umthombo
Youth Development Foundation

Incorporating the FOM Scholarship Scheme

2015 16 ANNUAL REPORT

Mission, vision and priority areas

Mission

The Umthombo Youth Development Foundation seeks to address the shortages of qualified health care staff at rural hospitals to improve health care to the indigent population. This is achieved through the identification, training and support of rural youth to become qualified health care professionals

Vision for the next 3 years

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

Priority Areas

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

2. **Graduate Support**
   a) Graduates obtain employment at participating rural hospitals and honour their work back contracts
   b) Graduate retention through ongoing support and professional development

3. **Mobilisation of Resources**
   Ensure sufficient financial, physical and human resources to meet all objectives.

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

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

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

7. **Research**
   a) Strengthen Monitoring & Evaluation to measure and share impact
   b) Share best practice in the area of human resources for health
   c) Conduct applied research in order to contribute to the knowledge of addressing the shortages of health care workers, specifically through the investment in rural youth

The Future

Over the past 16 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.

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

To date we have provided full cost bursaries to our students and been responsible for raising the necessary funding every year (R16 million last year), which has limited the number of students we can support and our overall impact.

However, the need for academic and social mentoring support of rural and quintile 1 & 2 students is huge, and thus we are currently in the process of transforming from a full cost student model, to a value added model, where we will provide the essential academic and social mentoring support to students who are funded by others.

We are thus seeking partnerships with funding organisations that fund, or are interested in funding, large numbers of students, to whom we will provide mentoring support.

We would seek to incorporate aspects of our Model into their *modus operandi* to ensure they support student success, and result in graduates committed to returning to serve their communities.

This will allow us to improve the university outcomes of many more rural and disadvantaged health science students than we are currently able to.

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

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From the Founder's Pen

#feesmustfall!

2015 was certainly a tumultuous year in higher education with university students demanding access, quality and free higher education!! Although initially peaceful, student anger and resentment lead to the burning of some university facilities, disruption of final year examinations and the closing of a few institutions of higher learning (IHL).

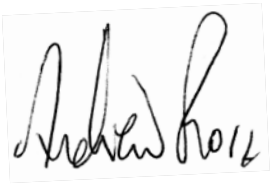
With our experience and record, I believe that UYDF is strategically placed to contribute to the discussion on how to support previously disadvantaged students at IHL to ensure persistence, success and employability.

2015 was an excellent year for UYDF - 230 students were supported across 16 health disciplines at 16 IHL across South Africa. 213 students passed (93%), 38 students graduated, and all graduates are currently working at health care institutions. A recent Carte Blanche production highlighted the excellent work being done by UYDF, and the impact that graduates are having on service delivery at rural district hospitals. Well done to Gavin, Dumsani and the team at UYDF for a job well done!

However, despite the UYDF track record of supporting rural youth to succeed at IHL, and a model that works with young graduates returning to provide services in rural district hospitals; despite the no fees increase for 2016 and the need to find workable solutions to address the crises in Higher education, UYDF was unable for the first time, since 1999, to take any new students in 2016, due to the challenge of raising more than R 16 million / year in the current tough economic times.

These are challenging times and the trustees and management of UYDF believe that UYDF continues to have an important contribution to play in providing opportunities for young rural scholars to train as health care professionals and contribute to service delivery in rural areas. Meeting and discussing with partners and stakeholders, exploring alternative funding models, employing a dedicated fundraiser to find new funders, adding our 'mentoring' to other scholarship programs, are all issues that we are exploring to ensure that UYDF continues to be relevant and financially viable into the future.

The trustees and management of UYDF thank you, and value your ongoing support, during these tough economic times. Your funding provides access and opportunities for young people to train at IHL, addresses some of the pressing challenges of access and support at IHL, and contributes to the staffing of rural health care facilities in KwaZulu–Natal. Thank you, thank you, thank you!



Dr Andrew Ross
Founder and Trustee

UYDF graduates

The Director's Report

The past year has been particularly difficult from a financial point of view. The continuing increasing cost of university education, at nearly double the rate of inflation, as highlighted in the *#feesmustfall* campaign, eventually caught up with us. The combined effect of above inflation increases in university fees, plus the exit of a major donor, resulted in us having to cancel our annual Student Lifeskills Imbizo, which is an important part of our mentoring support programme, and more significantly prevented us from selecting new students this year. This is the first time in the organisation's 16 year history that new students were not selected.

Rural students require comprehensive financial support in order to concentrate on their studies and overcome their disadvantage of poor rural schooling, in order to succeed at university. Their families are unable to provide any financial support, and hence we have always provided full financial support covering their tuition, accommodation, books, food, travel and minor equipment like laptops, stethoscopes, laboratory coats. In addition to the academic fees increasing each year, student accommodation, both on and off campus, has increased significantly and in many cases exceeds the tuition fees. Rural students have no option but to use this accommodation, as they have no family locally.

We partner with the National Student Financial Aid Scheme (NSFAS), who gives us an annual allocation to issue loans to our students. Unfortunately our allocation is insufficient to issue loans to all our students; only 88 of our 230 students last year received NSFAS loans. In addition, there is a maximum loan amount, last year being R68 000, which, unfortunately is insufficient to study a health science degree. The rationale is that the family should be making a contribution, which for our students is impossible. Thus the NSFAS loan is used to cover a student's tuition and accommodation fees, and we provide a book allowance, monthly food allowance, minor equipment and mentoring support at our own cost. This is reflected in the fact that our NSFAS allocation last year was R5,008,500, to which we contributed R3,138,860 in top-up support as described above.

On the other hand, our mentoring support programme, has resulted in our students achieving a 93% pass rate last year. Actually we have achieved a 93% pass rate over the past 4 years! This is obviously where our expertise lies, and so we would like to mentor many more rural quintile 1 & 2 health science students. This is also what the country requires – higher university graduation rates. Some health science faculties, especially medical schools, will say that they are achieving an equivalent university pass rate; however, only a small percentage of their students come from quintile 1 & 2, non fee paying schools. Another strength of our mentoring support programme is getting our graduates to serve in the areas of greatest need, namely rural public hospitals.

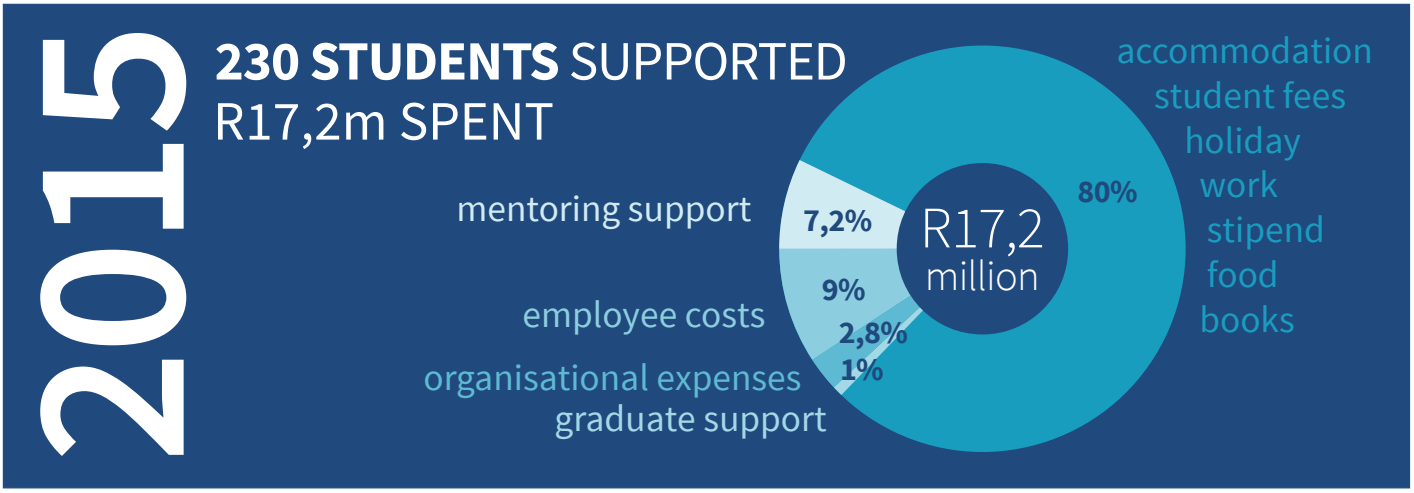
Thus our potential to mentor many more quintile 1 & 2 health science students is currently being limited by the financial resources we can raise each year to provide full cost bursaries to our students. Going forward we are seeking to transition our Model from a full cost student support model to a value added model, where we provide mentoring support to students funded by others. We are thus seeking to partner with organisations like the National Skills Fund, NSFAS, the SETA's, National Department of Health and international foundations to provide the core student funding, whilst our current donors provide the funding for mentoring support for many more students.

We also seek to incorporate the various aspects of our Model into our partners' programmes, as each aspect contributes towards student success, and produces graduates committed to working in areas of greatest need.

Through our track record of student success, and the production of qualified, empathetic, healthcare workers who seek to improve rural health care delivery, we are confident we will find the correct partners, and increase our impact significantly.

We are grateful to those committed individuals and organisations who have walked alongside us and encouraged us to greater things.

Dr Gavin MacGregor



What is the Problem?

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

How do we address these problems?

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

Why rural youth?

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

How is this achieved?

