



THE CHILDREN'S HOSPITAL TRUST

THE FUNDRAISING ARM OF THE RED CROSS WAR MEMORIAL CHILDREN'S HOSPITAL
www.childrenshospitaltrust.org.za

2009 ANNUAL REPORT

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THE RED CROSS WAR MEMORIAL CHILDREN'S HOSPITAL

The Vision and Mission of the Red Cross War Memorial Children's Hospital

VISION

To be a leader in specialised healthcare for children.

MISSION

To be a leading national specialist children's hospital providing quality healthcare to our clients, valuing our staff and advancing the frontiers of child health.

THE HISTORY OF A LEGENDARY PLACE OF HEALING

The Red Cross War Memorial Children's Hospital is more than just a hospital that treats very sick children. It is also a renowned teaching hospital whose influence extends across southern Africa and across the African continent. As such, the Hospital has become a provincial, national and continental asset.

The Hospital is the result of the vision and compassion of South African soldiers who, during World War II, decided to leave a living memorial. The Hospital's beginnings in 1956 were modest, but today it is a pillar of paediatric healthcare in southern Africa, not only as a place where extremely sick children are treated but as a place where many of those who treat sick children, are trained.

In a history spanning 54 years, the Hospital enjoys international respect. For the thousands of patients it has treated and cured it has been a place of healing; for the parents and families of the children, a mainstay of hope, a place that provides care and reassurance. And for the many healthcare professionals trained there over the years, the Hospital is a leader in the field of paediatric health sciences.

WHO DOES THIS HOSPITAL SERVE?

The Hospital's patients come from throughout South Africa and from countries beyond our borders. These children are predominantly from poor and marginalised communities and more than a third are under a year old. Many are HIV positive.

A great number of the patients require highly complex interventions in a range of medical specialities. The Hospital has the skills and knowledge to provide this care but, importantly, the professional staff believe that only through teamwork and by harnessing the required medical expertise as needed, can you maximise the chances of a child's recovery.

A HELPING HAND REACHES OUT

The nursing and specialist staff also maintain an active programme of outreach where they leave the Hospital to transfer their skills and knowledge to others. This outreach extends to fellow specialists in regional hospitals in the Western Cape and neighbouring provinces. But the Hospital is also an ever-present network in the sense that it provides advice and support on the diagnosis and treatment of problem cases to doctors and nurses from around the country, both in the public and private sectors. In its association with the University of Cape Town's



Health Sciences Faculty, the Cape Peninsula University of Technology, the University of the Western Cape and the University of Stellenbosch, the Hospital is an important centre of learning and research. It provides the ideal environment to train nurses, doctors, paediatricians and sub-specialists in a wide range of disciplines and also conducts valuable research into childhood diseases. This research is particularly relevant as it is set in the context of a developing country and consequently contributes to the advancement of children's health in developing countries worldwide.

WHY DO CHILDREN NEED A DEDICATED HOSPITAL?

A specialist children's hospital consolidates and unites the full range of paediatric specialists and sub-specialist services under one roof. A seriously ill child requires multiple specialist and sub-specialist interventions in order to establish the best treatment model. Thus, the Red Cross War Memorial Children's Hospital relies heavily on using a team approach to curing children.

There is absolute focus on children's health in a dedicated hospital, from specialists in their field, and all professional staff including nurses and allied health professionals which include Clinical Psychology, Diabetic Education, Dietetics, Occupational Therapy, Physiotherapy, Social Work, Speech Therapy, Audiology, Stomathery and Tracheostomy Care. Children's health becomes the common language

spoken throughout the hospital; all the Hospital's efforts are directed towards this and when efforts are focused like this they tend to work in concert and to produce synergies. The net result is improved health outcomes for children.

Similarly, teaching, training and research are all enhanced and enriched by the aggregation of paediatric skills. Treating children is a specialised business as children are not just small adults. For example, the management of sick children requires specialised hospital design, at ward level and throughout the hospital. This is not only because the child patient is physically smaller, but because medical interventions in children are in so many ways more difficult, more intricate and more complex than they are in adults. The physical environment in a children's hospital is purpose-designed to best accommodate these unique requirements.

Sickness in children is always an emotive issue, not only for the children themselves who can't understand illness, but for parents and families. Wherever a child goes in a dedicated children's hospital, no matter what department, the environment is made less clinical and more child-friendly, than can ever be achieved in a general hospital.

A dedicated environment reduces the stress on all levels. Finally, children's hospitals understand the importance of providing overnight accommodation for parents and that the close proximity of parents speeds a child's recovery.



THE CHILDREN'S HOSPITAL TRUST

The Children's Hospital Trust Vision

To support the Red Cross War Memorial Children's Hospital in order to ensure that it maintains its status as a centre of world class excellence in children's healthcare, training and research on the African continent.

(Trustees, Patrons, Fellows, UK Trustees and Sub-Committee members for 2009 listed on pages 62 to 64)

SERVING THE RED CROSS WAR MEMORIAL CHILDREN'S HOSPITAL

The Children's Hospital Trust is the Fundraising Arm of this special Hospital, proudly assisting it for more than 16 years to upgrade its buildings and equipment and fund training and research. The Trust is an independent, Public Benefit Organisation that has a Board of Trustees with a wide variety of skills and experience in healthcare, the business sector and law. All the Trustees and Patrons of the Trust provide their knowledge and time without any financial compensation. Their sole reward is the joy of contributing to a facility that is improving the healthcare and the health outcomes of sick children.

The Trust is a non-profit organisation that relies entirely on the benevolence of its donors to realise its aims and objectives. It has always enjoyed a record of sound financial administration and good governance and consequently is able to reassure all its donors that every last cent donated to the Children's Hospital Trust is spent on improving the Hospital. For any fundraising organisation, that speaks volumes.

The role of the Trust has been, and still is, very relevant because the age of the Hospital means there are many inherent design deficiencies in its architecture and a significant backlog in capital works needs. With every will in the world, the Provincial Department of Health simply cannot fund all these needs, but with the help of the Children's Hospital Trust, often in partnership with the

Province, many of the Hospital's most pressing capital needs have been addressed over the years. But there are many that have not as yet been addressed, such as the need to complete the ongoing programme of ward upgrading, to build a Surgical Skills Training Centre and to add a much needed Paediatric Infectious Diseases Clinic and Clinical Research Unit. All capital works needs were identified by the Hospital itself. The policy of the Trust is to strictly adhere to funding only projects that the Hospital has identified and prioritised and that the Provincial Department of Health and Public Works has approved.

The rapid progress in health sciences and medical technology in recent years has meant that improved diagnostic and treatment modalities are now available, modalities that increase efficiency and enhance medical outcomes. The Trust has raised funds for vital items of equipment and will continue to do so, but the big challenge was to assist the Hospital in equipping the new Operating Theatre Complex with the provision of modern digital technology. This has been successfully achieved. Over and above helping the Hospital to address its building and equipment needs, the Trust also supports a key programme targeted at human capital development.

A UNIQUE PUBLIC-PRIVATE PARTNERSHIP

The Hospital is a provincial government institution and its operational costs are funded by the Province. Subject to the availability of funds, provincial government also funds building projects and purchasing of equipment. However

funding for public health and for capital works in South Africa is limited and demand exceeds the available funding. Just after the Apartheid era ended in 1994, the pressure on health and buildings budgets was excessive, with little funding reserve to address anything other than a hospital's operational costs. As a result, building needs in hospitals were almost completely neglected and it was precisely at this time, and because of this constraint, that the Children's Hospital Trust was established. The Trust's first project was to build an Outpatients building (the previous department was housed in pre-fabricated buildings and there was also a need for parents' accommodation and a staff education facility). This was completed in 2000. This was followed by the completion of the Intensive Care Unit, the Trauma Unit, the Oncology Unit, the upgrading of the first four wards, the provision of medical staff accommodation and the new Operating Theatre Complex.

While funding streams have improved under the present government, there is still a significant backlog in healthcare infrastructure. National Treasury has allocated special grants to all provinces specifically to address these backlogs. The Western Cape has major needs, not least of which is to upgrade its three regional hospitals in George (completed), Worcester (completed) and Paarl (construction is underway) and to build two new district hospitals in areas previously not served by hospitals, in Mitchell's Plain and Khayelitsha. Construction on these two new hospitals has just begun. Despite the pressure on the capital works budget, the Province has managed to contribute matching funds to some of the projects the Children's Hospital Trust has undertaken, such as the phased upgrading of the Hospital's wards, or to partly fund some of them, such as the new Central Processing Department as part of the new Operating Theatre Complex. But the Province simply cannot meet all the needs of the Red Cross War Memorial Children's Hospital, neither at present nor in the medium to long-term future. Consequently, the Hospital will continue to rely heavily on the Children's Hospital Trust for its infrastructure, equipment, training and research needs.

WHY WE NEED YOUR SUPPORT AND UNDERSTANDING

The Hospital does whatever it can to restore health, to maintain hope and to return sick children to the joys of a

normal childhood. But each year, the number of children needing help and the number of parents needing comfort, hope and understanding increases and the Hospital faces a continual battle to keep up with the increasing need. During the past year alone, 250 000 patient visits were managed and over 8 000 operations were performed. It is a demanding, relentless and sadly escalating battle, a battle the desperately stretched Hospital staff have to fight every day. Despite the relentless workload, the Hospital is resourced with passionate and committed staff.

THAT'S OUR STORY

The Red Cross War Memorial Children's Hospital is not Cape Town's asset alone. The Hospital is a national and continental asset and as such, is worthy of your support wherever you live – in South Africa, in southern Africa, in fact wherever you live in the world. The Children's Hospital Trust has earned such strong international acclaim that a United Kingdom Branch of the Trust was established. Already there is strong subscription for it from influential people living in England and Europe.

That then is our story. It is a story of success in the campaign to raise funds to help fight against childhood illness; a story about sacrifice, caring and devotion; a story about an African hospital keeping up with the advances of medical science; a story of hope and the story of our plea for your support on behalf of all our children.





THE YEAR IN REVIEW

The Chairman's Report

2009 was a year of completions, a year in which chapters of the Children's Hospital Trust's history were closed. It was also a year of new beginnings and of the opening of new doors.

The high point of the year, and possibly the high point of the life of the Trust, was the opening of the new Operating Theatre Complex, which took place in September.

It was the biggest project ever undertaken by the Trust. Donors contributed, in cash and in kind, in excess of R125 million to this project. The Trust raised this money, managed the construction of the facility, and the procurement of all the equipment necessary to provide a service of the highest possible standard. It was a project that occupied the Trust for five years, and could not have been carried out without the dedication and competence of the Directors and staff of the Trust, the Trustees, Patrons and Consultants. Once again the Trust can confirm to its donors that every cent of their contribution to this and other projects was utilised for the purpose it was given, and that these projects were completed according to programme budget. The Trust commissioned an audit of the funding of the Theatre project to give all the donors the assurance that their money was spent as undertaken by the Trust, and the major donors, as well as any others who request it, will be provided with a copy of the auditors' certificate for the period 1 January 2005 to 30 September 2009.

At the opening ceremony the Trust, its donors and the public received an undertaking from Western Cape Premier Helen Zille that the Provincial Government will honour the donation by ensuring that the theatres are properly maintained, and staffed, and fully utilised.

In October Nicky Bishop left the Trust to return to the United Kingdom. During the three years she was Chief



Executive she very successfully managed a number of difficult projects. She created an infrastructure which allowed the talents around her to blossom and that will carry the Trust forward for years to come. We are all deeply indebted to Nicky for everything she brought to the Trust and to the Hospital.

Towards the end of the year we appointed Louise Driver as the new CEO. Louise has

great experience in fundraising, in management, and in the strategic development of social programmes. She brings a different approach to the work of the Trust and we are confident that she has the ability and the enthusiasm to lead the Trust into a very successful future.

The Trust has now been in existence for sixteen years and has been actively fundraising and project managing for fourteen of those years. During that time it has completed several major projects, including a complete Outpatients building, parents' accommodation, staff education building, an Intensive Care Unit, a new Oncology Unit, a Trauma Unit, the new Operating Theatre Complex, the upgrade of four of the Hospital's wards and the provision of medical staff accommodation. We have raised approximately R400 million to finance this work, and all the construction has been managed and controlled by the Trust and by professionals appointed by us. In addition we have supplied equipment, run medical education programmes, and given assistance to the Hospital wherever we have been able to.

During 2009 the Trustees felt that the time had arrived to have a complete review of the workings and goals of the Trust, and to consider extending the work of the Trust in the field of Child Healthcare in the Western Cape in more general terms. Under Nicky's guidance, discussions and seminars were held and a number of very interesting ideas debated. This will be a focus in the present year. During the course

of the year discussions were held with the Provincial Health Department with a view to have a closer co-operation in the development of the Red Cross War Memorial Children's Hospital. The Trust has an impeccable record as a reliable service provider, and that is recognised by Government. The result is that the Department has agreed to contribute to the costs of the upgrade of the Hospital done by the Trust. A formal agreement to provide for this has been negotiated with the responsible M.E.C. and, once implemented, will see greater collaboration between the public and private sectors, represented by the Trust and Government. It is hoped that this will serve as a model for other institutions to follow, and will also be an important asset in the rollout of the National Health Scheme .

