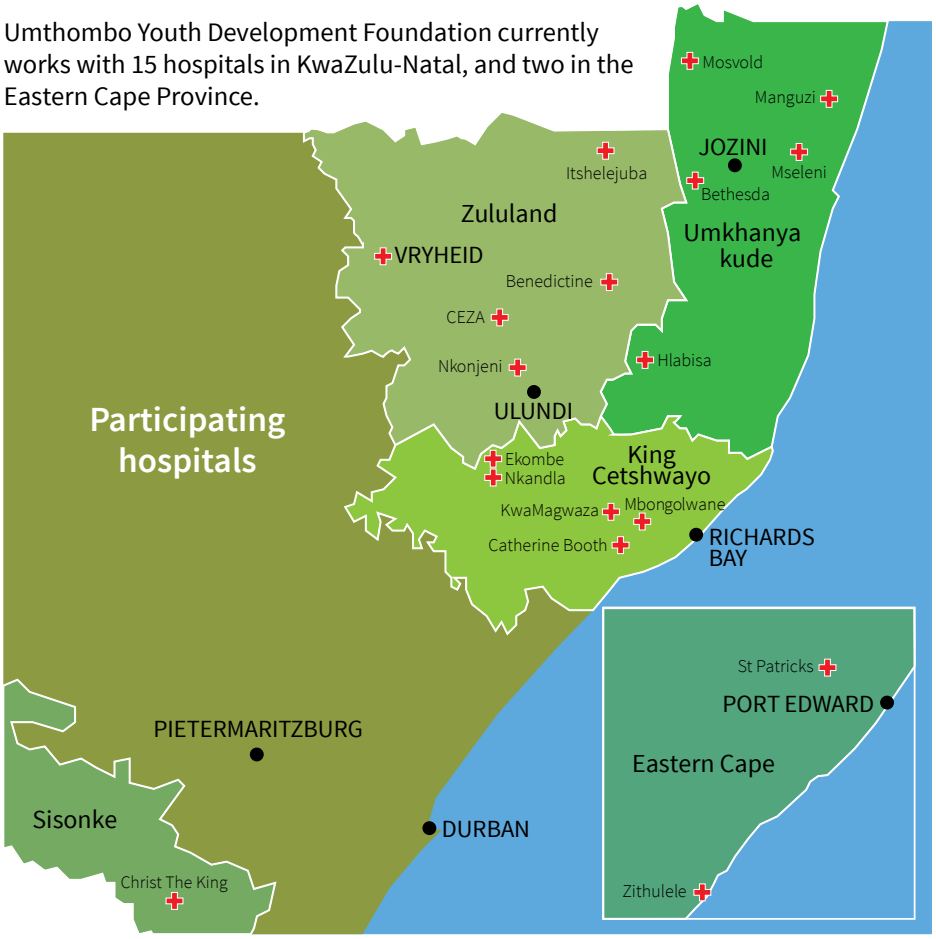
Umthombo Youth Development Foundation
2019 Annual Report

20 YEARS

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

CONTENTS

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



RETURN on investment

cost *to train 254 graduates*
R186 MILLION

income tax *paid over a lifetime*
R1,2 BILLION

lifetime earnings *of 254 graduates*
R4 BILLION

2015 DATA ***calculated at current prices***

"I, Samkelo Sibiya, am proud to say that I am a graduate today because of the Umthombo Youth Development Foundation. I solemnly believe that without the presence of this initiative I would have struggled to complete the journey of Higher Education.

I was sponsored by the UYDF in my second year at Mangosuthu University. The UYDF services made it fun and easy for me to concentrate on my studies rather than external factors. The mentoring programme makes UYDF different from other sponsors because they monitor your current progress and motivate you to achieve better results.

Currently I'm working with the Malaria control programme which monitors malaria spread from neighbouring countries into our local communities - Ingwavuma, Manguzi, Pongola and as far as the Eastern Cape. I thank UYDF for giving me a good future."

Samkelo Sibiya, Biomedical Technologist

MISSION, VISION AND VALUES

Mission

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

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

Vision

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

Organisational Values

Integrity: honest, trustworthy, responsible.

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

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

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

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

PRIORITY AREAS AND THEORY OF CHANGE

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

Achievement of Priority Areas

1 Student Support

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

2 Graduate Support

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

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

3 Mobilisation of Resources

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

4 Expansion of the Programme

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

5 Partnerships

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

6 Organisational Development

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

7 Research

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

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

The Future

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

We have successfully transformed from a full cost Model of support to a value-add Model, where the National Student Financial Aid Scheme (NSFAS) is providing the majority of student funding and we are providing the essential academic and social mentoring support to students, as well as top-up funding, to ensure they have the greatest opportunity to succeed. Our transformed Model will allow us to focus on our strengths, namely, of providing academic and social mentoring support to many rural health science students. Going forward our strategy will be to provide mentoring support to many more health science students in order to increase their success and overall graduation rates.

Theory of Change

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

(Below: Ms. Nokwanda Mathonsi)

FROM THE FOUNDER'S PEN

APRIL 2020

26 days into lockdown – 3 465 people in South Africa diagnosed with COVID-19, 58 deaths due to COVID-19, our economy battered and broken and many uncertain, afraid and pessimistic about the future.

Although very different, it made me reflect on the start of UYDF 20 years ago. I was told:

a) it would be impossible to find young people from rural Ingwavuma who would be accepted to study a health science degree at university because the schools in Ingwavuma were too bad.
Reality: to date we have supported over 850 rural students who have been accepted to study health science courses.

b) If we managed to find any students who were accepted into health science courses the failure rate would be high and only a few would graduate.
Reality: to date 434 rural origin students supported by UYDF have graduated as health care professionals and each year more than 90% of our students pass and progress.

c) Even if some students did manage to succeed and graduate they would never come back to work in a rural area.
Reality: Over 98% of our graduates have returned to work in rural areas and more than 60% continue to work in rural areas after their contractual obligation is complete. In 2015, it was estimated that the lifetime earnings of the 254 graduates would be R15 billion, with 434 graduates it's close to R26 billion and increasing annually.

AND

d) It is very expensive
Reality: That is true but with a clear vision, concrete plans and amazing partners it has been possible to raise the funds needed to make the dream a reality. If 254 graduates will generate R15 billion in lifetime earnings, the returns far outweigh the investment.

On 22 April 2020, President Cyril Ramaphosa announced a R500 billion economic stimulus package. As I look back with amazement and pride in all that our UYDF students and graduates have achieved over the last 20 years, despite the overwhelming challenges and the pessimism that they would ever achieve, I know from my limited experience, and with an unshakable belief that with:

- a clear plan,
- fiery / steely determination,
- unwavering support,
- absolute belief in the students we selected to succeed,
- a fantastic, focused and efficient support team,
- hard work and
- a burning desire to rise above life's circumstances,

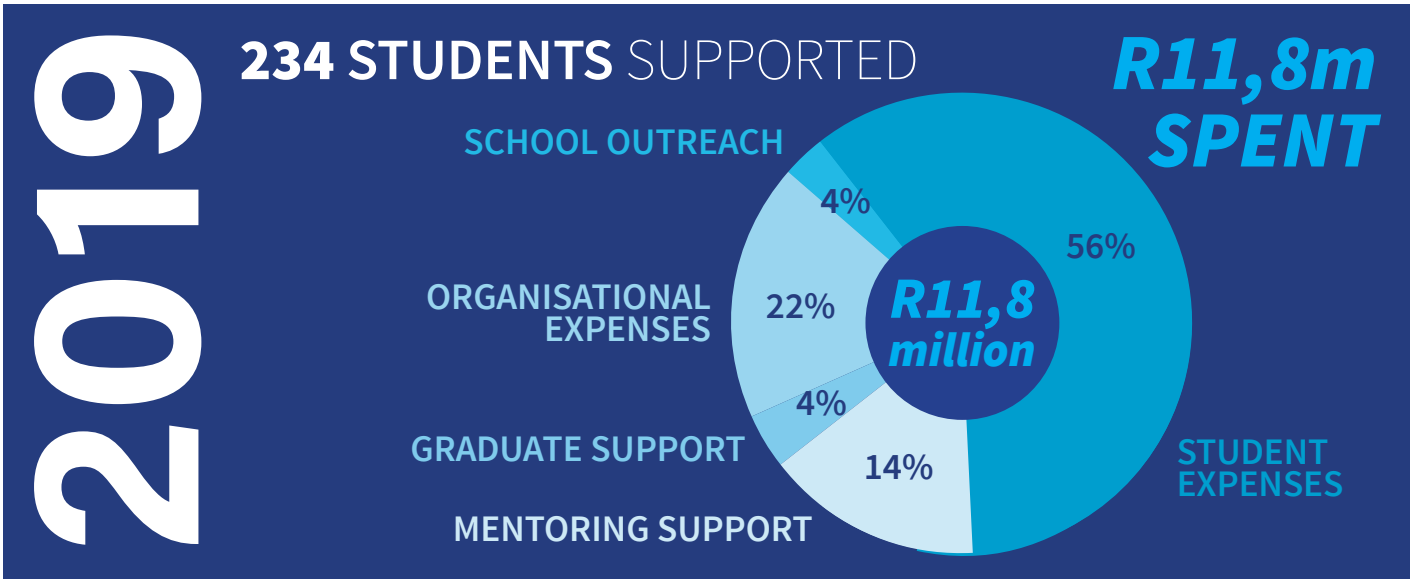
that as South Africans we can do the seemly impossible, surprise even ourselves, and achieve beyond our wildest imagination! This, "can do" attitude is reflected in President Ramaphosa's quote below:

"Even as we find ourselves at a moment of great peril, even as great sacrifices are demanded, we dare not allow our vigilance to waver, we look to a better future. I have faith in the strength of South Africans, who proved throughout history that they can rise to the challenge. We shall recover… we shall overcome and prosper."

