THE CHILDREN’S HOSPITAL TRUST

FUNDRAISING FOR
THE RED CROSS WAR MEMORIAL CHILDREN’S HOSPITAL
AND PAEDIATRIC HEALTHCARE IN THE WESTERN CAPE

www.childrenshospitaltrust.org.za

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The Red Cross War Memorial Children’s Hospital is the only specialist hospital in southern Africa dedicated entirely to the care of sick children and children’s health. The Hospital is a public tertiary and secondary level referral hospital, which also provides critical training for medical professionals, and performs research into childhood illnesses. Seriously ill patients are referred from all over Africa for medical intervention from the dedicated professionals who work tirelessly to heal and cure. A third of the patients are under one year old and sadly often spend weeks or months in their hospital beds. Since 1994, the Children’s Hospital Trust has been fundraising for this incredible Hospital, to improve facilities and provide medical professionals and nursing staff with the facilities and tools they need to save thousands of lives every year.
Serving the Red Cross War Memorial Children’s Hospital and Paediatric Healthcare in the Western Cape

The success of the Children’s Hospital Trust in raising funds for the Red Cross War Memorial Children’s Hospital and Paediatric Healthcare in the Western Cape rests entirely on the generosity of our donors. It is consistent, ongoing support that significantly impacts our work in the Hospital and in meeting paediatric healthcare needs beyond the Hospital’s doors.

Every day in hospital is a day less of childhood. It is this belief that drives the Trust to fundraise for this great institution; an institution that strives for excellence and is committed to sharing its experience and expertise with others. The Children’s Hospital Trust is funded from an endowment, ensuring that 100% of all donations received go directly to prioritised projects and programmes at the Hospital and specific paediatric healthcare projects beyond its doors. Not a cent is used for administration or operational expenses. We never lose sight of the fact that without our committed and loyal supporters none of the work of the Trust would be possible. For detailed information on the Children’s Hospital Trust and the Red Cross War Memorial Children’s Hospital visit www.childrenshospitaltrust.org.za
A Second Chance in Life

MILANI TYEKU

Milani Tyeku is a four-year-old boy who has been in the Red Cross War Memorial Children’s Hospital’s Burns Unit for eight months. In June 2011, Milani and three of his little friends were the victims of a horrific fire when a paraffin heater fell over in their créche. Clutching their faces in their little hands, they tried to escape the flames and sustained full thickness burns to their faces and hands. Milani also suffered severe smoke inhalation. While Milani’s friends have since been discharged, he has had to stay on for treatment because of the depth of the burn wounds on his head. He has lost all the skin tissue, causing his skull to be exposed and prone to infection. His little face is so burned that he cannot completely close his eyes because, while he heals, his skin contracts which causes tightness. Milani is undergoing extensive skin grafts to replace the skin on his skull.

Despite all the trauma and pain, Milani has become a very independent little person and Hospital staff are impressed with how well he feeds himself and plays during play therapy with his physiotherapists. The new upgraded Burns Unit at the Hospital now has the modern facilities needed to offer first-world care that is on a par with the Hospital’s new state-of-the-art Burns Theatre and ICU facilities. This specialist Burns Unit is the only specialised burns centre treating children under the age of 13 with burn injuries in the Western Cape. As part of the healing process the unit focuses on pain management and a functional therapy programme encompassing art, music, aromatherapy, reflexology and cultural therapy.

DINAO NGOMBE (Not her real name)

In August 2011, Dinao was suffering from gastroenteritis, oral thrush and a bad cough that worried her mother, Ella. Dinao was also not growing and was very weak. Dinao was admitted to one of the General Medical Wards at the Red Cross War Memorial Children’s Hospital and diagnosed with severe sepsis and dermatitis. Blood tests revealed that both Dinao and Ella were in fact HIV positive – a shock to Ella who had never had an HIV test and never suspected the possibility of contracting it. Ella, a young unemployed mother who relies on her family to support her in raising her baby, now found herself having to place her faith in the specialist doctors at the Hospital.

Both mother and baby were started on Antiretrovirals (ARV’S) and there was an immediate improvement in Dinao’s health. Dinao
will have to visit the Hospital regularly and will need to use ARV’s for the rest of her life, but has already started picking up weight and is livelier than before. While Dinao was in Hospital, Ella spent weeks sleeping in a chair next to her bedside without access to adequate facilities. In partnership with the Western Cape Government: Health, the Children’s Hospital Trust has funded the first phase of upgrading the 55-year-old Medical Wards where Dinao’s life was saved.

**LUIGI MAY**

When Luigi May of Oudtshoorn was only five months old, his mother, Cathlene, noticed that his head seemed enlarged in comparison to his body. He had also developed sleeping and eating disorders, often vomited and kept getting head fevers. The local clinic assured Cathlene that there was no need for concern, but after Luigi became aggressive his mother knew that there was something seriously wrong.

When he was two years old, the resident doctor performed a routine check and advised that there might be fluid on Luigi’s brain. He was referred to Oudtshoorn Hospital and then to George Hospital for scans, which were sent to Cape Town to be analysed. Luigi was immediately referred to the Red Cross War Memorial Children’s Hospital in Cape Town for specialist treatment from neurosurgeons. The surgeons found that Luigi had a large cyst and fluid on his brain that had to be removed immediately to avoid seizures or loss of consciousness. The surgery was a success and Luigi could return home to enjoy a normal childhood.

Luigi was fortunate to have EMS ambulances on hand to transport him from the clinic to Oudtshoorn Hospital, and then again from George Hospital to the Red Cross War Memorial Children’s Hospital. With four child-friendly ambulances recently equipped with paediatric equipment by the Children’s Hospital Trust, emergency staff are now able to get patients 24/7 to their clinical destination in optimal condition resulting in improved prognosis and at times, shorter hospital stays.

**NEVINA BROWN**

Nevina Brown had been a regular patient at the ENT Department of the Red Cross War Memorial Children’s Hospital as a result of illnesses linked to her adenoids and tonsils. Nevina would snore loudly and often stop breathing, which worried her mom Charmaine to the point where she would have to check if her daughter was still alive. Charmaine, explains that sleeping for three hours at most each night had become the norm for her and as a working mother this was very difficult. Nevina participated in a sleep study conducted by the Hospital’s ENT specialists to
monitor her breathing patterns, where after they decided an operation was needed. Nevina is one of many ENT and General Paediatric patients who has had to live with discomfort for a long time because of the Hospital’s long waiting list for these procedures. The Children’s Hospital Trust raised funds for a Surgical Waiting List Initiative at the Hospital to alleviate the list of patients awaiting life-changing surgical procedures. The launch of ‘Saturday Surgeries’ was life-changing news for Nevina who could now have her operation after waiting for months for a chance at a normal life!