The year saw the resignation of three of our long serving Trustees, who have done so much for the Trust. Roy Gordon left to take up a position overseas, Ted Parlabeau and Don Macy felt it was time to retire. We would like to thank them very sincerely for all that they have done for the Hospital and for the generous donation of their time and their talents. Fortunately Ted agreed to continue as Chairman of the Building and Capital Works Committee where he has been responsible for all the building projects I have mentioned. We have been fortunate to have new Trustees in the persons of Renee Hill and Spencer McNally. They all bring skills, experience and dedication to the Trust and will serve it well.

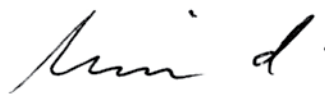
The Hospital Administration and the Trust have agreed that the next priorities will be the upgrading of the remaining four wards of the Hospital, and the establishment of a Surgical Skills Training Centre and raising funds for a much-needed Paediatric Infectious Diseases Clinic and Clinical Research Unit. Each ward has to be emptied, gutted, rebuilt and equipped. Only one ward can be worked on at a time, and takes between six and eight months to complete. Once that work is completed the Trust will have rebuilt virtually all the interior of the Hospital. The Surgical Skills Training Centre is a logical addition to the new Theatres and will assist in the training of surgeons at every level. Work on the first of the wards to be upgraded started in March 2010.

Financially the past two years have been difficult for the Trust in many respects. However we have emerged from the

recession with our reserves not only intact, but enhanced. Our fundraising budgets have been met and the Hospital development has not been prejudiced. This is due to the foresight and skill of many people, and I must commend the leadership of John Bester and Nicky Bishop in this regard. Despite the financial challenges we have kept the promise that was made to donors at the outset of the Trust's work, that one hundred percent of money raised for projects will be spent on the project for which it is donated.

The Children's Hospital Foundation has been a great support for the Trust and the Hospital during the year. It provided guarantees for certain aspects of the purchase of equipment for Theatres, and has funded the Postgraduate Nurses Training Programme. It has also funded aspects of the Trust's administration budget to assist the Trust when shortfalls occurred due to the recession. The Foundation is also funding the Legacies programme, and in the longer term this should be of considerable benefit to the Hospital.

The success of the Trust is due to the people who are involved with it. The Trustees and Patrons give freely of their time and experience, and are actively involved in the governance of the Trust. The staff, without exception, are the most dedicated, hard working and loyal people you could ever find. The Hospital, and all associated with it owe them a deep debt of gratitude, and the Trustees would like to record their thanks to all of them.



CB Niland
Chairman



Trust Activities

Completed Projects & Programmes

THE OPERATING THEATRE COMPLEX WITH SPECIALISED THEATRE EQUIPMENT

"The Red Cross War Memorial Children's Hospital is more than a medical facility. It has come to symbolise the vision for what we can do as a society. The staff could have worked anywhere in the world, but they're here. The collective effort of financial donors and staff we've seen here today shows the world-class standard of healthcare on offer; not only to save the precious lives of South African and African children, but of children all over the world"
Western Cape Premier Helen Zille.

On 16 September 2009 Western Cape Premier Helen Zille addressed hundreds of guests at the grand opening of the new Operating Theatre Complex at the Red Cross War Memorial Children's Hospital. The celebration marked the culmination of a successful fundraising campaign by

the Children's Hospital Trust to raise the R125 million needed to build and equip the modern facility. In February 2009, Theatre staff moved into the new Phase One section and work commenced on Phase Two in the same month. On 3 November the Trust handed over ownership of the Operating Theatre Complex to Hospital Management and by January 2010 the new Operating Theatre Complex was operational.

The new state-of-the-art facility has increased the original four theatres to eight fully equipped operating theatres; three fully digitalised. The new digital installation is the first of its kind and sophistication in sub-Saharan Africa and is technically on a par with the most advanced installations in the US, Europe, Asia, the Middle East and Australia. The Children's Hospital Trust raised the R125 million over a five year period from January 2005 to September 2009.



Originally the Trust had committed to secure funding and project manage the building of the new facility. At short notice it became evident that the Trust also needed to fund and co-ordinate the purchasing of full sets of instrument packs for eight operating theatres, capital equipment for four of the eight theatres and various items of specialised equipment. Delivering a completed Two-Phase project became the responsibility of the Trust.

The Trust successfully raised the funds, supervised the building process and project managed the procurement of capital and fine surgical equipment. The Trust worked closely with all stakeholders to ensure the new facility would meet the various requirements and specifications.

Architects met with surgical teams to assess their needs and visited children's hospitals abroad to ensure the new Operating Theatre Complex was on a par with the rest of the world.

The outcome of the project as a whole is an Operating Theatre Complex, unique to Africa, and equal to anything the world has to offer. The generosity of donors, and the partnership between the Provincial Government of the Western Cape, the medical profession and the Trust, has provided the children of southern Africa with the best possible surgical facility.

The total building cost of the Operating Theatre Complex was R70 million. The price tag for equipment including capital equipment, digital, fine instruments and Central Processing Department (CPD) equipment totalled R55 million; a total project cost of R125 million.

For the first time since the Hospital was built in 1956, each operating theatre is designated to a sub-specialty;

- Knorr-Bremse – Emergency & Septic Orthopaedics
- Engen – Burns
- Netcare & Edcon – Neurosurgery & Spinal Orthopaedics (digitalised)
- Tony Walton – General Endoscopic (digitalised)
- Raymond Ackerman – Urology & Plastics (digitalised)
- Adcock Ingram – Cardiac
- Ophthalmology (Eye)
- Ear, Nose and Throat (ENT) & Scopes



The new Operating Theatre Complex also houses the following areas which were named after key donors:

- A waiting area for parents and family members (Mr & Mrs G Ackerman)
- Induction rooms and set up rooms adjacent to each new theatre (Rolf Stephan Nussbaum & Petrus Jacobus Smuts)
- A separate entrance and exit to the new Operating Theatre Complex to limit stress for the patients
- A recovery room (The Harry Crossley Foundation) with adequate space and equipment at each bedside
- A staff rest area (SA Townships Health Trust) including a doctors' write up area (BoE)
- Kitchen, tearoom (Prof. J. Schrempp)
- Storage facilities
- A large sluice room for effective removal of waste materials
- Modern scrub areas essential for hygiene
- Separate and large change rooms for men and women
- Offices
- Sister's office (Mauerberger Foundation)
- Work space for administration duties

The new Complex also includes:

- A new dedicated Cardiac Catheterisation Laboratory
- A pre-op holding area (Nelson Mandela Children's Fund)
- A Central Processing Department (Provincial Government of the Western Cape)
- An Anaesthetic Suite (Mr Gihwala)
- A Pain Management Unit (in memory of Jill Weiner)
- The Recovery Area Corridor (named after long-standing Trust supporter Irvin & Johnson Ltd)

The name of the new operating wing is the "The Lolo Wing – Surgical Centre of Excellence for Children – Proudly supported by the Dutch Postcode Lottery". The name Lolo is an African term of endearment given to young children and the mascot of the Children's Hospital Trust.

THE POLA PASVOLSKY LECTURE THEATRE

Digitalisation of the theatres enables the Hospital to enhance its ability to use the facility as a training and teaching platform. With digitalisation linked through to the Hospital Lecture Theatre, the existing lecture hall needed to be upgraded to enhance the Hospital's ability to teach and train more medical professionals outside of the actual operating theatres. Due to a generous donation from the Pola Pasvolsky Charitable & Educational Trust, the complete upgrade of the facility was made possible. Interns, registrars and doctors can now observe an operation in real time from the Red Cross War Memorial Children's Hospital. The new digital system proved its mettle when surgical teams successfully separated conjoined twins on 21 May 2009 to the delight of the audience viewing the operation in the new Pola Pasvolsky Lecture Theatre. Interactive two-way communication is possible between the two facilities and also within the theatres themselves. This critical training facility was officially opened in July 2009.



The new digital operating theatres together with the modern digital lecture facility will form part of a multidisciplinary training hub that will assist other nations to develop and improve their surgical skills.

THE LINDA GIVON CHRISTINA WIESE FAMILY RESOURCE CENTRE

The Linda Givon Christina Wiese Family Resource Centre (FRC) was completed and opened in 2009 giving the Hospital the first dedicated centre of its kind in the country. The Centre was officially opened on 7 April 2009 after the final funding was raised by Trust Patron, Amanda Bloch and Linda Givon at their 2009 Art Benefit on 14 February 2009. Dr Christo Wiese, Patron of the Children's Hospital Trust, helped fund the FRC because his daughter Christina had volunteered at the Hospital whilst she was studying. The naming right is in her honour.

The Linda Givon Christina Wiese FRC is the new home of the Friends of the Children's Hospital Association, with whom the Trust works in close collaboration. Having a sick child can be extremely traumatic for a parent or caregiver. At the FRC, families of patients now have access to vital moral and psychological support from well-trained staff in pleasant, stress-free surroundings. This haven is also a rich information source whose benefits will extend further than just the Hospital as outpatient health-related activities, as well as programmes for the community, are also on offer.

ONGOING TRAINING PROGRAMMES

The Trust's two five-year training programmes achieved much success in 2009:

The Harry Crossley Foundation Postgraduate Nurses Training Programme had a full and successful year with 24 students graduating in 2009. The programme appointed 3 full-time staff with a fourth post filled part-time. In 2009, 5 international students from SADC countries commenced the programme. The Practice Improvement Programme has been extended to other hospitals with children's wards. Initial meetings are being held with a monitoring and evaluation team who will assist in gathering information and documenting the successes and outcomes.



By December 2009, the African Paediatric Fellowship Programme (APFP) funded by The ELMA Foundation had established successful partnerships with a number of African academic institutions including; University of Nairobi, Kenya; University of Lusaka, Zambia; University of Harare, Zimbabwe; The College of Medicine of Malawi, Blantyre, Malawi and University of Makerere, Kampala, Uganda.

Since its inception in 2007, 16 fellows have been trained or are currently in training in paediatric specialities or paediatric sub-specialities. These are in diverse areas of paediatrics including nephrology, pulmonology, neurology, neonatology, cardiology, infectious diseases, haematology/oncology, gastroenterology and surgery, or in general paediatrics.

The APFP has been highly successful in these initial years, meeting its training targets, with returning trainees in the early phases of developing capacity at their home institutions. Feedback from host institutions and partners, and site visits to these institutions have indicated that the APFP has been highly successful in creating real capacity where little or none previously existed, in building awareness and advocacy and in developing research. For example, the training of a Kenyan paediatrician in nephrology has resulted in the establishment of a clinical service in Kenya,

which recently performed the first renal transplant in Nairobi. The neurology trainee recently returned to Kenya to establish the first dedicated child neurology service in the government sector.

Future Projects

UPGRADING THE SPECIALIST SURGICAL WARD D1

The Specialist Surgical Ward at the Red Cross War Memorial Children's Hospital, Ward D1, currently handles approximately 180 admissions per month. Children are admitted to this ward in significant numbers before and after their procedures, which include primarily orthopaedic, neurosurgery, ophthalmology, cardiothoracic, plastics, cardiac and hand surgery. Patient conditions range from critically ill to stable, with ages ranging from newborn to early teens. Ward D1 caters for more patients than any other inpatient ward at the Hospital, but has not been upgraded since the Hospital was built in 1956 making it difficult to meet modern surgical and nursing standards.

The nature of the patient load, varied patient type and activity in Ward D1 further emphasised the fact that an upgrade is critical. In addition, the ward plays a significant role in

providing the best possible training and teaching across all categories of staff and families and plays an active role in research and rehabilitation. During 2009 the Trust raised the R10 million needed to upgrade and equip Ward D1. Building commenced in March 2010. Upgrading Ward D1 will align it with other wards in the Hospital that have already been upgraded and move a step closer to the ultimate goal of upgrading all the inpatient wards at the Red Cross War Memorial Children's Hospital.

SPECIALIST BURNS UNIT

The Burns Unit at the Red Cross War Memorial Children's Hospital is the only specialised burns unit treating children under the age of 13 with burn injuries in the Western Cape. The Unit is a referral centre which treats patients with severe burns from areas outside the Western Cape.

The Unit is extremely busy with a high patient turnover. There are between 80 and 100 admissions monthly. In addition, the Unit attends to a similar number of outpatients who receive dressing changes and physiotherapy as day cases, but return home after their treatment. These patients' conditions range from critically ill to very stable. Ages range from newborn to early teens.

The Unit's philosophy is to provide the best possible medical, surgical and nursing care with the shortest hospitalisation possible, using the most modern treatment methods, providing the best possible training and teaching of all categories of staff with active involvement in research as well as families receiving training in skills required for rehabilitation. This philosophy can only be maintained if the Unit is upgraded and modernised.

The building cost alone to upgrade the only dedicated specialist burns unit for children in Africa is approximately R13 million. With 50% of the total building cost pledged from the Provincial Government of the Western Cape, the Children's Hospital Trust has committed to securing the remaining R6.5 million needed to commence building in October 2010.

The Trust will also be raising funds to purchase equipment for the Unit. The purchasing of crucial lifesaving equipment is conservatively estimated at R3 million.

SURGICAL SKILLS TRAINING CENTRE

A Surgical Skills Training Centre will be developed at the Red Cross War Memorial Children's Hospital to serve the region, the continent and beyond. With the upgrade and equipping of the new Operating Theatre Complex at the Hospital, surgeons now need to master the use of increasingly sophisticated technology and equipment.