President Cyril Ramaphosa

God bless South Africa.

Dr. Andrew Ross



DIRECTOR'S REPORT

This Annual Report is themed "20 years of providing life changing opportunities to rural youth and transforming the face of rural health". It is a huge claim, but I hope as you go through this report, the extent of what has been achieved in terms of transforming youths' lives, and the related impact that this has had on delivering healthcare services to the most marginalised and indigent communities will become evident.

Significantly Andrew Ross' vision of producing a cadre of local, competent and compassionate healthcare workers willing to serve in the most remote areas has been achieved through a journey of meeting and interacting with others who caught a glimpse of what this could mean. We are immeasurably grateful for the support we have had, most notably from Brian Whittaker in his personal capacity, and Lynne Fiser who has harnessed the support of a number of private Trusts that are loyal supporters. Likewise, Ruth Lewin of Discovery, Jackie Tau of Aspen Pharmacare, and Clare Digby of the Oppenheimer Memorial Trust, among others, have been long time passionate champions and have invested millions in the vision. The participating hospitals, have appreciated the partnership and contributed by holding Open Days for interested school learners; selected new students annually; and allowed current students to do holiday work every year.

Our achievements over twenty years will be reflected in various ways throughout this report. Rural matriculants with excellent results previously had no hope of accessing Higher Education, as Nelly Mthembu testifies. Nelly, like many other rural youth, obtained an excellent matric at her high school in Ingwavuma, but due to generational poverty, she had no chance of studying at a university. She did odd jobs for neighbours in Ingwavuma for four years before she heard about the Scholarship Scheme at Mosvold Hospital. Nelly obtained a place to study pharmacy at the University of Witwatersrand and completed her degree in the minimum time! Sadly Nelly's story is not unique – all of our 434 graduates have remarkable beginnings rooted in poverty and deprivation which they have overcome through hard work and the humble support of UYDF.

Over the 20 years, we have shown that rural youth have the academic acumen to successfully study health science degrees. With the comprehensive financial and mentoring support we provide, our students have achieved a 92% annual pass rate over the past eight years. This is despite them attending under-resourced, non-fee paying, Quintile 1 & 2 rural schools. The mentoring support not only focuses on academic success, but assists students to deal with social issues and manage themselves well, in addition to developing the soft skills required to be competent and empathetic healthcare workers. Students have attested to the value of the compulsory holiday work at their local rural hospitals, which forms part of our mentoring support, and which exposes them to the realities of the work place and allows them to compliment their theory with practise.

Through the annual exposure to rural practise and the accountability built into the programme, our graduates have in most cases willingly taken up employment at their local hospitals. They have positively impacted staff shortages and in many cases improved, or introduced new services. This is significant as many people said that the graduates would never return after been exposed to the cities and being employable. We have also found that a significant number of graduates (between 60 to 65%) continue to work at rural hospitals even after their work back obligations are complete. We honour all the graduates who have served their communities despite the challenges. The impact has not just been in improving the delivery of healthcare services, but includes inspiring youth in the area to work hard in order to study and obtain a qualification.

Over the 20 years, 434 graduates have been produced, covering 19 different health science disciplines – 155 of which are doctors. Significantly when one considers the disparity in opportunities for boys and girls in rural areas, 57% of all graduates are women and moreover, 54% of our doctors are women! Some of the doctors have gone on to specialise and form a core of highly skilled healthcare professionals in South Africa.

It is important to remember the starting point – Mosvold Hospital, in remote northern KwaZulu-Natal, faced a chronic shortage of staff - they had two doctors

and needed at least six, they didn't have a pharmacist or radiographer, and there were no therapy services. In addition, it was becoming more difficult for foreign doctors to work in South Africa. Currently 15 hospitals in KwaZulu-Natal participate in our programme, and around 200 students are supported annually across 16 different health science disciplines.

There has also been a huge financial spinoff, as graduates go into permanent paid employment, which has enabled them to lift their families out of poverty whilst contributing to the larger social good as taxpayers. A rough conservative calculation to estimate the total income earned by 379 graduates (2002 to 2019), amounts to just over R1 billion (2020 value). Since the large majority of graduates live in rural areas, a large portion of the R1 billion can be assumed to be injected into the rural economy. In addition, income taxes on these earnings, are in excess of R274 million.

In conclusion, we firstly thank Andrew Ross for daring the dream of the impossible! We also thank all those who have walked this road with us and helped us to better ourselves through their interest and investment. Finally to all the graduates, you are heroes – you have overcome overwhelming odds and succeeded in making a path for many more to follow – well done!

Dr. Gavin MacGregor

SEEKING TO ADDRESS A PROBLEM

The Problem

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

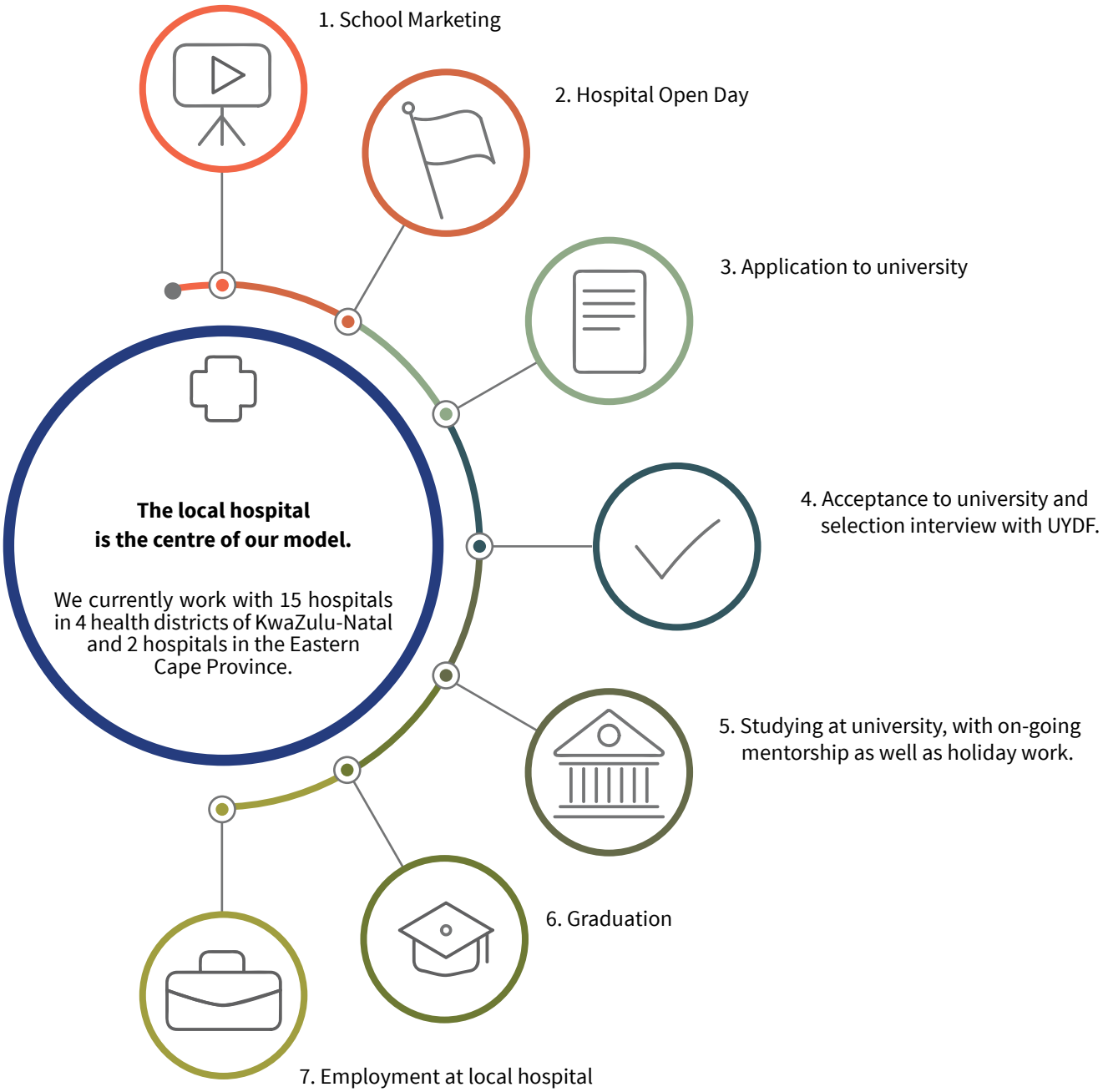
How do we address this problem?

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

Why rural youth?

Since they come from rural areas, they are more likely to live and work in a rural area than their urban counterparts. They know the language and culture of the community and thus are able to better communicate and understand the healthcare needs of the community. They do not feel isolated, as would urban origin healthcare workers, as they have family and friends to support them.