Elective surgery is not usually conducted over weekends at the Red Cross War Memorial Children’s Hospital, but thanks to the first ever ‘Saturday Surgeries’ Initiative, an extra day of surgery was provided for eight weeks. On 12 November, Nevina had her tonsils and adenoids removed and her mother watched her sleep soundly in the Day Surgery Ward, something that had not been possible since Nevina was a baby. She was discharged on the same day and Charmaine is overjoyed that the long wait is over and that her daughter and family can finally sleep peacefully.

AMIRAH WILLIAMS

Amirah Williams was a healthy baby when she was born in December 2010. Ten months later, she suddenly became seriously ill and her vomiting and weakness scared her mother. Amirah was admitted to the Red Cross War Memorial Children’s Hospital on 10 September 2011 where the Emergency Unit’s staff immediately placed her in the ICU. She had become paralysed and two weeks later had a tracheostomy procedure as she was unable to breathe.

Amirah was hospitalised for nearly three months and although she has become medically stable, her breathing muscles in her diaphragm between her abdomen and chest are still paralysed. It is unfortunate that Amirah faces a potential lifelong dependency on a ventilation machine and that the cause is still unknown. Thanks to the Children’s Hospital Trust raising funds for the BreathEasy Tracheostomy and Ventilation Homecare Programme, she is able to go home to her family, with the equipment needed to help her breathe.
Economic news and predictions during 2011 were generally negative, and bad news was the order of the day. The Trust exists and works in the real economy and so is not isolated from events and trends that affect commerce and finance generally.

Despite that background, the Children’s Hospital Trust has enjoyed a very successful year, both in regard to funds raised for projects, and in regard to projects completed within the allocated time and budget. Our financial statements, contained in this Annual Report, reveal one of our most successful years of fundraising, with a total income of approximately R59 million raised. The expenditure account also shows that costs were well contained and budgets successfully adhered to. There are a number of reasons for this success story, the most important being the quality and dedication of the people who serve the Trust in so many capacities. The Trust staff, under the very capable and inspiring leadership of Louise Driver, have worked with great dedication and competence to achieve the goals set for them. We are extremely fortunate to have people of the highest quality in the employ of the Trust.

Our Trustees, Patrons and the volunteers who serve on our various sub-committees give their time and their considerable skills with great generosity, and this too plays a major role in the success of the Trust.

Another important factor in the success of the Trust, not only in 2011, but over many years, lies in the maturing of long-term planning by the Board of Trustees. The wisdom of accumulating adequate reserves in times of plenty, has seen the Trust safely through the recent difficult years. Sound investment policies have also ensured that those reserves remain in place, and have even shown growth in the past year.

The Trustees have invested in a bequest programme over many years, and this too is now showing benefits. This year, almost forty percent of our income came from bequests and hopefully this trend will increase in the future. We ask all our donors to remember in their Will the many children in need of healthcare.

The Board took a decision this year to review our building procurement policy and process, in the interests of good governance and for the benefit of donors to ensure that maximum use is made of their funds. The Board decided that the review should be conducted by an independent third party. Deloitte were appointed to conduct a thorough and professional inquiry into our building policy. I am pleased to be able to report that the
auditors found that our procurement policies were
efficient, cost effective and transparent. It was
a complete vindication of our work over many
years. The full report is available from the Trust
office for any donor who may wish to read it.

The year under review also saw the development
and maturing of our partnership with the
 Provincial Government of the Western Cape.
During the year, two joint ward upgrade projects
were completed. Agreement has been reached
to extend this programme for a further two
years in order to complete the upgrade of all
the remaining overnight wards in the Hospital.
The fact that this programme has become a joint
venture with the Province has cut years off the
original period in which the work was estimated
to take. This alone will be of great benefit to
paediatric healthcare in the Western Cape.

We are also in discussion with Provincial
authorities with a view to undertaking further
projects under the banner of our expanded
mandate. Our policy in this regard is that any
such projects, if not directly involving the Red
Cross War Memorial Children’s Hospital, must at
the very least be of some benefit to the Hospital.
As appears from Louise’s report, many of these
programmes are not concerned with the provision
of buildings or equipment, but involve services to
child healthcare in general.

During the year, Professor David Beatty resigned
as Deputy Chairman and was replaced by
Spencer McNally. David remains a Trustee
and will continue his services to the Trust. He
was one of the original founders of the Trust
and has served as Chairman, Deputy Chairman
and on many sub-committees. He has been of
inestimable value to the Trust and to the Hospital,
and the whole community is deeply indebted to
him for all he has done. I would also like to thank
Spencer for taking on the role of Deputy.

During the course of the year, two new Trustees
joined the Board. Professor Alan Davidson was
nominated by the Facilities Board as Donor
Trustee to replace the Late Professor Cas Motala.
Randall Titus brings his legal skills and experience
to the Board. We welcome them both and look
forward to their contribution to our work.

Once again I would like to extend my thanks
to all Trustees, Patrons, staff and others who so
generously give their time and skills to the Trust
and the cause for which we all work.

Finally I would like to convey to our donors, our
beneficiaries, and all who have dealings with
the Trust, that the Board goes to great lengths
to ensure that the highest standards of good
governance and ethics are applicable to every
aspect of our work. We have structures in
place to oversee these principles and this culture
permeates all the work we do and the decisions
we take.

C.B. NILAND
Chairman
THE CEO’S REPORT

This year has been a challenging one for the Children’s Hospital Trust with the decrease in available funding, as a result of the global economic downturn, while having committed to funding four major building projects and two medical staff training projects in the Hospital, as well as funding our first expanded strategy project and a new Hospital surgical initiative. The Trust, however, managed to achieve all that was planned through the wonderful support we received from our loyal and committed donors who continue to give despite the tough economic times.

It has been a year of great accomplishments. We completed the building and equipping of a paediatric Surgical Skills Training Centre, the first of its kind in Africa, as well as funded the Institute of Child Health doctors’ facilities building project. We also successfully fundraised for, and completed, two new ward upgrades in the Hospital through our shared partnership with the Western Cape Government:Health who donated 50% of the funding needed for the building of these wards.

The first ward project was the upgrading and equipping of the Burns Ward at the Hospital, which is now a specialist burns unit on a par with international units of its kind.

The other project involved the upgrading and equipping of our B1 Medical Ward where some of the Hospital’s youngest and sickest children are treated. These upgrades have had the effect of vastly improving the conditions for the Hospital’s patients, their families and the dedicated ward staff.