The skills that need to be learnt cannot always be acquired safely in a live surgery setting. There are currently no dedicated paediatric endoscopic surgical training centres in sub-Saharan Africa forcing African specialists and surgeons to travel to Europe or the U.S. to train in endoscopic surgery. Minimally Invasive Surgery is being recognised worldwide as improving patient outcomes, minimising pain and improving the surgical experience for the patient. The Children's Hospital Trust aims to raise R10.6 million to build and renovate this facility. Karl Storz, a German manufacturer of endoscopic equipment, has pledged funding to equip this facility with digital equipment.

The establishment of a surgical skills training facility locally will have enormous impact on surgical training – not only locally – but in both a national and a continental context too. A facility of this kind is necessary if African surgeons are to keep up with the most up-to-date global surgical techniques and will also ensure that patients being treated at the Red Cross War Memorial Children's Hospital are receiving the best possible surgical care available to them.

By supporting the Trust with this project you will have an impact on paediatric care across Africa.

THE PAEDIATRIC INFECTIOUS DISEASES CLINIC & CLINICAL RESEARCH UNIT (PIDC)

The Paediatric Infectious Diseases Unit (PIDU) at the Red Cross War Memorial Children's Hospital provides highly specialised treatment and care for children with infectious diseases and children with HIV who are seriously ill. It is also a key paediatric research hub focusing on the diseases of childhood, and is the only centre in South Africa where paediatricians can train to the level of Infectious Diseases Specialist.

TB is a major problem, particularly in HIV-infected patients in sub-Saharan Africa. The PIDU has played a leading role in research focusing on how best to combine antiretroviral drugs and TB medication in children who need both treatments. This work has been published in leading medical journals and has influenced regional (African) and global treatment guidelines.

The Red Cross War Memorial Children's Hospital is the only academic hospital in South Africa currently able to treat severe primary immunodeficiency diseases with bone marrow transplantation. The primary immunodeficiency diseases are a rare group of genetic diseases that presents



with severe infection. The absence of a dedicated space to house all of the activities of the PIDU is problematic. The various activities within the unit are inter-related and yet take place in different parts of the Hospital, making integration, communication and ultimately patient care that much more challenging.

Current outpatient facilities are not conducive to optimal care of children with HIV, and do not address rapidly expanding clinical needs. What is needed is a dedicated facility to house all of the activities of the PIDU in one central location. The Children's Hospital Trust will raise the funds required to build a dedicated Paediatric Infectious Diseases Clinic & Clinical Research Unit (PIDC).



GUARDIANS

Guardian: (*guard – i – an.*) *noun* a person who guards, protects, or preserves (www.dictionary.com)

To the Children's Hospital Trust, a Guardian is more than a donor. It is an individual, a Trust or a Foundation with a personal commitment towards the Red Cross War Memorial Children's Hospital as a centre of paediatric excellence.

Guardians are donors who give between R5 000 and R100 000 per year towards a prioritised project in the Hospital. In 2009, the Guardians collectively raised the R2.2 million required to purchase an Ophthalmic Microscope and 9 packs of fine surgical instruments for the new Ophthalmology Theatre. This new advanced optical surgical microscope provides a clearer, crisper image, superior illumination and maximum detail recognition during intricate procedures and microsurgery. The specialised packs include instruments used in the repairing of squints, removal of cataracts, and repair of corneoscleral lacerations and surgical correction of infantile glaucoma. Thank you to our Guardians for their passion and commitment. Guardians are assured that every cent donated is used in accordance with the greatest area of need at the Hospital. However, should they wish to have their funds allocated towards a specific cause, we are happy to honour that request. Either way, this dedicated group of supporters is changing the face of the Hospital and the lives of the patients it impacts.

As a Guardian one enjoys special privileges and benefits:

- An invitation to our exclusive Guardian annual lecture
- Invitations to special Hospital and Trust events throughout the year
- Specific Guardian project updates at the halfway mark of each project or your specific project request from our Guardian Manager
- A special Guardian pin
- Hospital tour

To become a Guardian contact Jeneé Stamer on +27 21 659 1793 or jenee.stamer@chtrust.org.za.



LEAVING A LEGACY TO THE CHILDREN'S HOSPITAL TRUST

Legacies are the lifeblood of the Children's Hospital Trust and one of our most critical sources of long-term funding, enabling us to plan for the Hospital's future needs. Legacies are a lasting memorial to each and every individual whose generosity and foresight helps to ensure that the Red Cross War Memorial Children's Hospital remains a world-class centre of excellence, improving the lives of thousands of sick children. They are extremely important to us.

The Circle of Life, launched in 2010, brings together those who are planning to leave a legacy to the Children's Hospital Trust, giving them an opportunity to get to know the inner workings of the Hospital, meet the dedicated staff and see first-hand some of the heartwarming miracles that take place at this amazing place of healing.

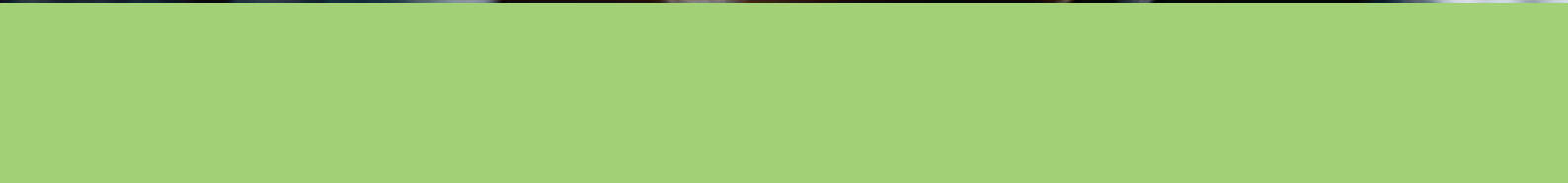
For more information on the Circle of Life contact Liz Linsell on +27 21 686 7860 or liz.linsell@chtrust.org.za.



"HISTORY IS THE RECORD OF WHAT ONE AGE FINDS WORTHY OF NOTE IN ANOTHER."

Jacob Burckhardt





ANNUAL FINANCIAL STATEMENTS

The Treasurer's Report

For the year ending 31 December 2009, the Children's Hospital Trust has once again performed extremely well and recorded a successful year.

With the completion of the Operating Theatre Complex and the equipping thereof being concluded, the intensity of the fundraising campaigns was reduced. During the year under review, donations received amounted to R34,77m (2008 R49,3m). In the environment of reducing interest rates and the fact that the money that had been previously invested now being used for the project at hand, interest income received for the year reduced. Total interest income for the year amounted to R5,1m (2008 R9,6m). The total income for the year amounted to R40,9m compared to the prior year figure of R60,2m. This is once again an outstanding achievement for the Trust ensuring that it continues to deliver to its beneficiary, the Red Cross War Memorial Children's Hospital.

The administrative and other operating expenses were maintained within budget, amounting to R6.5m (2008 R6,4m). During the year an amount of R39,5m (2008 R74,1m) was expended on building projects and on operating theatre equipment on behalf of the Red Cross War Memorial Children's Hospital as the beneficiary of the Trust. Included in these outlays was R2,7m (2008 R5,3m) expended on programmes, clinics and other outlays on behalf of the Hospital. The major capital projects during the year, including the building project, and the equipment, was in respect of the new operating theatres that were completed during the year.

A cost to income ratio of 15,9% (2008 10,7%) was achieved during the year. This ratio reflects the decline in donations received compared to the previous year with the costs being maintained. This continues to emphasise the efficiency of the operation of the Children's Hospital Trust. Cash funds under management are managed under stringent controls that have been implemented throughout

the history of the Trust.

The Trust continues to operate on the basis that all donations received are applied to the development initiatives and that none of the donated money is used to cover any of the office and administrative expenses. These expenses continue to be funded out of the efficient management of funds earned and from separate investments established for this purpose.

The Trust maintains the principles of good corporate governance standards as has been advocated in terms of good corporate governance for South Africa and conducts its business with discipline, transparency, integrity, responsibility and accountability to ensure a justifiable long term future for the Trust and that this is in the best interest of all of its stakeholders. The Board of Trustees retains the effective control over the Trust, assuming the ultimate responsibility and accountability for the proper management of risks and opportunities as well as the performance of the Trust. The Board of Trustees is chaired by an independent non-executive Trustee and has 14 independent Trustees all appointed in terms of the Trust Deed. The Trust's charter is regularly reviewed. An executive committee meets regularly to review the operations of the Trust and reports to the Board of Trustees. The systems and controls within the Trust are regularly reviewed and a risk management report is presented to the audit committee at its regular meetings.

My thanks go to the CEO and her team of people who have made this year once again a most successful year.



John Bester
Treasurer, the Children's Hospital Trust
13 July 2010

STATEMENT OF RESPONSIBILITY AND APPROVAL


The Trustees are responsible for the maintenance of adequate accounting records and the preparation and integrity of the financial statements and related information. Ernst & Young Inc., the auditors, are responsible to report on the fair presentation of the financial statements, which are prepared in accordance with South African Statements of Generally Accepted Accounting Practice. The financial statements were also prepared on the going concern basis, since the Trustees have every reason to believe that the Trust has adequate resources in place to continue in operation for the foreseeable future. The Trustees are also responsible for the Trust's system of internal financial control. This is designed to provide reasonable but not absolute, assurance as to the reliability of the financial statements and to adequately safeguard, verify and maintain accountability of assets, and to prevent and detect misstatement and loss. Nothing has come to the attention of the Trustees to indicate that any material breakdown in the functioning of these controls, procedures and systems has occurred during the period under review. The annual financial statements set out on pages 22 to 41, which have been prepared on the going concern basis, were approved by the Board of Trustees on 3 May 2010 and were signed on its behalf by



John Bester
Treasurer



Louise Driver
Chief Executive Officer



CB Niland
Chairman

Independent Auditors' Report

To the Trustees of the Children's Hospital Trust

We have audited the annual financial statements of the Children's Hospital Trust, which comprise the statement of financial position as at 31 December 2009, the statement of comprehensive income, the statement of changes in funds and the statement of cash flows for the year then ended, a summary of significant accounting policies and other explanatory notes, as set out on pages 22 to 41.

TRUSTEES' RESPONSIBILITY FOR THE ANNUAL FINANCIAL STATEMENTS

The Trustees are responsible for the preparation and fair presentation of these annual financial statements in accordance with South African Statements of Generally Accepted Accounting Practice. 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 auditors' judgement, including the assessment of the risks of material misstatement of the annual financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the annual financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the annual financial statements.

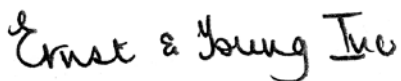
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

OPINION

In our opinion, the annual financial statements present fairly, in all material respects, the financial position of the Children's Hospital Trust as at 31 December 2009, and its financial performance and its cash flows for the year then ended in accordance with South African Statements of Generally Accepted Accounting Practice.

OTHER MATTER

Without qualifying our opinion, we draw your attention to the fact that the supplementary information set out on page 42 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.



Ernst & Young Inc.

Registered Auditors

Cape Town
13 July 2010

STATEMENT OF FINANCIAL POSITION for the year ended 31 December 2009

	Note	2009	2008
ASSETS			
NON-CURRENT ASSETS		R'	R'
Property, plant and equipment	3	105 156	103 785
Investment in the Children's Hospital Foundation	19	1 000	1 000
		<u>106 156</u>	<u>104 785</u>
CURRENT ASSETS			
Amount owing from related party	4, 19	-	1 206 304
Accounts receivable	5	20 308	1 349 465
Cash and cash equivalents	6	60 638 805	64 505 001
		<u>60 659 113</u>	<u>67 060 770</u>
Total Assets		<u><u>60 765 269</u></u>	<u><u>67 165 555</u></u>
FUNDS AND LIABILITIES			
FUNDS			
Capital donations		40 051 411	44 766 821
Accumulated funds		19 607 301	19 936 711
		<u>59 658 712</u>	<u>64 703 532</u>
LIABILITIES			
CURRENT LIABILITIES			
Accounts payable	7	640 690	2 462 023
Amount owing to related party	4, 19	465 867	-
Total Liabilities		<u>1 106 557</u>	<u>2 462 023</u>
Total Funds and Liabilities		<u><u>60 765 269</u></u>	<u><u>67 165 555</u></u>

STATEMENT OF COMPREHENSIVE INCOME for the year ended 31 December 2009

	Note	2009 Beneficiary	2009 Operating	2009 Total	2008 Total
		R'	R'	R'	R'
REVENUE					
Donations received	8	34 774 519	1 064 441	35 838 960	50 586 371
Interest received	8	-	5 117 456	5 117 456	9 608 239
Total revenue		34 774 519	6 181 897	40 956 416	60 194 610
Beneficiaries expenses	9.2	(39 489 929)	-	(39 489 929)	(74 075 769)
Operating expenses		-	(6 511 307)	(6 511 307)	(6 427 403)
Finance costs		-	-	-	(4 909)
Total expenses		(39 489 929)	(6 511 307)	(46 001 236)	(80 508 081)
Deficit for the year	9.1	(4 715 410)	(329 410)	(5 044 820)	(20 313 471)
Other comprehensive income		-	-	-	-
Total comprehensive income		(4 715 410)	(329 410)	(5 044 820)	(20 313 471)

STATEMENT OF CHANGES IN TRUST FUNDS for the year ended 31 December 2009

	Capital donations	Accumulated funds	Total Funds
	R'	R'	R'
Balance at 1 January 2008	69 509 093	15 507 910	85 017 003
Total comprehensive income	(24 742 272)	4 428 801	(20 313 471)
Balance at 31 December 2008	44 766 821	19 936 711	64 703 532
Total comprehensive income	(4 715 410)	(329 410)	(5 044 820)
Balance at 31 December 2009	40 051 411	19 607 301	59 658 712

STATEMENT OF CASH FLOWS for the year ended 31 December 2009

	Note	2009	2008
		R'	R'
CASH FLOWS FROM OPERATING ACTIVITIES			
Gross receipts		35 838 960	50 387 174
Payments to suppliers and employees		(46 336 851)	(78 488 593)
Cash used in operations	13	(10 497 891)	(28 101 419)
Interest income		5 117 456	9 608 239
Finance costs		-	(4 909)
Net cash from operating activities		(5 380 435)	(18 498 089)
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of property, plant and equipment	3	(63 697)	(20 446)
Net cash from investing activities		(63 697)	(20 446)
CASH FLOWS FROM FINANCIAL ACTIVITIES			
Increase/(decrease) in amount owing to/(from) related party loan		1 672 171	(867 108)
Net cash from financing activities		1 672 171	(867 108)
Total cash movement for the year		(3 771 961)	(19 385 643)
Cash and cash equivalents at the beginning of the year		64 505 001	83 893 564
Effect of exchange rate movement on cash balances		(94 235)	(2 920)
Total cash and cash equivalents at end of the year	6	60 638 805	64 505 001

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

1 BASIS OF PREPARATION

The annual financial statements have been prepared on the historical cost basis and incorporate the principal accounting policies set out below.

