

Annual Report 2017



Mission, vision and priority areas

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

Mission

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

Vision

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

Priority Areas

1 Student Support

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

2 Graduate Support

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

3 Mobilisation of Resources

- a) 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

- a) 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 18 years we have shown that rural youth can succeed in becoming qualified health care professionals, if provided the necessary support, and that they will return to work at their local rural hospitals on graduating if required to do so.

We have successfully transformed from a full cost Model of support to a value-add Model, where the National Student Financial Aid Scheme (NSFAS) is providing the majority of student funding and we are providing the essential academic and social mentoring support to students, as well as top-up funding, to ensure they have the greatest opportunity to succeed. Our transformed Model allows us to focus on our strengths and provide academic and social mentoring support to many more students, including students we are not financially supporting. Going forward our strategy will be to provide mentoring support to many more health science students in order to increase their success and overall graduation rates.

Theory of Change

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



**RETURN
ON
investment**

2016 DATA *calculated at current prices*

cost to train 254 graduates

R186 MILLION

income tax paid over a lifetime

R1,2 BILLION

lifetime earnings of 254 graduates

R4 BILLION

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From the Founder's Pen

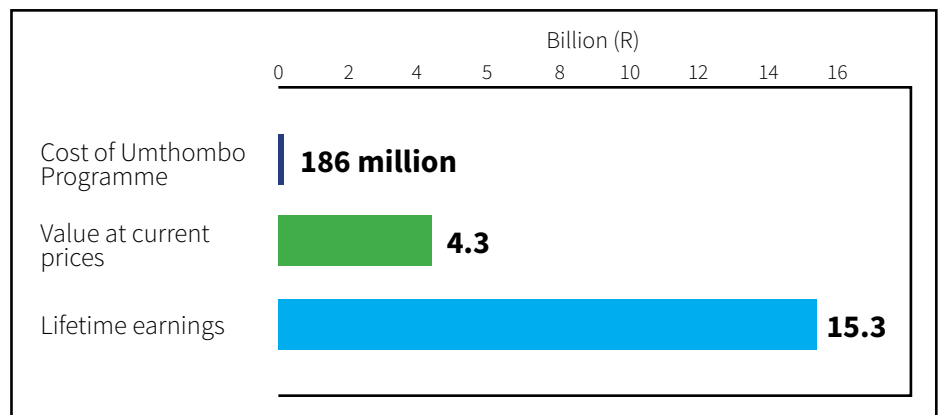
Is expenditure on tertiary education for the training of health professionals an expense or an investment? With the help of a health economist from the University of Witwatersrand, using costs adjusted to 2015 prices using the Consumer Price Index¹ it was estimated that between 2009 and 2015 the total cost of UYDF supporting 254 graduates (recruitment, mentoring support, fees, residence, food, books and holiday work) was R186 million.

Based on a) the assumption that the average graduate will start work at 22 years of age and retire at 65 years of age and b) the wage streams for public sector health workers in 2015 (obtained from the Department of Public Services and Administration²), projected until 2053 and assuming an annual increase of 5%, these graduates will generate R15 billion in lifetime earnings (equal to R4 billion at current prices) and to pay ± R4 billion in tax (R1.4 billion current prices) (see graph, right).

The internal rate of return (IRR) measures the efficiency of an investment and can be used to assess the profitability of an investment.³ The IRR for the UYDF scholarship scheme was calculated as 63%, which is far in excess of the 10% for acquisition of a stabilized asset, 15% for acquisition and repositioning of an ailing asset, 20% for development in an established area and 35% for development in an unproven area - returns which would be considered satisfactory in a commercial settings.

These figures are staggering and make a compelling case for investment in tertiary education in the preparation of graduates for long term, meaningful work remunerated at a rate which allows them to provide for their families and invest in the local economy.

In conclusion, investing in education that leads to employment is certainly an investment, rather than an expense, as the amount invested is minuscule compared to the income tax paid by a person employed in a permanent decent job (let alone the other indirect taxes, and social benefits).



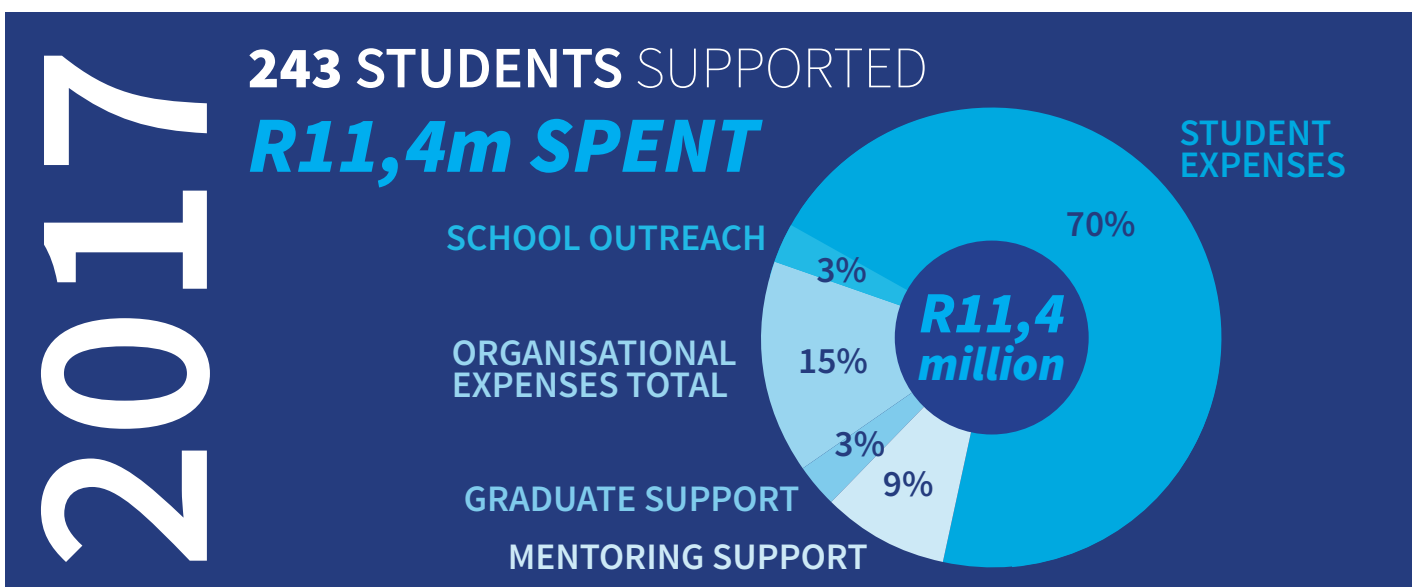
Return on investment for 254 UYDF graduates

Professor A Ross
Founder and Trustee

1. Stats SA (2016). CPI History - http://www.statssa.gov.za/?page_id=1871

2. National Treasury, 2018

3. Dr L Chola, health economist



The Director's Report

It is my pleasure to report on our activities and achievements in 2017, as well as our plans for 2018.

Firstly, we changed our financial year to a calendar year and thus the Audited Financial Statements in this report cover a 10 month period only (1 March to 31 December 2017). The reason for changing the financial year was to align it with our business cycle of supporting students on an annual basis from January to December.

Many people ask us about the impact of "free higher education" and thus it is worth commenting on. The announcement by former President Zuma on 16 December 2017 that households with a family income of up to R350 000 will receive free higher education, in my view was premature, as the mechanics of delivering on such a promise were not yet ready. Free higher education for poor and working class families was not a new idea, government had been working on such a concept, but had not finalised the model of funding and delivery at the time of the announcement. This has led to a lot of confusion and has required the fast tracking of policies in order for such students to be supported. In practise many of the students who are eligible to benefit from this initiative are not, whilst many who are part of it, have not received their food or book allowances, although they have been at university for six months or more! Another significant factor is how the country will afford to provide free higher education in addition to the many other social services.