The Trust also equipped four Western Cape Government: Health EMS ambulances with specialised paediatric equipment, thus ensuring that children get the best treatment possible en route to Hospital. Finally we funded a surgical waiting list initiative aimed at decreasing the long waiting lists for non-critical surgeries, which has had a significant impact in reducing the patient waiting times for these operations.

I wish to thank all our donors for their contribution to making these planned projects a reality. These include our long-standing Trust and Foundation funders, our corporate supporters and our individual donors through our Guardians and Legacy programmes which have contributed significantly to these projects.

Going forward the Trust will be funding the building of a Centre for Childhood Infectious Diseases which will significantly improve treatment and research into infectious diseases in Africa. Within the Hospital, the Trust is also committed to raising funding for the upgrade of the Radiology department.

In addition, the Trust has identified three priority programmes to fund, which directly address the health needs of children in the Province. These programmes include: the strengthening of the Poisons Information Centre thus making information on the treatment of poisonings in children and adults more readily available; the funding of the BreathEasy Tracheostomy and Ventilation Homecare Programme, as well as funding the Bigshoes Paediatric Palliative Care Programme, which provides palliative care and training support to child service hospitals, homes and hospices as well as the communities we serve.

Another exciting development has been the opening of our UK Trust office, having hired a
full-time UK fundraiser to maximise our fundraising opportunities overseas. The office has got off to a good start having won the Charity of the Year Award at the South African Business Awards in London in November 2011.

We have hosted a number of wonderful Trust events over the past year, which has given us the opportunity to engage with our donors and to convey our appreciation for their support. The event highlight of the past year was the 2011 Art Benefit in aid of the Red Cross War Memorial Children’s Hospital hosted by BoE Private Clients. This event was held at the beautiful Leeuwenhof and raised substantial funding for the Burns Unit Upgrade project.

I want to thank the Trust staff who worked tirelessly to ensure that all our commitments for the year were met, driven by a common passion and belief in the difference we are making in so many children’s lives. Thank you too to the Trustees, Patrons and sub-committee members who provided me with constant advice and support in so many ways. Without you all the Trust would not have been able to achieve everything it has, both within the Hospital, as well as in child healthcare in the Western Cape. Thank you.

Louise Driver
CEO
Completed Projects & Programmes

Surgical Skills Training Centre

The new Surgical Skills Training Centre at the Red Cross War Memorial Children’s Hospital was officially opened in June 2011 and is the first of its kind in sub-Saharan Africa to offer training in paediatric Endoscopic Surgery.

In just 18 months, the Children’s Hospital Trust raised the R12.3million needed to build and equip this high technology Training Centre, which trains surgeons in adult and paediatric Endoscopic (Minimally Invasive) Surgery, general surgery and complimentary specialties. Previously, the absence of paediatric endoscopic surgical training centres in sub-Saharan Africa forced African paediatric specialists and surgeons to travel to Europe or the United States for training. The benefits of having Minimally Invasive Surgery include less operative pain and infection risk, a shorter hospital stay and faster recovery with less scarring.

Karl Storz Endoscopy, German manufacturers of endoscopic equipment, donated millions of rands of equipment needed for this new facility, which houses one master station and eight training stations in the University of Cape Town’s Institute of Child Health building, based at the Red Cross War Memorial Children’s Hospital. This Centre also offers hands-on training courses at various levels in specialties such as Anaesthetics, ENT, Neurosurgery and Urology.

A Specialist Burns Unit

On 13 September, the new state-of-the-art Burns Unit was officially opened in partnership with the Western Cape Government: Health. R12.7million was raised towards the building and equipping of this Unit with the Western Cape Government: Health contributing 50% of the building costs. The treatment provided in the Hospital’s original Burns Ward is world class, but the facility had not had a major upgrade since it was built in 1956. The new modern unit has resulted in even better patient outcomes with a customised layout that significantly reduces the risk of cross-infection.

The Unit treats approximately 3 500 children with burns every year. It is the only specialised burns centre in the Western Cape treating children under the age of 13 with burn injuries and a referral centre for children with severe burns from areas outside the Western Cape. Thank you to all
our donors for supporting this critical project and for providing an improved Hospital experience for children and their parents who are already highly traumatised.

Medical Ward B1

Building commenced on the first phase of the two Medical Wards (B1 and B2) at the Red Cross War Memorial Children’s Hospital in October 2011. This upgrade costs approximately R13.6million to build and equip. The Western Cape Government: Health pledged 50% of the building cost and the Trust secured the rest of the funding required to build and equip Ward B1 in 2011 to be completed in May 2012. The upgraded ward will have additional general ward beds, and cubicles for high-care, low-care and isolation needs, all fully equipped to manage high-care patients.

Medical Wards B1 and B2 specialise in the treatment of general medical patients, infectious patients, and patients with chronic illnesses. These wards treat some of the Hospital’s youngest and sickest patients with 25% of admitted children HIV positive and 15% infected with tuberculosis.

Child-friendly ambulances

The Children’s Hospital Trust raised R2.2million to equip four Department of Health: Emergency Medical Services (EMS) ambulances with specialist paediatric equipment and special stretchers, resulting in four brand new child-friendly ambulances thanks to the generosity of our donors. Two ambulances serve the Cape Town Metropole and two ambulances serve the Worcester and George regions. The paediatric ambulances can now offer a 24-hour ambulance service to paediatrics and neonates allowing sick children to get to hospital as soon as possible, thus allowing them a stronger chance of survival.

School of Child & Adolescent Health

The upgrade of the 3rd floor of the School of Child and Adolescent Health building on site at the Red Cross War Memorial Children’s Hospital provided space for the Child Health Unit (CHU) and the Division of Cardiothoracic Surgery. The University of Cape Town pledged R2million, approximately 50% of the cost, towards this project with matched funding from the Children’s Hospital Trust.

The CHU staff members are involved in child development, disability, research and clinical services at the outpatient clinic at the Red Cross War Memorial Children’s Hospital. The Division of Cardiothoracic Surgery performs between 250 and 300 cardiac surgeries at the Hospital per year. This new facility will significantly improve their ability to perform these much needed services.
Ongoing Trust Programmes

The Guardians Programme

Over the past 3 years, our unfailing, loyal and committed Guardians* have contributed enormously towards ensuring that this special Hospital remains on a par with paediatric institutions internationally. Until October 2011, Guardian’s funding was put towards the critical upgrade of the B1 Medical Ward and raised over R1.8 million towards this project, the biggest collective “donor” to the project. In October, the Guardians’ focus was shifted to upgrading the Poisons Information Centre with the Trust needing to raise R3 million to upgrade and migrate the current database system to an online platform.