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

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

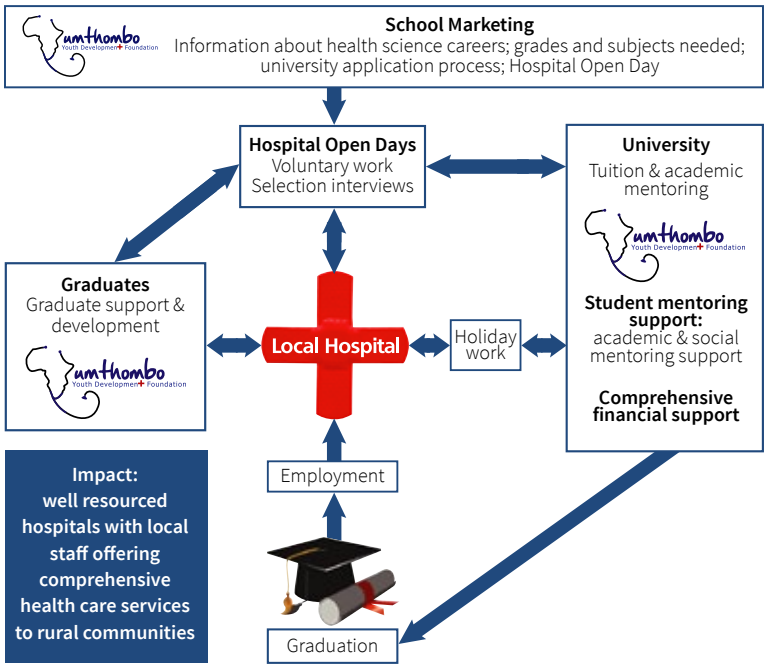
The components of the model include the following:

School Marketing

Presentations are done at schools to learners providing information about health sciences as career options; the subjects and grades needed; the university application process; the **Hospital Open Day** and sources of funding including the UYDF selection criteria and requirements.

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

The Model



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

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

These learners then leave for **university**. The Umthombo Youth Development Foundation provides students a full cost bursary covering tuition, accommodation, books, food and minor equipment. In addition, because rural youth are poorly equipped both academically and socially, the UYDF provides **academic and social mentoring** support to all its students. All new students are allocated a mentor, with whom they need to meet once a month. The mentor, who may not be a health science graduate or university academic, holds the student accountable to address the challenges they face in order to succeed. Common challenges faced by rural youth include: poor command of English, poor study skills and time management, difficulty in social integration, and family issues to mention a few. Through the provision of mentoring support, the UYDF has consistently achieved exceptionally high university pass rates (in the high 90's)!

As part of the mentoring support, all students are required to do 4 weeks **holiday work** a year at their local hospital. This allows them to complement the theory with practise as they are mentored by hospital staff. They also get a sense of the working environment and need for their services when they graduate. The holiday work is done during the June and December holidays.

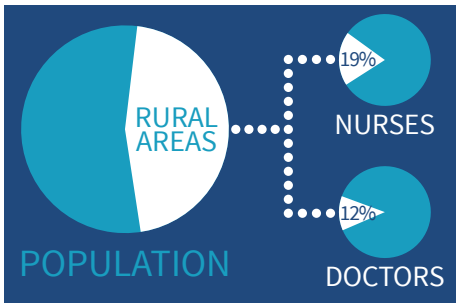
On **graduation** they are employed by the Department of Health at their local hospital (doctors, pharmacists, psychologists and biomedical technologists are required to complete their compulsory internship first at a tertiary (urban) hospital). In addition to graduates serving their community with their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

Why Do We Do It?

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

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

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



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

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

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

How Can You Help?

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

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

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

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

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

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

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

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

The Umthombo Youth Development Foundation is proof that a little idea can become a reality and start changing what was thought to be an insurmountable problem. You too can become part of the solution.

Highlights of 2015

In 2015 we supported 230 students. The majority of students (121) were studying medicine followed by pharmacy (29) and physiotherapy (16). We supported students across 14 different health science disciplines to ensure that rural hospitals will be able to provide a wide range of health care services to the community.

229 students wrote exams (regrettably 1 died) of which 213 passed and 38 graduated, whilst 16 failed (2 were excluded and 14 are repeating). The overall pass rate was thus 93%!

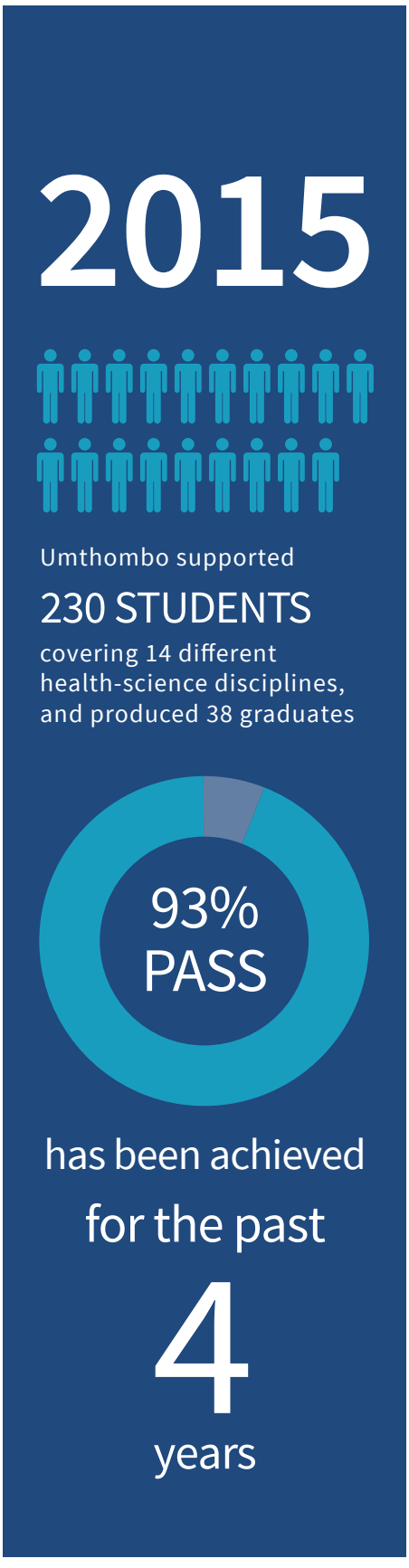
This is an incredible achievement, especially when one considers that these students attended poorly resourced rural schools! We attribute this high pass rate to our highly effective mentoring support programme, which assists students to address both academic and social issues in order to pass. Dumsani Gumede and his team of 14 local mentors must be congratulated for assisting these students to achieve so well.

The 38 graduates increase our total graduate numbers to 254! The 38 graduates covered 11 different health science disciplines, with the majority being doctors (10).

SELECTION CRITERIA

To be eligible for a scholarship, students need to:

- Be from a district where we are working
- ☑ Be accepted at a tertiary institution to study an approved health science degree
- ☑ Have done voluntary work at their local hospital
- ☑ Have a financial need
- ☑ Be selected by a local committee
- ☑ Be prepared to sign a year-for-year work-back contract



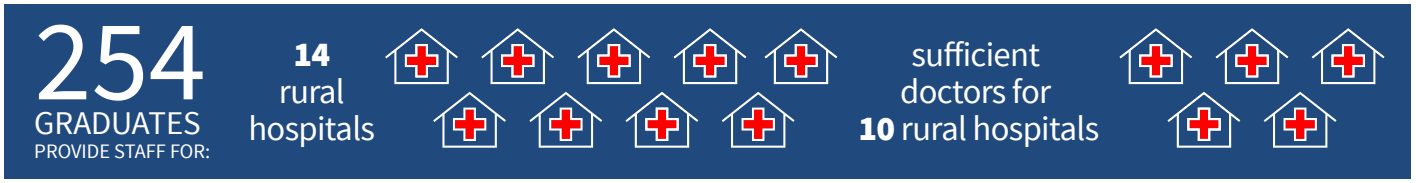
Participating hospitals form the centre of our model, as we exist to assist them to address their shortages of healthcare staff. We are currently partnering with 15 hospitals in KwaZulu-Natal and 2 in the Eastern Cape.

Participating hospitals are involved in student selection, student mentoring and training in the form of holiday work, and the employment of our graduates. We had a number of workshops with hospital representatives around these issues to ensure that they are implemented effectively and the hospital derives the greatest benefit from our work.

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

Unfortunately, due to a lack of funding, we were not able to have our annual Student Life Skills Imbizo. The value of interacting with the students outside the university environment is critical to moulding and shaping these young people to be the future health care professionals that our country and rural communities desperately need, namely empathetic, caring, professional, competent and committed! We look forward to holding the Imbizo this year.

It has become the norm now for graduates to sit on the selection panel to select the new cohort of students! Graduates have always been involved in the marketing of the programme in schools and sharing their wisdom with learners attending the Hospital Open Day, but now are involved in interviewing new applicants. This shows us how far we have come as an organisation.



The Benefits and Successes

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

1. Providing an **incentive for local learners** to work hard to achieve the grades that are needed to be accepted to study a health science degree at University. No such opportunities ever existed in rural areas before.
2. Providing a beacon of hope for local learners and stimulating **local youth development** by highlighting that it is possible to come from a deep rural area and become a health professional!
3. It proves that rural students **have the potential to succeed** at university, if provided with the appropriate support, since the pass rate over the past five years has exceeded 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 about **dreaming about a better future**.
10. Training young people in careers which will give them a **job for life**, as they are scarce and important skills that will always be in demand.
11. It has shown that graduates **will return to work in the district** where they come from.
12. By investing in local people to address a local problem the **solution becomes sustainable**, since the graduates are more likely to stay and build their careers in the local hospital.
13. Providing **work place mentoring** for newly qualified graduates to assist the transition from university life to working in a hospital.
14. Providing rural hospital staff with **professional development opportunities** as a retention strategy.
15. **Improving the quality of health care delivery** through the provision of qualified healthcare workers, who understand the language and the culture of the local community, and are committed to make a difference (I am helping my community!).
16. Providing **stability in the workforce** as graduates honour their work-back obligations.
17. Offers one of the most sustainable solutions for the **long-term supply of professional health care** staff for rural hospitals.
18. It is **replicable**. If it can work in one of the most rural and under-resourced districts, then it can work anywhere in South Africa.
19. It is a **local solution** to the interntional problem of a shortage of health care workers in rural hospitals.
20. It **breaks the spiral of rural poverty** as youth become qualified healthcare workers, obtain work, earn salaries, assist and serve their communities, whilst inspiring others to do the same.