From our perspective, it has relieved us from providing full cost bursaries to our students as the tuition and accommodation expenses are now covered by the National Student Financial Aid Scheme (NSFAS). This has allowed us to concentrate on our core expertise, which is providing mentoring support to rural health science students in order to assist them to succeed. This year we will test our mentoring support model as we mentor students who we are not financially supporting.

The Minister of Health, Doctor Aaron Motsoaledi, has recently released plans for implementation of the envisaged National Health Insurance (NHI), whilst at the same time the Department of Health, due

to financial constraints, is unable to employ recently graduated healthcare professionals. We currently have 8 graduates, comprising five different health science disciplines, that completed their compulsory community service in 2017, and were unable to secure permanent posts at the rural hospitals where they were working. Ironically, these are the very healthcare professionals that are needed by the proposed NHI, as centres of treatment will in many cases not be situated in urban areas. We never imagined a time when rural origin healthcare professionals who wish to work in rural areas could not be employed.

The UYDF was specifically established to address the shortages of healthcare professionals in rural areas and has made significant inroads over the past 19 years by producing 337 graduates. The fact that new graduates cannot be employed by the Department of Health, despite the need in rural areas, poses a challenge to our work. A number of factors such as the introduction of free higher education, the return of large numbers of South African Cuban trained medical doctors, approximately three times as many social grant recipients than taxpayers, and a general lacklustre economy, indicates that this will be a long term problem.

As an organisation we need to decide whether we continue to provide opportunities to rural youth to become qualified healthcare professionals, who will, once employed, assist to get their families out of poverty, and themselves contribute to the economy as taxpayers. This alone is highly significant, but it seems a huge lost opportunity that these young professionals do not get to serve their communities and contribute to building the health services in their community, as well as providing healthcare services in mother tongue. Despite the challenges, the benefits of investing in rural youth, as well as the long pipeline of healthcare training, compels us to continue doing what we have done for the past 19 years.

To appreciate the impact of our work, please watch the video (QR link above, right), made by Discovery, which focuses on the journeys of a number of our graduates.



It is our privilege to identify and support rural youth to achieve their potential and we are very grateful for those who walk along side us to make it happen.

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

Dr Gavin MacGregor



What is the problem?

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

How do we address these problems?

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

Why rural youth?

Since they come from rural areas, they are more likely to live and work in a rural area than their urban counterparts. They know the language and culture of the community and thus are able to better understand the healthcare needs of the community.

They do not feel isolated, as would urban origin healthcare workers, as they have family and friends to support them.

How is this achieved?

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

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

The components of the model include the following:

School Marketing

Presentations are done at schools to

learners providing information about health sciences as career options; the subjects and grades needed; the university application process; the 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.

tion for the same number of years they were supported for.

These learners then leave for **university**. We provide students with a full cost bursary covering tuition, accommodation, books, food and minor equipment. In addition, because rural youth are poorly equipped both academically and socially for university, the UYDF provides **academic and social mentoring** support to all its students. All new students are allocated 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

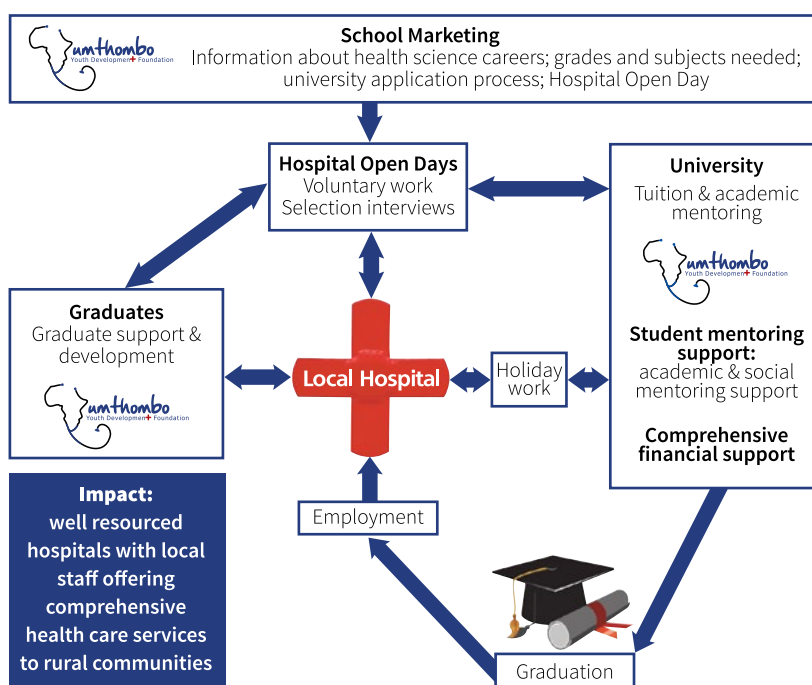
to address the challenges they face in order to succeed. Common challenges faced by rural youth include: poor command of English, poor study skills and time management, difficulty in social integration, and family issues to mention a few. Through the provision of mentoring support, the UYDF has consistently 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 the need for their services when they graduate. The holiday work is done during the June and December holidays.

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

The Model



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.

History of Umthombo Youth Development Foundation

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

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

1999 This move by the Trust was fundamentally motivated by the belief that rural learners from Umkhanyakude have the potential to become healthcare professionals, and will return to work in the district, which is their 'home' community after qualifying – thus addressing the on-going problem of shortages of qualified staff.

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

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

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

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

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

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

They came to the conclusion that either:

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

2008 In that regard, the present Director, Gavin MacGregor, was employed on 8 February 2008 as the Scheme's first employee and Director. At the same time, Dr Will Mapham was engaged by a potential funder (Atlantic Philanthropies) as an independent consultant, to assess the various aspects of the Scheme and highlight the areas that needed strengthening. Using this information a strategic planning session was held to map out the 3-5 year future of the Scheme. Atlantic Philanthropies had shown a commitment to fund the development of the organisation so that its impact could be significantly increased. The first Atlantic Philanthropies donation was received in October 2008.

Since the mentoring support was found to be a critical component of the success of the Scheme it was decided to employ a full time Student Mentor. Many very capable mentors and life coaches were interviewed, but they lacked the context of the life of our students. It was thought that the best possible mentor would be a graduate of the scheme, Dumsani Gumede, a physiotherapist graduate of the Scheme was eventually approached to become the Scheme's full time student mentor. He started in September 2008.

As the Director interacted with the 5 hospitals within the Umkhanyakude district, as well as the Department of Health District and Head Office as well as other stakeholders, he realized that in developing the Scheme further, and to get 100% buy-in by all hospitals, the name needed to change. Through a participative process involving the graduates, current students, Trustees and other stakeholders a new name was chosen. Umthombo is an isiZulu word for a well or spring. We believe that just as a well provides life giving and refreshing water to sustain a person, so our work offers new life and opportunities for rural youth.

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

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

2016 Unfortunately for the first time in the history of the scheme, no new students were selected due to financial uncertainty. Fortunately this has been addressed and over 100 new students were selected in 2017.

2018 337 graduates produced, and 252 students being supported.

Highlights of 2017

In 2017 we selected 125 new students and started the year with 243. Of the 243 students who wrote examinations, 220 passed, whilst 23 failed, giving an overall pass rate of 91%. This is slightly down on our 2016 pass rate of 93%. Interestingly a number of other bursary programmes also experienced a reduced pass rate in 2017, mainly attributed to the knock-on effects of the #feesmustfall campaign.

Of the 23 who failed, 12 have been excluded by their respective university or us. 32 students completed their degrees.

The majority of students (129) were studying medicine followed by pharmacy (48). We supported students across 15 different health science disciplines to ensure that rural hospitals are able to provide a wide range of health care services to the community.

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

The 32 graduates increased our total graduate numbers to **337!**

social issues in order to pass. Dumisani Gumede and his team of local mentors must be congratulated for assisting these students to achieve so well.