Since the launch of the Guardians programme in 2008, the group has achieved their best year to date, with more than R5 million raised in 2011. These funds have contributed towards the projects mentioned above, and others such as the C2 Burns Unit, the Centre for Childhood Infectious Diseases, Oncology Unit and Neurosurgery. The Children’s Hospital Trust extends our heartfelt and humble thanks to each one of our loyal Guardians for their amazing support and enthusiasm. To become a Guardian, contact Jeneé Stamer on 021 686 7860 or jenee.stamer@chtrust.org.za

*Guardians are individuals, Trusts or Foundations who donate R5 000 or more per annum to the Children’s Hospital Trust.

The Circle of Life Legacy Programme

On Friday 11th November 2011, the Children’s Hospital Trust held a very special Day of Remembrance service at the Red Cross War Memorial Children’s Hospital to honour the World War 2 South African ex-servicemen who initiated the original fundraising for the building of the Hospital in the late 1940’s.

The history of the building of the Hospital is rooted in the days of World War 2 when South African soldiers in Italy were waiting to be repatriated after the war. The ex-servicemen, in overwhelming numbers, volunteered to donate two days’ pay towards a memorial to all those who had served so bravely. It was strongly felt that this should be a ‘living’ memorial that served the community, not merely a monument. And so, the idea of a children’s hospital was born, as it was felt that children had been the innocent victims of the war.

These WW2 veterans helped create a living legacy and today, this is embodied in the work of the Children’s Hospital Trust. The Circle of Life programme brings together caring, like-minded individuals who have chosen to leave a legacy in their Will to the Children’s Hospital Trust for the benefit of future generations of sick children at the Red Cross War Memorial Children’s Hospital. Legacies are the lifeblood of the Children’s Hospital Trust and a critical source of long-term funding to help us plan ahead for future Hospital projects.

Please let us know if you are considering leaving a legacy to the Children’s Hospital Trust. Contact Liz Linsell on +27 21 686 7860 or liz.linsell@chtrust.org.za

The Grateful Hearts Programme

The Children’s Hospital Trust has launched a very special Grateful Hearts Programme to give a voice to the thousands of patients and their families whose lives have been touched by the Hospital.

The Grateful Hearts Programme is not only for grateful patients, but includes anyone whose life has been directly affected by the Hospital and who is willing to share their story, attend special events and partner with the Trust for special initiatives. To join the Grateful Hearts Programme contact Jeneé Stamer on +27 21 686 7860 or jenee.stamer@chtrust.org.za
Current Projects & Programmes

The Harry Crossley Foundation Postgraduate Child-Nurse Training Initiative

The Trust launched The Harry Crossley Foundation Postgraduate Child-Nurse Training Initiative in 2008 to provide a platform for students to study the practice of child nursing and child critical-care nursing on a full-time basis while working alongside specialist nurse practitioners at the Red Cross War Memorial Children’s Hospital. The initiative impacts on the serious shortage of trained paediatric nurses in Africa and the specialised care of seriously ill children under threat. Between 2008 and 2011, 99 students have graduated and a further 39 have enrolled for 2012.

Medical Ward B2

The existing B2 Medical Ward has insufficient space to accommodate patients and staff and inadequate facilities for parents who spend long periods at their children’s bedsides. Despite being housed in an outdated facility, the medical staff provide first-world care in a ward that has only had minor upgrades since the Hospital was built in 1956. The upgrade will give staff the ability to focus their care on sick children in the best way possible, while significantly reducing the risk of cross-infection. The new ward will provide better conditions for children and parents while admitted and will also increase emotional support for the children and their caregivers. The building cost of Ward B2 is R10.7million with an additional R2million needed for equipment costs. The upgrade will commence in July 2012 with completion of the ward scheduled for January 2013.

Centre for Childhood Infectious Diseases

Globally 3.4million children are currently infected with HIV. A staggering 3.1million of these children live in sub-Saharan Africa. Without treatment, the vast majority of HIV-positive infants will die before their 5th birthday. Since most child deaths in low and middle income countries are as a result of preventable, treatable infectious diseases, the Red Cross War Memorial Children’s Hospital, through innovation, research, treatment and training, is having a profound impact on the management of infectious childhood diseases on the African continent and globally.

To continue impacting on the survival of children in southern Africa, the Hospital needs to build a Centre for Childhood Infectious Diseases from which the Paediatric Infectious Diseases Unit and the Clinical Research Unit can conduct research, consult, collaborate and treat thousands of children desperately
ill with HIV, TB and Malaria. The Children’s Hospital Trust needs to raise approximately R32.6million to build and equip the new Centre.

**Saturday Surgeries**

The Red Cross War Memorial Children’s Hospital has an excellent reputation for healing critically ill children which results in a huge demand for the Hospital’s services and, ultimately, leads to extremely long surgical waiting lists. In 2011, the Trust fundraised for a very special project; an eight-week Surgical Waiting List Relief Initiative aptly known as ‘Saturday Surgeries’. Saturday Surgeries allows for an extra day of surgery on Saturdays for eight weeks, focusing on procedures that currently have the longest waiting lists by bringing in additional highly qualified and specialist medical staff to conduct these procedures. The first special initiative was funded by Mediclinic Southern Africa and alleviated extensive waiting lists for life-changing procedures at the Red Cross War Memorial Children’s Hospital. The Trust will be fundraising for future ‘Saturday Surgeries’ which will be life-changing for thousands of children desperate to live normal lives!

**The BreathEasy Tracheostomy & Ventilation Homecare Programme**

The BreathEasy Tracheostomy & Ventilation Homecare Programme at the Red Cross War Memorial Children’s Hospital has been running since 1989 and stands out as a model for providing quality healthcare to trachea-dependent children (children who have a breathing device inserted). It is the only facility in sub-Saharan Africa currently offering a homecare programme. Children elsewhere in southern Africa are either permanently hospitalised or die prematurely from their underlying illness. As a result of the BreathEasy programme, there are currently 100 children with tracheostomies living at home with thirteen on home ventilation. Limited resources means the programme cannot expand to meet the increasing demand for this service. The Trust has thus committed to raising the R2.3million needed to acquire equipment to facilitate the care of trachea-dependent children at home.