Participating districts and hospitals

We are currently working with 15 hospitals in 4 health districts of KwaZulu-Natal (Umkhanyakude, Zululand, Uthungulu, Harry Gwala). 2 (Umkhanyakude and Zululand) of the 4 health districts are Priority 18 districts – districts where health care indicators are poor and require significant interventions. We are also working with 2 hospitals in the Eastern Cape Province: Zithulele, near Hole in the Wall and St Patricks in Bizana.

IMPACT: IMPROVED HEALTH CARE SERVICES TO RURAL COMMUNITIES

The Students

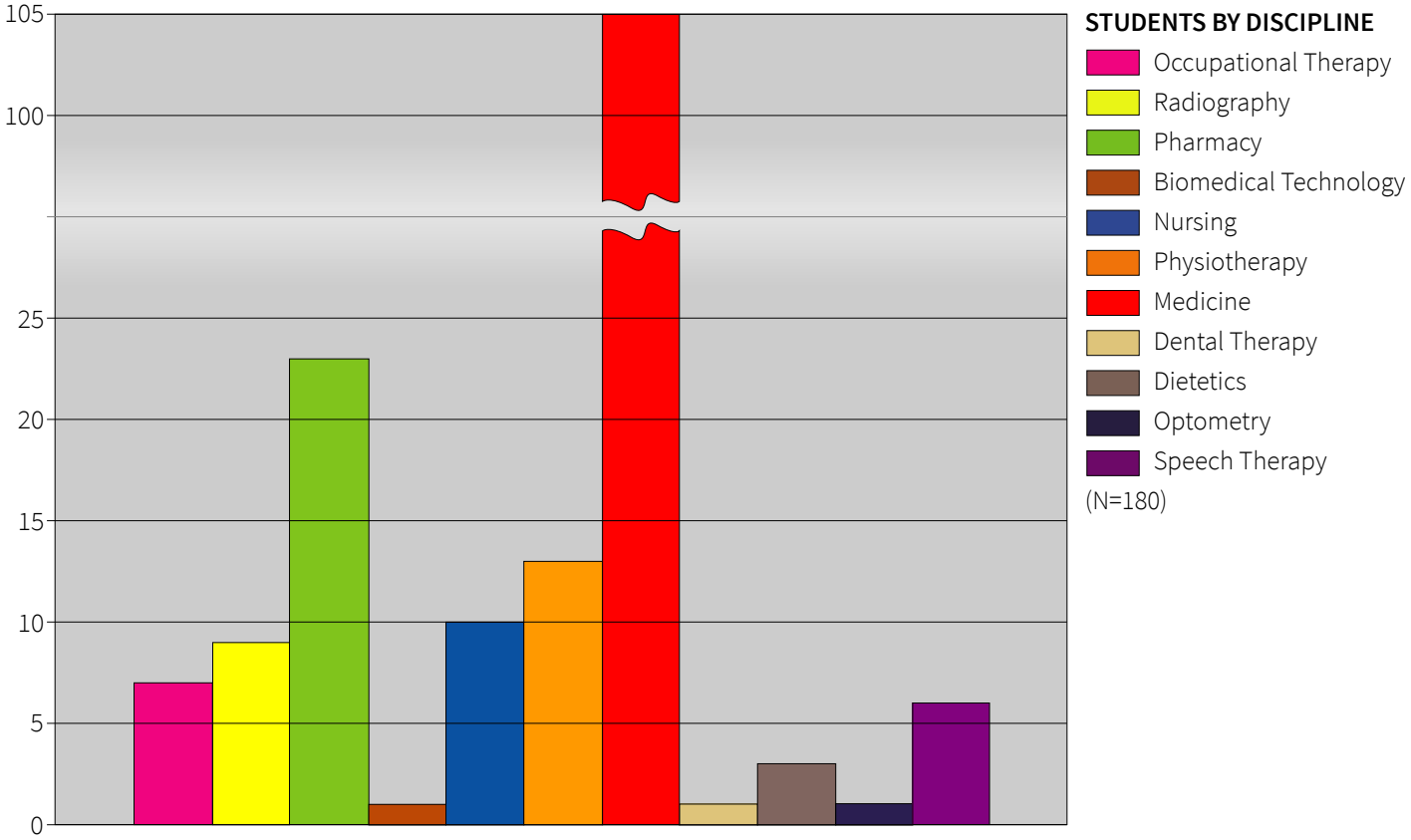
In 2016, we are supporting 180 students that were selected from 17 rural hospitals.

School Outreach programme

School learners are made aware of health sciences as career opportunities, as well as the subjects and grades needed through our school outreach programme. Learners who are interested in studying a health science degree, and have the correct subjects and grades, are invited to attend the **Hospital Open Day** at their local hospital. This gives them the opportunity to learn more about the health science discipline they are interested in, and also ask questions of hospital staff.

Our graduates are involved in organising the Open Day, and presenting and interacting with the learners - sharing valuable experience about how they were able to succeed in studying a health science degree. The learners are then required to apply to various universities themselves, and complete at least one week of voluntary work at the hospital, before attending the selection interviews, held at the end of the year.

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



It is amazing that 105 of the 180 students are studying medicine! A number of years ago, no one would have believed it possible that youth from deep rural areas would gain entry to university, let alone study to become a doctor – this is a major achievement!

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

Mentoring Support

A critical component of the programme's success is the mentoring support provided to students. Rural students face many challenges at university including their poor command of English (which is the medium of instruction); the fast pace of the academic programme; peer pressure; requests from home and many more. The mentoring support is thus provided to help students cope and overcome these many challenges. The organisation is fortunate to have Dumsani Gumede, one of the first graduates, as the full time student mentor, since he can identify with the struggles of the students and provide practical advice for them to overcome their challenges. Dumsani is in contact with the students monthly, either by sms, email or telephone, and meets with them twice a year at university, and at least once whilst they are doing their holiday work.

With the large numbers of students we are supporting, and the fact that the students are studying at a number of different academic institutions, we have a network of local mentors to ensure that all students are able to have a face-to-face meeting with a mentor. These local mentors are based within close proximity to the various academic institutions, and have skills and experience in motivating and supporting students. Each local mentor submits a monthly report on each student to Dumsani in order for him to remain aware of the progress of every student and provide additional support where needed.

The exceptionally high pass rate of 93% achieved last year can be ascribed to the mentoring support provided to students.

Our 93% pass rate far exceeds the national average of around 50% for all university students, and the 35% success rate of disadvantaged students at university.

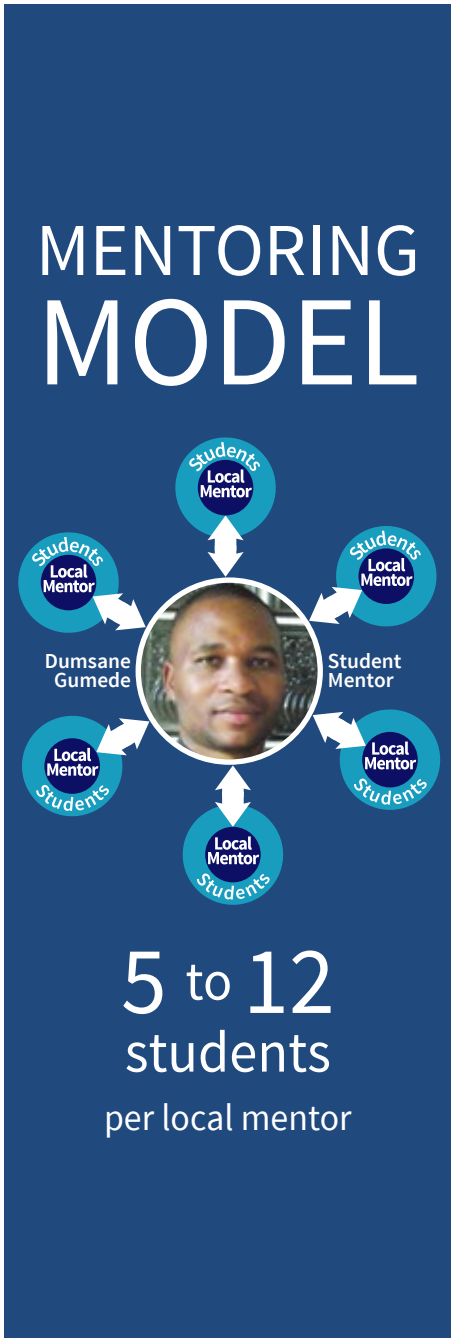
In meeting with the students, the mentors always discuss the following:

1. The student's academic performance and their need to pass. Struggling students are linked with university tutors and the university mentoring programme. They are held account able by our mentors in terms of ensuring they make the necessary changes needed to address their challenges so they can pass.
2. How they are coping socially and personally. Students are encouraged to support one other and meet at least once a month to discuss issues and interact socially. Students with serious problems are referred relevant professionals for specific help e.g. social worker.
3. Their need to honour their work-back agreement when they qualify.
4. The need to make good choices concerning their future such as remaining HIV negative; preventing teenage pregnancy; avoiding drugs etc. It is emphasised that they have a bright future ahead of them which could be negated due to irresponsible behaviour.

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

Holiday Work

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



Many students report that the holiday work is such a valuable and wonderful experience, as it gives context to their university studies, and motivates them to work hard in order to qualify, so they can return to their hospital to make a difference.