1.1 Statement of compliance

The annual financial statements have been prepared in accordance with South African Statements of Generally Accepted Accounting Practice (SA GAAP).

1.2 Changes in accounting policy and disclosures

The accounting policies adopted are consistent with those of the previous financial year except as follows:

The Trust has adopted the following new and amended statements of SA GAAP and interpretations as of 1 January 2009:

- AC 139 Share-based Payment: Vesting Conditions and Cancellations effective 1 January 2009
- AC 139 Share-based Payment: Group Cash-settled Share-based Payment Transactions effective 1 January 2010 (early adopted)
- AC 140 Business Combinations (Revised) and AC 132 Consolidated and Separate Financial Statements (Amended) effective 1 July 2009 (early adopted) including consequential amendments to AC 144, AC 112, AC 110, AC 119 and AC 133
- AC 144 Financial Instruments: Disclosures effective 1 January 2009
- AC 145 Operating Segments effective 1 January 2009
- AC 101 Presentation of Financial Statements effective 1 January 2009
- AC 114 Borrowing Costs (Revised) effective 1 January 2009
- AC 125 Financial Instruments: Presentation and AC 101 Puttable Financial Instruments and Obligations Arising on Liquidation effective 1 January 2009
- AC 133 Financial Instruments: Recognition and Measurement – Eligible Hedged Items effective 1 July 2009 (early adopted)
- AC 441 Remeasurement of Embedded Derivatives and AC 133 Financial Instruments: Recognition and Measurement effective for periods ending on or after 30 June 2009
- AC 445 Customer Loyalty Programmes effective 1 July 2008
- AC 447 Agreements for the Construction of Real Estate
- AC 448 Hedges of a Net Investment in a Foreign Operation effective 1 October 2008
- AC 450 Transfers of Assets from Customers effective 1 July 2009 (early adopted)
- Improvements to IFRSs (May 2008)
- Improvements to IFRSs (April 2009, early adopted)

When the adoption of the standard or interpretation is deemed to have an impact on the financial statements or performance of the Trust, its impact is described below:

AC 101 Presentation of Financial Statements

The revised standard separates owner and non-owner changes in equity. The statement of changes in equity includes only details of transactions with owners, with non-owner changes in equity presented in a reconciliation of each component of equity. In addition, the standard introduces the statement of comprehensive income: it presents all items of recognised income and expense, either in one single statement, or in two linked statements. The Trust has elected to present one statement.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (continued)

Improvements to accounting standards

In May 2008 and April 2009 the IASB issued an omnibus of amendments to its standards, primarily with a view to removing inconsistencies and clarifying wording. There are separate transitional provisions for each standard. The adoption of the following amendments resulted in changes to accounting policies but did not have any impact on the financial position or performance of the Trust.

- AC 118 Statement of Cash Flows: Explicitly states that only expenditure that results in recognising an asset can be classified as a cash flow from investing activities. The Trust amended its accounting policy accordingly, which did not result in a change in the presentation of the statement of cash flows.
- AC 123 Property, Plant and Equipment: Replaces the term "net selling price" with "fair value less costs to sell". The Trust amended its accounting policy accordingly, which did not result in any change in the financial position.
- AC 129 Intangible Assets: Expenditure on advertising and promotional activities is recognised as an expense when the Trust either has the right to access the goods or has received the service. This amendment has no impact on the Trust because it does not enter into such promotional activities. The reference to there being rarely, if ever, persuasive evidence to support an amortisation method of intangible assets other than a straight-line method has been removed.

Other amendments resulting from Improvements to statements of SA GAAP did not have any impact on the accounting policies, financial position or performance of the Trust:

- AC 139 Share-based Payment
- AC 142 Non-current Assets Held for Sale and Discontinued Operations

- AC 144 Financial Instruments: Disclosures
- AC 145 Operating Segment Information
- AC 101 Presentation of Financial Statements
- AC 103 Accounting Policies, Change in Accounting Estimates and Error
- AC 107 Events after the Reporting Period
- AC 111 Revenue
- AC 116 Employee Benefits
- AC 134 Accounting for Government Grants and Disclosures of Government Assistance
- AC 114 Borrowing Costs
- AC 132 Consolidated and Separate Financial Statements
- AC 110 Investments in Associates
- AC 119 Interest in Joint Ventures
- AC 127 Interim Financial Reporting
- AC 128 Impairment of Assets
- AC 135 Investment Properties
- AC 133 Financial Instruments: Recognition and Measurement
- AC 441 Reassessment of Embedded Derivatives
- AC 448 Hedge of a Net Investment in a Foreign Operation

1.3 Revenue recognition

Revenue is recognised to the extent that it is probable that the economic benefits will flow to the Trust and the revenue can be reliably measured. Revenue is measured at the fair value of the consideration received or receivable. The following specific recognition criteria must also be met before revenue is recognised:

Donations in Cash

Donations are recognised on receipt.

Donations of Gifts-In-Kind

Donations of Gifts-In-Kind relating to property, plant and equipment are recognised at fair value

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (continued)

on receipt. The Trust only accounts for Gifts-In-Kind donations relating to property, plant and equipment.

Interest income

For all financial instruments measured at amortised cost and interest bearing financial assets classified as available-for-sale, interest income or expense is recorded using the effective interest rate (EIR), which is the rate that exactly discounts the estimated future cash payments or receipts through the expected life of the financial instrument or a shorter period, where appropriate, to the net carrying amount of the financial asset or liability. Interest income is included in the statement of comprehensive income.

1.4 Short-term employment benefits

The cost of short-term employee benefits (those payable within 12 months after the service is rendered, such as paid vacation leave and sick leave, bonuses, and non-monetary benefits such as medical care), are recognised in the period in which the service is rendered and are not discounted. The expected cost of compensated absences is recognised as an expense as the employees render services that increase their entitlement or, in the case of non-accumulating absences, when the absences occur. The expected cost of bonus payments is recognised as an expense when there is a legal or constructive obligation to make such payment as a result of past performance.

1.5 Financial instruments – initial recognition and subsequent measurement

i) Financial assets

Initial recognition and measurement

Financial assets within the scope of AC 133

are classified as financial assets at fair value through profit or loss, loans and receivables, held-to-maturity investments, available-for-sale financial assets, or as derivatives designated as hedging instruments in an effective hedge, as appropriate. The Trust determines the classification of its financial assets at initial recognition.

All financial assets are recognised initially at fair value plus, in the case of investments not at fair value through profit or loss, directly attributable transaction costs. Purchases or sales of financial assets that require delivery of assets within a time frame established by regulation or convention in the marketplace (regular way trades) are recognised on the trade date, i.e., the date that the Trust commits to purchase or sell the asset.

The Trust's financial assets include as cash and short-term deposits, accounts receivable and loan and other receivables.

Subsequent measurement

The subsequent measurement of financial assets depends on their classification as follows:

Financial assets at fair value through profit or loss

Financial assets at fair value through profit or loss includes financial assets held for trading and financial assets designated upon initial recognition at fair value through profit or loss. Financial assets are classified as held for trading if they are acquired for the purpose of selling or re-purchasing in the near term. This category includes derivative financial instruments entered into by the Trust that are not designated as hedging instruments in hedge relationships as defined by AC 133. Financial

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (continued)

assets at fair value through profit and loss are carried in the statement of financial position at fair value with changes in fair value recognised in finance income or finance cost in the income statement.

The Trust has not designated any financial assets upon initial recognition as at fair value through profit or loss.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. After initial measurement, such financial assets are subsequently measured at amortised cost using the effective interest rate method (EIR), less impairment. Amortised cost is calculated by taking into account any discount or premium on acquisition and fee or costs that are an integral part of the EIR. The EIR amortisation is included in interest income in the income statement. The losses arising from impairment are recognised in the income statement in finance costs.

Held-to-maturity investments

Non-derivative financial assets with fixed or determinable payments and fixed maturities are classified as held-to maturity when the Trust has the positive intention and ability to hold it to maturity. After initial measurement held-to-maturity investments are measured at amortised cost using the effective interest method, less impairment. Amortised cost is calculated by taking into account any discount or premium on acquisition and fee or costs that are an integral part of the EIR. The EIR amortisation is included in finance income in the income statement. The losses arising from impairment are recognised in the income statement in

finance costs. The Trust did not have any held-to-maturity investments during the years ended 31 December 2009 and 2008.

Available-for-sale financial investments

Available-for-sale financial investments include equity and debt securities. Equity investments classified as available-for sale are those, which are neither classified as held for trading nor designated at fair value through profit or loss. Debt securities in this category are those which are intended to be held for an indefinite period of time and which may be sold in response to needs for liquidity or in response to changes in the market conditions.

After initial measurement, available-for-sale financial investments are subsequently measured at fair value with unrealised gains or losses recognised as other comprehensive income in the available-for-sale reserve until the investment is derecognised, at which time the cumulative gain or loss is recognised in other operating income, or determined to be impaired, at which time the cumulative loss is recognised in the income statement in finance costs and removed from the available-for-sale reserve.

ii) Derecognition

A financial asset (or, where applicable a part of a financial asset or part of a group of similar financial assets) is derecognised when:

- The rights to receive cash flows from the asset have expired
- The Trust has transferred its rights to receive cash flows from the asset or has assumed an obligation to pay the received cash flows in full without material delay to a third party under a 'pass-through' arrangement; and either (a) the Trust has transferred

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (continued)

substantially all the risks and rewards of the asset, or (b) the Trust has neither transferred nor retained substantially all the risks and rewards of the asset, but has transferred control of the asset.

When the Trust has transferred its rights to receive cash flows from an asset or has entered into a pass-through arrangement, and has neither transferred nor retained substantially all the risks and rewards of the asset nor transferred control of the asset, the asset is recognised to the extent of the Trust's continuing involvement in the asset.

In that case, the Trust also recognises an associated liability. The transferred asset and the associated liability are measured on a basis that reflects the rights and obligations that the Trust has retained.

Continuing involvement that takes the form of a guarantee over the transferred asset, is measured at the lower of the original carrying amount of the asset and the maximum amount of consideration that the Trust could be required to repay.

iii) Impairment of financial assets

The Trust assesses at each reporting date whether there is any objective evidence that a financial asset or a group of financial assets is impaired. A financial asset or a group of financial assets is deemed to be impaired if, and only if, there is objective evidence of impairment as a result of one or more events that has occurred after the initial recognition of the asset (an incurred 'loss event') and that loss event has an impact on the estimated future cash flows of the financial asset or the group of financial assets that can be reliably estimated.

Financial assets carried at amortised cost

For financial assets carried at amortised cost the Trust first assesses individually whether objective evidence of impairment exists individually for financial assets that are individually significant, or collectively for financial assets that are not individually significant.

If the Trust determines that no objective evidence of impairment exists for an individually assessed financial asset, whether significant or not, it includes the asset in a group of financial assets with similar credit risk characteristics and collectively assesses them for impairment. Assets that are individually assessed for impairment and for which an impairment loss is, or continues to be, recognised are not included in a collective assessment of impairment.

If there is objective evidence that an impairment loss has incurred, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows (excluding future expected credit losses that have not yet been incurred).

The carrying amount of the asset is reduced through the use of an allowance account and the amount of the loss is recognised in the income statement. Interest income continues to be accrued on the reduced carrying amount and is accrued using the rate of interest used to discount the future cash flows for the purpose of measuring the impairment loss.

The interest income is recorded as part of finance income in the income statement. Loans together with the associated allowance are written off when there is no realistic prospect of future recovery and all collateral has

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (continued)

been realised or has been transferred to the Trust. If, in a subsequent year, the amount of the estimated impairment loss increases or decreases because of an event occurring after the impairment was recognised, the previously recognised impairment loss is increased or reduced by adjusting the allowance account. If a future write-off is later recovered, the recovery is credited to finance costs in the income statement.