**The African Paediatric Fellowship Programme (APFP)**

The Red Cross War Memorial Children’s Hospital has been training healthcare workers from across Africa for several years. The African Paediatric Fellowship Programme (APFP) was created in 2007 to develop capacity in clinical services, research and training in child health in Africa. The programme has been designed to award fellowships to successful applicants who are unable to source their own funding. A total of 20 Fellows will be trained between 2011 and 2013 amounting to 30 training years. Dr Bashier Admani, a paediatrician from Kenya completed
his training in Nephrology at the Red Cross War Memorial Children's Hospital from 2006 until 2007. Paediatric Nephrology deals with kidney disease in children. Dr Bashier returned to his work at Aga Khan University Hospital with the goal of establishing a Paediatric Nephrology Service. Not only is the service now providing vital care to Kenyan children, but his first renal transplant has been a great success! He continues to have tremendous impact as Senior Lecturer and has recently organised the 4th African Paediatric Nephrology Association Congress in Nairobi.

Paediatric Healthcare Projects outside the Hospital

Poisons Information Centre

The Red Cross War Memorial Children's Hospital is the only institution in South Africa that gathers and collates poisons information, particularly specific and often unique to southern Africa, through its Poisons Information Centre. The main role of this centre is to collect, collate and distribute information on toxic substances so that patients, particularly children, with known or suspected poisoning can receive appropriate treatment. This valuable resource can and does save thousands of lives each year. 80% of poison cases in South Africa occur in children under the age of 10, with small children between a year and two at the highest risk for accidental poisoning. The Trust needs to raise approximately R3.1 million to upgrade and migrate the current database system to an online platform which can be more widely accessed by both the general public and medical professionals.

Bigshoes Foundation – Paediatric Palliative Care Programme

Many children suffer illnesses where death is likely or inevitable. These brave children should not have to endure unnecessary suffering or anxiety away from their families while confined to a hospital bed. It is this belief that drives the Bigshoes Foundation, which provides comprehensive care for patients who have life limiting or life threatening diseases. The Foundation also provides critical training across all levels of the health system to provide palliative care for these children. In doing so they are able to give children their dignity, relieve their suffering and support and assist families to care for their children at home during this very emotional and difficult period. The Trust needs to raise R3.1 million over 3 years to support the work of the Foundation.
The financial year, ending on 31 December 2011 was an excellent year for the Children’s Hospital Trust. Donations received amounted to R59.8 million (2010 R35.8 million). The fundraising efforts for the year were directed towards the completion of the upgrades of the Surgical Skills Training Centre, the C2 Burns Ward, the commencement of the first phase of Medical Wards B1 and B2, the African Paediatric Fellowship Programme, the equipping of Emergency Medical Services ambulances with paediatric equipment and the first of the Saturday Surgeries Initiatives. We are grateful to the Western Cape Government: Health who pledged 50% of the capital costs of the ward upgrade projects.

Interest income for the year amounted to R4.7 million (2010 R3.9 million) and lower interest rates during the year impacted on the interest earned which was offset by greater funds invested. The net result for the year was a surplus of R23.8 million (2010 R8.5 million). Administrative and other operating expenses were kept within the budget for the year and a cost to income ratio of 8.6% was achieved. The cost to income ratio for the current year is better than that of the prior year where 13.3% was achieved. The Children’s Hospital Trust continues to have one of the most efficient cost to income ratios when compared to other South African fundraising organisations. The review of the statement of the Trust’s financial position for the year shows that the Trust continues in a sound financial position.

The Trust continues to operate on the basis that all donations received are applied to priority projects and programmes, and that no donated money is used to cover office and/or administrative expenses. These expenses are funded out of the efficient management of funds, and interest received on these funds arising from investments established to cover the costs.

The Trust has an Executive Committee which meets regularly to review financial affairs and each month’s financial reports, as well as the fundraising and progress of building projects. Systems within the Trust are constantly reviewed and controls carefully monitored, thus enabling full accountability to our donors.

JOHN BESTER
Treasurer, the Children’s Hospital Trust
February 2011
The information in this report has been extracted from the Children’s Hospital Trust’s annual financial statements, which have been prepared in compliance with International Financial Reporting Standard for Small and Medium-sized Entities. The Children’s Hospital Trust’s annual financial statements have been audited by the Trust’s external auditors, Ernst & Young Inc., and their unqualified audit opinion on such financial statements are available for inspection at the company’s registered office.

Statement of Financial Position for the year ended 31 December 2011

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<th>2011</th>
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<td><strong>Non-Current Assets</strong></td>
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<td>262,868</td>
<td>–</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>640,327</td>
<td>343,923</td>
</tr>
<tr>
<td>Investments</td>
<td>734,674</td>
<td>–</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>91,525,711</td>
<td>70,950,167</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>93,296,587</td>
<td>71,993,015</td>
</tr>
</tbody>
</table>

| **FUNDS AND LIABILITIES** |        |        |
| Funds                     |        |        |
| Capital donations         | 67,641,676 | 44,612,402 |
| Accumulated funds         | 19,958,074 | 19,776,756 |
| **Total Funds and Liabilities** | 87,599,750 | 64,389,158 |

| **LIABILITIES**          |        |        |
| Current Liabilities      |        |        |
| Accounts payable         | 1,106,258 | 1,875,640 |
| Amount owing to Red Cross War Memorial Children’s Hospital | 4,590,579 | 5,728,217 |
| **Total Liabilities**    | 5,696,837 | 7,603,857 |
| **Total Funds and Liabilities** | 93,296,587 | 71,993,015 |
Statement of Comprehensive Income for the year ended 31 December 2011

<table>
<thead>
<tr>
<th></th>
<th>2011 Beneficiary</th>
<th>2011 Operating</th>
<th>2011 Total</th>
<th>2010 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations received</td>
<td>58 781 600</td>
<td>1 000 000</td>
<td>59 781 600</td>
<td>33 757 056</td>
</tr>
<tr>
<td>Interest income</td>
<td>4 714 854</td>
<td>4 714 854</td>
<td>3 850 696</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>22 200</td>
<td>22 200</td>
<td>4 800</td>
<td></td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
<td>58 781 600</td>
<td>5 737 054</td>
<td>64 518 654</td>
<td>37 612 552</td>
</tr>
<tr>
<td><strong>Beneficiaries expenses</strong></td>
<td>35 752 326</td>
<td>5 555 736</td>
<td>35 752 326</td>
<td>23 865 192</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>35 752 326</td>
<td>5 555 736</td>
<td>41 308 062</td>
<td>29 146 153</td>
</tr>
<tr>
<td><strong>Surplus for the year</strong></td>
<td>23 029 274</td>
<td>181 318</td>
<td>23 210 592</td>
<td>8 466 399</td>
</tr>
<tr>
<td><strong>Total comprehensive income</strong></td>
<td>23 029 274</td>
<td>181 318</td>
<td>23 210 592</td>
<td>8 466 399</td>
</tr>
</tbody>
</table>