Financial Support

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

The support covers the following:

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

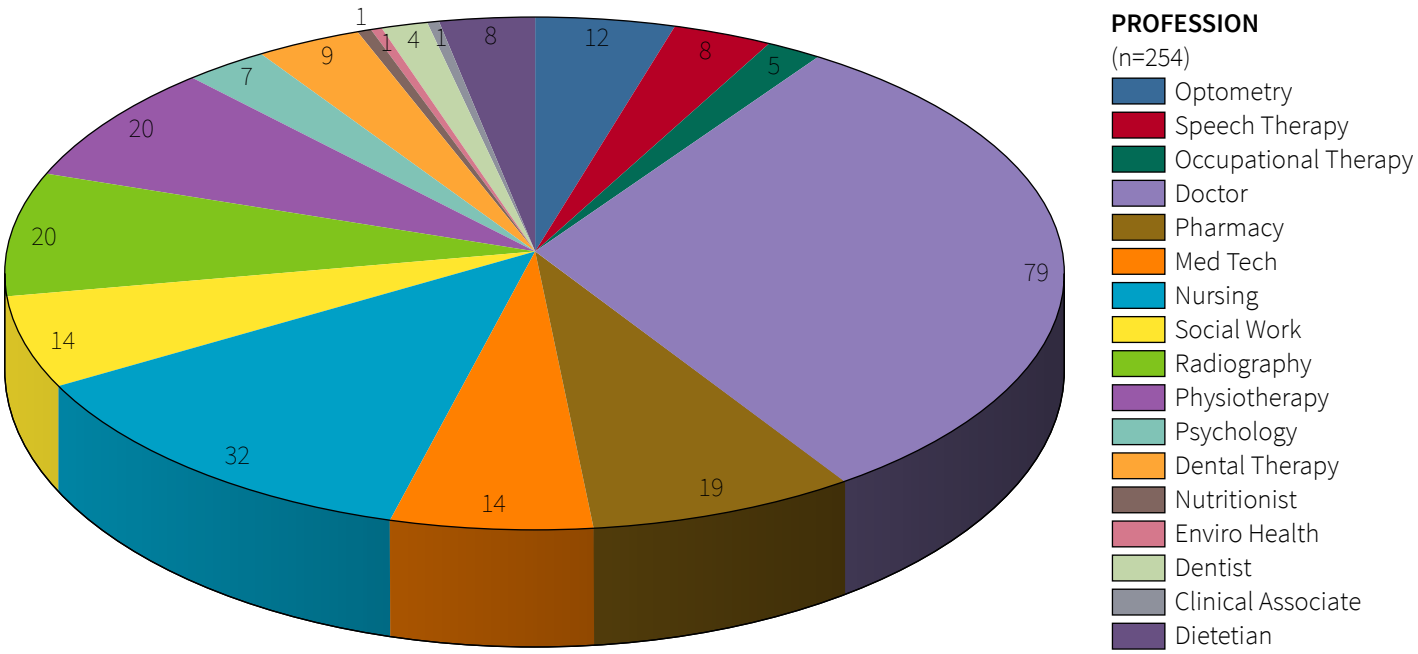
How our programme supports government policy

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

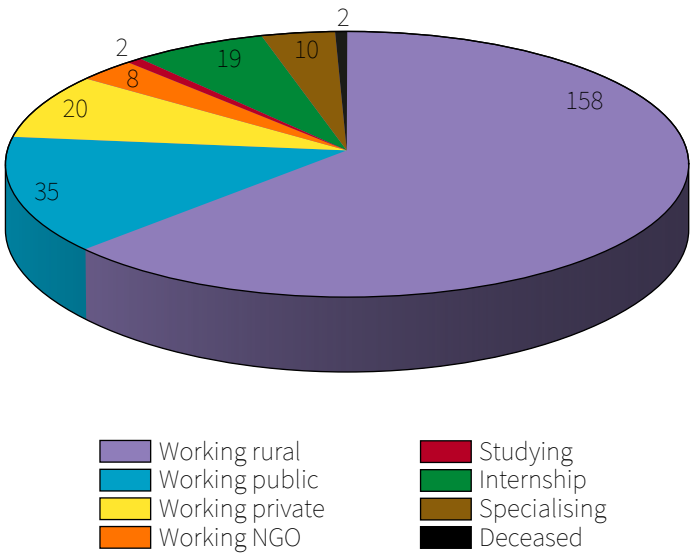
1. Focuses on opportunities for rural youth.
2. Improves service delivery to rural communities.
3. Leads to skills development, particularly the addressing of scare skills.
4. Leads to job creation as youth are being trained for specific jobs.
5. Exposes students to the world of work through their holiday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

The Alumni

The Umthombo Youth Development Foundation has produced 254 graduates, covering 17 different health science disciplines. As can be seen from the table below, 79 of the graduates are doctors! All the graduates are either employed or busy with internship training.



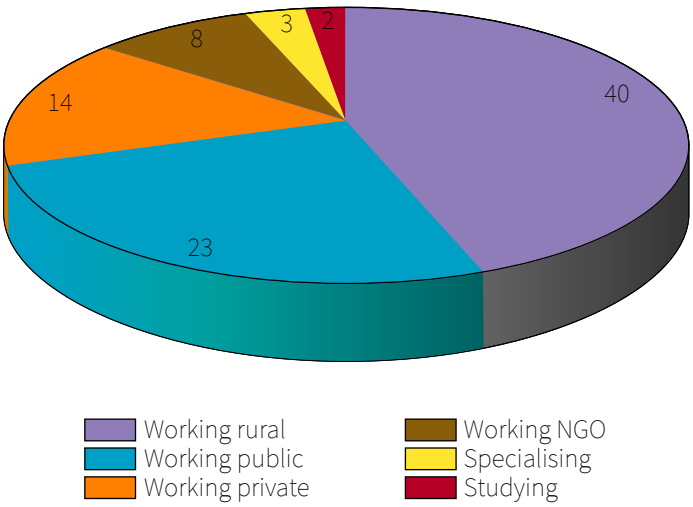
The pie chart below gives a breakdown of where these graduates are currently working:



Of the 254 graduates, 35 are busy with their internship training and are thus unavailable to work at a rural hospital at this time. Thus subtracting them from the 254 graduates, we see that 72% 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 76%!

We have seen a trend over time of more doctors wishing to specialise - 4% of current graduates are specialising. 20 of the 254 graduates have gone into the private sector – 10 having private practises in rural areas.

Regarding our investment in rural youth as a way to address the shortages of staff at rural hospitals over the long term, it is noteworthy to see where graduates, that have no further work-back obligations, are working. The information for these 90 graduates is presented below:



Significantly, of the 90 graduates that have no further work-back obligation to the UYDF, 44% are still working at a rural hospital! In addition, 7 are still serving rural communities as they work for rural non governmental organisations, thus increasing the percentage to 52%. 23 are working in urban public hospitals, thus serving the majority of the population, whilst 3 are specialising. Only 4 have gone into the urban private health care sector – whilst 10 are working in the rural private sector.

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

History of Umthombo Youth Development Foundation

1995

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

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

1999

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

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

1999

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

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

2007

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

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

They came to the conclusion that either:

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

2008

In that regard, the present Director, Gavin MacGregor, was employed on 8 February 2008 as the Scheme's first employee and Director. At the same time, Dr Will Mapham was engaged by a potential funder as an independent consultant, to assess the various aspects of the Scheme and highlight the areas that needed strengthening. Using this information a strategic planning session was held to map out the 3-5 year future of the Scheme.

Since the mentoring support was found to be a critical component of the success of the Scheme it was decided to employ a full time Student Mentor. Dumisani Gumede, a physiotherapist graduate of the Scheme was eventually approached to become the Scheme's full time student mentor.