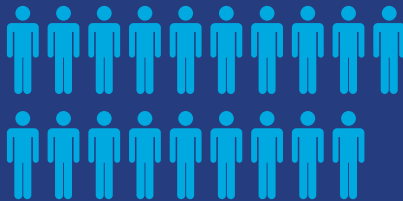
The 32 graduates increased our total graduate numbers to 337! The 32 graduates covered 8 different health science disciplines, with the majority being doctors (13) and pharmacists (7). Significantly 31 of the 32 graduates completed their degrees in a minimum time!

Participating hospitals are involved in exposing school learners to the different health science disciplines through hosting Open Days, and are involved in student selection, student mentoring and training in the form of holiday work, and the employment of our graduates. Last year we met with hospital representatives to discuss their involvement, to ensure that they are committed, and the hospital derives the greatest benefit from our work.

We have a good relationship with the KZN Department of Health - we met twice last year. Despite our good relationship with the KZN Department of Health, 15 graduates who have completed their year of community service, and required a permanent post, where unable to secure such a post. This is disconcerting as the need for healthcare workers in rural areas has not changed.

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

2017



Umthombo supported **243 STUDENTS** covering **15** different health-science disciplines and produced **32** graduates



has been achieved for the past **6** years

SELECTION CRITERIA

To be eligible for a scholarship, students need to:

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

337
GRADUATES
PROVIDE STAFF FOR:

17
rural
hospitals



sufficient
doctors for
12 rural hospitals



The Benefits and Successes

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

1. Providing an **incentive for local learners** to work hard to achieve the grades that are needed to be accepted to study a health science degree at University. No such opportunities ever existed in rural areas before.
2. Providing a beacon of hope for local learners and **stimulating local youth development** by highlighting that it is possible to come from a deep rural area and become a health professional!
3. It proves that rural students **have the potential to succeed** at university, if provided with the appropriate support, since the pass rate over the past five years has exceeded 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 international problem of a shortage of health care workers in areas of greatest need.
20. It **breaks the spiral of rural poverty** as youth become qualified healthcare workers, obtain work, earn salaries, assist and serve their communities, whilst inspiring others to do the same.

2018



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

125

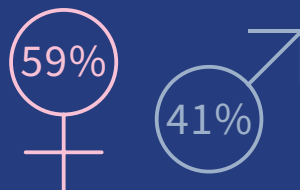
students are studying Medicine,
with the remaining doing:

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



337

graduates



PARTICIPATING DISTRICTS & HOSPITALS

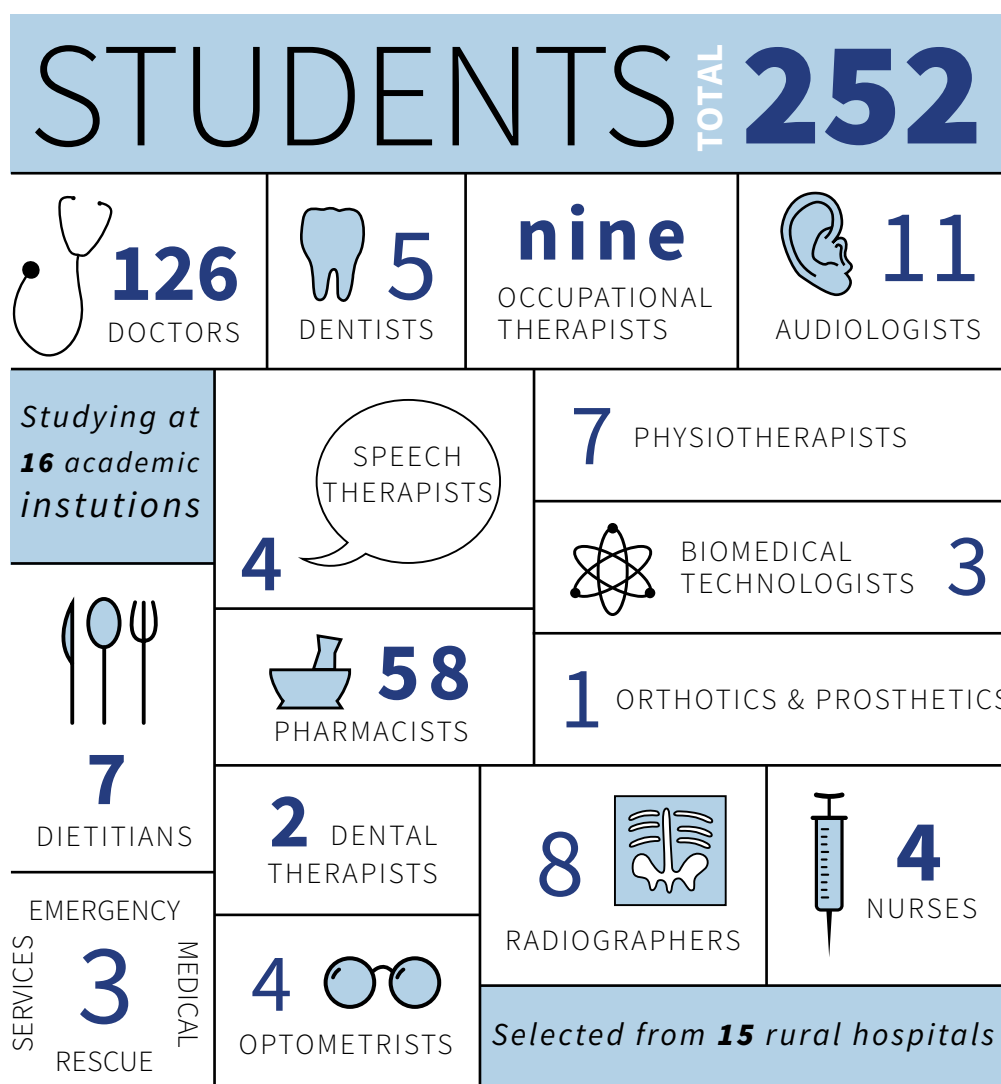
We are currently working with fifteen hospitals in four health districts of **Kwa-Zulu-Natal** (Umkhanyakude, Zululand, King Cetshwayo and Harry Gwala). Two of the four health districts (Umkhanyakude and Zululand) are Priority 18 districts – areas where health care indicators are poor and require significant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

IMPACT:

IMPROVED HEALTH CARE SERVICES TO RURAL COMMUNITIES

The Students

This year we are supporting 252 students selected from 15 partnering rural hospitals. Our students are studying at 16 different academic institutions across the country.



It is amazing that 126 of the 252 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 once 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 aca-

demical 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 92% achieved last year can be ascribed to the mentoring support provided to students.

Our 92% pass rate far exceeds the national average of around 50% for all university students, and the 35% success rate of quintile 1 and 2 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 accountable 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 compul-

sory 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.