Statement of Changes in Trust Funds for the year ended 31 December 2011

<table>
<thead>
<tr>
<th></th>
<th>Capital donations</th>
<th>Accumulated funds</th>
<th>Total funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 31 December 2009</td>
<td>36 315 458</td>
<td>19 607 301</td>
<td>55 922 759</td>
</tr>
<tr>
<td>Total comprehensive income</td>
<td>8 296 944</td>
<td>169 455</td>
<td>8 466 399</td>
</tr>
<tr>
<td>Balance at 31 December 2010</td>
<td>44 612 402</td>
<td>19 776 756</td>
<td>64 389 158</td>
</tr>
<tr>
<td>Total comprehensive income</td>
<td>23 029 274</td>
<td>181 318</td>
<td>23 210 592</td>
</tr>
<tr>
<td>Balance at 31 December 2011</td>
<td>67 641 676</td>
<td>19 958 074</td>
<td>87 599 750</td>
</tr>
</tbody>
</table>
Statement of Cash Flows for the year ended 31 December 2011

<table>
<thead>
<tr>
<th>CASH FLOWS FROM OPERATING ACTIVITIES</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross receipts</td>
<td>59 803 800</td>
<td>36 567 102</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(44 320 732)</td>
<td>(28 908 075)</td>
</tr>
<tr>
<td>Cash utilised in operations</td>
<td>15 483 068</td>
<td>7 659 027</td>
</tr>
<tr>
<td>Interest income</td>
<td>4 714 854</td>
<td>3 850 696</td>
</tr>
<tr>
<td>Net cash inflow from operating activities</td>
<td>20 197 922</td>
<td>11 509 723</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CASH FLOWS FROM INVESTING ACTIVITIES</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchase of property, plant and equipment</td>
<td>(64 219)</td>
<td>(21 857)</td>
</tr>
<tr>
<td>Net cash outflow from investing activities</td>
<td>(64 219)</td>
<td>(21 857)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CASH FLOWS FROM FINANCING ACTIVITIES</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease/increase in amount owing from related party</td>
<td>578 780</td>
<td>1 089 008</td>
</tr>
<tr>
<td>Increase in loan receivable</td>
<td>(262 868)</td>
<td>–</td>
</tr>
<tr>
<td>Net cash inflow/(outflow) from financing activities</td>
<td>315 912</td>
<td>(1 089 008)</td>
</tr>
</tbody>
</table>

| Total cash movement for the year | 20 449 615  | 10 398 858 |
| Cash and cash equivalents at the beginning of the year | 70 950 167  | 60 638 805  |
| Effect of exchange rate movement on cash balances | 125 929   | (87 496)   |
| Total cash and cash equivalents at the end of the year | 91 525 711 | 70 950 167 |

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 and Paediatric Healthcare in the Western Cape. 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 R19.9million. 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 R87.6million comprised of the following;

- R19.9million - Working capital (as outlined above)
- R21.9million - Unrestricted funds to be used for future projects
- R45.8million - Funds donated for specific projects already underway such as the Centre for Childhood Infectious Diseases, Ward B1 and B2, the BreathEasy Tracheostomy and Ventilation Homecare Programme, Bigshoes Paediatric Palliative Care Programme, the Poisons Information Centre, the African Paediatric Fellowship Programme and the Harry Crossley Foundation Child-Nurse Training Initiative.
### Detailed Statement of Comprehensive Income – Operating for the year ended 31 December 2011

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations received – operating</td>
<td>1 000 000</td>
<td>1 594 920</td>
</tr>
<tr>
<td>Interest income</td>
<td>4 714 854</td>
<td>3 850 696</td>
</tr>
<tr>
<td>Other</td>
<td>22 200</td>
<td>4 800</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5 737 054</td>
<td>5 450 416</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>EXPENSES</strong></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounting Fees</td>
<td>–</td>
<td>11 400</td>
</tr>
<tr>
<td>Audit Fees</td>
<td>156 398</td>
<td>112 500</td>
</tr>
<tr>
<td>Bank Charges</td>
<td>65 881</td>
<td>56 149</td>
</tr>
<tr>
<td>Books and subscriptions</td>
<td>454</td>
<td>2 185</td>
</tr>
<tr>
<td>Depreciation</td>
<td>51 357</td>
<td>52 229</td>
</tr>
<tr>
<td>Donor Recognition</td>
<td>331</td>
<td>4 772</td>
</tr>
<tr>
<td>Entertainment</td>
<td>29</td>
<td>4 680</td>
</tr>
<tr>
<td>Events</td>
<td>100 203</td>
<td>159 406</td>
</tr>
<tr>
<td>Fines and penalties</td>
<td>12 343</td>
<td>663</td>
</tr>
<tr>
<td>General expenses</td>
<td>13 364</td>
<td>26 522</td>
</tr>
<tr>
<td>Insurance</td>
<td>24 732</td>
<td>25 512</td>
</tr>
<tr>
<td>Interest paid</td>
<td>4 905</td>
<td>–</td>
</tr>
<tr>
<td>IT expenses</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>- Infrastructure Maintenance</td>
<td>146 189</td>
<td>144 936</td>
</tr>
<tr>
<td>- Maintenance and Enhancement of Donor Database</td>
<td>79 737</td>
<td>103 318</td>
</tr>
<tr>
<td>Legal fees</td>
<td>1 493</td>
<td>812</td>
</tr>
<tr>
<td>Marketing &amp; Promotions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Online Marketing</td>
<td>283 255</td>
<td>202 448</td>
</tr>
<tr>
<td>- Printed Marketing</td>
<td>214 440</td>
<td>272 455</td>
</tr>
<tr>
<td>- PR items</td>
<td>25 525</td>
<td>27 752</td>
</tr>
<tr>
<td>Office Maintenance</td>
<td>18 717</td>
<td>21 405</td>
</tr>
<tr>
<td>Postage</td>
<td>14 115</td>
<td>24 971</td>
</tr>
<tr>
<td>Portfolio management fee</td>
<td>17 262</td>
<td>–</td>
</tr>
<tr>
<td>(Profit)/loss on foreign exchange</td>
<td>(125 929)</td>
<td>87 496</td>
</tr>
<tr>
<td>Recruitment costs</td>
<td>–</td>
<td>108 724</td>
</tr>
<tr>
<td>Research</td>
<td>200</td>
<td>–</td>
</tr>
<tr>
<td>Salaries</td>
<td>4 193 207</td>
<td>3 570 376</td>
</tr>
<tr>
<td>Stationery</td>
<td>79 714</td>
<td>64 926</td>
</tr>
<tr>
<td>Staff development and training</td>
<td>2 269</td>
<td>11 027</td>
</tr>
<tr>
<td>Staff Welfare [Office groceries]</td>
<td>14 432</td>
<td>13 628</td>
</tr>
<tr>
<td>Telephone</td>
<td>103 573</td>
<td>92 734</td>
</tr>
<tr>
<td>Travel and accommodation</td>
<td>59 541</td>
<td>77 935</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5 555 736</td>
<td>5 280 961</td>
</tr>
</tbody>
</table>

| **Operating surplus** | 181 318 | 169 455 |
| **Other comprehensive income** | – | – |
| **Total comprehensive income** | 181 318 | 169 455 |
THE CHILDREN’S HOSPITAL
FOUNDATION