Our Unique 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.

> *Through the provision of mentoring support, the Umthombo Youth Development Foundation has consistently achieved exceptionally high pass rates - in the high 90's!*

Learners doing maths and science, who are interested in studying a health science degree, are invited to attend the **Hospital Open Day**, where they rotate through the hospital departments and are addressed by the various healthcare professionals (often our graduates) regarding the nature of their work, as well as where they studied, and how they succeeded.

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

If they have obtained a place at university to study an approved health science degree, they are invited to a **selection interview**. The interview panel consists of hospital staff, local education and community representatives, and an UYDF representative. The interview exists to determine the learner's motivation for studying the relevant health science degree, and obtain their commitment to work at their local hospital after graduation for the same number of years they were supported for.

These learners then leave for university. Through NSFAS, they receive a full cost bursary covering tuition, accommodation, books, food and minor equipment. In addition, because rural youth are poorly equipped both academically and socially for university, the UYDF provides **academic and social mentoring support** to all its students. All new students are allocated a mentor, with whom they need to meet once a month. The mentor, who may not be a health science graduate or university academic, holds the student accountable to address the challenges they face in order to succeed. Common challenges faced by rural youth include: poor command of English, poor study skills and time management, difficulty in social integration, and family issues to mention a few. Through the provision of 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** each 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.

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

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

(Below: Ms. Phele Gumede, Radiographer)

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

THE PROGRAMME'S BENEFITS AND SUCCESSES

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

1. Providing an **incentive for local learners** to work hard to achieve the grades that are needed to be accepted to study a health science degree at University. No such opportunities ever existed in rural areas before.

2. Providing a beacon of hope for local learners and **stimulating local youth development** by highlighting that it is possible to come from a deep rural area and become a health professional!

3. It proves that **rural students have the potential to succeed** at university, if provided with the appropriate support, since the pass rate over the past eight 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.

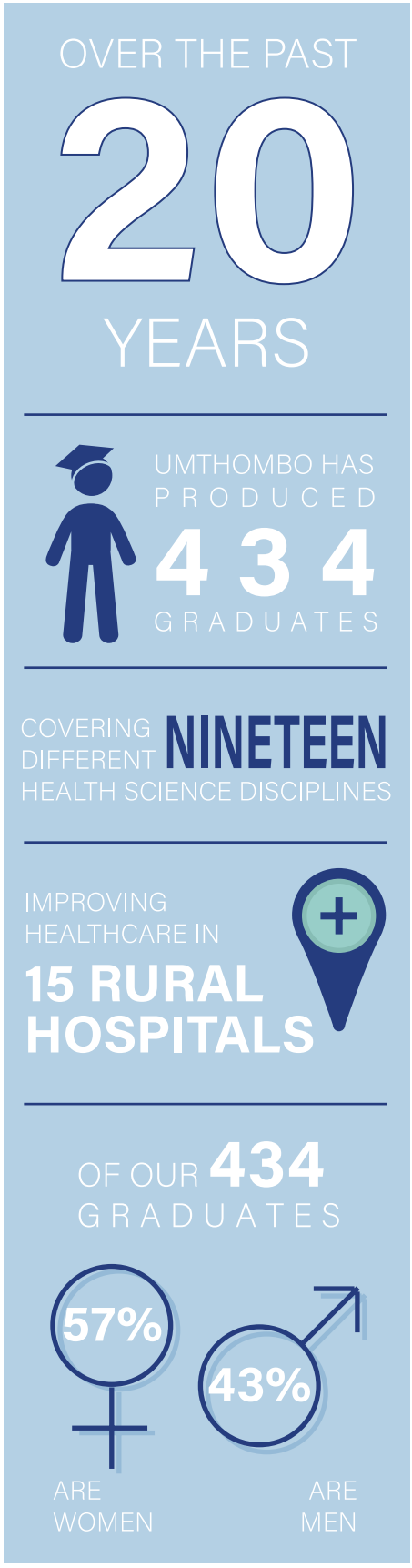
5. **Stimulating community development,** through community participation in the selection of scholarship participants and graduates serving their community when qualified.

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 2019, 65% of graduates who had completed their work-back obligations continued to work at rural hospitals.

12. By investing in local people to address a local problem the **solution becomes sustainable**, since the graduates are more likely to stay and build their careers in the local hospital.

13. **Improved retention of rural hospital staff** by providing professional development opportunities.

14. **Improving the quality of health care delivery** through the provision of qualified healthcare workers, who understand the language and the culture of the local community, and are committed to make a difference (I am helping *my* community!).

15. Providing **stability in the workforce** as graduates honour their multi-year work-back obligations.

16. It offers one of the most sustainable solutions for the **long-term supply of professional health care staff** for rural hospitals.

17. It is **replicable**. If it can work in one of the most rural and under-resourced districts, then it can work anywhere in South Africa and possibly Africa.

18. It is a **local solution** to the interntional problem of a shortage of health care workers in areas of greatest need.

19. It **breaks the spiral of rural poverty** as youth become qualified healthcare workers, obtain work, earn salaries, assist and serve their communities, whilst inspiring others to do the same.

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

HIGHLIGHTS OF 2019

In 2019 we supported 234 students studying 14 different health science disciplines, two of which were provincial bursary students. The disciplines with the most students were medicine with 115, and then pharmacy with 55 students. We supported students across 14 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 232 who wrote examinations (2 did not write), 215 passed, whilst 17 failed, giving an overall pass rate of 93%. Of the 17 that failed, 4 were excluded by their university.

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.

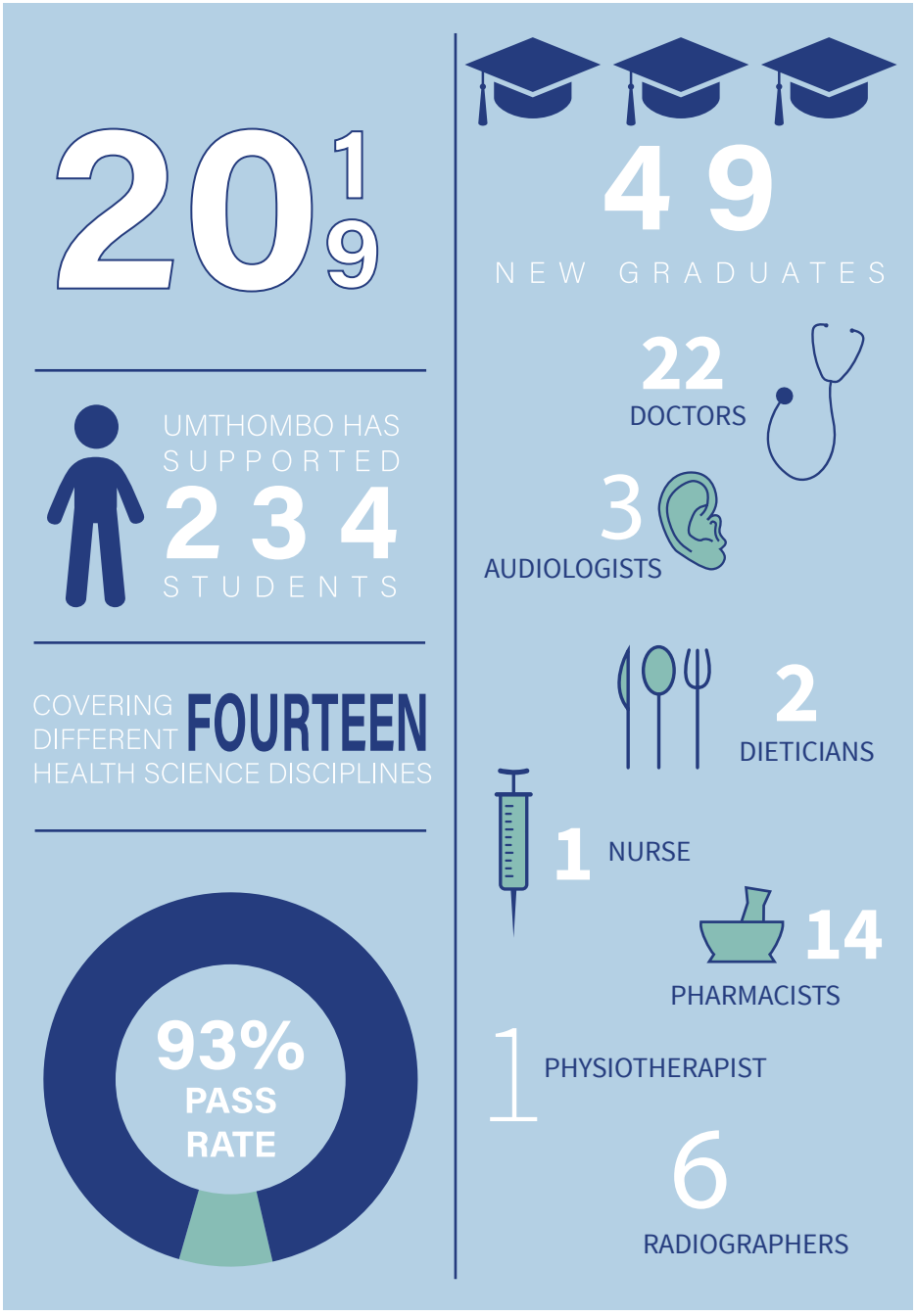
Forty-nine students completed their studies, increasing graduate numbers from 385 to 434! Sixty-seven percent (33) of the new graduates completed their degrees in the minimum time, with 22% (11) requiring an additional year, whilst four students required an additional two years, and one dietetics student required an additional three years.