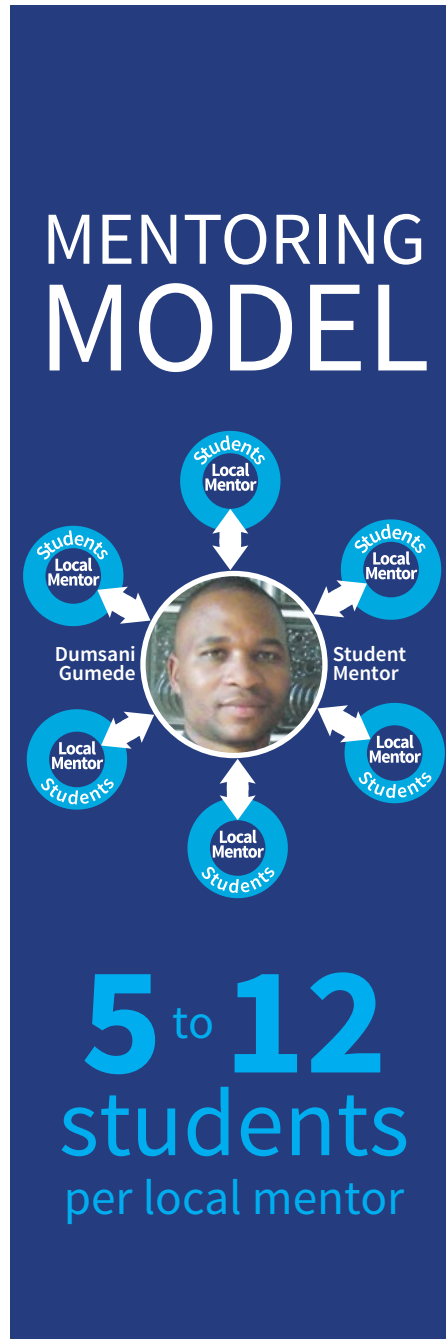
Many students report that the holiday work is such a valuable and wonderful experience, as it gives context to their university studies, and motivates them to work hard in order to qualify, so they can return to their hospital to make a difference.

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



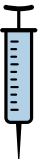

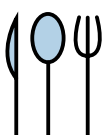






Our work addresses critical aspects of rural and youth development, health, as well as skills development and job creation, which are government priorities. These are detailed as:

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

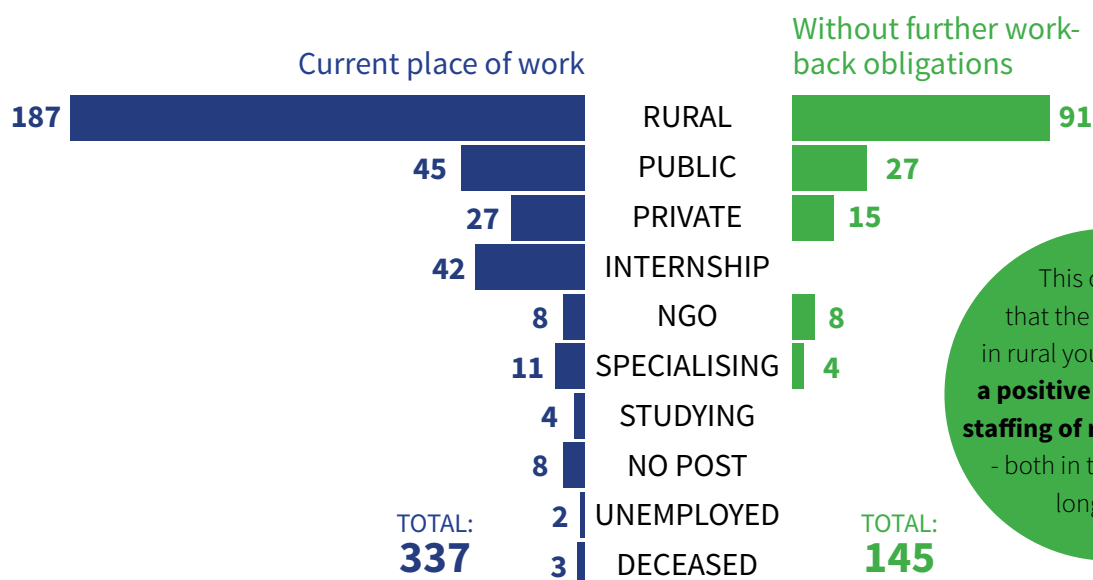
The Alumni

The Umthombo Youth Development Foundation has produced 337 graduates, covering 17 different health science disciplines. As can be seen from the table below, 113 of the graduates are

doctors! All the graduates, except 8, are either employed or busy with internship training.

GRADUATES <small>TOTAL</small> 337			
 113 DOCTORS	 4 DENTISTS	eight OCCUPATIONAL THERAPISTS	7  PSYCHOLOGISTS
 40 NURSES	one CLINICAL ASSOCIATE	29 PHYSIOTHERAPISTS	
	 4 SPEECH THERAPISTS	ORTHOTICS & PROSTHETICS 1	
 11 DIETITIANS		1 ENVIRONMENTAL HEALTH	
	 31 PHARMACISTS	 BIOMEDICAL TECHNOLOGISTS 15	
14 SOCIAL WORKERS	10 DENTAL THERAPISTS	29  RADIOGRAPHERS	4  AUDIOLOGISTS
	14  OPTOMETRISTS	one NUTRITIONIST 	

Graduates



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.

Trustees



The Trustees of the Umthombo Youth Development Foundation are:
Mr S Mngomezulu Dr C Nkabinde Ms M Themba Dr A Ross 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; Hol-

iday work opportunities and ultimately employment opportunities for our graduates.

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

Department of Education

Cooperation with schools in the area

and universities where our students are enrolled.

Districts and Communities where we work

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

Funding organisations

Anglo American Chairman's Fund
Aspen Pharmacare
Discovery Fund
Don McKenzie Trust
Robin Hamilton 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)
Vitol Foundation (UK)
Zululand Air Mission Transport (ZUMAT)

Individual donors

Brian Whittaker
Dr Andrew Ross
Dr Zandi Rosochacki
Koen Vermorgan

Glenys Ross
Wendy Clarke
Rob Roy Craft Club

Mngomezulu Family
R Ingle
Este Louw

Creating a ru

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

Imp

Student development support
Output

Graduat

337 graduates

17 health sciences

63% of graduates are worki

Only 25 have gone into

University enrolmen

Comprehensive financial support • Acad

2017 – 243 students being s

All students gain valuable experience do

Identify youth with potential

School Outreach

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

Hospital Op

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

PROB

43.6% of population is rural - only 12% o

UYDF is working

Rural workforce

Impact

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

Issues

covering
disciplines
ing at a rural hospital
the private sector

*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.*

Support and Support

ademic & Social Mentoring support
supported - 91% pass
ing holiday work at a rural hospital

Open 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
participating hospitals

PROBLEM:

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

UYDF Graduates

2002

Nkosingiphile Nyawo, *Biomedical Technologist*, Private

Sibusiso Thwala, *Pharmacist*, Deceased

2003

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

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

France Nxumalo, *Optometrist*, National Department of Health

Dumisani Gumede, *Physiotherapist*, 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*, District Office, Umkhanyakude

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

Lillian Mabuza, *Speech Therapist*, Lower Umfolozi Hospital

2005

Nkosinathi Ndimande, *Nutritionist*, studying

Sibongeleni Mngomezulu, *Nurse*, Ngwelezane Hospital

Zodwa Menyuka, *Nurse*, Hlabisa Hospital

Hazel Mkhwanazi, *Optometrist*, Private practise, Jozini

Nelly Mthembu, *Pharmacist*, NGO, MATCH

2006

Thulisiwe Nxumalo, *Physiotherapist*, Ngwelezane Hospital

Happiness Nyawo, *Radiographer*, Private Pongola

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, Mseleni Hospital

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

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

Sicelo Nxumalo, *Nurse*, Mosvold Hospital

Zachariah Myeni, *Nurse*, Umkhanyakude District

Makhosazana Zwane, *Physiotherapist*, Northdale Hospital

Themba Mngomezulu, *Physiotherapist*, Mosvold Hospital

Ntombifuthi Mngomezulu, *Radiographer*, Hlabisa Hospital

Mthokozisi Gumede, *Social Worker*, Mseleni Hospital

2007

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

Nhlakanipho Mangeni, *Doctor*, WITS, Specialising

Noxolo Ntsele, *Doctor*, UKZN, Edendale Hospital

Patrick Ngwenya, *Doctor*, Private practice, Durban

Petronella Manukuza, *Doctor*, University of Pretoria, Specialising

Bongumusa Mngomezulu, *Nurse*, NGO, BroadReach

Gumede Ntombikayise, *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*, Tongaat CHC