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

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

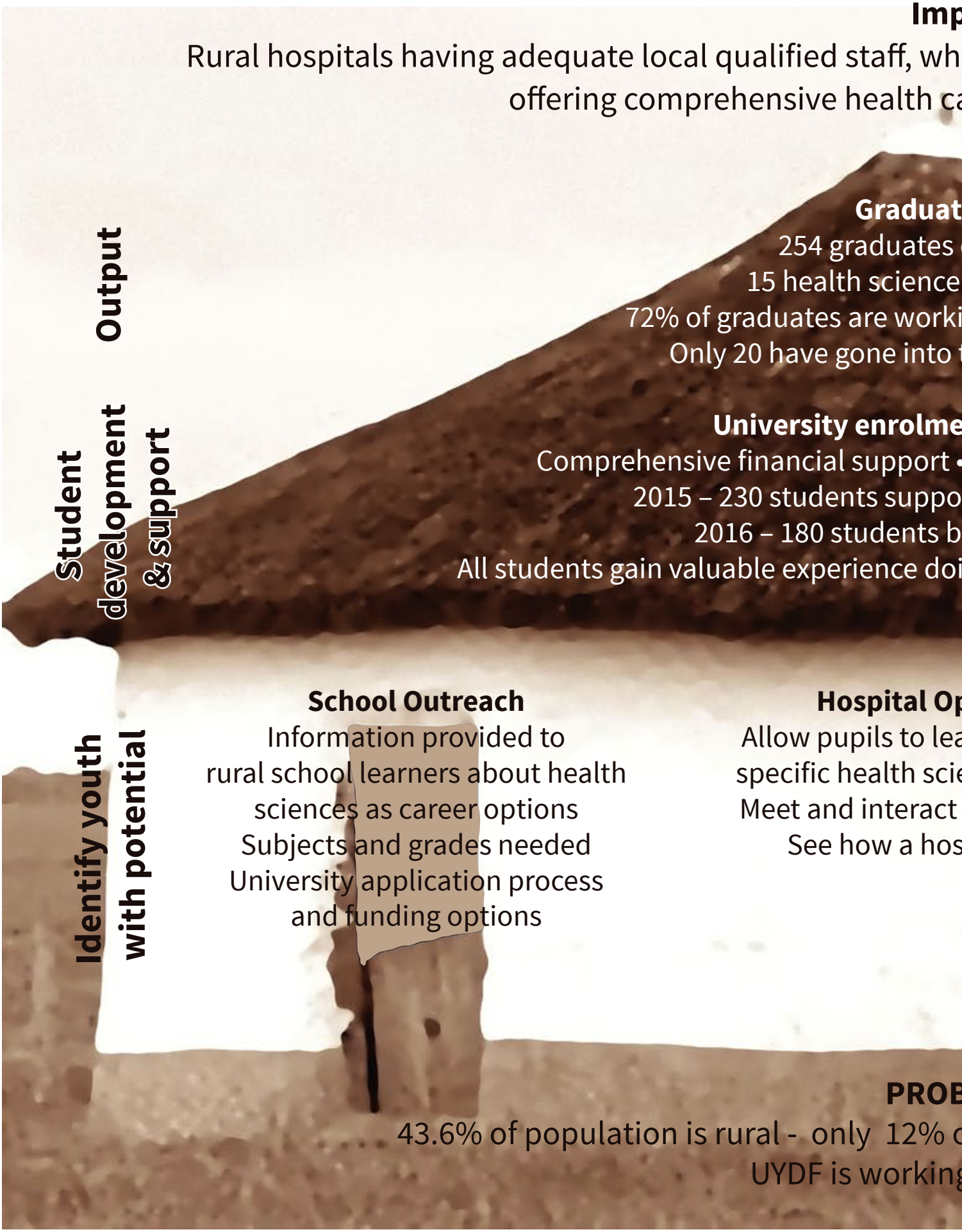
2010

On 4 December 2010 a 10 year celebration of the achievements of the FOM Scholarship Scheme was held at Mosvold hospital. The celebration was an opportunity to acknowledge all those who had been involved in developing and supporting the Scheme as well as an opportunity to share with the community and broader audience the future plans of the organisation, including the name change. The celebration was considered as a visit to our rich and successful past, as well as an embracing of the future expansion of the programme to assist many more youth in order to ensure service delivery to rural communities improves through an increased number of qualified health care workers.

2016

Due to financial constraints, student numbers were decreased from 230 to 184 in 2016. No new students were selected.

CREATING A RUR



Imp

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

Output

Graduat

254 graduates
15 health science
72% of graduates are worki
Only 20 have gone into

Student development & support

University enrolme

Comprehensive financial support
2015 – 230 students suppo
2016 – 180 students b
All students gain valuable experience doi

Identify youth with potential

School Outreach

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

Hospital Op

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

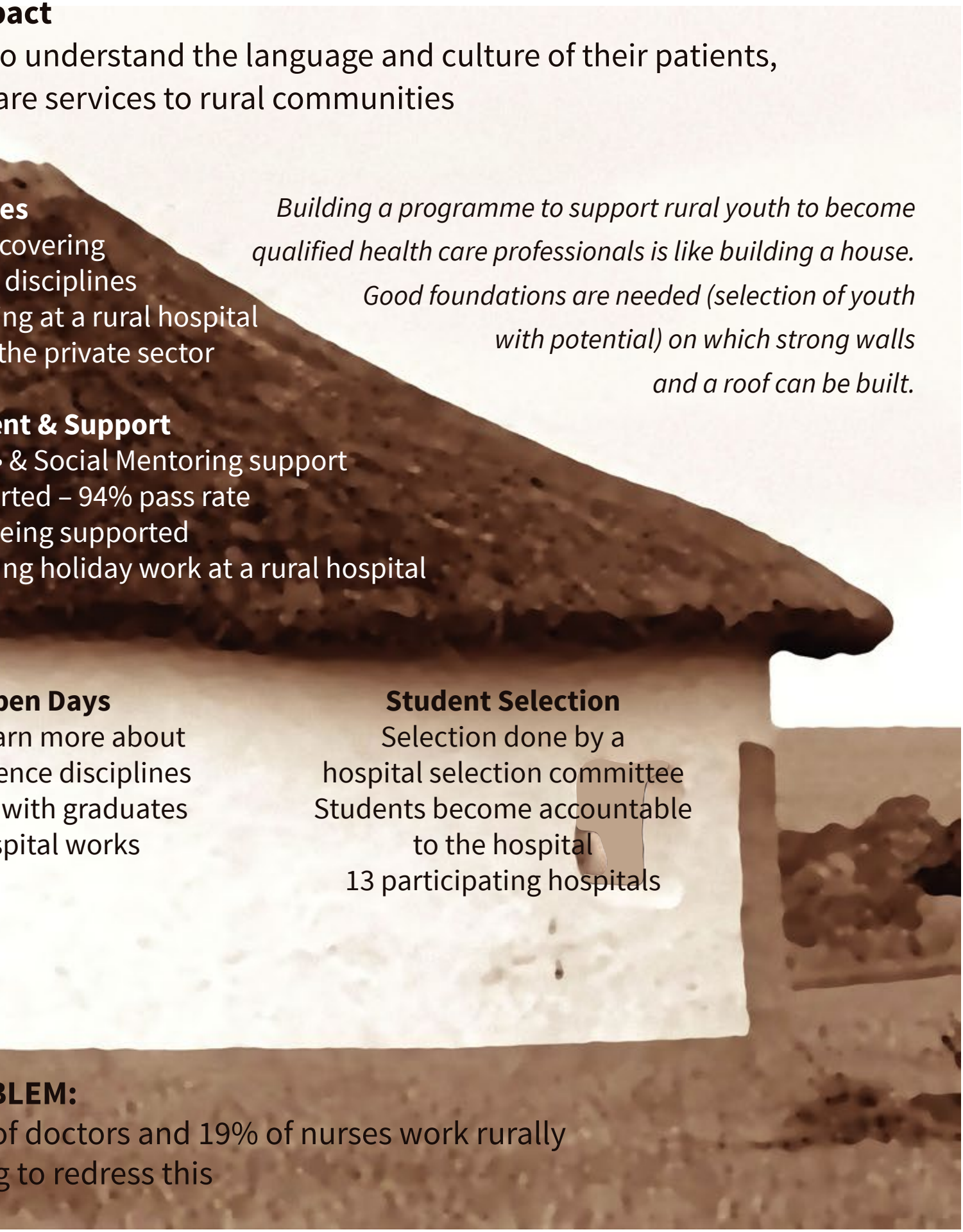
PROB

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

RAL WORKFORCE

pact

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



es
covering
disciplines
ng at a rural hospital
the private sector

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

Building a programme to support rural youth to become qualified health care professionals is like building a house. Good foundations are needed (selection of youth with potential) on which strong walls and a roof can be built.

pen Days
arn more about
ence disciplines
with graduates
spital works

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

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

UYDF Graduates

2002

Nkosingiphile Nyawo
Biomedical Technologist, Bethesda Hospital
Sibusiso Thwala
Pharmacist, Deceased

2003

John Mkhumbuzi
Dental Therapist, Graduate & Youth Development Coordinator, UYDF
Sithembile Nyawo
Nurse, Kwa Msane Clinic, Mtbatuba
France Nxumalo
Optometrist, National Department of Health
Dumisani Gumede
Physiotherapist, Student Mentor, UYDF
Snenhlanhla Gumede
Physiotherapist, private
Samkelisiwe Mamba
Radiographer, Ngwelezana Hospital
Thembinkosi Ngubane
Radiographer, private

2004

Zotha Myeni
Biomedical Technologist, NGO, Rustenburg
Moses Mkhabela
Environmental Health, Ngwelezana Hospital
Derrick Hlophe
Occupational therapist/Doctor Hlabisa Hospital
Lillian Mabuza
Speech Therapist, Lower Umfolozi Hospital

2005

Nkosinathi Ndimande
Nutritionist, no post
Sibongeleni Mngomezulu
Nurse, Ngwelezane Hospital
Zodwa Menyuka
Nurse, Hlabisa Hospital
Hazel Mkhwanazi
Optometrist, Private practise, Jozini
Nelly Mthembu
Pharmacist, NGO, MATCH

2006

Thulisiwe Nxumalo
Physiotherapist, Ngwelezane Hospital
Happiness Nyawo
Radiographer, Itshelejuba Hospital
Richard Gumede
Social Worker, Mosvold Hospital
Nonkuthalo Mbhamali
Biomedical Technologist, Private
Phila Gina
Biomedical Technologist, Evander Hospital, Mpumalanga
Thulani Shandu
Dental Therapist, Private, Manguzi
Lungile Hobe
Doctor, UKZN, specialising
Phindile Gina
Doctor, Groote Schuur Hospital, specialising
Thembelihle Phakathi
Doctor, UKZN, specialising
Sicelo Nxumalo
Nurse, Mosvold Hospital
Zachariah Myeni
Nurse, Mosvold Hospital
Makhosazana Zwane
Physiotherapist, Northdale Hospital
Themba Mngomezulu
Physiotherapist, Mosvold Hospital
Ntombifuthi Mngomezulu
Radiographer, Hlabisa Hospital
Mthokozisi Gumede
Social Worker, Bethesda Hospital

2007

Mfundo Mathenjwa
Doctor, Specialist, Johannesburg General Hospital
Nhlakanipho Mangeni
Doctor, WITS, specialising
Noxolo Ntsele
Doctor, UKZN, specialising
Patrick Ngwenya
Doctor, private practice, Durban
Petronella Manukuza
Doctor, University of Pretoria, specialising
Bongumusa Mngomezulu
Nurse, NGO, Health Systems Trust
Ntombikayise Ngubane
Nurse, Manguzi Hospital
Phindile Ndlovu
Nurse, Ngwelezane Hospital
Ntokozo Mantengu
Occupational Therapist, Port Shepstone Hospital
Wiseman Nene
Physiotherapist, private
Ntokozo Fakude
Pharmacist, Mosvold Hospital
Nozipho Myeni
Radiographer, Hlabisa Hospital
Nobuhle Mpanza
Social Worker, Mosvold Hospital

2008

Norman Thabethe
Biomedical Technologist, Bethesda Hospital
Lindiwe Khumalo
Doctor, RK Khan Hospital
Mlungisi Khanyile
Doctor, private
Sifiso Buthelezi
Doctor, UKZN, specialising
Zipho Zwane
Doctor, DoH, Pretoria
Brian Mahaye
Nurse, Mosvold Hospital
Celenkosini Sibiya
Speech Therapist, Mseleni Hospital