The breakdown of the new graduates by discipline is as follows: 3 audiologists; 2 dieticians; 22 doctors; 1 nurse; 14 pharmacists; 1 physiotherapist; 6 radiographers.

Participating hospitals are involved by exposing school learners to the different health science disciplines through hosting open days, student selection, student mentoring and training in the form of holiday work, and 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 did holiday work throughout the duration of their studies, and may not even obtain employment within their District, or the Province. This is naturally a concern especially since the need for healthcare workers has not decreased in rural and under-served 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 however obtain employment, but will not impact the shortages of healthcare workers in rural areas as originally intended.

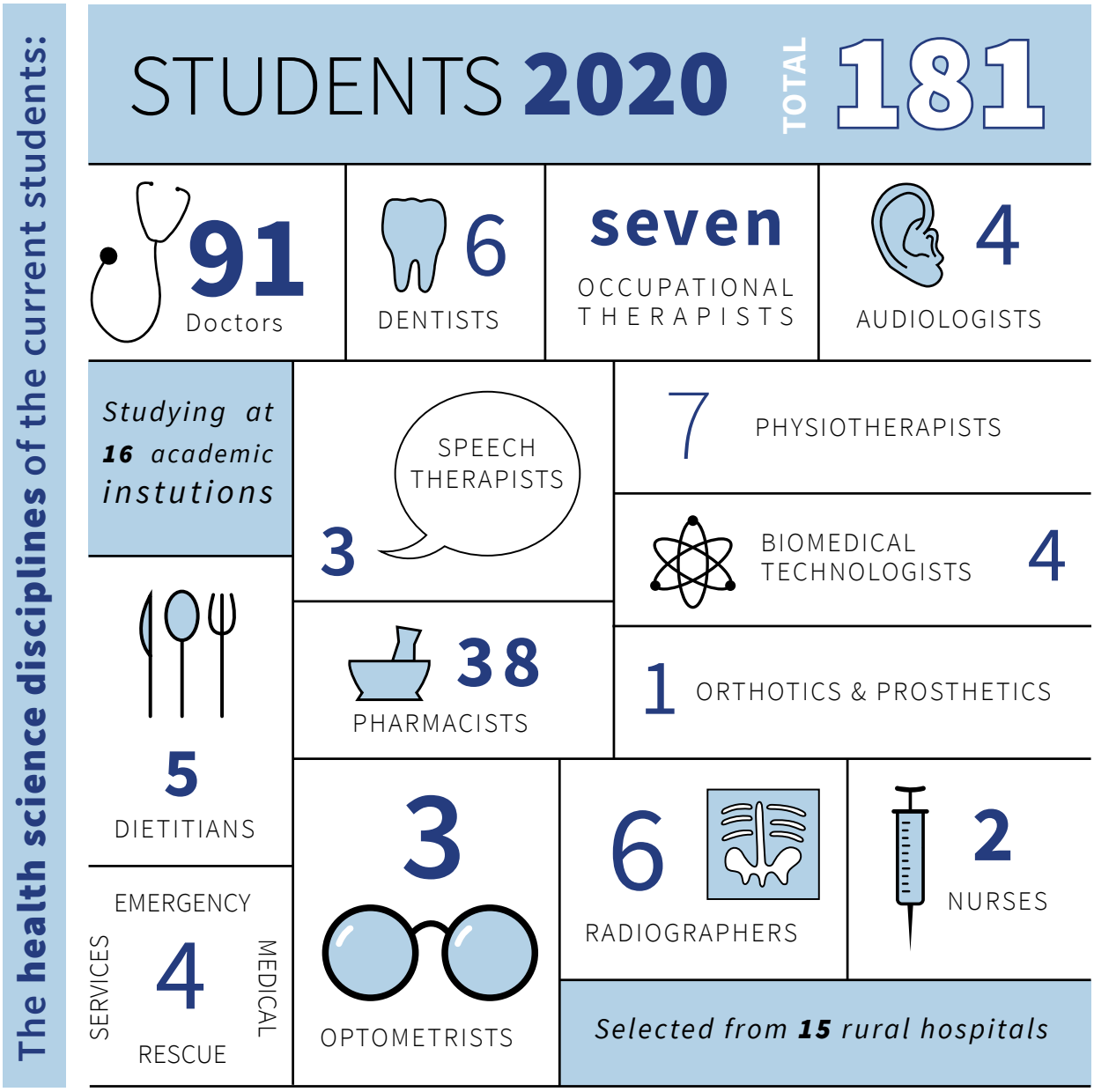
(Right: Dr. Mondli Khumalo)



THE STUDENTS

This year (2020) we are supporting 181 students since due to financial constraints no new students were selected. We trust that as NSFAS provides the bulk of the student funding that in future we will be able to increase the number of students we provide mentoring support to, in order to have a greater impact on the success of rural youth studying health science degrees.

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



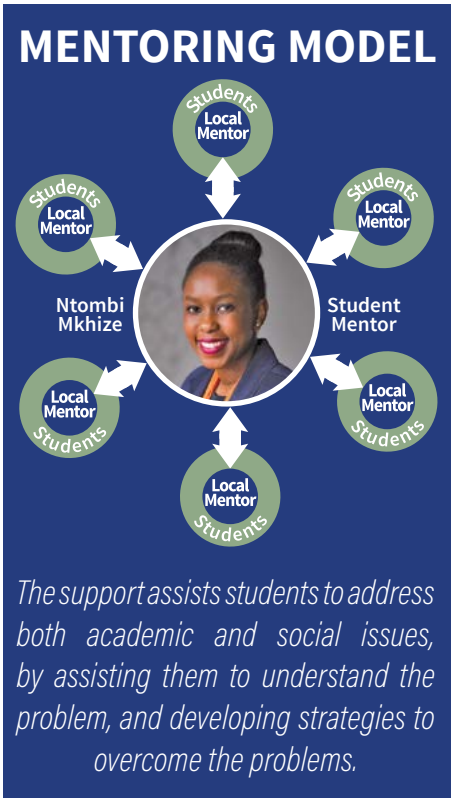
Although the majority of students are studying medicine, it is important to note the broad range of health science disciplines being supported. The different disciplines are important in providing comprehensive healthcare especially in a rural hospital.

Student Support: Mentoring Support

A critical component of the programme's success is the mentoring support provided to students. Rural students face many challenges at University including their poor command of English (which is the medium of instruction); the fast pace of the academic programme; peer pressure; requests from home and many more. The mentoring support is thus provided to help students cope and overcome these many challenges. We have students studying at 16 different academic institutions across the country and therefore to enable all first and second year students, as well as struggling senior students to receive support, we have a network of local student mentors situated on, or close to, the various campuses. Ntombi Mkhize is the organisation's Student Manager and works with the local mentors to ensure students receive the support they need. The support assists students to address both academic and social issues, by assisting them to understand the problem, and developing strategies to overcome the problems. The mentor holds the student accountable to implement the agreed plan of action and reflect on its effectiveness. With the mentor's support the student is empowered to find their own solutions to their problems. In addition to the monthly mentor meetings, Ntombi meets with the students twice a year on campus and remains in contact during the year via emails and WhatsApp.

Holiday Work

Another component of the mentoring support is the 4 weeks compulsory holiday work that students are required to undertake at their local hospital each year. The purpose is for them to complement their theory with practise, and learn in a non-threatening environment, as well as assisting them to understand and experience the implications of staff shortages, and realise that they are being groomed to address the shortages. In addition, it allows them to develop relationships with hospital staff who mentor and encourage them, and hold them accountable to honour their work back obligation. It also gives the hospitals an opportunity to groom their future employees, and makes the transition from university to work a lot easier. Many students report that the holiday work is such a valuable and wonderful experience as it gives context to their university studies and motivates them to work hard in order to qualify so they can return to their hospital to make a difference.