The present value of the estimated future cash flows is discounted at the financial asset's original effective interest rate. If a loan has a variable interest rate, the discount rate for measuring any impairment loss is the current effective interest rate.

Evidence of impairment may include indications that the debtors or a group of debtors is experiencing significant financial difficulty, default or delinquency in interest or principal payments, the probability that they will enter bankruptcy or other financial reorganisation and where observable data indicate that there is a measurable decrease in the estimated future cash flows, such as changes in arrears or economic conditions that correlate with defaults.

iv) Financial liabilities

Initial recognition and measurement

Financial liabilities within the scope of AC 133 are classified as financial liabilities at fair value through profit or loss, loans and borrowings, or as derivatives designated as hedging instruments in an effective hedge, as appropriate. The Trust determines the classification of its financial liabilities at initial recognition.

All financial liabilities are recognised initially

at fair value and in the case of loans and borrowings, plus directly attributable transaction costs.

The Trust's financial liabilities include accounts payable and loans and borrowings.

Subsequent measurement

The measurement of financial liabilities depends on their classification as follows:

Loans and borrowings

After initial recognition, interest bearing loans and borrowings are subsequently measured at amortised cost using the effective interest rate method. Gains and losses are recognised in the income statement when the liabilities are derecognised as well as through the effective interest rate method (EIR) amortisation process.

Amortised cost is calculated by taking into account any discount or premium on acquisition and fee or costs that are an integral part of the EIR. The EIR amortisation is included in finance costs in the income statement.

Derecognition

A financial liability is derecognised when the obligation under the liability is discharged or cancelled or expires.

When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as a derecognition of the original liability and the recognition of a new liability, and the difference in the respective carrying amounts is recognised in the income statement.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (continued)

v) Offsetting of financial instruments

Financial assets and financial liabilities are offset and the net amount reported in the statement of financial position if, and only if, there is a currently enforceable legal right to offset the recognised amounts and there is an intention to settle on a net basis, or to realise the assets and settle the liabilities simultaneously.

1.6 Property, plant and equipment

Plant and equipment is stated at cost, net of accumulated depreciation and/or accumulated impairment losses, if any. Such cost includes the cost of replacing part of the plant and equipment and borrowing costs for long-term construction projects if the recognition criteria are met. When significant parts of property, plant and equipment are required to be replaced in intervals, the Trust recognises such parts as individual assets with specific useful lives and depreciation, respectively. Likewise, when a major inspection is performed, its cost is recognised in the carrying amount of the plant and equipment as a replacement if the recognition criteria are satisfied. All other repair and maintenance costs are recognised in the income statement as incurred.

Depreciation is calculated on a straight-line basis over the estimated useful life of the asset as follows:

Description	Useful life
Computers	3 years
Furniture and fittings	6 years

An item of property, plant and equipment and any significant part initially recognised is derecognised upon disposal or when no future economic benefits are expected from its use or disposal. Any gain or loss arising on derecognition of the asset (calculated as the difference between the net

disposal proceeds and the carrying amount of the asset) is included in the income statement when the asset is derecognised.

The assets' residual values, useful lives and methods of depreciation are reviewed at each financial year end, and adjusted prospectively, if appropriate.

The Trust assesses at each reporting date whether there is an indication that an asset may be impaired. If any indication exists, or when annual impairment testing for an asset is required, the Trust estimates the asset's recoverable amount. An asset's recoverable amount is the higher of an asset's fair value less costs to sell and its value in use and is determined for an individual asset, unless the asset does not generate cash inflows that are largely independent of those from other assets or groups of assets. Where the carrying amount of an asset exceeds its recoverable amount, the asset is considered impaired and is written down to its recoverable amount.

For assets excluding goodwill, an assessment is made at each reporting date as to whether there is any indication that previously recognised impairment losses may no longer exist or may have decreased. If such indication exists, the Trust estimates the asset's recoverable amount. A previously recognised impairment loss is reversed only if there has been a change in the assumptions used to determine the asset's recoverable amount since the last impairment loss was recognised.

The reversal is limited so that the carrying amount of the asset does not exceed its recoverable amount, nor exceed the carrying amount that would have been determined, net of depreciation, had no impairment loss been recognised for the asset in prior years. Such reversal is recognised in

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (continued)

the income statement unless the asset is carried at a revalued amount, in which case the reversal is treated as a revaluation increase.

1.7 Cash and short-term deposits

Cash and short-term deposits in the statement of financial position comprise cash at banks and on hand and short-term deposits with an original maturity of three months or less. Cash and short term deposits are classified as loans and receivables.

1.8 Foreign currency transactions

Transactions in foreign currencies are initially recorded in the foreign functional currency rate ruling at the date of the transaction. Monetary

assets and liabilities are translated at exchange rates prevailing at the reporting date. Non monetary items are translated using exchange rates at the date of transaction. The Trust's functional and presentation currency is Rands and all amounts are stated in Rands. Items included in the financial statements are measured using the currency of the primary economic environment in which the Trust operates. All exchange differences are taken to profit or loss.

1.9 Significant accounting judgments, estimates and assumptions

There were no significant judgements, estimates and assumptions made in preparing the annual financial statements.

2. STATEMENTS AND INTERPRETATIONS NOT YET EFFECTIVE

Standard	Subject	Effective date*	Date issued
AC 140	Business Combinations	01 July 2009	January 2009
IFRS 9	Financial instruments	01 January 2013	November 2009
AC 126	Related party disclosures	01 January 2011	November 2009
AC 126	Consolidated and separate financial statements	01 July 2011	January 2008
	Improvements to IFRS (April 2008)	Mostly 01 January 2010*	April 2010
AC 449	Distribution of non-cash assets to owners	01 July 2009	November 2009
AC 459	Transfer of assets from customers	01 July 2009	January 2009
IFRIC 19	Extinguishing financial liabilities with equity instruments	01 July 2010	November 2009
AC 540	IAS 19 – The limit on a defined benefit, minimum funding requirements and their interaction in a South African pension fund environment	1 April 2009	March 2009

*The Trust will adopt the above standards, interpretations and amendments on their effective dates. Management expects that the adoption of the standards listed above will have no material impact on the financial statements during the period of initial application.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (continued)

3. PROPERTY, PLANT AND EQUIPMENT

	2009		Carrying value	2008		Carrying value
	Cost / Valuation	Accumulated depreciation		Cost / Valuation	Accumulated depreciation	
	R'	R'	R'	R'	R'	R'
Furniture and fixtures	55 588	(16 100)	39 488	36 032	(8 524)	27 508
Computer equipment	180 944	(115 276)	65 668	136 803	(60 526)	76 277
Total	236 532	(131 376)	105 156	172 835	(69 050)	103 785

Reconciliation of property, plant and equipment – 2009

	Opening balance	Additions	Depreciation	Total
	R'	R'	R'	R'
Furniture and fixtures	27 508	19 557	(7 577)	39 488
Computer equipment	76 277	44 140	(54 749)	65 668
Total	103 785	63 697	(62 326)	105 156

Reconciliation of property, plant and equipment – 2008

	Opening balance	Additions	Depreciation	Total
	R'	R'	R'	R'
Furniture and fixtures	30 064	3 247	(5 803)	27 508
Computer equipment	100 857	17 199	(41 779)	76 277
Total	130 921	20 446	(47 582)	103 785

Included in additions for the prior year above are donated assets which were recognised at a fair value of R94 000.

4. AMOUNT OWING (TO)/FROM RELATED PARTY

	2009	2008
	R'	R'
The Children's Hospital Foundation	(465 867)	1 206 304

The amount owing (to)/from the related party is interest-free and repayable on demand.
The amount owing (to)/from the related party is neither past due nor impaired.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (continued)

5. ACCOUNTS RECEIVABLE

	2009	2008
	R'	R'
Sundry debtors	20 308	-
Accrued income	-	1 349 465
	20 308	1 349 465

Accounts receivable are neither past due nor impaired.
Accounts receivable are non-interest bearing and are generally settled on 30-day terms.

6. CASH AND CASH EQUIVALENTS

Cash and cash equivalents consist of:

	R'	R'
Current accounts	1 063 530	444 803
Call accounts	59 575 275	64 060 198
	60 638 805	64 505 001

Interest was earned on favourable cash balances at rates varying between 6.0% and 7.0% (2008: 10.5% and 12.0%) per annum.

7. ACCOUNTS PAYABLE

	R'	R'
Leave pay provision	21 546	108 511
Equipment suppliers	499 931	2 054 755
Sundry accruals	119 213	298 757
	640 690	2 462 023

Accounts payable are non-interest bearing and are normally settled on 30-day terms.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (continued)

	2009	2008
8. REVENUE		
Capital donations received:		
	R'	R'
General projects	19 490 043	30 492 119
Clinics	1 704 986	900 538
Building projects	13 579 490	17 940 840
	<u>34 774 519</u>	<u>49 333 497</u>
Operating donations received:	1 064 441	1 252 874
	<u>35 838 960</u>	<u>50 586 371</u>
Interest income:		
Cash and cash equivalents	<u>5 117 456</u>	<u>9 608 239</u>

Gifts-In-Kind donations:

Donations received in the prior year included donated assets to the value of R94 000. Refer to note 3 for additional details. During the year the Trust received Gifts-In-Kind donations of services with an estimated value of R631 871. These donations have not been accounted for in the financial statements.

9. OPERATING DEFICIT**9.1 Deficit for the year is stated after charging:**

	R'	R'
Losses on exchange differences	(94 235)	(2 920)
Depreciation on property, plant and equipments	(62 326)	(47 582)
Employee costs	<u>(4 189 814)</u>	<u>(4 041 108)</u>

9.2 Beneficiary expenses incurred during the year:

	R'	R'
Building projects	16 639 129	44 033 495
Equipment	18 410 375	24 355 561
Programmes	1 704 388	4 098 386
Clinics	1 021 987	1 350 119
Donations to the Children's Hospital Foundation	465 867	-
Other	1 248 183	238 208
	<u>39 489 929</u>	<u>74 075 769</u>

10. SHORT TERM EMPLOYMENT BENEFITS

The Trust contributes 50% of retirement annuity fund premiums on behalf of its employees to several retirement annuity funds to which 62% of the employees of the Trust are members. The Trust's contribution to retirement funds during the year was R174 379 (2008: R160 598) and is recognised in profit or loss when incurred. The retirement annuity funds are classified as defined contribution funds.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (continued)

	2009	2008
11. AUDITORS' REMUNERATION		
	R'	R'
Current period	145 600	75 000
Prior period underprovision	57 889	164 800
	<u>203 489</u>	<u>239 800</u>

12. TAXATION

The Trust is approved as a public benefit organisation in terms of section 30 of the Income Tax Act No.58 of 1962 and is exempt from normal taxation in terms of section 10(1) (cN) of the Income Tax Act.

13. CASH UTILISED IN OPERATIONS

	R'	R'
Deficit for the period	(5 044 820)	(20 313 471)
Adjustments for:		
Depreciation on property, plant and equipment	62 326	47 582
Losses on exchange differences	94 235	2 920
Interest paid	-	4 909
Interest income	(5 117 456)	(9 608 239)
Changes in working capital:		
Accounts receivable	1 329 157	(199 197)
Accounts payable	(1 821 333)	1 964 077
	<u>(10 497 891)</u>	<u>(28 101 419)</u>

14. FINANCIAL ASSETS BY CATEGORY

The accounting policies for financial instruments have been applied as follows:

	R'	R'
Loans and receivables		
Amount owing from related party	-	1 206 304
Accounts receivable	20 308	1 349 465
Cash and cash equivalents	60 638 805	64 505 001
	<u>60 659 113</u>	<u>67 060 770</u>

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (continued)

	2009	2008
15. FINANCIAL LIABILITIES BY CATEGORY		
The accounting policies for financial instruments have been applied to the line items below:		
	R'	R'
Other Financial Liabilities		
Amount owing to related party	465 867	-
Accounts payable	640 690	2 462 023
	<u>1 106 557</u>	<u>2 462 023</u>

16. COMMITMENTS

	R'	R'
Authorised but not contracted for	<u>16 896 028</u>	<u>22 257 690</u>

17. FINANCIAL RISK MANAGEMENT

The Trust has various financial assets such as accounts receivable and cash and short term deposits which arise directly from its operations. The Trust's financial liabilities comprise of accounts payable, and an amount owing to a related party

Liquidity risk

Liquidity risk is the risk that the Trust will be unable to meet its payment obligations as they fall due. The Trust manages liquidity risk through an ongoing review of future commitments and credit facilities. At year end R60 638 805 (2008: R64 505 001) of the Trust's assets were invested in cash and cash equivalents to ensure that the Trust can meet its short term liabilities.

Contractual maturity analysis of financial liabilities

	Current	30-90 days	Total
	R'	R'	R'
2009			
Accounts payable	-	640 690	640 690
Amount owing to related party	465 867	-	465 867
	<u>465 867</u>	<u>640 690</u>	<u>1 106 557</u>
2008			
Accounts payable	-	2 462 023	2 462 023

Credit risk

Credit risk consists mainly of cash deposits, cash equivalents and accounts receivable. The Trust only deposits cash with major banks with high quality credit standing and limits exposure to any one counter party. The Trust does not have any significant concentration of credit risk. The maximum exposure to credit risk is represented by the carrying amount of loans and receivables as disclosed in note 14.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (continued)

17. FINANCIAL RISK MANAGEMENT (continued)

Market risk

The Trust has exposure to market risk, which is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market process. Market price risk comprises three types of risk: interest rate risk, other price risk and currency risk.