2009

Cynthia Tembe
Biomedical Technologist, Victoria Hospital, Tongaat
Nonsikelelo Mazibuko
Biomedical Technologist, Hlabisa Hospital
Archwell Hlabisa
Doctor, UKZN, Specialising
Gug'elihle Mkhulisi
Doctor, Africa Centre
Nhlanhla Champion
Doctor, Deceased December 2015
Nompilo Xulu
Doctor, Umhlanga Private Hopsital
Nonhlanhla Gumede
Doctor, Rob Ferreria Hospital
Nontobeko Khumalo
Doctor, Prince Mshiyeni Hospital
Pamela Zungu
Doctor, private
Philokuhle Buthelezi
Doctor, UKZN, specialising
Phumla Dladla
Doctor, Edendale Hospital
Velemseni Mdletshe
Doctor, private, Johannesburg
Bheki Mendlula
Optometrist, Phelophepa Health Train
Sicelo Mafuleka
Optometrist, Mpumalanga, private
Simangele Mathenjwa
Psychologist, private, Durban
Siphamandla Mngomezulu
Psychologist, private, Mtubatuba
Ncamsile Mafuleka
Radiographer, St Anne's Hospital
Nokuthula Zikhali
Social Worker, Northdale Hospital
Noxolo Mngomezulu
Social Worker, Mseleni Hospital
Phumzile Biyela
Social Worker, NGO, Association for Physical Disabilities

2010

Sthembiso Ngubane
Biomedical Technologist, studying medicine
Bhotsotso Tembe
Dental Therapist, private, Jozini
Bongiwe Nungu
Doctor, private, Pietermaritzburg
Faustin Butiri
Doctor, Mosvold Hospital
Mazwi Mabika
Doctor, WITS, specialising
Mndeni Kunene
Doctor, Nelson Mandela Academic Hospital

UYDF Graduates

Sandile Mbonambi
Doctor
Thabia Sekgota
Doctor, Hlabisa Hospital
Celumusa Xaba
Nurse, Mosvold Hospital
Thokozile Phakathi
Occupational Therapist, Mosvold Hospital
Bongekile Zwane
Pharmacist, Manguzi Hospital
Victoria Masinga
Pharmacist, Mseleni Hospital
Wonderboy Nkosi
Pharmacist, Hlabisa Hospital
Bhekumuzi Shongwe
Physiotherapist, Mosvold Hospital
Nonkululeko Nsimbini
Physiotherapist, Manguzi Hospital
Silindile Gumbi
Psychologist, Turton CHC, Umzumbe
Themba Myeni
Social Worker, Bethesda Hospital

2011

Andreas Mthembu
Biomedical Technologist, Benedictine Hospital
Nomusa Zikhali
Biomedical Technologist, Hlabisa Hospital
Simanga Khanyile
Biomedical Technologist, Itshelejuba Hospital
Thandi Nxumalo
Biomedical Technologist, Ngwelezane Hospital
Sikhumbuzo Mbelu
Dentist, private, Manguzi
Immaculate Dlamini
Doctor, Nkonjeni Hospital
Mlungisi Banda
Doctor, Hlabisa Hospital
Nokwazi Khumalo
Doctor, Hlabisa Hospital
Nomcebo Gumede
Doctor, Johannesburg General
Nonkululeko Mncwabe
Doctor, Hlabisa Hospital
Sicelo Mabika
Doctor, Steve Biko Academic Hospital, specialising
Thulisiwe Mthembu
Doctor, Edendale Hospital
Musa Gumede
Nurse, Mosvold Hospital
Phindile Khuluse
Nurse, Hlabisa Hospital
Senziwe Ndlovu
Nurse, Hlabisa Hospital
Zamani Dlamini
Nurse, Hlabisa Hospital
Mamsy Ndwandwe
Pharmacist, Mseleni Hospital
Sithabile Mthethwa
Pharmacist, Hlabisa Hospital
Ntombifuthi Mbatha
Psychologist, Mseleni Hospital
Sibongiseni Mkhize
Psychologist, Ngwelezane Hospital
Sicelo Ntombela
Radiographer, studying - ultrasound
Ncamsile Sithole
Social Worker, Turton, CHC, Umzumbe
Zamakhondlo Gumede
Social Worker, Mseleni Hospital

2012

Gugu Ndlamlenze
Audiologist, Hlabisa Hospital
Senzo Khambule
Clinical Associate, studying
Justice Shongwe
Dentist, Ermelo Hospital
Bongumusa Dlamini
Dietician, Bethesda Hospital
Nothile Khumalo
Dietician, Hlabisa Hospital
Philile Nxumalo
Dietician, Itshelejuba Hospital
Bongekile Kubheka
Doctor, Mseleni Hospital
Delani Hlophe
Doctor, Hlabisa Hospital
Phelelani Dludla
Doctor, Manguzi Hospital
Sibusiso Gumede
Doctor, Ngwelezane Hospital
Thulani Ndimande
Doctor, Mbongolwane Hospital
Thulani Ngwenya
Doctor, Bethesda Hospital
Sibongile Thwala
Nurse, Manguzi Hospital
Zanele Buthelezi
Nurse, Hlabisa Hospital
Zanele Buthelezi
Optometrist, private
Londiwe Msimango
Pharmacist, Itshelejuba Hospital
Sithandiwe Shange
Pharmacist, Mseleni Hospital
Phumelele Nkosi
Radiographer, Benedictine Hospital
Lungile Thwala
Social Worker, Bethesda Hospital
Nombuso Ngubane
Social Worker, Mosvold Hospital
Thabo Nakedi
Social Worker, NGO, Mseleni
Zandile Mthembu
Social Worker, Eshowe Hospital

2013

Samkelo Sibiya
Biomedical Technologist, Manguzi Hospital
Ayanda Nsele
Dental Therapist, Bethesda Hospital
Fanele Simelane
Dental Therapist, Manguzi Hospital
Nonhle Magubane
Dental Therapist, Mseleni Hospital
Siphamandla Dube
Dentist, Nkandla Hospital
Nomkhosi Ncanana
Dietician, Hlabisa Hospital
Ntandoyenkosi Mkhombo
Dietician, Manguzi Hospital
Themba Manzini
Dietician, Mosvold Hospital
Andisiwe Ngcobo
Doctor, KwaMagwaza Hospital
Halalisani Ncanana
Doctor, Nkandla Hospital
Khanyile Saleni
Doctor, Christ the King Hospital
Lindokhule Mfeka
Doctor, Christ the King Hospital
Lungile Gumede
Doctor, Hlabisa Hospital
Mbongeni Mathenjwa
Doctor, Catherine Booth Hospital
Mbongi Mpanza
Doctor, Dumbe CHC
Mncedisi Ndlovu
Doctor, Internship
Nokwanda Linda
Doctor, Manguzi Hospital
Nokwethemba Myeni
Doctor, Nkandla Hospital
Nomalungelo Mbokazi
Doctor, Kalofong Hospital
Nomfundo Cele
Doctor, Nkandla Hospital
Nontobeko Mthembu
Doctor, Christ the King Hospital
Ntibelleng Motebele
Doctor, Greytown Hospital
Ntokozo Zondi
Doctor, Bethesda Hospital
Phethile Mavundla
Doctor, Internship
Samukelisiwe Mkhize
Doctor, Christ the King
Sandra Khumalo
Doctor, Benedictine Hospital
Sinovuyo Madikane
Doctor, Christ the King Hospital
Sithokozile Myeni
Doctor, Hlabisa Hospital
Zanele Ntuli
Doctor, Hlabisa Hospital
Khulani Gumede
Nurse, Bethesda Hospital
Lindani Mkhwanazi
Nurse, Mosvold Hospital

UYDF Graduates

Nokwanda Ndabandaba
Nurse, Bethesda Hospital
Nomfumdo Ntimbane
Nurse, Mosvold Hospital
Samkelo Sithole
Nurse, Mosvold Hospital
Siyabonga Mthembu
Nurse, Mosvold Hospital
Zethu Ngcamu
Nurse, Hlabisa Hospital
Zinhle Mdletshe
Occupational Therapist, Manguzi Hospital
Sebenzile Manyoni
Optometrist, Mseleni Hospital
Thembile Zikhali
Optometrist, Bethesda Hospital
Gugulethu Zulu
Pharmacist, Benedictine Hospital
Sibusiso Mabizela
Pharmacist, Nkandla Hospital
Sthembiso Mahendula
Physiotherapist, Mosvold Hospital
Thobekile Gumede
Physiotherapist, Itshelejuba Hospital
Zandile Vilana
Physiotherapist, Vryheid Hospital
Zanele Mkhwanazi
Physiotherapist, Hlabisa Hospital
Zama Kunene
Psychologist, Nkonjeni Hospital
Ntuthuko Nxumalo
Radiographer, Benedictine Hospital
Thembeka Dlamini
Social Worker, Mosvold Hospital
Octavia Tembe
Speech Therapist, Itshelejuba Hospital