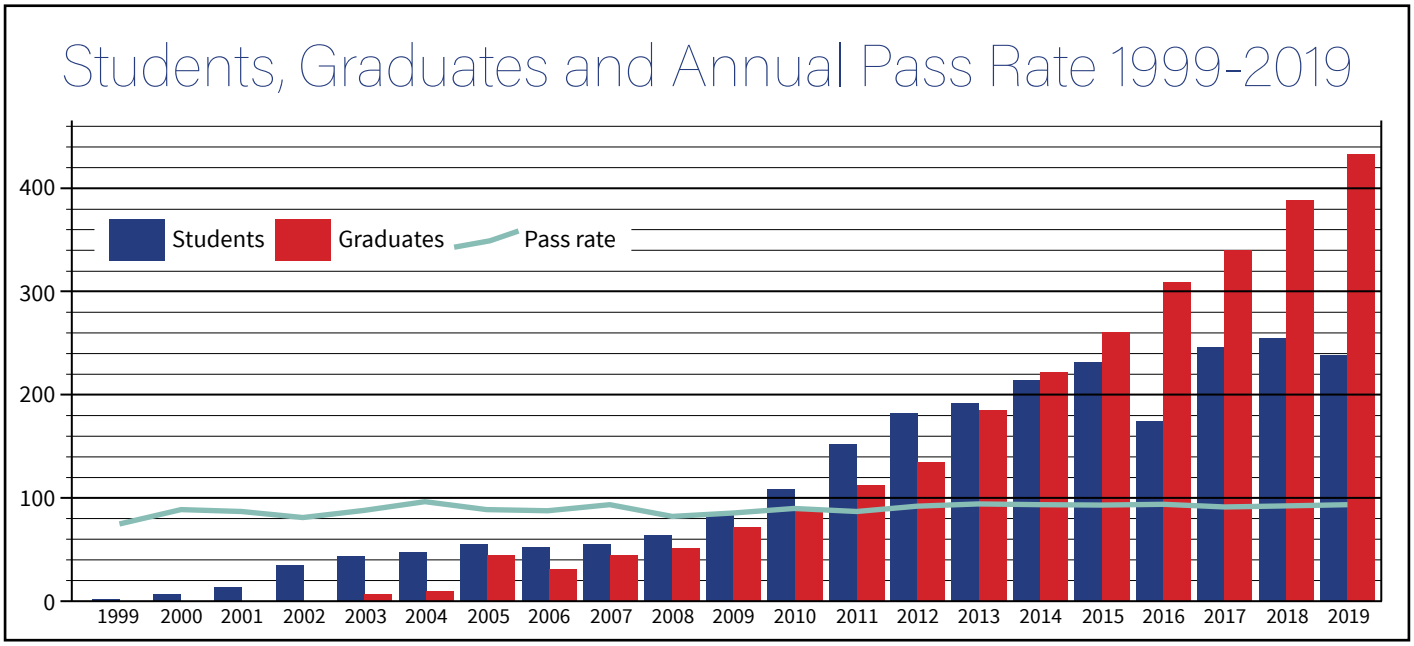


Personal Development

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

Impact of the Mentoring Support

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



HOW OUR PROGRAMME SUPPORTS GOVERNMENT POLICY

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

1. Focuses on opportunities for rural youth.
2. Improves service delivery to rural communities.
3. Leads to skills development, particularly the addressing of scarce skills.
4. Increases the number of taxpayers as graduates are employed in permanent quality positions.
5. Exposes students to the world of work through their holiday work experience.
6. Our work is concentrated in the Priority 18 districts – districts identified by government with particularly poor health indicators that need improvement.
7. This work is aligned to the National Skills Development Strategy III.
8. Youth are trained for specific jobs and are able to work immediately after graduating or completing their internship training.
9. Our model ensures that rural hospitals are actively involved in addressing the shortages of skills at their hospitals.
10. Our support of our graduates and hospital staff, in their professional development, ensures they are retained and have the necessary skills to become competent managers and leaders.

THE ALUMNI

The Umthombo Youth Development Foundation has **produced 434 graduates**, in 19 different health science disciplines. As can be seen from the graphic below, the majority of graduates are doctors!

Of the 434 graduates, 58 are busy with their internship training and are thus unavailable to work at a rural hospital at this time. Thus subtracting them from the 434 graduates, we see that 52% 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 54%.

We have seen a trend over time of more doctors wishing to specialise - 10 of current 155 doctors are specialising, whilst 4 have qualfied as specialists. 45 of the 434 graduates have gone into the private sector, whilst 9 have private practises in rural areas. 101 graduates are working in the public sector.

To determine the effectiveness of our strategy of investing in rural youth to address the shortages of staff at rural hospitals over the long term, it is worth knowing where graduates without further work back obligations are working. Of the 434 graduates, 192 have no further work back obligations. A breakdown of where they are working is presented in the bar chart on the right.

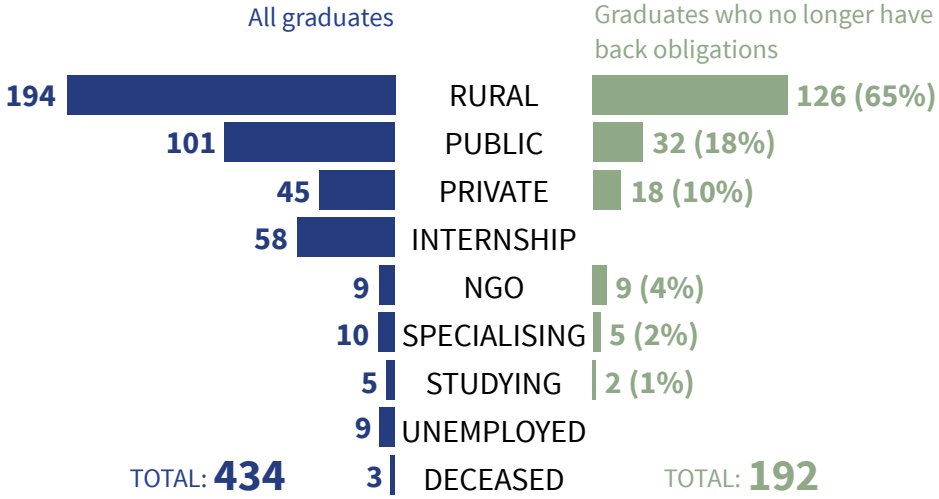
Significantly, of the 192 graduates, 65% are still working at a rural hospital! In addition, 9 are still serving rural communities as they work for rural non-governmental organisations, thus increasing the percentage to 69%. Thirty two are working in urban public hospitals, thus serving the majority of the population, whilst 5 are specialising.

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).

Of the 434 graduates, we currently have 10 graduates that are defaulting (2,5%) and will be made to pay back the amount spent on them. Unfortunately 3 graduates have neither worked back nor paid back, despite being employed.

Since the inception of the scheme only 8 graduates have bought themselves out before completing their work back obligations.

Graduates By Place of Work



OUR TEAM

Dr. Gavin MacGregor
Director

Ms. Ntombi Mkhize
Student Manager

Mr. John Mkhumbuzi
Graduate and Youth Development Coordinator

Ms. Nevilla van Dyk
Financial Administrator

Ms. Cebile Zungu
Office Administrator

TRUSTEES

Dr. Andrew Ross

Dr. Gloria Nkabinde

Dr. Cyril Nkabinde

Dr. Lungile Nxumalo

Mrs. Nomusa Zulu

PARTNERS AND DONORS

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

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

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
Dandelion Trust
Discovery Fund
Don McKenzie Trust
Douglas Jooste Trust
Lily and Ernst Hausmann Bursary Trust
Nedbank Foundation
Norman Wevell Trust
Oppenheimer Memorial Trust
RB Hagart Trust
Robert Niven Trust
Robin Hamilton Trust
Zululand Air Mission Transport (ZUMAT)

Individual donors

Brian Whittaker
Dr Andrew Ross
Dr Zandi Rosochacki
Kathrin Meyer-Oschatz
Glenys Ross
Wendy Clarke
Katya Soggot
Community Chest (WC)
Ronald and Gill Ingle
Siyanda Dlamini
Johannes Liel
Cord Hollender

20 YEARS...

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

2002

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

2008

Dr. Gavin MacGregor is employed as the Scheme's first employee and director. Since the mentoring support is found to be a critical component of the success of the Scheme, a full time Student Mentor becomes the second employee.

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

1999

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

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

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

2006

The first three doctors graduate from University!

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

2010

A 10 Year Celebration of the ac
the Friends of Mosvold Scholars
held at Mosvold Hospital. The Ce
opportunity to acknowledge all th
been involved in developing and s
Scheme as well as to share with
and broader audience the futur
Organisation - including the nam
celebration is considered a visit t
successful past as well as an em
future expansion of the Programm

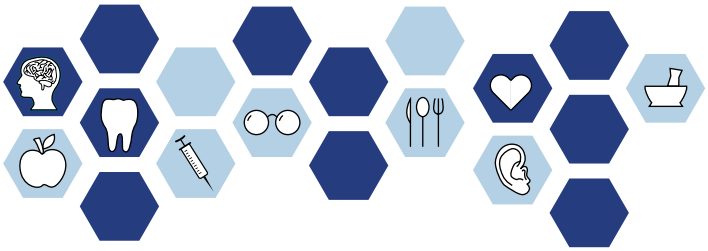
...