Interest rate risk

The Trust is exposed to interest rate risk as it places its fund in both fixed and floating interest rate instruments. Cash and cash equivalents attract interest at rates that vary with the prime overdraft borrowing rate. The Trust's policy is to manage interest rate risk so that fluctuations in variable rates do not have a material impact on profit or loss.

Cash and cash equivalents are subject to floating interest rates, linked to the prime overdraft borrowing rate. Interest was earned on favourable cash balances at rates varying between 6.0% and 7.0% (2008: 10.5% and 12.0%).

Sensitivity analysis

The sensitivity analysis for interest rate risk illustrates the Trust's sensitivity to a reasonably possible change in interest rates, with all other variables held constant, on its deficit for the period. Based on exposures at the reporting date, an increase/decrease of 1.0% to 2.0% in interest rates for a full annual period would result in an decrease/increase in the deficit of approximately R606 388 to R1 212 776 (2008: R645 050 to R1 290 100).

Currency risk

The Trust has a bank account denominated in foreign currency, namely British Pound Sterling. The Trust is therefore exposed to the movement in foreign currency exchange rates, and therefore currency risk. The bank account is used for deposits of donations received from foreign donors. At year end, an amount of GBP 53 117 (2008: GBP 52 908), converted to R633 753 (2008: R725 069) was held by the Trust.

Sensitivity analysis

The sensitivity analysis for currency risk illustrates the sensitivity to a reasonably possible change in the GBP/ZAR exchange rate, with all other variables held constant, on the Trust deficit for the year. Based on the year end exposure, an increase/decrease in the value of the South African Rand by 10.0% will result in an decrease/increase in the deficit for the period of approximately R63 375 (2008: R72 506).

Fair value

There is no material difference between the carrying value of the Trust's financial assets and financial liabilities and their fair value.

Capital risk management

The Trust manages its accumulated funds and capital donations as capital and seeks to hold funds in order to finance future projects in accordance with the Trust's objectives.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (continued)

18. CONSOLIDATION OF SPECIAL PURPOSE VEHICLE

These financial statements are the separate financial statements of the Children's Hospital Trust. These financials are prepared to show the operations of the Children's Hospital Trust and its relationship with the Red Cross War Memorial Children's Hospital.

A separate set of consolidated financial statements has been prepared in accordance with statements of SA GAAP for the same period and these may be obtained from the registered offices of the Children's Hospital Trust.

The investment in the Children's Hospital Foundation has been accounted for at cost in the Trust's separate financial statements.

19. RELATED PARTIES

	2009	2008
19.1 Related party balances		
	R'	R'
Amount owing (to)/from the Children's Hospital Foundation	(465 867)	1 206 304
Investment in the Children's Hospital Foundation	1 000	1 000
19.2 Related party transactions		
	R'	R'
Donation to the Children's Hospital Foundation	(465 867)	-

The Children's Hospital Trust is the parent entity to the Children's Hospital Foundation. The Children's Hospital Foundation was formed in May 2007 with the purpose of receiving bequests and donations. In May 2007, the Children's Hospital Trust donated its investment portfolio to the Foundation. The Foundation was established as a non-profit, benevolent and philanthropic institution of a public character, with the Children's Hospital Trust as the only beneficiary and with the sole object of raising funds for the following purposes, namely:

- For the provision and promotion of Health Care Services to poor and needy persons;
- For the provision and promotion of higher education by Higher Education institutions as defined in the Higher Education Act, 1997 as amended.

NOTES TO THE ANNUAL FINANCIAL STATEMENTS (continued)

19. RELATED PARTIES (continued)

	2009	2008
19.3 Key management personnel remuneration		
	R'	R'
The following employee benefits were paid to key management personnel during the period:		
Short term employee benefits	642 602	758 966
Post-employment benefits	19 320	26 400
	<u>661 922</u>	<u>785 366</u>
19.4 Trustees' remuneration		
	R'	R'
For services rendered as acting Chief Executive Officer	<u>62 500</u>	-

19.5 The treasurer of the Children's Hospital Trust is also a director of Personal Trust International limited with whom the Trust invested R27 million (2008: R38 million) of its available funds. Personal Trust International Limited invested these funds with reputable financial institutions. No fees from this investment accrue to Personal Trust International Limited.

DETAILED STATEMENT OF COMPREHENSIVE INCOME

for the year ended 31 December 2009

	2009	2008
	R'	R'
REVENUE		
Donations received	1 064 441	1 252 874
Interest income	5 117 456	9 608 239
	<u>6 181 897</u>	<u>10 861 113</u>
EXPENSES		
Accounting fees	102 415	63 572
Advertising and sales promotion	778 378	945 620
Auditors remuneration	203 489	239 800
Bank charges	63 558	49 459
Computer expenses	283 184	388 481
Depreciation	62 326	47 582
Employee costs	4 189 814	4 041 108
Losses on exchange differences	94 235	2 920
General expenses	79 781	28 657
Insurance	57 176	20 530
Legal expenses	-	2 588
Postage	21 832	27 205
Printing and stationery	84 458	87 660
Repairs and maintenance	36 880	29 653
Telephone and fax	100 296	87 779
Thank you events	188 306	204 764
Training	36 222	38 185
Travelling expenses	128 957	121 712
Volunteer costs	-	128
	<u>6 511 307</u>	<u>6 427 403</u>
Operating surplus / (deficit)	(329 410)	4 433 710
Interest paid	-	(4 909)
Net operating surplus / (deficit)	<u>(329 410)</u>	<u>4 428 801</u>
Other comprehensive income	-	-
Total comprehensive income	<u>(329 410)</u>	<u>4 428 801</u>

THE CHILDREN'S HOSPITAL TRUST ASSETS

Since its inception in 1994, the Children's Hospital Trust has maintained its ethos that 100% of donations received benefit the Red Cross War Memorial Children's Hospital. Not a single cent is spent on administration. The Trust's operating expenses are funded from a working capital fund. This working capital fund was established from an early donation specified for this very purpose. The fund currently totals R19.6 million. This includes the initial donation plus interest earned on capital raised before project implementation. The Trust has also successfully earned more interest on the working capital fund than it needed to cover operating expenses thereby ensuring a growing working capital fund.

The Trust's total funds equate to R59.6 million comprised of the following;

- R19.6 million – Working capital
(as outlined above)
- R15.8 million – Unrestricted funds to be
used for future projects
- R3.1 million – Funds held on behalf of
Hospital units for their own
discretionary use for future use
such as the Paediatric
Infectious Diseases Clinic
& Clinical Research Unit
- R21.1 million – Funds donated for specific
projects already underway
such as the Operating Theatre
Complex, upgrade of Ward D1
and the Burns Unit



DONOR REVIEW

Donations Overview

For the Children's Hospital Trust, 2009 was a year of consolidation of existing projects and operational processes and the investigation of new projects. The first 6 months of the year were largely focused on ensuring that projects would be completed on time, that pledged income was forthcoming and on the stewardship of Trust donors.

Between January and December 2009, the Children's Hospital Trust received R35 838 960 in gross voluntary income. This comprises R11 199 024 from Corporates, R4 802 890 from Events, Promotions and Cause-Related Marketing, R2 802 983 from Individuals, R1 064 441 from The Kresge Foundation, R775 784 from Regular Giving (comprising Give-As-You-Earn and individual regular givers) and R15 193 837 from Trusts and Foundations.



Furthermore, the Trust also received R2 312 856 in income from Legacies in 2009. Focused energy on this income group in 2009 yielded 16 legacy pledges. A programme tailored to cultivate and nurture donors in this category was launched in April 2010. This programme is known as the Circle of Life.

Trusts and Foundations remain the largest contributor to gross voluntary income, income from Events increased from 10% in 2008 to 14% in 2009. Though income from Regular Giving has declined in 2009, its percentage contribution has increased by a percentage from 2008 to 2009; given that in 2004 this income stream contributed 0% to gross voluntary income, this is significant.

Thank you to all our donors for your ongoing support and generosity. The Trust's success rests entirely on your contributions.

Donor Report

Major Supporters – donors receipted for 2009:

R1 000 000.00+

Adcock Ingram Holdings Ltd • Engen Petroleum Ltd • Knorr-Bremse Global Care • Pola Pasvolsky Charitable & Educational Trust • The Atlantic Philanthropies • The Dutch Postcode Lottery • The Kresge Foundation

R500 000.00+

Anglo American Chairman's Fund • Cohen, Vivienne (Ms) • Edcon (Pty) Limited • Irvin & Johnson Limited • Muir, Lillian Pearl (Estate Late) • Netcare Ltd • Wiese, Christo (Dr)

R100 000.00+

Ackerman Family Foundation • Ackerman, Wendy (Mrs) • Adriaan Carter Louw Trust • Beyleveldt, Shirley (Mrs) • Cheam School, UK • Estorick, Isobel (Ms) • Evans, Niall (Mr) • FGW Generators (Pty) Ltd • HT Gormley Testamentary Trust • Jive 10km Big Walk (presented by Muslim Views) • JOHNSON'S® Baby • Kirsch Foundation • Levy, Leah (Estate Late) • McNally, Spencer Leonard (Mr) • MTN (Pty) Ltd • Philip Schock Charitable & Educational Foundation • Pick n Pay (Western Cape) • Rawbone Trust • Robins, David & Kathy (Mr & Mrs) • States of Guernsey - Overseas Aid Commission • Telkom Foundation • The Children's Hospital Trust UK • The Harry Crossley Foundation • The Little Tew Charitable Trust • The Mauerberger Foundation Fund • The South African Townships Health Trust • The Table of Peace and Unity • Trencor Services Ltd • van Heerde, Johann (Estate Late) • Vodacom Foundation • Weiner, Ronnie (Mr)

R50 000.00+

Braam, Heather (Mrs) • C & E Harding Charitable Trust • Cape Union Mart Group (Pty) Ltd • Children's Heartlink • Col'Cacchio Holdings (Pty) Ltd • Cormack, Cynthia (Mrs) MBE • Drake, R (Mr & Mrs) • Elsie & Allan Chamberlin Charitable Trust • Fabiani • Ferguson, Lorna (Ms) • Foschini Retail Group (Pty) Ltd • Fred & Jeanne

Woodbridge Charity Trust • Gibor, Grant (Mr) • Givon, Linda (Mrs) • Goodman Gallery • Ilitha Project Services (Pty) Ltd • Kenan, Yoel (Mr) • Kovensky, M L (Mr) • Mentz, Gert (Mr) • Owen, Ken & Kate (Mr & Mrs) • Porer, Hans (Mr) • Radclyffe, MM (Estate Late) • Roadmac Surfacing Cape (Pty) Ltd • The Douglas Jooste Trust • The Vine Charitable Trust

R20 000.00+

African Mining & Trust Company Limited • Astellas Pharmaceutical (Pty) Ltd • Barnard, Christiaan Alexander (Mr) • Beekman, Lize (Ms) • Cape Peninsula University of Technology • Cawood, Janette (Miss) • Charities Aid Foundation Southern Africa • Cloete-Hopkins, Dudley (Mr) • Codron, Salvatore (Mr) • Coronation Asset Management (Pty) Ltd • Crawford, Martin (Mr) – Pinelands Stamp Circle • Dicey, Edward Valentine (Estate Late) • Discovery Vitality • Engelbrecht, Neels (Mr) • Fabian, Dennis & Lauren (Mr & Mrs) • Fagan, Anton Gabriel (Mr) • Ferreira, Joao (Mr) • FG Connock Charity Trust • ForwardSLASH • Fountain Medical CC • Geldenhuys, Stuart & Vanessa (Mr & Mrs) • Grindrod, Josie (Ms) • Grindrod, Murray (Mr) • Groot Constantia Christmas Gift Fair (Karen Bolten and Gerda Voster-Munnik) • Hannay-Robertson, Clemency (Mrs) • Hoyle, Lynn (Mrs) • HSBC Bank International • Inyathelo - The South African Institute for Advancement • Jooste, Gerald (Mr) • Karl Storz Endoscopy South Africa (Pty) Ltd • Kissoo, (Prof) • Maccioni, Vanessa (Mrs) • Mane SA (Pty) Ltd • Marsh, Lucy Gertrude (Estate Late) • Moultrie, Tom (Mr) • MTN Foundation • Myerson, Lara (Mrs) • Nathan, Steven (Mr) • Noakes Family Charitable Trust • Pamela Barlow Charitable Trust • Peerutiin, S J • Pioneer Natural Resources SA (Pty) Ltd • Potgieter, Noan (Mr) • Pres Les (Pty) Ltd • Riyadh Seafood Corporation • Simunye Trust • South African Nursery Association • SSB Transport CC • St Ola's Trust • Swish Properties • Taquanta Asset Managers (Pty) Ltd • Terespolsky, Michael (Mr) • The Broadwall • Tickle,

Deborah (Ms) • TNS Research Surveys (Pty) Ltd • Topfast CC • Traub, Phillip (Dr) • van Niekerk, Seth (Mr) • Western Province Athletics • Wraith, Matthew (Mr) • Z D Stander & Seuns Vervoer en Ontginning BK