2014

Londiwe Manda
Audiologist, Mseleni Hospital
Sibongakonke Mamba
Biomedical Technologist, Internship
Njabulo Nhlenyama
Dental Therapist, Mosvold Hospital
Cebisile Sibiya
Doctor, Internship
Fanele Simelane
Doctor, Internship
Fezile Mkhize
Doctor, Internship
Ndumiso Sibisi
Doctor, Mseleni Hospital
Nokuthula Mbele
Doctor, Internship
Sanelisiwe Myeni
Doctor, Bethesda Hospital
Yvonne Ngobese
Doctor, Mseleni Hospital
Nkosingiphile Dlamini
Nurse, Mosvold Hospital
Nombuyiselo Dlamini
Nurse, Benedictine Hospital
Nonduduzo Ndlovu
Nurse, Mosvold Hospital
Silindile Mncube
Nurse, Mseleni Hospital
Simphiwe Mahlangu
Nurse, Manguzi Hospital
Thokozani Mbatha
Nurse, Hlabisa Hospital
Muzi Ndlazi
Optometrist, Hlabisa Hospital
Nontobeko Nsele
Optometrist, Mosvold Hospital
Nombuso Nxumalo
Optometrist, Bethesda Hospital
Sphesihle Madi
Optometrist, Catherine Booth Hospital
Mbalenhle Mncube
Pharmacist, KwaMagwaza Hospital
Thobile Mpontshane
Pharmacist, Bethesda Hospital
Gugulethu Kunene
Physiotherapist, Bethesda Hospital
Nomzamo Mashaba
Physiotherapist, Mseleni Hospital
Phakamani Ntuli
Physiotherapist, Hlabisa Hospital
Sandiso Msweli
Physiotherapist, Nkonjeni Hospital
Khanyisile Nene
Psychologist, Mahatma Gandi Hospital
Mthobisi Makhoba
Radiographer, Mseleni Hospital
Nokubonga Ndlovu
Radiographer, Ceza Hospital
Nokwanda Buthelezi
Radiographer, Christ the King Hospital
Phele Gumede
Radiographer, Mosvold Hospital
Sibusiso Zwane
Radiographer, Itshelejuba Hospital
Siphamandla Mbuli
Radiographer, Hlabisa Hospital
Vukile Miya
Radiographer, Holy Cross Hospital

2015

Lindiwe Ngubane
Audiology, Mseleni Hospital
Muziwakhe Myeni
Audiology, Eshowe Hospital
Nomzamo Thabethe
Audiology, Vryheid Hospital
Nombuso Khumalo
Dental Therapy, Mosvold Hospital
Thuleleni Masinga
Dental Therapy, Bethesda Hopsital
Sabelo Mngomezulu
Dentistry, Mosvold Hospital
Fortunate Shandu
Dietetics, KwaMagwaza Hospital
Sizophila Nene
Dietetics, Nkonjeni Hospital
Londiwe Ntshangase
Medicine, Internship
Luanda Mthembu
Medicine, Internship
Mfanukhona Nyawo
Medicine, Internship
Ndabezitha Khoza
Medicine, Internship
Nduduzo Ndimande
Medicine, Internship
Nkosikhona Ntuli
Medicine, Internship
Ntokozo Shandu
Medicine, Internship
Phindile Chonco
Medicine, Internship
Sicelo Khumalo
Medicine, Internship
Sphamandla Zulu
Medicine, Internship
Simosakhe Mbatha
Nursing, Nkandla Hospital
Scebi Mhlongo
Nursing, Hlabisa Hospital
Thembeka Shezi
Nursing, Mseleni Hospital
Xolelani Ngubane
Nursing, Manguzi Hospital
Gugulethu Dumakude
Occupational Therapy, Itshelejuba Hospital
Mesuli Mkhwanazi
Optometry, Mseleni Hospital
Siyathokoza Nyawo
Optometry, Manguzi Hospital
Menzi Nyawo
Pharmacy, Internship
Mukeliwe Zulu
Pharmacy, Internship
Nongcebo Khanyile
Pharmacy, Internship
Ntombikayise Langa
Pharmacy, Internship
Thandeka Zungu
Pharmacy, Eshowe Hospital
Ayanda Ngubane
Physiotherapy, Umphumulo Hospital
Nokukhanya Masango
Physiotherapy, Nkonjeni Hospital
Samukeliswe Mazibuko
Physiotherapy, Benedictine Hospital
Silindile Zungu
Physiotherapy, Hlabisa Hospital
Busisiwe Dlamini
Radiography, Mosvold Hospital
Menzi Khali
Radiography, Nkonjeni Hospital
Themba Mbonambi
Radiography, Mseleni Hospital
Thobeka Mavuso
Radiography, Itshelejuba Hopsital

Trustees

The Trustees of the Umthombo Youth Development Foundation are:

Mr S Mngomezulu
Dr C Nkabinde
Ms M Themba
Dr A Ross (Founder)
Ms N Dladla
Mr J Motha

Organisational Values

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

Partners

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

Department of Health:

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

Our relationship with the Department of Health has been captured in a Memorandum of Co-operation at Head Office level.

Department of Education

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

Districts and Communities where we work

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

Funding Organisations

Anglo American Chairman's Fund
Aspen Pharmacare
Discovery Foundation
Discovery Health
Freddie Marincowitz Welfare Trust
Investec
Mkhiwa Trust
Robin Hamilton Trust
Silcom (Pty) Ltd
The Chuma Foundation
The DG Murray Trust
The Don McKenzie Trust
The ELMA Foundation
The Lily & Ernst Hausmann Bursary Trust
The Nedbank Foundation
The Norman Wevell Trust
The Oppenheimer Memorial Trust
The RB Hagart Trust
The Robert Niven Trust
UCS Technology (Natal)

Individual Donors

Brian Whittaker
Dr Andrew Ross
Dr SS Mathenjwa
Dr Zandi Rosochacki
Mrs Glenys Ross
Wendy Clarke
Paulin Wakeham
Jarryd Vermaak
Dr Jienchi Dorward
Mngomezulu Family
Rob Roy Craft Club
R Ingle

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

Annual Financial Statements

for the year ended 29 February 2016

GENERAL INFORMATION

Country of incorporation and domicile	South Africa
Nature of trust	The purpose of the trust is to improve and extend health and health related services to rural communities in South Africa.
Trustees	Makhosazana Princess Themba Andrew John Ross Siphamandla Senzo Mngomezulu Nobayeni Cecilia Dladla Thandaza Cyril Nkabinde Thanduyise Joesph Motha
Registered office	1A Shongweni Road Hillcrest 3650
Business address	1A Shongweni Road Hillcrest 3650
Postal address	Postnet Suite 10328 Private Bag X7005 Hillcrest 3650
Bankers	Standard Bank of SA Limited
Auditors	Victor Fernandes & Co Chartered Accountants (S.A.) Registered Auditor
Trust registration number	IT1856/95
Tax reference number	1326/035/20/9
Vat reference number	4050263617
Level of assurance	These annual financial statements have been audited in compliance with the applicable requirements of the Companies Act of South Africa.
Preparer	The annual financial statements were independently compiled by: VMR Fernandes CA(SA)
Published	23 May 2016

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

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

Trustees' Responsibilities and Approval

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

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

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

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

The trustees have reviewed the trust's cash flow forecast for the year to 28 February 2017 and, in the light of this review and the current financial position, they are satisfied that the trust has or has access to adequate resources to continue in operational existence for the foreseeable future.

The external auditors are responsible for independently reviewing and reporting on the trust's annual financial statements. The annual financial statements have been examined by the trust's external auditors and their report is presented on page 4.

The annual financial statements set out on pages 4 to 7, which have been prepared on the going concern basis, were approved by the trustees on 23 May 2016 and were signed on its behalf by:

Andrew John Ross

Makhosazana Princess Themba

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

Report of the Independent Auditors

To the trustees of Umthombo Youth Development Foundation Trust

We have audited the accompanying annual financial statements of Umthombo Youth Development Foundation Trust, which comprise the trustees' report, the statement of financial position as at 29 February 2016, the statement of comprehensive income, the statement of changes in equity and statement of cash flows for the year then ended, a summary of significant accounting policies and other explanatory notes, as set out on pages 4 to 7.

Trustees' Responsibility for the Financial Statements

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

Auditors' Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the annual financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the annual financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the annual financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control.

An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the trustees, as well as evaluating the overall presentation of the annual financial statements.

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

Basis for Qualified Opinion

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

Opinion

In our opinion, except for the effects of the matters described in the Basis for Qualified Opinion paragraph, the annual financial statements present fairly, in all material respects, the financial position of trust as of 29 February 2016, and of its financial performance and its cash flows for the year then ended in accordance with International Financial Reporting Standards for Small and Medium-sized Entities.

Supplementary Information

We draw your attention to the fact that the supplementary information set out on page 16 does not form part of the annual financial statements and is presented as additional information. We have not audited this information and accordingly do not express an opinion thereon.

Victor Fernandes & Co 26 April 2016
Registered Auditor
Chartered Accountants (S.A.)
Suite 5,
Kloof Country House
Per: VMR Fernandes 20 Village Road
Kloof
3610

Trustees' Report

The trustees submit their report for the year ended 29 February 2016.

1. The trust

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

2. Review of activities

Main business and operations

The beneficiaries of the trust are Black people, as defined by the Broad-Based Economic Empowerment Act 53 of 2003, resident in rural communities of South Africa. The purpose of the trust is to improve and extend health and health related services to the residents in South Africa.

The operating results and state of affairs of the trust are fully set out in the attached annual financial statements and do not in our opinion require any further comment.

The Umthombo Youth Development Foundation (UYDF) has entered into a partnership with the National Student Financial Aid Scheme (NSFAS) in which NSFAS provides an annual allocation to the UYDF to disperse loans on its behalf. The loans are issued to UYDF students to fund their university expenses. The UYDF undertakes to repay students' loans after they complete a year of work at an agreed rural hospital for every year studied. This contingency requires that the UYDF has reserves and cash available to meet these commitments should they become due. During the academic year January to December 2015 NSFAS advanced R5,008,500 to students of which R1,133,781 potentially may need to be repaid in 2017 by UYDF (Refer note 13).