OPPORT
TRANSFORMIN

2019

Total value of salaries earned by UYDF graduates 2002 to 2019 per health science discipline

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



NINETEEN different health science disciplines

15 participating hospitals

434 GRADUATES

57% of doctors

54% of graduates

2013

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

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2017

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

OF PROVIDING LIFE CHANGING
UNITIES TO RURAL YOUTH AND
NG THE FACE OF RURAL HEALTH

UYDF GRADUATES

2002

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

2003

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

2004

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

2005

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

2006

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

2007

Mfundo Mathenjwa, *Cardiologist*
Nhlakanipho Mangeni, *Doctor*
Noxolo Ntsele, *Doctor*
Patrick Ngwenya, *Doctor*
Petronella Manukuza, *Doctor*
Bongumusa Mngomezulu, *Nurse*
Ntombikayise Gumede, *Nurse*
Phindile Ndlovu, *Nurse*
Ntokozo Mantengu, *Occupational Therapist*
Wiseman Nene, *Physiotherapist*
Ntokozo Fakude, *Pharmacist*
Nozipho Myeni, *Radiographer*
Nobuhle Mpanza, *Social Worker*

2008

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

2009

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

2010

Sthembiso Ngubane, *Biomedical Technologist*
Bhotsotso Tembe, *Dental Therapist*
Bongiwe Nungu, *Doctor*
Faustin Butiri, *Doctor*
Mazwi Mabika, *Doctor*
Mndeni Kunene, *Doctor*
Sandile Mbonambi, *Doctor*
Thabia Sekgota, *Doctor*
Celumusa Xaba, *Nurse*
Thokozile Phakathi, *Occupational Therapist*
Bongekile Zwane, *Pharmacist*
Victoria Masinga, *Pharmacist*
Wonderboy Nkosi, *Pharmacist*
Bhekumuzi Shongwe, *Physiotherapist*
Nonkululeko Nsimbini, *Physiotherapist*
Silindile Gumbi, *Psychologist*
Themba Myeni, *Social Worker*

2011

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

2012

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

UYDF GRADUATES

2013

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

2014

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

2015

Lindiwe Ngubane, *Audiologist*
Muziwakhe Myeni, *Audiologist*
Nomzamo Thabethe, *Audiologist*
Nombuso Khumalo, *Dental Therapist*
Thuleleni Masinga, *Dental Therapist*
Sabelo Mngomezulu, *Dentistry*
Fortunate Shandu, *Dietetics*
Sizophila Nene, *Dietetics*
Londiwe Ntshangase, *Doctor*
Luanda Mthembu, *Doctor*
Mfanukhona Nyawo, *Doctor*
Ndabezitha Khoza, *Doctor*
Nduduzo Ndimande, *Doctor*
Nkosikhona Ntuli, *Doctor*
Ntokozo Shandu, *Doctor*
Phindile Chonco, *Doctor*
Sicelo Khumalo, *Doctor*
Sphamandla Zulu, *Doctor*
Simosakhe Mbatha, *Nurse*
Scebi Mhlongo, *Nurse*
Thembeka Shezi, *Nurse*
Xolelani Ngubane, *Nurse*
Gugulethu Dumakude, *Occupational Therapist*
Mesuli Mkhwanazi, *Optometrist*
Siyathokoza Nyawo, *Optometrist*
Menzi Nyawo, *Pharmacist*
Mukeliwe Zulu, *Pharmacist*
Nongcebo Khanyile, *Pharmacist*
Ntombikayise Langa, *Pharmacist*
Thandeka Zungu, *Pharmacist*
Ayanda Ngubane, *Physiotherapist*
Nokukhanya Masango, *Physiotherapist*
Samukeliswe Mazibuko, *Physiotherapist*
Silindile Zungu, *Physiotherapist*
Busisiwe Dlamini, *Radiographer*
Menzi Khali, *Radiographer*
Themba Mbonambi, *Radiographer*
Thobeka Mavuso, *Radiographer*

2016

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

UYDF GRADUATES

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

2017

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

2018

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

2019

Jabulisiwe Mntambo, *Audiologist*
Njabulo Masondo, *Audiologist*
Thembinkosi Malinga, *Audiologist*
Mukeliwe Mdlolo, *Dietetician*
Phindile Mthembu, *Dietetician*
Bathokozile Sithole, *Doctor*
Khanya Nxele, *Doctor*
Khethelo Ndwandwe, *Doctor*
Lindokuhle Ngwane, *Doctor*
Luis Vilakazi, *Doctor*
Mpendulo Mabuyakhulu, *Doctor*
Nokuphila Simelane, *Doctor*
Noluthando Kunene, *Doctor*
Nonhlanhla Nkomo, *Doctor*
Nontethelelo Gumede, *Doctor*
Nontuthuko Tshabalala, *Doctor*
Ntuthuko Gumede, *Doctor*
Ntuthuko Mkhabela, *Doctor*
Phelelani Mtshali, *Doctor*
Philile Zwane, *Doctor*
Sbongumusa Qwabe, *Doctor*
Seneme Kubheka, *Doctor*
Sinoxolo Nsele, *Doctor*
Sithabile Hlabisa, *Doctor*
Vihna Linda, *Doctor*
Zanele Ndlazi, *Doctor*
Zanele Qwabe, *Doctor*
Yonela Tywalana, *Nurse*
Kholiwe Ndlovu, *Pharmacist*
Lindelani Mabuyakhulu, *Pharmacist*
Lungisa Gobinamba, *Pharmacist*
Mbekezeli Gumbi, *Pharmacist*
Mlungisi Sithole, *Pharmacist*
Nontobeko Ndlovu, *Pharmacist*
Sanele Hlophe, *Pharmacist*
Sanele Madliswana, *Pharmacist*
Sbusile Lamula, *Pharmacist*
Sicelo Sithole, *Pharmacist*
Nyawo Zwelihle, *Pharmacist*
Sobazile Thembakazi, *Pharmacist*
Zamanguni Myeni, *Pharmacist*
Zenani Qwabe, *Pharmacist*
Vusumuzi Mazibuko, *Physiotherapist*
Nosipho Siyaya, *Radiographer*
Sduduzo Mbatha, *Radiographer*
Siphephelo Zikhali, *Radiographer*
Thandeka Tembe, *Radiographer*
Vuthiwe Cele, *Radiographer*
Vuyelwa Mkhize, *Radiographer*

Specialists

Dr Mfundo Mathenjwa - Cardiologist
Dr Thembelihle Phakathi - Paediatrician
Dr Archwell Hlabisa - Obstetrician and Gynaecologist
Dr Lungile Nxumalo - Family Medicine Specialist

TESTIMONIALS

I'd like to express my gratitude towards Umthombo, for believing in and investing in the young generation from rural areas.
As much as being a student has its own challenges, because of Umthombo, finances were not part of those challenges. Even the mentorship programme provided allowed us to vent our sorrows and come back with hope, positivity and courage to press on.
Indeed it is an honour to be one of the graduates that were funded by UYDF.

- Mr. Njabulo Masondo, Audiologist.

Words can never be enough to thank the UYDF for the role(s) that it played in my life as a student. My name is Nokuphila Mbali Simelane - a newly qualified doctor. It still hasn't sunk in that my dream of many years has now become true, and I am actually living my dream.
I am a simple young lady from the rural area of KwaMhlabuyalingana (near Mseleni Hospital). I lost my parents at the age of 7 and my grandmother raised me on her pension- she did her best to support me until I got my matric. After matric, life was too expensive for her to fund me for university and that is where UYDF came in and took over right when I thought I had to kiss my dreams of becoming a doctor "goodbye" because it really seemed impossible. Throughout my studies, UYDF covered tuition, fees, books, meal allowance and went as far as exposing us early to clinical practice through holiday work at our local hospital.
I am forever grateful for that Programme because it prepared me for today - being an internship doctor.
I dedicate this degree to my late parents and Umthombo Youth Development Foundation - wherever I go I will bring light on their behalf. Thank you!

- Dr. Nokuphila Simelane

I am Thobile Mpontshane, a pharmacist who qualified in 2014. I am working at Bethesda Hospital. The journey I had with Umthombo was amazing - this organisation isn't just about supporting students financially, but the Umthombo Team was always there for us and giving us all kinds of support that we needed. One of the things that played a huge role in my academic success was the mentorship program. Both my parents aren't educated so they did not know the importance of checking how I was doing, or asking if I was coping with my academics. All that mattered to them was for me to complete my degree and get a job so I could help them. It's not that they didn't care, they just didn't understand the pressure one encounters in university.
With Umthombo the mentors would always check on us - I felt like I had another parent to report to. I had someone to push me to work harder, had someone to say "Well done!", someone to recognise that you are working hard. Our mentor always wanted our test and exam results, for me this was not annoying at all, not because I had it all under control, but I had someone to help me figure out what I needed to do to make sure I get this degree in the minimum time.
There was a point where Umthombo even loaned me the money to buy a laptop because the workload was too much and I could not afford to spend the whole night at the LAN.
I am utterly grateful for having being an Umthombo student, all of this motivated me to want to look after students as well, and hence I became a student mentor in my third year so I could do the same for others as well.
Umthombo has done a lot for me and I will forever be grateful. Thank you.

- Ms. Thobile Mpontshane, Pharmacist

My name is Anele Mkhize. I graduated from UKZN as an Audiologist in 2018. UYDF made it possible for me to finish my degree in record time.
There was a time when I thought I was going to drop out because I had no funding and that's when I got the bursary which provided me with everything that I needed. The Foundation was there for me in every way possible, I never lacked anything. From meals, stationary, all the way to academic as well as emotional support. I was able to get exposure to a hospital setting through holiday work.
Although at the moment I'm currently unemployed, I'm grateful to the Foundation for the opportunity and support I received while studying. I was able to do my community service at Hlabisa hospital within my community and that was a way of me giving back. I hope to continue providing health care services to underprivileged, rural communities and hopefully one day help a deserving health care student graduate through assisting them financially. Thank you!

- Ms. Anele Mkhize, Audiologist

My name is Elliot Nogo, I'm a professional nurse from from Nelson Mandela University. It was really an outstanding opportunity to be assisted by UYDF when I was doing my undergraduate degree. It makes you worry less about finances in your studies and the mentoring support was so helpful. It really means a lot to me that I can go back to my community and serve. I'm working in my home hospital, Zithulele Hospital, in the deep rural areas of Eastern Cape near the ocean close to a place known as Hole in the Wall.
Thank you. Continue doing good work, the community sees your effort.

