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Before deciding to participate in the NMCH, stakeholders should read and understand the entire document and carefully consider their circumstances and seek advice from their professional advisers.
Children are the cornerstone on which the future of societies depend, but they are not “little adults”. Children have a right to be cared for when they are ill. It is their right to receive the appropriate medical treatment in an environment that is child-focused, safe, caring and does not compromise on its standards.

In the words of Nelson Mandela, former president of South Africa, and founder of the Nelson Mandela Children’s Fund:

“A children’s hospital will be a credible demonstration of the commitment of African leaders to place the rights of children at the forefront. Nothing less would be enough.”
<table>
<thead>
<tr>
<th>Concept or acronym</th>
<th>Definition or description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AssetCo</td>
<td>Non-profit company owning the hospital building and equipment</td>
</tr>
<tr>
<td>Board</td>
<td>Board of Directors</td>
</tr>
<tr>
<td>Capex</td>
<td>Capital Expenditure</td>
</tr>
<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td>Child/Children</td>
<td>A person’s 13 years old or younger, unless otherwise stated</td>
</tr>
<tr>
<td>CMJAH</td>
<td>Charlotte Maxeke Johannesburg Academic Hospital</td>
</tr>
<tr>
<td>CoE</td>
<td>Centre of Excellence</td>
</tr>
<tr>
<td>CT</td>
<td>Computerised Tomography</td>
</tr>
<tr>
<td>Dr</td>
<td>Doctor</td>
</tr>
<tr>
<td>ECMO</td>
<td>Extra Corporeal Membrane Oxygenation is very similar to a heart-lung bypass. On ECMO, a child’s blood receives oxygen from an artificial lung. The artificial lung provides a child’s blood with the oxygen needed to live until his/her lungs and/or heart is able to work on their own.</td>
</tr>
<tr>
<td>EMR</td>
<td>Electronic Medical Record</td>
</tr>
<tr>
<td>ENT</td>
<td>Ear, Nose and Throat</td>
</tr>
<tr>
<td>FTE</td>
<td>Full Time Equivalent</td>
</tr>
<tr>
<td>GDHSD</td>
<td>Gauteng Department of Health and Social Development</td>
</tr>
<tr>
<td>Government</td>
<td>The Government of South Africa</td>
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<td>HPTDG</td>
<td>Health Professional Training and Development Grant</td>
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<td>HST</td>
<td>Health Systems Trust</td>
</tr>
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<td>ICU</td>
<td>Intensive Care Unit</td>
</tr>
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<td>Johannesburg Hospital</td>
<td>The Charlotte Maxeke Johannesburg Academic Hospital</td>
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<td>MDG</td>
<td>Millennium Development Goals</td>
</tr>
<tr>
<td>MRI</td>
<td>Magnetic Resonance Imaging</td>
</tr>
<tr>
<td>MTEF</td>
<td>Medium Term Expenditure Framework</td>
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<td>MTS</td>
<td>Modernisation of Tertiary Services</td>
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<td>NDoH</td>
<td>National Department of Health</td>
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<td>NGO</td>
<td>Non-governmental organisation</td>
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<tr>
<td>NMCHT or Trust</td>
<td>Nelson Mandela Children’s Hospital Trust</td>
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<tr>
<td>NNNHCU</td>
<td>Neonatal High Dependency Care Unit (A neonate is an infant less than a month old)</td>
</tr>
<tr>
<td>NNICU</td>
<td>Neonatal Intensive Care Unit (A neonate is an infant less than a month old)</td>
</tr>
<tr>
<td>NTSG</td>
<td>National Tertiary Services Grant</td>
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<tr>
<td>OpCo</td>
<td>Non-profit operating entity</td>
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<tr>
<td>Opex</td>
<td>Operational expenditure</td>
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<tr>
<td>PBO</td>
<td>Public Benefit Organisation</td>
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<td>PHC</td>
<td>Primary Health Care</td>
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<tr>
<td>PICU</td>
<td>Paediatric Intensive Care Unit</td>
</tr>
<tr>
<td>QS</td>
<td>Quantity Surveyor</td>
</tr>
<tr>
<td>RCCH</td>
<td>Red Cross Children’s Hospital</td>
</tr>
<tr>
<td>RN</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>RPN</td>
<td>Registered Paediatric Nurse</td>
</tr>
<tr>
<td>RRA</td>
<td>Ruben Reddy Architects</td>
</tr>
<tr>
<td>SA or RSA</td>
<td>Republic of South Africa</td>
</tr>
<tr>
<td>SADC</td>
<td>Southern African Development Community (formed in 1980. Member states are: Angola, Botswana, Democratic Republic of Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe)</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>VAT</td>
<td>Value Added Tax</td>
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<tr>
<td>Wits</td>
<td>The University of the Witwatersrand</td>
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Foreword

Nelson Mandela Children’s Hospital – an Advocacy Project

The Nelson Mandela Children’s Fund (NMCF), founder of the Nelson Mandela Children’s Hospital (NMCH) is not in the business of building hospitals, but sees the creation of a “dedicated academic tertiary and quaternary paediatric referral facility serving the children of Southern Africa, irrespective of socio-economic standing” as a critical, forward thinking step which demonstrates that: “children are not little adults”.