R10 000.00+

A & M Pevsner Charitable Trust • Achievement Awards Group (Pty) Ltd • Alan Honeyborne Memorial Trust • Altron • Alz International (Pty) Ltd t/a Vendomatic • Barrie Cline Clothing • Berk Property Holdings (Pty) Ltd • Bester, John (Mr) • Bester, Vincent (Mr) • Corbett, Margaret "Peggy" (Mrs) • Corruboard (Pty) Ltd t/a Euroshelf • Cousins Steel International • Creal, Stuart (Mr) • Crossberth Cold Stores (Pty) Ltd • da Sonseca, Miguel (Mr) • Dangwen Trust • Davids, R • Dugardyn, Vincent (Mr) • Duys, Pieter (Dr) • Ebony and Ivory • Ehlers, Jinnie (Dr) • Elegance Jewellers • Fairheads Umbrella Trust Company (Pty) Ltd • Farham, Linda (Ms) • Frater, S M A H • Galeforce Events • Govender, Rajen (Prof) • Haw & Inglis (Pty) Ltd • Jibson, Samuel & Matthew (Messrs) • Joelson, C (Estate Late) • Jordaan, W J • Kaplan Kushlick Educational Foundation • le Roux, Cecile (Mrs) • Leatt Brace Holdings (Pty) Ltd • Lee, Beverley (Ms) • Louw, Nelie Anna (Estate Late) • M2K Architecture • MacLennan, Andy (Mr) • Matthee, M A (Estate Late) • MEDpages • Metago Environmental Engineers (Pty) Ltd • Morris Family • NGK Strand Noord • P4 Landmarks Radiothon • Perch, Ellian (Mr) • Randle, Gareth (Mr) • Ravjee, Pooja (Ms) • Rebstein, Steve & Caroline (Dr & Mrs) • Rotary Club of Constantia • SABC Education Baba Indaba • Santana, Maria (Mrs) on behalf of Dalida & Peter • Silberbauer, Brenda (Mrs) • Strand Precision Motor Engineers • Stromberg, J A (Mr) • Suiderland Fishing Division - Pioneer Fishing (Pty) Ltd • Taudata Consultants (Pty) Ltd • The Carl & Emily Fuchs Foundation • The Dick Goss Family Charitable Trust • The Graham Beck Foundation • The Hyman Goldberg Foundation • The Kurt & Joey Strauss Foundation • Tracstar Trading (Pty) Ltd • Two Oceans Air Conditioning (Pty) Ltd • TY Designs • Umbane • Vendome Distributors • Visser, Rachel Maria (Estate Late) • Viviers, Paul (Mr) • Warren Chemicals

R5 000.00+

Aircon Sales and Engineering • A&A Furnishers • Albert Carpets (Pty) Ltd • Allergy Society of SA (Tom Sutcliffe) •

Azriel & Moyra Fine Foundation • Bailey, Sandy (Ms) • Ballyhoo Trading CC • Banu, R (Mrs) • Berwitz, T S • Bishop, Nicky (Ms) • Boogertman & Partners Architects • Boschoff, B C (Mr) • Brainwave Projects 1121 CC • Brandtner, J H • Brink, Bridgitt (Ms) • Burke, Isabella (Ms) • Bytes Software (Pty) Ltd • Capazorio, Alexa (Miss) • Cape Town Male Voice Choir • Caxton Magazines • Chiappini, L J (Mrs) • Collaboration • Comair • de Agrela, Ricky (Mr) • Develo Flies • Douglas-Jones Trading (Pty) Ltd • Eisen, Mark (Mr) • Ferguson, Sally (Mrs) • Forsyth, Therese (Mrs) • Fuller-Good, Anne (Mrs) • Garach, Sujata (Dr) • Georgiou, Katina (Miss) • Gross Hendler & Frank • Hiten, Orette (Miss) • Horwood, Helen (Mrs) • Humewood Villa Guest House • Hy-Up Hydraulics CC • Industrial Abrasive & Tool Supplies (Pty) Ltd • Issel, Rashida (Mrs) • Jacobs, Quintin (Mr) • Jansen, Alida (Ms) • Jedelect Distributors CC • Jensen, Gill (Mrs) • Johnstone, Geoff (Mr) • Kantey & Templer (Pty) Ltd • Khan, Shahnaz (Dr) • Kotze, Laura (Mrs) • le Roux, Grant & Linda (Mr & Mrs) • Leiseder, Gila (Ms) • Letschert, Justin (Mr) • Levy, Darren (Mr) • Loos, Jackie (Ms) • Lubner, Bertie (Mr) • Malherbe, Joshua (Mr) • Master Currency (Pty) Ltd • McKinsty Trust • Milners Dental • Myers, SSB (Estate Late) • Nashua Western Cape • Newman, Abe (Mr) • Nourse, Peter (Dr) • Papsiak-Rose, Ellen (Ms) • Paul, Reagan Herschel (Mr) • Pettit, David (Mr) • Radio Holland SA • Raffle, J • Reddy, Ugan (Dr) • Ritchie, Mandy (Ms) • Rudden, P (Mrs) • Safmarine (Pty) Ltd • Smiedt, Jonathan (Mr) • Schoeman, Tian (Mr) • Scott, G M (Mr) • Sentinel International Trust Company • Smith, N B (Ms) • Spangenberg, Rory & Lauren (Mr & Mrs) • Spar Western Cape • Spar Women's 5km/10km Challenge • Sperling, Maria (Ms) • Strebel Foundation Trust • Sunter, Robert John (Mr) • The Bester Family Trust • The Diane Kaplan Charitable Trust • The Friedman Charitable Trust • The Jack & Ethel Goldin Foundation • The Jaryd Cringle Foundation • U-Lag CC t/a Insulation Works • Venn, John (Mr) • Virgin Life Care (Pty) Ltd

R2 000.00+

Alpha Occupational Health Services • Afro Optimist • Aghoo, Deon (Mr) • AMS Business Venture CC • Arnold & Yvonne Galombik Charitable Trust • Artists for Africa • Basardien, Ameen (Mr) • Bean, W A (Mr) • Beatty, David (Emeritus Prof) • Beharee, V (Mrs) • Behnisch, EME

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Event Supporters

On Saturday 14 February 2009 the Children's Hospital Trust hosted the bi-annual Art Benefit in aid of the Red Cross War Memorial Children's Hospital. This spectacular event took place at the historic Iziko Rust en Vreugd Museum in Cape Town where original works from South Africa's most acclaimed contemporary artists were auctioned to raise significant funding for a Family Resource Centre at the Hospital.

The Red Cross War Memorial Children's Hospital Art Benefit in association with Investec and the Goodman Gallery is the fifth Art Benefit organised by Amanda Bloch, Patron of the Trust, in collaboration with Linda Givon, founder of the Goodman Gallery. Before selling her gallery in 2008, Linda was widely regarded as the most important gallery owner in South Africa. Since its inception in 2003, this bi-annual event has now raised more than R12 million for the Hospital.

Art collectors and fine art connoisseurs bid on and purchased distinctive works from celebrated artists created specially for this exclusive event. The extraordinary line-up of artists included Cecil Skotnes, Robert Hodgins, William Kentridge, Deborah Bell, Willie Bester, Norman Catherine, Hasan and Husain Essop, David Goldblatt, Mikhael Subotzky, Moshakwa Langa, Brett Murray, Sam Nhlengethwa, among others.

Our sincere thanks to our committed event supporters:

- The 10th annual **Jive 10km Big Walk presented by Muslim Views** saw more than 22 000 Capetonians taking to the streets to raise much-needed funding for the Hospital. To date they have donated more than R1 million to the Trust.
- South Africa's premier 'baby, toddler and parenting expo', the **SABC Education Baba Indaba Show**. This expo, held annually in Durban, Cape Town, Pretoria and Johannesburg, is a committed supporter of the Children's Hospital Trust. By receiving a prominent stand at each event the Trust has the opportunity to create awareness for the Hospital and its pressing needs. Baba Indaba also donates a percentage of all ticket sales to the Trust.
- The more than 9 000 runners who participated in the annual **Spar Women's 5 km/10 km Challenge**. R2 from every entry was donated to the Trust.
- The **Gourmet Festival**, for selecting the Red Cross War Memorial Children's Hospital as one of their beneficiaries at the annual **Table of Peace and Unity** held in various cities in South Africa. Guests in Cape Town were seated around a 300-metre long table breaking bread together in a prayer for peace.
- **Cartier**, for once again selecting the Trust as the official beneficiary of their annual Cartier Love Day Campaign.
- **Sandy Bailey** and the **Thursday Club**, for donating raffle ticket sales at their luncheon with guest speaker Clem Sunter, renowned South African scenario planner. The luncheon took place at **Catharina's Restaurant** on Steenberg Golf Estate.
- **David Chancellor**, who held a Photographic Exhibition hosted by **Marianna Furman** at **Klooftique** in Gardens, Cape Town. Extraordinary photographic art was admired by all and purchased by discerning art-collectors. 50% of all proceeds were donated to the Trust.
- **Yusrah Ismail** and **Taahirah Ebrahim** of **TY Designs**, for combining their marketing expertise and creativity to host a stylish fashion show with a competitive spin. With their determination to make a difference, they raised more than R 19 000 for the Hospital. The event provided a platform for young designers to showcase their designs and win sponsored prizes for rail space in exclusive boutiques.

- The **Boland Nomads**, for staging their annual **Andrew Mentis Charity Golf Day** at the Hermanus Golf Course in aid of the Hospital and the brave patients it treats.
- Participants in the **Second Wholly Ghost Tour: South Africa**, who travelled all the way from the USA with their magnificent vintage Rolls Royces to complete a rally, driving from Durban to Cape Town to raise funds for the Burns Unit.
- **Galeforce Events**, who organised their second annual **24hr Charity Canoe Challenge** at the Century City Canoe Club. Teams participating were tasked with paddling and/or running continuously for 24 hours to benefit the sick children at the Hospital.
- The organisers of the **Groot Constantia Christmas Gift Fair**, **Gerda Munnik** and **Karen Botten**, for hosting another successful event at Simon's, Groot Constantia Wine Estate. All entry fees went directly to the Trust.
- The incredible **Coots Golfers** and **Westlake Golf Course**, for once again staging a splendid day of golf in aid of the Hospital. This annual event sees golfers teeing off to raise as much money as possible for the Hospital.
- **Chet Sainsbury** and the **Western Province Cricket Club** for once again selecting the Trust as beneficiary of their annual **Landmarks Half Marathon**.
- **The Cape Town Male Voice Choir**, who delighted the little patients with their annual Christmas performance at the Hospital and their support of the Trust through their annual Summer Concert.
- **Kelly Burke** and the **Cape Town Harley Davidson Club**, for hosting another exceptional Christmas Party for the patients in the Oncology Unit. The laughter and smiles were a true testament to what the party meant to each one of these brave patients and the sheer joy of riding on a Harley.
- The **Lexis Nexis Legal Eagle Yacht Race** held annually at the **Royal Cape Yacht Club**, where legal fraternities battle it out on the water. All entry fees to this event were donated to the Trust.
- **Nedbank** for organising their annual **City Marathon**, through Cape Town's streets and for offering the Children's Hospital Trust exposure at a water table on the day.
- **Heart Bracelets** and **Lara Myerson**, for wearing her heart on her sleeve and donating proceeds from sales of her unique designer bracelets to benefit the Hospital.
- **Ricky de Agrela**, for his ongoing, committed support and for sharing many of his intrepid adventures with the Trust. Ricky continues to donate royalties from his **Freedom Flight** book which tells the story of his record-breaking round-the-world flight in a microlite.
- **Fabiani** and the 'Last Red Buttonhole project', for showing that men also have big hearts by donating a percentage of the sale price of their stylish men's dress shirts.
- To all **our special donors** who nominated the Children's Hospital Trust for donations **in lieu of gifts** to benefit the patients at the Hospital.
- **Georgina Venning**, for achieving at 15 years old what takes most people a lifetime. Georgie fearlessly summited Mount Kilimanjaro with her father under trying conditions, raising an awesome R42 000 to help sick children at the Hospital get healthy so they too can realise their dreams.
- **Pick n Pay** for once again selling their sensational range of **Lolo Babywear** in Pick n Pay clothing stores and donating 10% of the range's sales to the Trust. So, while trendy 'Lolo-dressed' tots look gorgeous, they are also helping sick children get better and get home where they belong.