3. Events after the reporting period

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

4. Trustees

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

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

5. Auditors

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

Statement of Financial Position

Figures in Rand	Note(s)	2016	2015
Assets			
Non-Current Assets			
Property, plant and equipment	2	353,800	265,653
Current Assets			
Other receivables	3	91,565	144,896
Cash and cash equivalents	4	14,066,681	13,957,267
		14,158,246	**14,102,163**
Total Assets		**14,512,046**	**14,367,816**
Equity and Liabilities			
Equity			
Trust Capital	5	12,956,677	13,852,354
Liabilities			
Current Liabilities			
Trade and other payables	7	124,435	94,247
Provision for unpaid leave	8	77,853	128,075
Other Liabilities	13	1,353,081	293,140
		1,555,369	**515,462**
Total Equity and Liabilities		**14,512,046**	**14,367,816**

Statement of Comprehensive Income

Figures in Rand	Note(s)	2016	2015
Revenue		15,796,747	13,166,121
Other income		19,583	-
Operating expenses (see page 8)		(17,239,246)	(14,196,192)
Operating deficit	9	**(1,4224916)**	**(1,030,070)**
Investment revenue		527,552	620,606
Finance Costs			
Deficit before taxation		**(895,676)**	**409,465**
Taxation	10	-	-
Deficit for the year		**(895,676)**	**(409,465)**
Other comprehensive income		-	-
Total comprehensive deficit for the year		**(895,676)**	**(409,465)**

Statement of Cash Flows

Figures in Rand	Note(s)	2016	2015
Cash flows from operating activities			
Cash used in operations	12	(1,237,498)	(897,012)
Interest income		527,552	620,606
Finance costs		(312)	-
Net cash from operating activities		**(710,258)**	**(276,406)**
Cash flows from investing activities			
Purchase of property, plant and equipment	2	(318,274)	(65,931)
Sale of property, plant and equipment	2	78,005	-
Net cash from investing activities		**(240,269)**	**(65,931)**
Cash flows from financing activities			
Movement in other liabilities		1,059,941	224,684
Total cash movement for the year		**109,414**	**(117,653)**
Cash at the beginning of the year		13,957,267	14,074,920
Total cash at end of the year	4	**14,066,681**	**13,957,267**

Accounting Policies

1. Presentation of Annual Financial Statements

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

These accounting policies are consistent with the previous period.

1.1 Property, plant and equipment

Property, plant and equipment are tangible items that:

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

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

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

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

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

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

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

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

1.2 Receivables and Prepayments

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

1.3 Cash and cash equivalents

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

1.4 Trade payables

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

1.5 Provisions and contigencies

Provisions are recognised when

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

1.6 Revenue

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

Interest income is recognised when it is accrued.

1.7 Financial risk management

Foreign exchange risk

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

Interest rate risk

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

Credit risk

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

Liquidity risk

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

Fair value estimations

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

1.8 Borrowing costs

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

Notes to the Annual Financial Statements

Figures in Rand	2016	2015

2. Property, plant and equipment

	2016			2015		
	Cost/ Valuation	Accumulated depreciation	Carrying value	Cost/ Valuation	Accumulated depreciation	Carrying value
Furniture and fixures	25,374	(11,974)	13,400	18,411	(9,569)	8,842
Motor vehicles	360,732	(148,881)	211,851	338,043	(178,903)	159,140
Office equipment	47,779	(42,685)	5,094	47,779	(34,182)	13,597
Computer equipment	175,106	(89,536)	85,570	91,474	(77,638)	13,836
Other property, plant & equipment	162,316	(124,431)	37,885	162,316	(92,078)	70,238
Total	**771,307**	**(417,507)**	**353,800**	**658,023**	**(392,370)**	**265,653**

Reconciliation of property, plant and equipment - 2016

	Opening Balance	Additions	Disposals	Depreciation	Total
Furniture and fixtures	8,842	6,963	-	(2,405)	13,400
Motor vehicles	159,140	227,679	(58,422)	(116,546)	211,851
Office equpment	13,597	-	-	(8,503)	5,094
Computer equipment	13,836	83,632	-	(11,898)	85,570
Other property, plant and equipment	70,238	-	-	(32,353)	37,885
	256,653	**318,274**	**(58,422)**	**(171,705)**	**353,800**

Reconciliation of property, plant and equipment - 2015

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

3. Other receivables

Sundry debtors - loans	65,997	114,758
Deposits	8,047	8,047
VAT	12,521	22,091
Staff loan	5000	-
	91,565	**144,896**

4. Cash and cash equivalents

Cash and cash equivalents consist of:

Bank balances	14,066,681	13,957,267

5. Trust capital

Trust capital		
Balance at beginning of year	13,852,354	14,261,818
Transfer of surplus/(deficit) to capital account	(895,677)	(409,464)
	12,956,677	**13,852,354**

The trust has committed to assist 184 students (2015: 230), estimated to cost R11,005,000 (2015: actual R12,689,966). This would reduce the uncommitted reserves to R1,951,677 (2015: actual R1,162,388).

6. Donations and grants received

Anglo American Chairman's Fund	1,000,000	880,000
Aspen Pharmacare	353,000	642,000
Chuma Foundation	165,000	270,000
Discovery Foundation	2,156,000	-
Discovery Health	2,374,000	704,000
Freddie Marincowitz Welfare Trust	300,000	-
Investec	200,000	-
Norman Wevell Trust	120,000	110,000
RB Hagart Trust	200,000	200,000
Robert Niven Trust	100,000	-
The Atlantic Philanthrophies	-	2,993,467
The Bertha Foundation	-	390,000
The DG Murray Trust	1,531,000	1,146,000
The Don McKenzie Trust	588,000	105,000
The ELMA Foundation	3,000,000	3,000,000
The Lily & Ernst Hausmann Bursary Trust	200,000	150,000
The Nedbank Foundation	600,000	-
The National Lottery	-	378,660
The Oppenheimer Memorial Trust	2,500,000	1,700,000
The Robin Hamilton Trust	157,000	130,000
Other donations and grants being under R100,000	252,747	366,994
	15,796,747	**13,166,121**

Figures in Rand	2016	2015

7. Trade and other payables

Other payables	124,435	94,247

8. Provision for unpaid leave

Reconciliation of provision for unpaid leave - 2016

	Opening balance	Movement	Total
Provision for unpaid leave	128,075	(50,222)	77,853

Reconciliation of provision for unpaid leave - 2015

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

9. Operating (deficit) surplus

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

Operating lease charges		
Lease rentals on operating lease - Other		
• Contractual amounts	104,951	99,215
Surplus on sale of assets	19,583	-
Depreciation on property, plant and equipment	171,705	164,170
Employee costs	2,194,346	2,010,818
Student expenses (actually incurred)	12,689,966	10,535,485
Student expenses (increase in liability for student loans)	1,059,941	224,684
Audit fees	33,000	31,500

10. Taxation

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

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

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

Bequests or accruals from estates of deceased persons in favour of the public benefit organisation are exempt from payment of estate duty in terms of section 4(h) of the Estate Duty Act, 45 of 1955.

11. Auditors' remuneration

Fees	33,000	31,500

12. Cash (used in) generated from operations

Deficit before taxation	(895,676)	(409,465)
Adjustments for:		
Depreciation and amortisation	171,705	164,170
Surplus on sale of assets	(19,583)	-
Interest received	(527,552)	(620,606)
Finance costs	312	-
Movements in provisions	(50,222)	(25,762)
Changes in working capital:		
Other receivables	53,330	8,283
Trade and other payables	30,188	(13,632)
	(1,237,498)	**(897,012)**

13. Commitment for future funding of students

a) The trust has committed to assist 184 students (2015: 230) in the forthcoming year and it is estimated the cost of this will not be less than R11,005,000 (2015: R12,689,966). This is made up of an estimated R8,550,000 for the full cost students, and R2,455,000 for the partial costs for students that have received the majority of their funding from the National Student Financial Aid Scheme.

b) In terms of the new funding arrangement with NSFAS, commencing in 2011, 231(2015: 143) students have been financially assisted by the organisation to date to the extent of R14,832,985 (2015: R9,824,485).

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

Of the 231 (2015: 143) students, 30 (2015: 9) are fulfilling their work obligation in the 2016 academic year and the commitment to fund R1,353,081 (2015: R293,140) at the end of the 2016 academic year has accordingly been raised in the financials.

In 2017 if all NSFAS funded students work in a rural hospital, an amount of R1,133,781 will be needed by UYDF to repay their loans.

Statement of Financial Performance

Figures in Rand	Note(s)	2016	2015
Revenue			
Donations and grants received		15,796,747	13,166,121
Other income			
Interest		527,552	620,606
Gains on disposal of assets		19,583	-
		547,135	**620,606**
Operating expenses			
Accounting fees		(64,787)	(57,913)
Administration and management fees		(2,166)	(49,106)
Advertising		-	(119,199)
Auditors' remuneration	11	(33,000)	(31,500)
Bad debts written off		-	(5,095)
Bank charges		(72,150)	(71,578)
Computer expenses		(16,832)	(6,360)
Conferences and workshops		(17,636)	(42,041)
Database monthly fees		(9,981)	(46,664)
Depreciation, amortisation and impairments	2	(171,705)	(164,170))
Employee costs		(2,194,346)	(2,010,818)
Graduate development		(111,489)	(87,526)
Internet connection		-	(880)
Legal expenses		(1,579)	(1,402)
Motor vehicle expenses		(125,852)	(91,184)
Office rental		(104,951)	(99,215)
Other expenses		-	(16,895)
Outsourced personnel - student mentors		(298,299)	(212,165)
Printing, stationery and postage		(56,727)	(57,862)
Repairs and maintenance		(911)	(3,148)
Staff development		(13,636)	(39,815)
Student expenses (actually incurred)		12,689,966	10,535,485
Student expenses (increase in liability for student loans)		1,059,941	224,684
Telephone and fax		(36,236)	(39,648)
Travel - local		(157,056)	(181,839)
		(17,239,246)	**(14,196,192)**
Operating deficit	9	**(895,364)**	**(409,465)**
Finance costs		(312)	-
Deficit for the year		**(895,676)**	**(409,465)**

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

Registration Details

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

Auditors

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3640

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Silindile Zungu
Graduated 2015
Physiotherapist