It is intended as a place where the legacy of Mr Nelson Mandela and his love of children will live on in the day to day lives of children. Every interaction will be an expression of his love and care for children.

Although a single facility, the NMCH will, through its training and research, build human capacity and spread the ethos, values and approach of Mr Mandela throughout Southern Africa and abroad. It will act as a hub for health centres throughout the region. The NMCH will shift the way Africa views its children, by providing state-of-the-art specialist care to all children – no child will be turned away due to an inability to pay.

The NMCH will offer family-centred healthcare and advice for families which emphasises their role in treating children outside of the healthcare system and, in so doing, creates continuity of care for children. Too often hospital care is entirely removed from the care children receive at home, with physicians treating a child, only for the condition to worsen when the child returns home. By involving families in the entire continuum of their child’s care, the NMCH will help to end that cycle.

The NMCH will stand out as the concrete expression of the legacy of our founder, Mr Mandela, whose vision we are truly honoured to champion in partnership with those who share and believe in it. More than a concrete building, the NMCH will act as a focal point for that vision as it impacts upon those who are treated there and those who work in it. The driving force behind this vision is bringing a heart to healthcare, making a difference and always reaching for higher levels of excellence.

Government faces huge challenges regarding healthcare for children – the NMCH will create a place where we will better the situation. The NMCH will directly impact the lives of more than 200 children in need of critical care, and potentially indirectly affect the lives of children who, at the present moment, are not able to be treated.

The NMCH represents the culmination of a lifetime committed to fighting for the basic rights of all South Africans, in this case, specifically the rights of children to proper specialist care. The NMCH will set the bar for modern child-centered healthcare facilities, introducing unique approaches to its funding, operations, staffing and training capabilities.

Above all, the NMCH represents the ultimate legacy project to carry the great patriarch’s name as a living legacy and tribute to Mr Mandela’s unbounded love for children.

Sibongile Mkhabela
CEO of the Nelson Mandela Children’s Hospital Trust
Summary of the full business case

“A specialised, dedicated children's hospital will be a credible demonstration of the commitment of African leaders to place the rights of children at the forefront. Nothing less would be enough.”

Nelson Mandela

2.1 Nelson Mandela Children’s Fund ~ the promoter

The Nelson Mandela Children’s Hospital (NMCH) is championed by the Nelson Mandela Children’s Fund (the Fund) with the oversight of the Nelson Mandela Children's Hospital Trust (NMCHT). The Fund has evolved since its establishment in 1995 from a purely grant-making organisation into an internationally recognised advocacy institution focussing on the rights of children. The NMCH project ties in directly with the Fund’s vision to ‘change the way society treats children and youth’. The NMCHT has been established as a separate corporate entity, with a Board of Trustees and management team established for the project.

Key factors that will enable the long-term success of the NMCH are the collaboration with the National and Provincial Departments of Health as well as the NMCH’s operational partnership with respective Treasury Departments which will bear the operational costs.

2.2 The need for a children’s hospital

The desire to establish a children’s hospital is about entrenching Mr Mandela’s values in our society, particularly his value for the care of children, and his love and compassion for children. It helps to address a very real need in the Southern African region.

Africa suffers from a lack of dedicated paediatric facilities, with only four such facilities on the continent – two in Cairo, one in Nairobi and one in Cape Town. This compares dismally to the 23 children’s hospitals in Canada, 19 in Australia, 20 in Germany and 157 in the United States. Mindful of the role that a children’s hospital can play in providing specialist care in the region, admissions will be open to children from the SADC region, who most need specialised care.

2.3 South African paediatric hospital provision

South Africa’s public and private hospitals operate varying paediatric facilities which are located within hospitals that are designed and operated with a focus on adult patients. These facilities are not completely suitable for children as there is a noticeable difference between the healthcare needs of children and those of adults.

A concept that is central to the development, design and operation of the Hospital is that ‘children are not little adults’ and have specific needs that are not adequately catered for in a paediatric ward of a general hospital. The Hospital’s founding partners, administrators and staff are committed to recognising the rights of all children to be cared for in a child focussed environment.

2.4 Paediatric professional resource revitalisation

There has been a decline in the population of qualified paediatric healthcare professionals in South Africa. The need to establish a Centre of Excellence in paediatric sub-speciality training is paramount to increasing the number of healthcare professionals in the region to treat the population adequately across all levels of care. The establishment of the Hospital may also encourage the return of the many specialists that have left the region over the last few years.

2.5 Realising the dream

The decision to go ahead with the concept as proposed by the NMCF is being driven by the NMCHT and is substantiated by a comprehensive study conducted with the support of local and international advisors including KPMG and Life Healthcare. The key findings of the full feasibility study conducted by Marvin Bostin and RBSD Architects, international consultants with experience in paediatric hospital planning and design, confirmed the need and translated this into a structured deliverable.
The NMCF has talked to role players involved in providing paediatric healthcare, which has resulted in a swell of support for the establishment of a dedicated academic tertiary paediatric facility.