- **Col'Cacchio Pizzeria**, for partnering with the Trust in their inaugural 2009 Celebrity Chef Series. Their donation of R5 for every gourmet pizza sold during the promotion shows eating pizza can change the world, one slice at a time. A delicious way to raise some much needed dough for the Hospital!
- **JOHNSON'S® Baby**, for their committed support and for choosing the Trust to be the beneficiary of their '50 years No More Tears' anniversary promotion. It was an honour to share in this special JOHNSON'S® Baby milestone.
- **Pick n Pay** for once again staging their 'R5 Win Free Groceries for a Year Promotion' in all Western Cape stores. The grand prize was generously co-sponsored by **I&J** and Pick n Pay to the total value of R24 000, giving the Trust an opportunity to give something back to their loyal donors who support us year after year.
- The **Engen Extreme Motorsport** drivers, for putting pedal to the metal and for their excellent performance in the 2009 Motorsport season. Their race points were converted by **Engen** into rands donated to the Burns Unit at the Hospital.
- **Milla and Max Peerutin** and **Jenny Visagie**, for getting up early before school to bake their scrumptious muffins and for caring about sick children less fortunate than themselves.
- The **Oxford University Medical School** students, for selecting the Trust as the international charity for their annual **Tingewick Society Christmas Pantomime**.
- **The Engen** and **Octagon team**, for organising various successful campaigns to raise funding and create awareness for the Trust and the Hospital.
- **Lize Beekman**, for composing her heavenly lullaby CD for young and old to enjoy. Her boundless energy and passion for raising funds helps ensure that sick children continue to receive the excellent medical care and good health which they deserve. Thank you also to **Baba en Kleuter** and **Baby City** for their support in producing and distributing the CD.
- The **Engen Goals for Charity Campaign** and **Santos soccer team**, for their ongoing support of patients treated at the Hospital's Burns Unit. Santos' sterling performance on the field with goals scored and saved, translating into funds for the Burns Rehabilitation programme. We appreciate their annual Burns Christmas Party and the time spent playing with the patients.
- **Newsclip Media Monitoring**, for the annual sponsorship of their media monitoring service that captures all the media exposure on the Trust and the Hospital. We are honoured to be working with the committed Newsclip dream team who share our passion for the wellbeing of sick children.
- To our **United Kingdom branch** and much-loved Trust Patron, **Cynthia Cormack MBE**, in the British Isles, who support the Hospital through various fundraising initiatives and their drive to secure donations abroad. Special thanks to all our international donors including **Dr Steve Rebstein, Dr D and Mrs Robson, Simon Bladon** and **Mr and Mrs Buchannan**. Also thank you to **Chris Guy** who donated his prize money from winning a vintage sports car rally. Thank you to the **Parish of St. Martin Floral Guernsey, Forests Store, St. Joseph's Parish Church** and the **States of Guernsey**. The Trust's United Kingdom branch has raised substantial funding for the Hospital through various initiatives and the generosity of many donors, big and small, including **Cheam School, Markyate School** and numerous avid runners who have raised funds through running marathons including **Ugan Reddy, Ali Gatland, James Hollowell, Ben Hall** and **Edward Carey**. Thank you also to **David** and **Leticia Forman** for raising funds by climbing Kilimanjaro. We are indebted to all our supporters and friends in **Guernsey** and the **United Kingdom**.



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GIVING SICK CHILDREN A FIGHTING CHANCE



TAVONGA CHIKWENYA

Tavonga Chikwenya is 6 years old and originally comes from Zimbabwe. Tavonga is a normal, inquisitive little boy who was severely burnt with water when he inadvertently knocked a pot of boiling rice over himself when he was 2 years old. Tavonga spent two months in ICU after undergoing many life-saving surgeries. In time, Tavonga's wounds healed, but he was left disfigured with severely raised scars and keloids on his face and torso. These keloids were physically problematic as they restricted his movements and development, made him highly prone to infections and created great discomfort. Even worse, was the reaction from his peers which left this outgoing young child shy and self-conscious.

Four years later, in April 2009, Tavonga received a second chance at a more normal life with less pain when he was referred to the Red Cross War Memorial Children's Hospital. Tavonga needed extensive surgery in the Hospital's new Operating Theatre Complex's dedicated Burns Theatre.

Tavonga endured six months of intensive medical treatment including eight complex surgical procedures to remove his keloid scarring. His treatment also involved various modern

medical approaches including essential psychological support, physiotherapy, occupational therapy and love from the dedicated staff at the Hospital. This, together with the unwavering support of his loving parents, has given Tavonga more confidence and the courage to talk about his burns and come to terms with his tragic accident. As part of the Hospital's holistic care model, giving each patient the very best medical care, Tavonga even underwent intricate eye surgery to correct a squint in his eyes which was unrelated to his burns.

After 6 months in Hospital, Tavonga was excited to go home to his loving family who were now living in Pretoria. Despite his pain and suffering Tavonga epitomises the spirit of optimism and hope and, like any other 6 year old, loves playing with toy cars and dreams of owning his own sports car one day.



SIBULELE LIWANI

Sibulele Liwani is a 13 year old boy who has a smile to warm the coldest day. When he was just two months old he contracted Bacterial Meningitis, which had a significant effect on his physical development. He lived in Bloemfontein with his mother until she passed away in 2002 and then moved to his grandmother in the Eastern Cape. At the age of 7 years, Sibulele's teachers advised his grandmother

that Sibulele was unable to concentrate in class and often seemed tired and disinterested. He suffered from excruciating headaches and his sister, Vuyiswa, noticed that the size of his head was out of proportion with the rest of his body. Vuyiswa became Sibulele's legal guardian and brought him to Cape Town where he was treated at the Red Cross War Memorial Children's Hospital.

Sibulele needed vital surgery to straighten his spinal cord which was performed in June 2009. Sibulele recovered and went back home with his sister who was confident he would get better over time. This was not to be, and when he became weak and struggled to hold his head up he returned to the Hospital. In August 2009, Sibulele underwent a complicated spinal fusion surgery and vacuum dressing in the new Operating Theatre Complex and spent two weeks in the D1 Specialist Surgical Ward where patients are cared for before, and after, surgery. Sibulele has had to repeat Grade 5 but his physiotherapist at Eros School feels that he has adapted well to his changed routine since his hospitalisation. Sibulele is happy to be back at school with his friends.

THOKOZILE MDLALOSE

Thokozile Mdlalose – affectionately known as 'Thoko' – was born with congenital liver abnormalities. When she was just four years old her liver began to fail and there was nothing that doctors could do to save her liver. Things



looked bleak for Thoko and when her condition failed to improve she was referred to the Red Cross War Memorial Children's Hospital where she received a lifesaving liver transplant in July 2009.

Thoko's medical problems started when she was just four months old and was regularly admitted to St Augustine's Hospital in Durban. Thoko's mother, Khanyisele, remembers her fear as she watched her daughter's eyes turn yellow, her stomach become distended and how helpless she felt seeing Thokozile's anguish from the severe itching and scratching.

Thoko was one of the little patients who was fortunate to receive her complex transplant surgery in the modern Operating Theatre Complex. Khanyisele spent four months in Hospital with Thoko and remembers how she looked forward to the daily visit of the Hospital's pre-primary school teacher. After four months in her isolation cubicle all the walls were covered from floor to ceiling with her amazing artwork.

Thoko is a different child after her transplant surgery. Her skin is rosy, her eyes are no longer yellow and her skin is baby soft again. She is even more cheerful, with a ready toothy grin and adores painting, singing, watching cartoons and playing with her fluffy toys.

HAMZA AHMED

Hamza Ahmed was diagnosed with Achondroplastic Dwarfism at birth in July 2001. Dwarfism is the general classification for conditions characterised by short stature and a diversity of atypical clinical features. At just four months tiny Hamza began having trouble breathing. In an attempt to restore normal breathing through Hamza's nose with minimal trauma his turbinates were lasered and his adenoids removed at the Red Cross War Memorial Children's Hospital. Despite these minor surgeries his breathing problems became so severe that it began to affect his heart. Highly specialised doctors at the Hospital saved Hamza's life by creating a tracheostomy to help him breathe. This meant that to keep Hamza alive he would need a ventilator machine to breathe for him day and night.

Under the care of committed medical staff Hamza's mother,



Farana, found hope, and a second home, at the Hospital. Under the wing of Sister Jane Booth, who pioneered the first Home Ventilator Programme, Farana learned the necessary nursing skills to care for Hamza at home using a specialised home ventilator. This meant that Hamza would no longer be confined to hospital indefinitely, but could live with his family and participate in some everyday activities.

Throughout this difficult time Farana was able to find a safe haven away from the ward in the Linda Givon Christina Wiese Family Resource Centre. Not only does the centre house outpatient clinics and health-related community activities and programmes, it is where the Home Ventilator Programme is based.

Thanks to all the caring support Hamza received, he has developed into a delightful, well-rounded and polite little boy who lives at home in the care of his devoted family. Currently Hamza is being slowly weaned off ventilation and being treated by the Hospital's cranio-facial and maxillo-facial clinics that will use complex surgery to bring Hamza's midface forward which will allow for normal breathing and the eventual removal of the tracheostomy tube.

SUDI MUTOMBO

Little Sudi Mutombo from Congo was only two years old when his grandmother brought him to the Red Cross War Memorial Children's Hospital to assess his inflated stomach. He was diagnosed and treated for Sickle Cell Anaemia at

the Hospital's Oncology Unit. He experienced extremely painful episodes as a result of his illness and the effect of his condition was an enlarged spleen that caused a frequent need for blood transfusions.

Sudi required a splenectomy, which is the removal of the spleen, and this was performed in the Hospital's new Operating Theatre Complex with state-of-the-art surgical equipment. He was fortunate to receive keyhole (minimally invasive) surgery and via a laparoscopic camera, internal images of Sudi's surgery were transmitted onto a high definition screen. The surgery was a success and surgeons were able to remove Sudi's spleen without any complications.

The miracle of this revolutionary surgery meant that there were tiny incisions made, from which the surgeons were able to operate. This greatly lessened Sudi's pain and trauma, time spent in Hospital, caused minimal scarring and carried less risk of post-operative complications.

This type of surgery is very complex, requiring highly skilled surgeons who are only able to perform these types of surgeries in modern specialised theatres with the latest surgical equipment. Luckily for Sudi, all of these are available at the Red Cross War Memorial Children's Hospital.

Sudi is now a happy 5 year old and will no longer experience the painful crises he had during his illness. He may not know it yet, but he has been given a second chance at living a normal, healthy and productive life. One can only imagine what great things this little boy with the big fighting spirit will achieve when he grows up.





BANK DETAILS

South Africa:

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Bank: **Standard Bank**
Branch: **Rondebosch**
Account Number: **071443126**
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Fax your deposit slip and contact details to (021) 686 7861

International:

Bank Account Name: **The Children's Hospital Trust**
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* Executive Committee members

(Trustees appointed in 2009: Mr Spencer McNally, Mrs Renee Hill and Mr Vela Mabena)

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Name	Designation	Description
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Mr John Bester	Chairman	Treasurer, the Children's Hospital Trust
Mr Chris Niland	Trustee	Chairman, the Children's Hospital Trust
Emeritus Prof David Beatty	Trustee	Deputy Chairman, the Children's Hospital Trust
Mr Thabo Seopa	Trustee	MD: Trudon (Pty) Ltd
Mr Vela Mabena	Trustee	Consultant
Mr Dudley Cloete-Hopkins	Invitee	Director, The Alphen Hotel, Constantia

THE CHILDREN'S HOSPITAL TRUST SUB-COMMITTEES

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Mr Chris Niland	Committee Member	Chairman, the Children's Hospital Trust
Mr Christopher Beatty	Committee Member	Patron, the Children's Hospital Trust
Mr Thabo Seopa	Committee Member	MD: Trudon (Pty) Ltd
Mr Jonathan Bloch	By Invitation – Investment Manager	Financial Advisor Investec Cape Town

Audit and Risk Committee

Mr John Bester	Committee Chairman	Treasurer, the Children's Hospital Trust
Mr Chris Niland	Committee Member	Chairman, the Children's Hospital Trust
Ms Deborah Tickle	Committee Member	Director: International Corporate Tax at KPMG Services (Pty) Ltd
Mr Trevor Puley	Committee Member	Commercial Director of the Integrated Supply and Trading Division at BPSA.
Mr Llewellyn Smith	In Attendance	Director: Financial Services at KPMG Services (Pty) Ltd

Programme Evaluation Group

Emeritus Prof David Beatty	Committee Chairman	Deputy Chairman, the Children's Hospital Trust
Emeritus Prof Heinz Rode	Committee Member	Trustee, the Children's Hospital Trust
Mr Chris Niland	Committee Member	Chairman, the Children's Hospital Trust
Ms Nicky Bishop	Committee Member	CE, the Children's Hospital Trust
Prof Andrew Argent	Committee Member	Head of Department, ICU, the Red Cross War Memorial Children's Hospital
Prof Tony Westwood	Committee Member	Co-ordinator of Paediatric Services & Head of Medical Outpatients Paediatrics
Prof George Swingler	Committee Member	Director: School of Child and Adolescent Health, UCT

SUB-COMMITTEE MEMBERS 2009 (continued)

Mrs Suzanne Ackerman	Committee Member	Director: Pick n Pay
Mr Spencer McNally	Committee Member	Private Equity Investor and Consultant, Rightshift; Investor in and advisor to various South African and international businesses
Ms Amanda Bloch	Committee Member	Businesswoman and Fundraiser
Mr Dominique Uwizeyimana	Committee Administrator	Administrator

Liaison Committee

Dr Dimitri Erasmus	CEO, the Red Cross War Memorial Children's Hospital
Ms Nicky Bishop	CE, the Children's Hospital Trust
Prof Cas Motala	Trustee, the Children's Hospital Trust

Building and Capital Works Committee

Mr Ted Parlabean	Committee Chairman	Former Director of Companies, former Trustee
Mr Glen Mackie	Committee Member	Consultant
Emeritus Prof David Beatty	Committee Member	Deputy Chairman, the Children's Hospital Trust
Mr Willie van der Merwe	Committee Member	Consultant
Mr Craig Summersgill	Committee Member	Quantity Surveyor, Meyer Summersgill
Mr Andrew Rudolf	Committee Member	Architect, KMH Architects
Ms Nicky Bishop	Committee Member	CE, the Children's Hospital Trust
Mrs Tania Basson	Committee Member	Project Manager, the Children's Hospital Trust
Prof Cas Motala	Committee Member	Trustee, the Children's Hospital Trust





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Visuals courtesy of the Red Cross War Memorial Children's Hospital and obtained with full consent of parents and Hospital Management.



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