The Chairman’s Report

In 2002 the Children’s Hospital Trust received a bequest from a generous donor, who did not specify a particular purpose for which the bequest was to be used. The Trustees felt it would be in the best interest of the Red Cross War Memorial Children’s Hospital that this donation be retained in perpetuity. As a result of conservative and good investment strategy, the original funds have grown.

In 2006 the Children’s Hospital Trust formed the Children’s Hospital Foundation. This was to safeguard certain assets bequeathed to the Children’s Hospital Trust which were not allocated to any specific purpose to ensure that the Children’s Hospital Trust will always continue to operate effectively and efficiently. The Foundation was established as a non-profit, benevolent and philanthropic institution of a public character with the Children’s Hospital Trust as the sole beneficiary.

The Children’s Hospital Trust donated the invested, bequeathed funds in May 2007 to the Foundation. The income generated by the Children’s Hospital Foundation will be used in terms of its Trust Deed primarily for education and training in the medical field. As at December 2011, the Foundation had assets in the amount of R77.2 million under management (2010 R75.7 million). These assets are effectively managed by Investec Asset Management under a strict mandate. The Board of the Children’s Hospital Foundation, incorporating the investment responsibilities of the Trust, meet regularly every three months to review the affairs of the Foundation.

The Foundation has focused on its bequest programme during the year with an objective of building the Foundation into the future. This will be an ongoing process to assist in building the asset base of the Foundation, as well as to fund identified programmes.

Since the Foundation was formed in 2006, the income derived from the endowment has funded various key projects, including two education projects: the African Paediatric Fellowship Programme and The Harry Crossley Foundation Postgraduate Child-Nurse Training Initiative. In addition, the income has also funded a shortfall in the administration budget of the Children’s Hospital Trust’s operating expenses. Having an endowment fund and a working capital fund allows the Trust to avoid funding administrative costs from donations, thereby ensuring that 100% of donations to the Trust go directly to projects and programmes that the Trust is funding.

JOHN BESTER
Chairman, the Children’s Hospital Foundation
February 2011
The Information in this report has been extracted from the Children’s Hospital Foundation annual financial statements, which have been prepared in compliance with International Financial Reporting Standard for Small and Medium-sized Entities. The Children’s Hospital Foundation’s annual financial statements have been audited by the Trust’s external auditors, Ernst & Young Inc., and their unqualified audit opinion on such financial statements are available for inspection at the company’s registered office.

### Statement of Financial Position as at 31 December 2011

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Current Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investments</td>
<td>74 019 551</td>
<td>71 264 191</td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>3 147 514</td>
<td>4 388 771</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>77 167 065</td>
<td>75 652 962</td>
</tr>
<tr>
<td><strong>FUNDS AND LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated surplus</td>
<td>77 074 821</td>
<td>74 986 205</td>
</tr>
<tr>
<td>Capital contribution</td>
<td>1 000</td>
<td>1 000</td>
</tr>
<tr>
<td><strong>Total Funds</strong></td>
<td>77 075 821</td>
<td>74 987 205</td>
</tr>
<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount owing to related party</td>
<td>44 361</td>
<td>623 141</td>
</tr>
<tr>
<td>Accounts payable</td>
<td>46 883</td>
<td>42 616</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>91 244</td>
<td>665 757</td>
</tr>
<tr>
<td><strong>Total Funds and Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>77 167 065</td>
<td>75 652 962</td>
</tr>
</tbody>
</table>

### Statement of Comprehensive Income for the year ended 31 December 2011

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beneficiary</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue</td>
<td>–</td>
<td>3 605 149</td>
</tr>
<tr>
<td>Other income</td>
<td>–</td>
<td>80 158</td>
</tr>
<tr>
<td>Operating expenses</td>
<td>(500 000)</td>
<td>(1 096 691)</td>
</tr>
<tr>
<td>Surplus for the year</td>
<td>(500 000)</td>
<td>2 588 616</td>
</tr>
<tr>
<td><strong>Total comprehensive income for the year</strong></td>
<td>(500 000)</td>
<td>2 588 616</td>
</tr>
</tbody>
</table>
Statement of Changes in Trust Funds for the year ended 31 December 2011

<table>
<thead>
<tr>
<th></th>
<th>Capital contribution</th>
<th>Accumulated surplus</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>R</td>
<td>R</td>
<td>R</td>
</tr>
<tr>
<td>Restated balance at 31 December 2009</td>
<td>1 000</td>
<td>62 972 429</td>
<td>62 973 429</td>
</tr>
<tr>
<td>Total comprehensive income for the year</td>
<td>-</td>
<td>12 013 776</td>
<td>12 013 776</td>
</tr>
<tr>
<td>Balance at 31 December 2010</td>
<td>1 000</td>
<td>74 986 205</td>
<td>74 987 205</td>
</tr>
<tr>
<td>Total comprehensive income for the year</td>
<td>-</td>
<td>2 088 616</td>
<td>2 088 616</td>
</tr>
<tr>
<td>Balance at 31 December 2011</td>
<td>1 000</td>
<td>77 074 821</td>
<td>77 075 821</td>
</tr>
</tbody>
</table>

Statement of Cash Flows for the year ended 31 December 2011

**CASH FLOWS FROM OPERATING ACTIVITIES**

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross receipts</td>
<td>–</td>
<td>873 141</td>
</tr>
<tr>
<td>Cash payments to suppliers and employees</td>
<td>(1 487 602)</td>
<td>(2 231 311)</td>
</tr>
<tr>
<td>Cash utilised in operations</td>
<td>(1 487 602)</td>
<td>(1 358 170)</td>
</tr>
<tr>
<td>Interest received</td>
<td>1 866 341</td>
<td>1 851 969</td>
</tr>
<tr>
<td>Dividends received</td>
<td>1 738 808</td>
<td>984 271</td>
</tr>
<tr>
<td><strong>Net cash inflow from operating activities</strong></td>
<td>2 117 547</td>
<td>1 478 070</td>
</tr>
</tbody>
</table>