- Mr. Elliot Nogo, Nurse

Couples

Some UYDF graduates found one another during their Umthombo journey, and married!
Derrick Delani Hlophe and Thembelihle Phakathi
Zamani Dlamini and Zethu Ayanda
Wiseman Nene and Nomcebo Gumede
Sunday Dlamini and Silindile Shange
Ntokozo Fakude and Bongekile Zwane
Thulani Ndimande and Zandile Mthembu

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

ANNUAL FINANCIAL STATEMENTS

For the year ended 31 December 2019

GENERAL INFORMATION

Country of incorporation and domicile	South Africa
Nature of trust	The purpose of the trust is to improve and extend health and health related services to rural communities in South Africa.
Trustees	A J Ross T C Nkabinde N G Nkabinde L L Nxumalo N E Zulu
Registered office	1A Shongweni Road Hillcrest 3650
Business address	1A Shongweni Road Hillcrest 3650
Postal address	Postnet Suite 10328 Private Bag X7005 Hillcrest 3650
Auditors	Victor Fernandes & Co Chartered Accountants (S.A.) Registered Auditor
Trust registration number	IT1856/95
Tax reference number	1326/035/20/9
Level of assurance	These annual financial statements have been audited in compliance with the applicable requirements of the Trust Deed.
Preparer	The annual financial statements were independently compiled by: A K M Muller CA (S.A.)
Published	19 June 2020

INDEX

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

TRUSTEES' RESPONSIBILITIES AND APPROVAL

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

The annual financial statements are prepared in accordance with the International Financial Reporting Standard for Small and Medium-sized Entities and are based upon appropriate accounting policies consistently applied and supported by reasonable and prudent judgments and estimates. The trustees acknowledge that they are ultimately responsible for the system of internal financial control established by the trust and place considerable importance on maintaining a strong control environment. To enable the trustees to meet these responsibilities, the trustees 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 2020 and, in the light of this review and the current financial position, and the possiblie effect of the extended lockdown for the Covid-19 pandemic, they are satisfied that the trust has or has access to adequate resources to continue in operational existence for the foreseeable future.

The external auditors are responsible for independently auditing and reporting on the trust's annual financial statements. The annual financial statements have been examined by the trust's external auditors and their report is presented on page 3.

The annual financial statements set out on pages 4 to 8, which have been prepared on the going concern basis, were approved by the trustees on 19 June 2020 and were signed on its behalf by:

A J Ross

T C Nkabinde

TRUSTEES' REPORT

The trustees have pleasure in submitting their report on the annual financial statements of Umthombo Youth Development Foundation Trust for the year ended 31 December 2019.

1. The trust

The trust was created by the trust deed dated 19 May 1995 although it commenced operations on 01 March 1996. The name of the trust was changed from Friends of Mosvold Scholarship Scheme to Umthombo Youth Development Foundation Trust in March 2010.

2. Nature of business

The beneficiaries of the trust are Black people as defined by the Board-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. These loans are issued to UYDF students to fund their university expenses. During the academic year January to December 2019 NSFAS allocated R16 000 000 (2018: R14 500 000). In terms of the trust's agreement with the student prior to 2018, 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 committments should they become due. With the introduction of "free higher education" in 2018, all students selected in 2018 onwards will receive full cost bursaries going forward, as opposed to loans, and thus it is felt that there would be no further liability on the part of the trust in terms of repaying student's loans. Furthermore the likelihood of outstanding student loans being claimed from the trust is minimal. The trustees thus feel that a provision of R185 000 (2018: R125 000) for the possible liability towards claims of student loans is sufficient, as of the 2018 liability of R125 000, only R65 000 was actually paid out in 2019. During the year it became clear that a number of students had reneged on the agreement to work back a year and the value of the funding of these students which in terms of the agreement is legally recoverable from the student has been raised as a student loan recoverable. At the year end this amounted to R862 989 (2018: R525 102). Whilst the trust will pursue the recovery of these amounts, the reality is that a substantial portion of this will not be recovered. The trustees feel that it will be appropriate to provide for its non-recovery and have made a provision of half the amount outstanding. The provision for nonrecovery has thus been increased by R176 908 from R262 551 to R439 459. 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 year.

Full details of the financial position, results of operations and cash flows of the trust are set out in these annual financial statements.
In the 2017 financial year there was a need to settle students oustanding university fees to the value of R2 403 949 so as not to impede their academic progress. The National Student Financial Aid Scheme (NSFAS) had subsequently agreed to refund the R2,403,949 in the 2019 financial year, which did not materialise.

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

Trustees	Changes
A J Ross	
S S Mngomezulu	Resigned 18 June 2019
N C Dladla	Resigned 18 June 2019
T C Nkabinde	
T J Motha	Resigned 18 June 2019
M P Themba	Resigned 18 June 2019
N G Nkabinde	Appointed 19 June 2019
L L Nxumalo	Appointed 19 June 2019
N E Zulu	Appointed 19 June 2019

5. Events after the reporting period
On Thursday the 26th of March 2020, the trust adhered to a nationwide government prescribed lockdown to prevent the spread of the Covid-19 virus in South Africa. The trustees are not aware of any other material event which occurred after the reporting date and up to the date of this report.

6. Going concern
The trustees are aware of the possible effects of the global Covid-19 pandemic on the trust. Whilst the trustees have taken every step and precaution possible to ensure that this event and its related consequences do not cast significant doubt on trust's ability to continue as a going concern. The trustees accept that owing to the national and international lockdown serverity of the pandemic, it is not possible to accurately determine the prolonged effects that this pandemic will have on the local economy.
In the light of the above, the trustees are still of the view that the trust has adequate financial resources in place to continue in operation for the foreseeable future and accordingly the annual financial statements have been prepared on a going concern basis. The trustees have satisfied themselves that the trust is in a sound financial position and that it has access to sufficient borrowing facilities to meet its foreseeable cash requirements. The trustees are not aware of any new material changes that may adversely impact the trust. The trustees are also not aware of any material non-compliance with statutory or regulatory requirements or of any pending changes to legislation which may affect it.

7. Auditors
Victor Fernandes & Co continued in office as auditors for the trust for 2019.
They will continue in office for the 2020 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 (the trust) set out on pages 4 to 8, which comprise the statement of financial position as at 31 December 2019, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year 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 2019, and its financial performance and cash flows for the year 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 sections 290 and 291 of the Independent Regulatory Board for Auditors' Code of Professional Conduct for Registered Auditors (Revised January 2018), parts 1 and 3 of the Independent Regulatory Board for Auditors' Code of Professional Conduct for Registered Auditors (Revised November 2018) (together the IRBA Codes) and other independence requirements applicable to performing audits of annual financial statements in South Africa. We have fulfilled our other ethical responsibilities, as applicable, in accordance with the IRBA Codes and in accordance with other ethical requirements applicable to performing audits in South Africa. The IRBA Codes are consistent with the corresponding sections of the International Ethics Standards Board for Accountants' Code of Ethics for Professional Accountants and the International Ethics Standards Board for Accountants' International Code of Ethics for Professional Accountants (including International Independence Standards) respectively. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified opinion.

Other information
The trustees are responsible for the other information. The other information comprises the information included in the document titled "Umthombo Youth Development Foundation Trust annual financial statements for the year ended 31 December 2019", which includes the Trustees' Report as required by the Trust Property Control Act 57 of 1988 and the Detailed Statement of Comprehensive Income, which we obtained prior to the date of this report. The other information does not include the annual financial statements and our auditor's report thereon.
We draw your attention to the trustees' report in the annual financial statement, which reports that the trust is currently under a mandotory nationwide lockdown situation in response to the Global Covid-19 pandemic, whilst the trustees have reported that they have taken every step possible to enusre that this event and the related consequences do not cast significant doubts about the trust's ability to continue as a going concern, it is impossible to accuately determine the prolonged effects of the extended lockdown.
Our opinion on the annual financial statements does not cover the other information and we do not express an audit opinion or any form of assurance conclusion thereon.
In connection with our audit of the annual financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the annual financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed on the other information obtained prior to the date of this auditor's report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the trustees for the Annual Financial Statements

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

In preparing the annual financial statements, the trustees are responsible for assessing the trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the trust or to cease operations, or have no realistic alternative but to do so.

