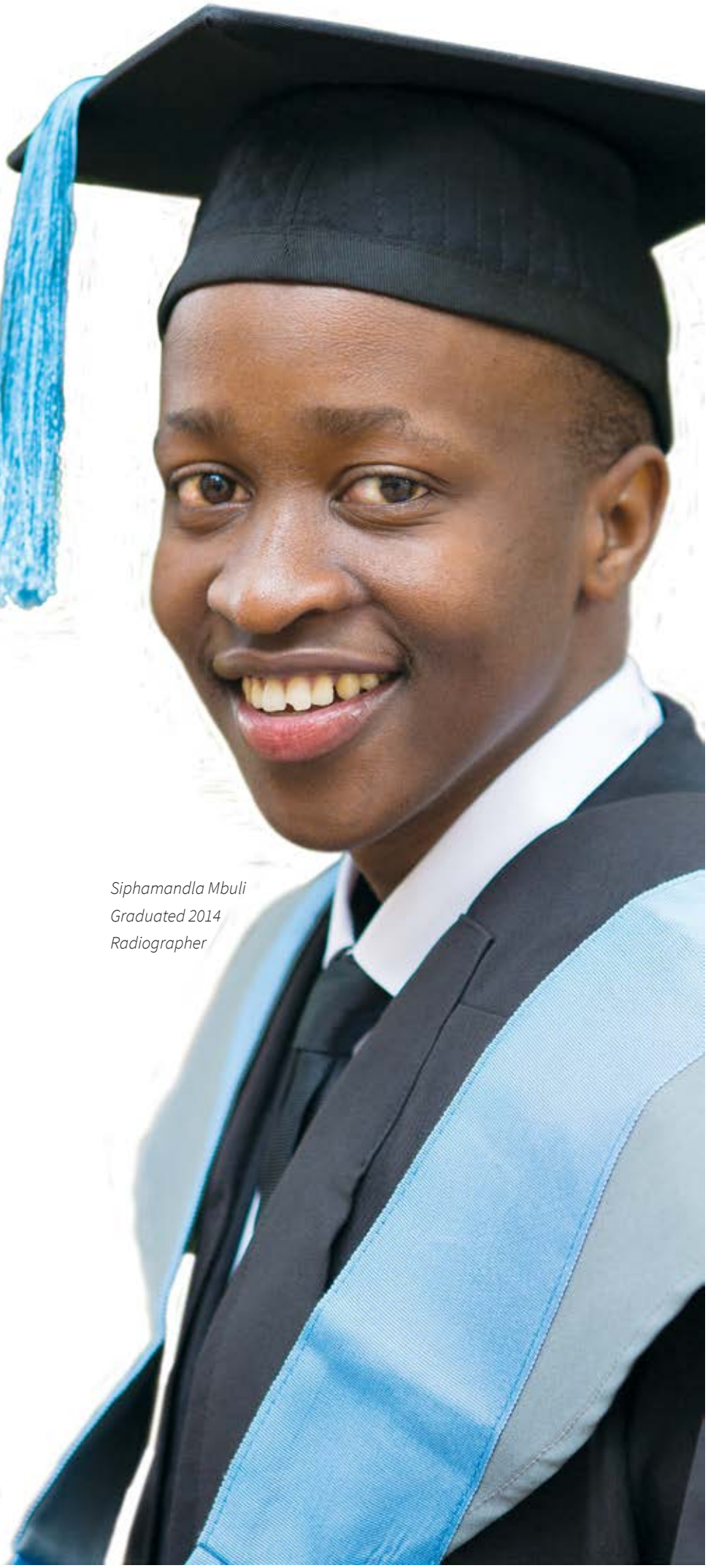

Siphamandla Mbuli
Graduated 2014
Radiographer

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