Nobuhle Mpanza, *Social Worker*, Mosvold Hospital

2008

Norman Thabethe, *Biomedical Technologist*, NHLS, Evander

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*, EC Department of Education

2009

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

Nonsikelelo Mazibuko, *Biomedical Technologist*, Wentworth Hospital

Archwell Hlabisa, *Doctor*, UKZN, Specialising

Gug'elihle Mkhulisi, *Doctor*, Africa Centre

Nhlanhla Champion, *Doctor*, Deceased December 2015

Nompilo Xulu, *Doctor*, Addington Hospital

Nonhlanhla Gumede, *Doctor*, Rob Ferreria Hospital

Nontobeko Khumalo, *Doctor*, Prince Mshiyeni Hospital

Pamela Zungu, *Doctor*, Cape Town Department of Health

Philokuhle Buthelezi, *Doctor*, UKZN, Specialising

Phumla Dladla, *Doctor*, Edendale Hospital

Velemseni Mdletshe, *Doctor*, Private, Johannesburg

Bheki Mendlula, *Optometrist*, Phelophepa Health Train

Sicelo Mafuleka, *Optometrist*, Phelophepa Health Train

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*, Nkosi Albert Luthuli Hospital

UYDF Graduates

Mazwi Mabika, *Doctor*, WITS, Specialising
Mndeni Kunene, *Doctor*, Nelson Mandela Academic Hospital
Sandile Mbonambi, *Doctor*, Private
Thabisa Sekgota, *Doctor*, Benedictine Hospital
Celumusa Xaba, *Nurse*, Mosvold Hospital
Thokozile Phakathi, *Occupational Therapist*, Mosvold Hospital
Bongekile Zwane, *Pharmacist*, Mosvold 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*, Edendale Hospital
Nomusa Zikhali, *Biomedical Technologist*, Private, Durban
Simanga Khanyile, *Biomedical Technologist*, NHLS Evander
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
Thulusiwe Mthembu, *Doctor*, St Margaret Hospital, Umzimkulu
Musa Gumede, *Nurse*, Mosvold Hospital
Phindile Khuluse, *Nurse*, Hlabisa Hospital
Senziwe Ndlovu, *Nurse*, Hlabisa Hospital
Zamani Dlamini, *Nurse*, 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*, Deceased
Zamakhondlo Gumede, *Social Worker*, Mseleni Hospital

2012

Gugu Ndlamlenze, *Audiologist*, NGO Aurum Institute
Senzo Khambule, *Clinical Associate*, University of Pretoria
Justice Shongwe, *Dentist*, Ermelo Hospital
Bongumusa Dlamini, *Dietician*, Bethesda Hospital
Nothile Khumalo, *Dietician*, Hlabisa Hospital
Philile Nxumalo, *Dietician*, Itshelejuba Hospital
Bongekile Kubheka, *Doctor*, Addington Hospital
Delani Hlophe, *Doctor*, Hlabisa Hospital
Phelelani Dladla, *Doctor*, Benedictine Hospital
Sibusiso Gumede, *Doctor*, Specialising, King Edward Hospital
Thulani Ndimande, *Doctor*, Specialising, Ngwelezane Hospital
Thulani Ngwenya, *Doctor*, Bethesda Hospital
Sibongile Thwala, *Nurse*, Manguzi Hospital
Zanele Buthelezi, *Nurse*, Hlabisa Hospital
Zanele Buthelezi, *Optometrist*, Private
Londiwe Msimango, *Pharmacist*, Itshelejuba Hospital
Sithandiwe Shange, *Pharmacist*, 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*, Unemployed
Ayanda Nsele, *Dental Therapist*, Bethesda Hospital
Fanele Simelane, *Dental Therapist*, Montebello Hospital
Nonhle Magubane, *Dental Therapist*, Mseleni Hospital
Siphamandla Dube, *Dentist*, Nkandla Hospital
Nomkhosi Ncanana, *Dietician*, Hlabisa Hospital
Ntandoyenkosi Mkhombo, *Dietician*, Manguzi Hospital
Themba Manzini, *Dietician*, Mosvold Hospital
Andisiwe Ngcobo, *Doctor*, Nkonjeni Hospital
Halalisani Ncanana, *Doctor*, Nkandla Hospital
Khanyile Saleni, *Doctor*, Addington Hospital
Lindokhule Mfeka, *Doctor*, Christ the King Hospital
Lungile Gumede, *Doctor*, Hlabisa Hospital
Mbongeni Mathenjwa, *Doctor*, Private, Jozini
Mbongi Mpanza, *Doctor*, Nkonjeni Hospital
Mncedisi Ndlovu, *Doctor*, Specialising, UFS
Nokwanda Linda, *Doctor*, Manguzi Hospital
Nokwethemba Myeni, *Doctor*, Nkandla Hospital
Nomalungelo Mbokazi, *Doctor*, Greys Hospital
Nomfundo Cele, *Doctor*, Stanger Hospital
Nontobeko Mthembu, *Doctor*, St Margaret Hospital
Ntibelleng Motebele, *Doctor*, Greytown Hospital
Ntokozi Zondi, *Doctor*, Bethesda Hospital
Samukelisiwe Mkhize, *Doctor*, Umzimkulu Psychiatric Hospital
Sandra Khumalo, *Doctor*, Hlabisa Hospital
Sinovuyo Madikane, *Doctor*, EG Usher Memorial Hospital
Sithokozile Myeni, *Doctor*, Private, Johannesburg
Zanele Ntuli, *Doctor*, Mosvold Hospital
Khulani Gumede, *Nurse*, Bethesda Hospital