**CASH FLOWS FROM INVESTING ACTIVITIES**

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchase of investments</td>
<td>(14 192 130)</td>
<td>(13 653 625)</td>
</tr>
<tr>
<td>Proceeds from sale of investments</td>
<td>11 412 106</td>
<td>12 214 865</td>
</tr>
<tr>
<td><strong>Net cash outflow from investing activities</strong></td>
<td>(2 780 024)</td>
<td>(1 438 760)</td>
</tr>
<tr>
<td>Net cash from financing activities</td>
<td>(578 780)</td>
<td>1 089 008</td>
</tr>
<tr>
<td>(Decrease)/increase in amount owing (to)/by related party</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total cash movement for the year</strong></td>
<td>(1 241 257)</td>
<td>1 128 318</td>
</tr>
<tr>
<td>Cash and cash equivalents at the beginning of the year</td>
<td>4 388 771</td>
<td>3 260 453</td>
</tr>
<tr>
<td><strong>Total cash and cash equivalents at the end of the year</strong></td>
<td>3 147 514</td>
<td>4 388 771</td>
</tr>
</tbody>
</table>
### Detailed Statement of Comprehensive Income – For the year ended 31 December 2011

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations received</td>
<td>–</td>
<td>873 141</td>
</tr>
<tr>
<td>Dividends received</td>
<td>1 738 808</td>
<td>984 271</td>
</tr>
<tr>
<td>Interests received</td>
<td>1 866 341</td>
<td>1 851 969</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>3 605 149</td>
<td>3 709 381</td>
</tr>
<tr>
<td><strong>Other Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fair value profit on investments</td>
<td>–</td>
<td>9 828 341</td>
</tr>
<tr>
<td>Profit on sale of investments</td>
<td>80 158</td>
<td>709 981</td>
</tr>
<tr>
<td><strong>Total Other Income</strong></td>
<td>80 158</td>
<td>10 538 322</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration and management fees</td>
<td>417 091</td>
<td>379 379</td>
</tr>
<tr>
<td>Accounting fees</td>
<td>14 450</td>
<td>13 000</td>
</tr>
<tr>
<td>Auditor’s remuneration</td>
<td>48 779</td>
<td>37 500</td>
</tr>
<tr>
<td>Bank charges</td>
<td>1 625</td>
<td>1 340</td>
</tr>
<tr>
<td>Beneficiary expenses</td>
<td>500 000</td>
<td>1 573 419</td>
</tr>
<tr>
<td>Bequest programme expenses</td>
<td>86 818</td>
<td>100 325</td>
</tr>
<tr>
<td>Employee costs</td>
<td>209 118</td>
<td>128 964</td>
</tr>
<tr>
<td>Fair value loss on investments</td>
<td>104 822</td>
<td>–</td>
</tr>
<tr>
<td>General expenses</td>
<td>199</td>
<td>–</td>
</tr>
<tr>
<td>Professional fees</td>
<td>187 261</td>
<td>–</td>
</tr>
<tr>
<td>Travel and accommodation</td>
<td>26 528</td>
<td>–</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>1 596 691</td>
<td>2 233 927</td>
</tr>
<tr>
<td><strong>Surplus for the year</strong></td>
<td>2 088 616</td>
<td>12 013 776</td>
</tr>
<tr>
<td><strong>Other comprehensive income</strong></td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Total comprehensive income</strong></td>
<td>2 088 616</td>
<td>12 013 776</td>
</tr>
</tbody>
</table>
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Humble beginnings and a great heritage

Adcock Ingram began as EJ Adcock Pharmacy in Krugersdorp since 1890. The company initially listed on the JSE in 1950 and thereafter in 1998 under Tiger Oats Ltd after its merger with Premier Pharmaceuticals in 1996. Adcock Ingram became a wholly-owned subsidiary of Tiger Brands and was delisted from the JSE in 2000. On August 25, 2008 the company was listed back on the main board of the JSE with approximately 172.6 million ordinary shares.

Today, Adcock Ingram is the second largest pharmaceutical company with a diversified portfolio of products and services. We are a leading supplier of over-the-counter, cough and colds, and pain medicines. Adcock Ingram is also South Africa’s major supplier of hospital products, blood systems, and renal dialysis medication. Almost all of the medicines and products we manufacture are household brands or drugs of choice for medical professionals and consumers, and cover almost all the health needs of our patients – from pain and respiratory preparations through drugs that combat diabetes, cardiovascular ailments and HIV, to products for the symptoms of the common cold. We also now have a share in the personal care, and baby care markets in South Africa.

Our strategy

Our vision is to be recognised as a leading world-class branded healthcare company. Our mission is to add value to life. We intend to achieve sustainable and profitable growth in a country that is going through profound social and economic change by optimising our business portfolio, pursuing organic growth and making acquisitions in selected markets. We will also improve our ability to attract, retain and develop the best people, build a reputation for innovation, and seek excellence in brand building and customer management. Worldwide best practice teaches us that this is effectively achieved through a vision-led and values-driven approach.

Sustainable communities

We have contributed over R25million over a period of three years towards our Corporate Social Investment programmes. Being involved in CSI activities, is a reminder that we have a duty towards the development of our society and that life must be lived fully and with dignity, and that we have a responsibility to support and give back whatever we can to our disadvantaged communities. We are totally passionate about people and the communities we serve. We believe that health is the true future wealth of our nation. For this reason, we’ve brought hope to many South Africans who are beneficiaries of our CSI programmes.
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Bank: Standard Bank
Branch: Rondebosch
Account Number: 071443126
Branch Code: 025009

Fax your deposit slip and contact details to (021) 686 7861

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Bank Account Name: The Children’s Hospital Trust
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Branch: Rondebosch
Account Number: 071433090
Branch Code: 025 00911
Swift Code: SBZAZAJJ
Bank Telephone Number: +27 21 680 4729

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United Kingdom:

Charity name: The Children’s Hospital Trust South Africa
Registered No 1121573
Bank: The Cooperative Bank
Account Number: 65256860
Sort Code: 08-92-99
PO Box 250
Delf House
Southway
Skelmersdale
WN86WT

UK Trustee: Mr Benedict Hall
32 Leppoc Road
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United Kingdom:

The Children’s Hospital Trust South Africa
Michele McKendry
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SW4 9LT

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