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

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

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

- Identify and assess the risks of material misstatement of the annual financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the trust's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the annual financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the trust to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the annual financial statements, including the disclosures, and whether the annual financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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

Victor Fernandes & Co **19 June 2020**
Partner : V M R Fernandes
Chartered Accountants (SA)
Registered Auditor
63 St Andrews Drive
Durban North
4051

STATEMENT OF FINANCIAL POSITION AS AT 31 DECEMBER 2019

	Notes	2019 R	2018 R
Assets			
Non-Current Assets			
Plant and equipment	2	198 808	383 694
Current Assets			
Other receivables	3	462 176	295 666
Cash and cash equivalents	4	14 651 908	14 701 559
		15 114 084	**14 997 225**
Total Assets		**15 312 892**	**15 380 919**
Equity and Liabilities			
Equity			
Trust Capital	5	14 377 455	14 652 511
Liabilities			
Current Liabilities			
Trade and other payables	6	819 396	588 568
Provision for unpaid leave	7	116 041	139 840
		935 437	**728 408**
Total Equity and Liabilities		**15 312 892**	**15 380 919**

STATEMENT OF COMPREHENSIVE INCOME

	Note(s)	2019 R	2018 R
Revenue	11	10 808 053	8 543 379
Other income	12	1 000	39 783
Operating expenses (Refer to page 17)		(11 811 774)	(16 768 356)
Operating (deficit)/surplus		**(1 002 721)**	**(8 185 194)**
Investment revenue	13	727 665	930 409
(Deficit)/surplus for the year		**(275 056)**	**(7 254 785)**
Other comprehensive (deficit)/surplus		-	-
Total comprehensive (deficit)/surplus for the year		**(275 056)**	**(7 254 785)**

STATEMENT OF CASH FLOWS

	Notes	2019 R	2018 R
Cash flows from operating activities			
Cash generated from/(used in) operations	8	(768 703)	(8 564 422
Interest income		727 665	930 409
Net cash from operating activities		**(41 038)**	**(7 634 013)**
Cash flows from investing activities			
Purchase of plant and equipment	2	(8 613)	(221 875)
Sale of plant and equipment	2	-	71 965
Net cash from investing activities		**(8 613)**	**(149 910)**
Total cash movement for the year		**(49 651)**	**(7 783 923)**
Cash at the beginning of the year		14 701 559	22 485 482
Total cash at end of the year	4	**14 651 908**	**14 701 559**

ACCOUNTING POLICIES

1. Basis of preparation and summary of significant accounting policies

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

These accounting policies are consistent with the previous period.

1.1 Plant and equipment

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

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

Plant and equipment is initially measured at cost.

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

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

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

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

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

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

1.2 Financial instruments

Initial measurement

Financial instruments are initially measured at the transaction price (including transaction costs except in the initial measurement of financial assets and liabilities that are measured at fair value through surplus or deficit) unless the arrangement constitutes, in effect, a financing transaction in which case it is measured at the present value of the future payments discounted at a market rate of interest for a similar debt 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 otherwise be measured reliably without undue cost or effort are measured at cost less impairment.

Financial instruments at fair value
All other financial instruments, including equity instruments that are publicly traded or whose fair value can otherwise be measured reliably, without undue cost or effort, are measured at fair value through surplus and deficit.
If a reliable measure of fair value is no longer available without undue cost or effort, then the fair value at the last date that such a reliable measure was available is treated as the cost of the instrument. The instrument is then measured at cost less impairment until management are able to measure fair value without undue cost or effort.

1.3 Provisions and contingencies
Provisions are recognised when the trust has an obligation at the reporting date as a result of a past event; it is probable that the trust will be required to transfer economic benefits in settlement; and the amount of the obligation can be estimated reliably.
Provisions are measured at the present value of the amount expected to be required to settle the obligation using a pre-tax rate that reflects current market assessments of the time value of money and the risks specific to the obligation. The increase in the provision due to the passage of time is recognised as interest expense.
Provisions are not recognised for future operating losses.

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

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

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

	2019 R	2018 R

2. Plant and equipment

	2019			2018		
	Cost or revaluation	Accumulated depreciation	Carrying value	Cost or revaluation	Accumulated depreciation	Carrying value
Furniture and fixtures	25 374	(19 937)	5 437	25 374	(18 524)	6 850
Motor vehicles	516 353	(355 132)	161 221	516 353	(184 735)	331 618
Office equipment	48 512	(41 998)	6 524	75 481	(62 032)	13 449
IT equipment	62 126	(36 500)	25 626	53 513	(21 736)	31 777
Other plant and equipment	162 316	(162 316)	-	162 316	(162 316)	-
Total	**814 681**	**(615 873)**	**198 808**	**833 037**	**(449 343)**	**383 694**

Reconciliation of plant and equipment - 2019

	Opening balance	Additions	Depreciation	Closing balance
Furniture and fixtures	6 850	-	(1 413)	5 437
Motor vehicles	331 618	-	(170 397)	161 221
Office equipment	13 449	-	(6 925)	6 524
IT equipment	31 777	8 613	(14 764)	25 626
	383 694	**8 613**	**(193 499)**	**198 808**

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**	**221 875**	**(32 182)**	**(194 436)**	**383 694**

	2019 R	2018 R
3. Other receivables		
Student loans	862 988	525 102
Student loans impairment provision	(439 459)	(262 551)
Deposits	13 567	8 047
Other receivables	700	5 488
VAT	24 380	19 580
	462 176	**295 666**
4. Cash and cash equivalents		
Cash and cash equivalents consist of:		
Bank balances	14 651 908	14 701 559
5. Trust capital		
Capital account / Trust capital		
Balance at beginning of year	14 652 511	21 907 296
Transfer of surplus/(deficit) to capital account	621 020	(7 254 785)
	15 273 531	14 652 511
6. Trade and other payables		
Other payables	819 396	588 568

7. Provision for unpaid leave

Reconciliation of provision for unpaid leave - December 2019

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

Reconciliation of provision for unpaid leave - December 2018

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

8. Cash generated from/(used in) operations		
Surplus/(deficit) before taxation	(275 056)	(7 254 785)
Adjustments for:		
Depreciation	193 449	194 436
Surplus on sale of assets	-	(39 783)
Interest received	(727 665)	(930 409)
Movements in provisions	(23 799)	37 595
Changes in working capital:		
Other receivables	(166 510)	(51 997)
Trade and other payables	230 828	(519 479)
	(768 703)	**(8 564 422)**

9. Taxation

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

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

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

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

	2019 R	2018 R
10. Employee cost		
Employee costs		
Basic	3 481 772	4 066 514
Leave pay provision charge	(23 799)	37 595
	3 457 973	**4 104 109**
11. REVENUE		
Anglo American Chairman's Fund	1 210 000	-
Aspen Pharmacare	819 200	780 000
Discovery Fund	2 800 000	1 500 000
Don McKenzie Trust	420 000	-
Lily and Ernst Hausmann Bursary Trust	220 000	200 000
Nedbank Foundation (Eyethu Community Trust)	900 000	851 200
Oppenheimer Memorial Trust	3 500 000	4 500 000
Other donations and grants under R100,000	128 103	212 179
RB Hagart Trust	250 000	-
Robert Niven Trust	100 000	100 000
Robin Hamilton Trust	195 000	160 000
The Norman Wevell Trust	161 750	148 000
ZUMAT	104 000	92 000
	10 808 053	**8 543 379**
12. Other income		
Profit on sale of assets	-	39 783
Sundry income	1 000	-
	1 000	**39 783**
13. Investment revenue		
Interest revenue		
Bank	727 665	930 409

DETAILED STATEMENT OF COMPREHENSIVE INCOME

	Notes	2019 R	2018 R
Revenue			
Donations and grants received (refer to note 11)		10 808 053	8 543 379
Other income			
Other sundry income		1 000	-
Gains on disposal of assets		-	39 783
		1 000	**39 783**
Expenses (Refer to page 17)		**(11 811 774)**	**(16 768 356)**
Operating deficit		**(1 002 721)**	**(8 185 194)**
Investment income		727 665	930 409
Deficit for the year		**(275 056)**	**(7 254 785)**
Operating expenses			
Graduate support costs		(413 146)	(548 221)
Organisational costs		(2 733 984)	(2 768 364)
Student mentoring support		(1 562 528)	(1 040 266)
Student recruitment costs		(466 617)	(862 770)
Students expenses		(6 635 499)	(11 548 735)
		(11 811 774)	**(16 768 356)**

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

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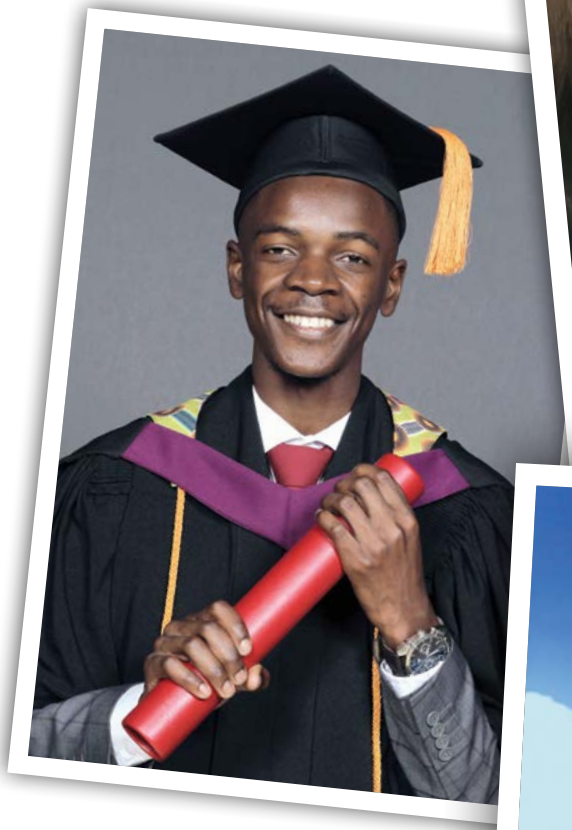

Ntokoza Mthethwa
Radiographer

Dr Nontobeko Mdlalose
Dentist

Dr Thabiso Magudulela
Doctor