UYDF Graduates

Lindani Mkhwanazi, *Nurse*, Mosvold Hospital

Nokwanda Ndabandaba, *Nurse*, Bethesda Hospital

Nomfumdo Ntimbane, *Nurse*, Mosvold Hospital

Samkelo Sithole, *Nurse*, Mosvold Hospital

Siyabonga Mthembu, *Nurse*, Mosvold Hospital

Zethu Ngcamu, *Nurse*, Hlabisa Hospital

Zinhle Mdletshe, *Occupational Therapist*, Manguzi Hospital

Sebenzile Manyoni, *Optometrist*, Mseleni Hospital

Thembile Zikhali, *Optometrist*, Bethesda Hospital

Gugulethu Zulu, *Pharmacist*, Benedictine Hospital

Sibusiso Mabizela, *Pharmacist*, Nkandla Hospital

Sthembiso Mahendula, *Physiotherapist*, Mosvold Hospital

Thobekile Gumede, *Physiotherapist*, Itshelejuba Hospital

Zandile Vilana, *Physiotherapist*, Vryheid Hospital

Zanele Mkhwanazi, *Physiotherapist*, Hlabisa Hospital

Zama Kunene, *Psychologist*, Nkonjeni Hospital

Ntuthuko Nxumalo, *Radiographer*, Benedictine Hospital

Thembeke Dlamini, *Social Worker*, Mosvold Hospital

Octavia Tembe, *Speech Therapist*, Itshelejuba Hospital

2014

Gumede Lindani, *Dietician*, Private

Londiwe Manda, *Audiologist*, Mseleni Hospital

Sibongakonke Mamba, *Biomedical Technologist*, Bethesda Hospital

Njabulo Nhlenyama, *Dental Therapist*, Mosvold Hospital

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

Fanele Simelane, *Doctor*, Itshelejuba Hospital

Fezile Mkhize, *Doctor*, Private

Ndumiso Sibisi, *Doctor*, Christ the King Hospital

Nokuthula Mbele, *Doctor*, Queen Nandi Hospital

Sanelisiwe Myeni, *Doctor*, Vryheid Hospital

Yvonne Ngobese, *Doctor*, Mosvold Hospital

Nkosingiphile Dlamini, *Nurse*, Mosvold Hospital

Nombuyiselo Dlamini, *Nurse*, Benedictine Hospital

Nonduduzo Ndlovu, *Nurse*, Mosvold Hospital

Silindile Mncube, *Nurse*, Mseleni Hospital

Simpfiwe Mahlangu, *Nurse*, Manguzi Hospital

Thokozani Mbatha, *Nurse*, Hlabisa Hospital

Muzi Ndlazi, *Optometrist*, Hlabisa Hospital

Nontobeko Nsele, *Optometrist*, Mosvold Hospital

Nombuso Nxumalo, *Optometrist*, Bethesda Hospital

Siphesihle Madi, *Optometrist*, Catherine Booth Hospital

Mbalenhle Mncube, *Pharmacist*, Nkandla Hospital

Thobile Mpontshane, *Pharmacist*, Bethesda Hospital

Gugulethu Kunene, *Physiotherapist*, Bethesda Hospital

Nomzamo Mashaba, *Physiotherapist*, Vryheid Hospital

Phakamani Ntuli, *Physiotherapist*, Hlabisa Hospital

Sandiso Msweli, *Physiotherapist*, Nkonjeni Hospital

Khanyisile Nene, *Psychologist*, Private, Durban

Mthobisi Makhoba, *Radiographer*, Manguzi 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*, Mosvold Hospital

Muziwakhe Myeni, *Audiology*, Ceza Hospital

Nomzamo Thabethe, *Audiology*, Vryheid Hospital

Nombuso Khumalo, *Dental Therapy*, Mosvold Hospital

Thuleleni Masinga, *Dental Therapy*, Bethesda Hospital

Sabelo Mngomezulu, *Dentistry*, Mosvold Hospital

Fortunate Shandu, *Dietetics*, Dumbe CHC

Sizophila Nene, *Dietetics*, Nkonjeni Hospital

Londiwe Ntshangase, *Doctor*, Internship

Luanda Mthembu, *Doctor*, Internship

Mfanukhona Nyawo, *Doctor*, Hlabisa Hospital

Ndabezitha Khoza, *Doctor*, Mbongolwane Hospital

Nduduzo Ndimande, *Doctor*, Bethesda Hospital

Nkosikhona Ntuli, *Doctor*, Hlabisa Hospital

Ntokoza Shandu, *Doctor*, Internship

Phindile Chonco, *Doctor*, Christ the King Hospital

Sicelo Khumalo, *Doctor*, Itshelejuba Hospital

Sphamandla Zulu, *Doctor*, Gauteng

Simosakhe Mbatha, *Nursing*, Catherine Booth Hospital

Scebi Mhlongo, *Nursing*, Eshowe Hospital

Thembeke Shezi, *Nursing*, Ngwelezane Hospital

Xolelani Ngubane, *Nursing*, Manguzi Hospital

Gugulethu Dumakude, *Occupational Therapy*, Benedictine Hospital

Mesuli Mkhwanazi, *Optometry*, Mseleni Hospital

Siyathokoza Nyawo, *Optometry*, Manguzi Hospital

Menzi Nyawo, *Pharmacy*, Mosvold Hospital

Mukeliwe Zulu, *Pharmacy*, Mbongolwani Hospital

Nongcebo Khanyile, *Pharmacy*, Queen Nandi Hospital

Ntombikayise Langa, *Pharmacy*, Unemployed

Thandeka Zungu, *Pharmacy*, Greytown Hospital

Ayanda Ngubane, *Physiotherapy*, Bethesda Hospital

Nokukhanya Masango, *Physiotherapy*, Nkonjeni Hospital

Samukeliswe Mazibuko, *Physiotherapy*, Queen Nandi Hospital

Silindile Zungu, *Physiotherapy*, Dumbe CHC

UYDF Graduates

Busisiwe Dlamini, *Radiography*,
Mosvold Hospital
Menzi Khali, *Radiography*, Queen
Nandi Hospital
Themba Mbonambi, *Radiography*,
Mseleni Hospital
Thobeka Mavuso, *Radiography*,
Itshelejoba Hospital

2016

Nompumelelo Hlengwa, *Bio Medical
Technology*, Nkonjeni Hospital
Bongekile Mngomezulu, *Dental
Therapy*, Mosvold Hospital
Khulekile Dlamuka, *Dietetics*,
Nkonjeni Hospital
Phakamile Ngubane, *Dietetics*,
Unemployed
Lindokuhle Bhengu, *Doctor*,
Internship
Nonhlanhla Cele, *Doctor*, Internship
Grace Dlamini, *Doctor*, Internship
Sihle Dlamini, *Doctor*, Internship
Sithokoziso Goso, *Doctor*, Internship
Mlungisi Gumede, *Doctor*, Internship
Nkosinathi Mlambo, *Doctor*,
Internship
Halala Jiyane, *Doctor*, Internship
Sinothile Malinga, *Doctor*, Internship
Nothando Mbatha, *Doctor*, Internship
Nothile Mbatha, *Doctor*, Internship
Phumzile Mdletshe, *Doctor*, Internship
Joanah Mdluli, *Doctor*, Internship
Nomthandazo Mkhwanazi (Myeni),
Doctor, Internship
Nontobeko Mnguni, *Doctor*, Internship
Thubelihle Mpungose, *Doctor*,
Internship
Ncamisile Mthembe, *Doctor*,
Internship
Thabiso Mtshali, *Doctor*, Internship
Nomasiko Myeni, *Doctor*, Internship
Sibusisiwe Nkosi, *Doctor*, Internship
Silindile Nsele, *Doctor*, Internship
Zandile Xaba, *Doctor*, Internship
Zilandile Xaba, *Doctor*, Internship
Akhona Zulu, *Doctor*, Internship
Sibusiso Zwane, *Doctor*, Internship
Bongekile Mashaba, *Nursing*,
Bethesda Hospital
Zakhona Mkhwanazi, *Nursing*,
Mosvold Hospital
Eliot Nogo, *Nursing*, Cloete Joubert
Hospital
Kwenzile Jiyane, *Occupational
Therapy*, Unemployed
Mondli Zulu, *Occupational Therapy*,
Benedictine Hospital

Mbekezeli Methula, *Optometry*,
Itshelejoba Hospital
Londiwe Gumede, *Pharmacy*, Jozini
CHC
Simosethu Magwala, *Pharmacy*, All
Saints Hospital
Sindiswa Qwabe, *Pharmacy*, Mosvold
Hospital
Nkanyiso Zulu, *Pharmacy*,
Benedictine Hospital
Philele Zulu, *Pharmacy*, Benedictine
Hospital
Smangele Mabika *Physiotherapy*,
Unemployed
Fanelisibonge Msane, *Physiotherapy*,
Ceza Hospital
Nsindiso Mthembu, *Physiotherapy*,
Nkandla Hospital
Thobeka Mthethwa, *Physiotherapy*,
Bethesda Hospital
Sicelo Ndlazi, *Physiotherapy*,
Unemployed
Lungile Njokweni, *Physiotherapy*,
Unemployed
Cebolenkosi Khumalo, *Radiography*,
Studying
Kwenzakwabo Magwaza,
Radiography, Ceza Hospital
Thulisile Maphumulo, *Radiography*,
Ceza Hospital
Celumusa Myeni, *Radiography*,
Unemployed
Vuyiswa Ngoza, *Radiography*,
Unemployed
Yandisa Zulu, *Radiography*,
Unemployed

2017

Sibusile Buthelezi, *Doctor*,
Internship
Mphathiseni Dlamini, *Doctor*,
Internship
Mbalenhle Dube, *Doctor*, Internship
Zamaqwabe Gumede, *Doctor*,
Internship
Hlanzeka Madlala, *Doctor*, Internship
Mlamuli Mkhali, *Doctor*, Internship
Nhlakanipho Ndlazi, *Doctor*,
Internship
Thobani Dlamini, *Nursing*,
Bethesda Hospital
Linden Ngubane, *Nursing*, Mseleni
Hospital
Nomthandazo Nkosi, *Nursing*,
Nkonjeni Hospital
Nondumiso Sitholi, *Nursing*,
Bethesda Hospital
Este Louw, *Occupational Therapy*,
Mahikeng Hospital

Siduduzo Ngobese, *Occupational
Therapy*, Williston CHC
Siphephelo Mkhwanazi, *Orthotics
and Prosthetics*, Wentworth Hospital
Nqobile Bhengu, *Pharmacist*,
Internship
NOBUHLE Gabela, *Pharmacist*,
Internship
Ronald Hlangu, *Pharmacist*,
Internship
Nontokozi Mkhombo, *Pharmacist*,
Internship
Phumla Msomi, *Pharmacist*,
Internship
Sithabile Mwelase, *Pharmacist*,
Internship
Sakhile Zulu, *Pharmacist*, Internship
Bongokuhle Menyuka, *Physiotherapy*,
Manguzi Hospital
Nokubongwa Zondo, *Physiotherapy*,
Free State
Malusi Zwane, *Physiotherapy*, Christ
the King Hospital
Syanda Dlamini, *Radiography*,
Mbongolwane Hospital
Faith Botha, *Radiography*, Christ the
King Cetshwayo Hospital
Noluthando Tshabalala, *Speech
Therapy*, Bethesda Hospital

2018

Bongekile Dlamini, *Doctor*, Internship
Ntengo Dlamini, *Doctor*, Internship

Annual Financial Statements

For the ten months ended 31 December 2017

GENERAL INFORMATION

Country of incorporation and domicile	South Africa
Nature of trust	The purpose of the trust is to improve and extend health and health related services to rural communities in South Africa.
Trustees	A J Ross S S Mngomezulu N C Dladla T C Nkabinde T J Motha M P Themba
Registered office	1A Shongweni Road Hillcrest 3650
Business address	1A Shongweni Road Hillcrest 3650
Postal address	Postnet Suite 10328 Private Bag X7005 Hillcrest 3650
Auditors	Victor Fernandes & Co Chartered Accountants (S.A.) Registered Auditor
Trust registration number	IT1856/95
Tax reference number	1326/035/20/9
Level of assurance	These annual financial statements have been audited in compliance with the applicable requirements of the Trust Deed.
Preparer	The annual financial statements were independently compiled by: V M R Fernandes CA (S.A.)
Published	20 April 2018

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

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Trustees' Responsibilities and Approval

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

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

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

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


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

material misstatement or loss.

The trustees have reviewed the trust's cash flow forecast for the twelve months to 31 December 2018 and, in the light of this review and the current financial position, they are satisfied that the trust has or has access to adequate resources to continue in operational existence for the foreseeable future.

The external auditor's 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 4.

The annual financial statements set out on pages 6 to 15, which have been prepared on the going concern basis, were approved by the trustees on 20 April 2018 and were signed on its behalf by:



A J Ross



N C Dladla

Independent Auditor's Report

To the trustees of Umthombo Youth Development Foundation Trust

Qualified opinion

We have audited the annual financial statements of Umthombo Youth Development Foundation Trust set out on pages 8 to 15, which comprise the statement of financial position as at 31 December 2017, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the ten months 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 Develop-

ment Foundation Trust as at 31 December 2017, and its financial performance and cash flows for the ten months then ended in accordance with International Financial Reporting Standard for Small and Medium-sized Entities and the requirements of the Trust Deed.

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.

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 reason-

ableness 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
V M R Fernandes
Chartered Accountants (SA)
Registered O Auditor

63 St Andrews Drive
Durban North
4051

Trustees' Report

The trustees submit their report on the annual financial statements of Umthombo Youth Development Foundation Trust for the ten months ended 31 December 2017.

1. The trust

The trust was created by a trust deed 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. Nature of business

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

The Umthombo Youth Development Foundation (UYDF) has entered into a partnership with the National Student Financial Aid Scheme (NSFAS) in which NSFAS provides an annual allocation to the UYDF to disperse loans on its behalf. The loans are issued to UYDF students to fund their university expenses. In terms of the trust's agreement with the student, the trust has agreed to assume the repay-

ment of one year of the obligation that the student has to NSFAS, provided the student completes a year of work at an agreed rural hospital. This contingency requires that the UYDF has reserves and cash available to meet these commitments should they become due. During the academic year January to December 2017 NSFAS advanced R13,000,000 to students of which R344,826 potentially may need to be repaid in 2018 by UYDF (Refer to note 7).

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

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 ten months.

Full details of the financial position, results of operations and cash flows of the trust are set out in these annual financial statements and do not require further comment, except for the following observation:

Please note that this financial report only covers 10 months (March to December 2017) as the financial year has been

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

Trust capital has significantly increased due to savings made in 2016 by not selecting additional students, and due to the significantly increased financial support received from the National Student Financial Aid Scheme of R13 million in 2017 versus R5,258,925 in 2016.

4. Trustees

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

Trustees

A J Ross
S S Mngomezulu
N C Dladla
T C Nkabinde
T J Motha
M P Themba

5. Events after the reporting period

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

6. Auditors

Victor Fernandes & Co continued in office as auditors for the trust for 2017. They will continue in office for the 2018 financial year.

Statement of Financial Position as at 31 December 2017

	Note(s)	31 December 2017 R	28 February 2017 R
Assets			
Non-Current Assets			
Plant and equipment	2	388 437	240 311
Current Assets			
Other receivables	3	243 669	69 533
Cash and cash equivalents	4	22 485 483	20 294 961
		22 279 152	20 364 494
Total Assets		23 117 589	20 604 805
Equity and Liabilities			
Equity			
Trust Capital		21 907 296	19 971 701
Liabilities			
Current Liabilities			
Trade and other payables	6	736 222	165 622
Other financial liabilities	7	344 826	418 674
Provision for unpaid leave	8	102 245	48 808
		1 210 293	633 104
Total Equity and Liabilities		23 117 589	20 604 805

Statement of Comprehensive Income

	Note(s)	10 Months ended 31 December 2017 R	12 Months ended 28 February 2017 R
Revenue			
Other income (Refer to page 16)	11	12 329 252	17 730 490
Operating expenses (Refer to page 17)		15 111	250 000
		(11 433 803)	(11 909 316)
Operating surplus/(deficit)		910 560	6 071 174
Investment revenue		1 025 093	943 850
Finance costs		(58)	-
Surplus/(deficit) for the year		1 935 595	7 015 024
Other comprehensive income			
Total comprehensive income/(loss) for the year		1 935 595	7 015 024

Statement of Cash Flows

	Note(s)	10 Months ended 31 December 2017 R	12 Months ended 28 February 2017 R
Cash flows from operating activities			
Cash generated from/(used in) operations	11	1 489 792	6 269 337
Interest income		1 025 093	943 850
Finance costs		(58)	-
Net cash from operating activities		2 514 827	7 213 187
Cash flows from investing activities			
Purchase of plant and equipment	2	(330 456)	(50 500)
Sale of plant and equipment	2	79 999	-
Net cash from investing activities		(250 457)	(50 500)
Cash flows from financing activities			
Movement in other financial liabilities		(73 848)	(934 407)
Net cash from financing activities		(73 848)	(934 407)
Total cash movement for the ten months		2 190 522	6 228 280
Cash at the beginning of the ten months		20 294 961	14 066 681
Total cash at end of the ten months	4	22 485 483	20 294 961

Accounting Policies

1. Presentation of annual financial statements

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

These accounting policies are consistent with the previous period.

1.1 Plant and equipment

Plant and equipment is carried at cost less accumulated depreciation and accumulated impairment losses.

Cost include 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.

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

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

The residual value, depreciation method and useful life of each asset are reviewed only where there is an indication that there has been a significant change from the previous estimate.

Gains and losses on disposals are recognised in profit or loss.

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 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, are measured at fair value through surplus and deficit.

1.3 Provisions and contingencies

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

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

1.4 Revenue

Revenue comprises of grants and donations received and are recognised when they are received. Interest is recognised, in surplus or deficit, using the effective interest rate method.

1.5 Borrowing costs

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

Notes to the Annual Financial Statements

			10 months ended 31 December 2017 R	12 months ended 28 February 2017 R	
2. Plant and equipment					
	Cost	2017 Accumulated depreciation	Carrying value	2017 Accumulated depreciation	Carrying value
Furniture and fixtures	25 374	(16 511)	25 374	(14 512)	10 862
IT equipment	190 711	(125 427)	184 660	(101 196)	83 464
Motor vehicles	456 406	(168 621)	360 732	(258 276)	102 457
Office equipment	75 481	(55 106)	74 429	(49 053)	25 376
Other plant and equipment	162 316	(156 186)	162 316	(144 163)	18 153
Total	910 288	(521 851)	807 511	(567 200)	240 311

Reconciliation of plant and equipment - 2017

	Opening balance	Additions	Disposals	Depreciation	Total
Furniture and fixtures	10 862	-	-	(2 538)	8 863
IT equipment	83 464	6 051	-	(24 231)	65 284
Motor vehicles	102 456	323 353	(64 888)	(73 136)	287 785
Office equipment	25 376	1 052	-	(6 053)	20 375
Other plant and equipment	18 153	-	-	(12 023)	6 130
	240 311	330 456	(64 888)	(117 442)	388 437

Reconciliation of plant and equipment - 2017

	Opening balance	Additions	Depreciation	Total
Furniture and fixtures	13 400	-	(2 538)	10 862
IT equipment	85 570	30 218	(32 324)	83 464
Motor vehicles	211 851	-	(109 395)	102 456
Office equipment	5 094	20 282	-	25 376
Other plant and equipment	37 885	-	(19 732)	18 153
	353 800	50 500	(163 989)	240 311

3. Other receivables

Sundry receivables - loans	160 254	49 438
Deposits	8 047	8 047
VAT	75 368	12 048
	243 669	69 533

4. Cash and cash equivalents

Cash and cash equivalents consist of:

Bank balances	22 485 483	20 294 961
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5. Trust capital

Capital account / Trust capital

Balance at beginning of year	19 971 701	13 891 084
Transfer of surplus to capital account	1 935 595	6 080 617
	21 907 296	19 971 701

The trust has committed to assist 251 students (2017: 184), estimated to cost R8,800,000 (2017: R8,919,907).

This commitment, together with the Trust's other operating costs makes the projected expenditure for the next year to be R14,838,466.

6. Trade and other payables

Other payables	763 222	165 622
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7. Commitment for future funding of students

a) The trust has committed to assist 251 students (2017: 184 students) in the forthcoming year and it is estimated that the cost of this will not be less than R8,800,000 (2017: R 8,919,907). This is made up of an estimate of full and partial costs for students that have received the majority of their funding from the National Student Financial Aid Scheme.

b) In terms of the funding agreement with NSFAS, commenced in 2011, 570 (2017: 376) loans have been dispersed by UYDF on behalf of NSFAS to the extent of R34,637,425 (2017: R21,637,425).

In terms of the trust's agreement with the student, the trust has agreed to assume the repayment obligation that the student has to NSFAS, provided the student completes a year of work at a rural hospital for each year the student was assisted by UYDF.

Of the 570 (2017: 376) students, 14 (2017: 10) are fulfilling their work obligation in the 2018 academic year and the commitment to fund R344,826 (2017: R418,674) at the end of the academic year has accordingly been raised in the financials.

8. Provision for unpaid leave

Reconciliation of provision for unpaid leave - December 2017

	Opening balance	Increase	Total
Provisions for employee benefits	48 808	53 437	102 245

Reconciliation of provision for unpaid leave - February 2017

	Opening balance	Increase	Total
Provisions for employee benefits	77 853	(29 045)	48 808

	10 months ended 31 December 2017 R	12 months ended 28 February 2017 R

9. Donations and grants received

Anglo American Chairman's Fund	1 210 000	1 150 000
Aspen Pharmacare	-	747 000
Discovery Fund	853 440	1 600 000
Don McKenzie Trust	220 000	600 000
Freddie Marincowitz Welfare Trust	-	300 000
Lily & Ernest Hausman Bursary Trust	167 000	-
Norman Wevell Trust	140 000	135 000
Other donations and grants being under R 100,000	217 614	533 593
RB Hagart Trust	250 000	-
Robert Niven Trust	-	100 000
Robin Hamilton Trust	155 000	155 000
The ELMA Foundation	4 000 000	6 000 000
The Nedbank Foundation	-	800 000
The Oppenheimer Memorial Trust	4 800 000	4 500 000
Vitol Foundation UK	316 198	1 109 897
	12 329 252	17 730 490

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 the estates of deceased persons in favour of the public benefit organisation payment of estate duty in terms of section 4(h) of the Estate Duty Act No.45 of 1955.

11. Cash generated from/(used in) operations

Surplus/(deficit) before taxation	1 935 595	7 015 024
Adjustments for:		
Depreciation	117 442	163 989
Surplus on sale of assets	(15 111)	-
Interest received	(1 025 093)	(943 850)
Finance costs	58	-
Movements in provisions	53 437	(29 045)
Changes in working capital:		
Other receivables	(174 136)	22 032
Trade and other payables	597 600	41 187
	1 489 792	6 269 337

Detailed Statement of Comprehensive Income

		10 months ended 31 December 2017 R	12 months ended 28 February 2017 R
	Notes		
Revenue			
Donations and grants received	11	12 329 252	17 730 490
Other income			
Consulting fees		-	250 000
Interest received		1 025 093	943 850
Gains on disposal of assets		15 111	-
		1 040 204	1 193 850
Expenses		(11 433 803)	(11 909 316)
Operating surplus		1 935 653	7 015 024
Finance costs		(58)	
Surplus for the ten months		1 935 595	7 015 024
Operating expenses			
Accounting fees		(64 313)	(50 826)
Administration and management fees		(1 650)	(1 871)
Advertising		(3 436)	(3 993)
Auditors remuneration		(37 000)	(35 000)
Bank charges		(69 887)	(72 117)
Computer expenses		(16 087)	(10 973)
Conferences and workshops		(1 225)	(11 052)
Consulting		(40 488)	(305 338)
Depreciation	2	(117 442)	(163 989)
Employee costs		(2 335 100)	(2 547 602)
Graduate development		(91 012)	(93 270)
Legal expenses		(6 645)	(1 765)
Mentoring: system in use		(1 626)	(2 305)
Motor vehicle expenses		(128 412)	(173 581)
Office rental		(102 605)	(112 461)
Other expenses		(1 638)	(5 105)
Outsourced personnel - student mentors		(223 871)	(122 895)
Printing and stationery		(47 357)	(49 490)
Promotions		-	(14 812)
Repairs and maintenance		-	(2 175)
Staff development		(49 326)	(9 541)
Student expenses (actually incurred)		(8 000 189)	(8 919 907)
Student expenses (decrease in liability for student loans)		73 848	934 407
Telephone and fax		(38 861)	(48 706)
Travel - local		(129 481)	(84 949)
		(11 433 803)	(11 909 316)

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

Registration Details

The Umthombo Youth Development Foundation is a registered

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

Auditors

Victor Fernandes & Co
63 St Andrews Drive
Durban North
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*Nosipho Siyaya
Radiography Student*



*Gugulethu Zulu
Pharmacy Graduate*



*Audiology Students
Sanele Mncube & Njabulo Masondo*



*Luyanda Mkwanyama (OT Student),
Nomfundo Dumakude (OT Graduate),
Mbalenhle Ndwandwe (OT Student)*