A comprehensive group of local and global hospital models were evaluated for comparative purposes. This resulted in a blueprint profile for a state-of-the-art tertiary academic paediatric hospital.

- Funding: A public-private collaboration arrangement, incorporating charitable giving, donor funding and governments liability for the operating costs
- Research and teaching: These include doctor, nurse and Allied health professionals
- Physical hospital design: These include “child friendly” and family-centred design and service considerations

The Hospital will be called the Nelson Mandela Children’s Hospital and will be a living legacy of the founder of the NMCF, Mr Nelson Mandela.

2.6 The NMCH hospital profile

The core of the Hospital is to be a dedicated specialist referral academic children’s hospital that focuses on enhancing the healthcare experience from the child’s perspective. The NMCH will make families an integral part of the tertiary care pathway, rather than excluding them from this crucial stage in their child’s care. This exclusive approach to tertiary care is far too often seen in non-paediatric hospitals, where children are treated as little adults and families are treated as spectators only.

The Hospital will complement and consolidate specialist paediatric care by operating as a public benefit organisation that provides services to children referred from both the private and public sectors. This role will be enhanced through its proposed research and teaching capabilities that will be entrenched through partnerships with local and international academic institutions and leading medical schools. It is expected that this will have the added benefit of introducing new knowledge to tertiary and quaternary levels of medical services.

Admission to the Hospital will be strictly through referral according to structured and predefined clinical criteria, with a view to extending the reach of the Hospital into the SADC region over the medium term.

2.7 Centres of Excellence

The Centres of Excellence will serve multiple purposes that will have a clear and definite long-term impact on the provision of specialist paediatric care in the region. The Centres of Excellence will provide specialist care and produce research necessary to further improve the plight of very sick children.

The creation of such Centres of Excellence will attract and retain high quality staff in the medical, nursing, and Allied health disciplines, many of which are currently in short supply in Southern Africa. These Centres of Excellence also enhance the Hospital’s image and identity to attract referrals and serve the needs of children from a broad geographic region.

2.8 The NMCH location and design

The Hospital will be located in Johannesburg, Gauteng, South Africa’s most densely populated province. Johannesburg is both the economic and transportation hub for the entire SADC region, and therefore the most logical and central location for it to meet its mandate of serving the regions population. The selected site is on the Wits College of Education campus in Parktown next to the Wits Medical School and Charlotte Maxeke Johannesburg Academic Hospital.

The NMCH has been designed by a consortium consisting of Sheppard Robson International and John Cooper Architecture of the United Kingdom as well as GAPP Architects & Urban Designers and Ruben Reddy Architects from South Africa.

The interior of the building has been designed to optimally provide for paediatric care and patients through appropriate spatial layout of treatment facilities and patient accommodation, recreational and learning areas. The building will also draw heavily on the latest environmental design principles and techniques that will reduce electricity and other operational costs.
2.9 Hospital expansion

Given the feasibility study conducted and research analyses performed, the initial 246 bed facility (196 inpatient and 50 outpatient) will be sufficient with an anticipated future expansion to 300 inpatient beds for a total of 350 beds depending on the occupancy rates of the Hospital.

During the life cycle of the Hospital, clinical needs could change and will influence the future expansion of the facility. It is envisaged within the Master Plan, that the footprint (m²) on the existing Centres of Excellence could increase, but with regards to the Utilities required for such expansion, this is already incorporated in the designs.

2.10 NMCH governance structure

The governance structure of the NMCH is as unique as all other elements of the project, and is designed to facilitate representation of its strategic partners in all decision making processes of the Hospital.

The structure includes the NMCH Trust as the initiator and custodian of the project, with the Asset Company (AssetCo) and Operating Company (OpCo) set up as not-for-profit organisations that will manage the assets and operations respectively.

Some of South Africa's most prominent and influential clinical, philanthropic and business leaders sit on the Board of Trustees. This group is led by Mrs Graca Machel, wife of Mr Nelson Mandela and a participant in numerous high-level peoplecentred projects including the United Nations Foundation, the African Leadership Forum and the International Crisis Group. Other notable Board members include Zenani Mandela-Dlamini, daughter of Nelson Mandela and Winnie Madikizela-Mandela, Moss Ngoasheng, a respected business leader and former Robben island political prisoner, and former Reserve Bank Governor, Tito Mboweni, who chairs the NMCH Trusts Fundraising Committee.
The Trust and the Hospital Board (OpCo) aims to adhere to the principles of the King III Code and the best practice recommendations in the King III Report.

2.11 The NMCH staffing strategy

The intention has always been to draw primarily on South African medical professionals to staff the Hospital, with specialist expertise ‘imported’ to supplement skills where necessary. Given the exodus of medical skills from South Africa over the past two decades, the Hospital is expected to act as a catalyst to promote the return of skilled individuals who share its vision and goals.

Attracting the right level and mix of professionals is a key consideration in formulating the staffing strategy, with incentives, remuneration and the work environment and schedule designed to draw the best and most dedicated talent.

Both a doctors staffing model and nurse staffing strategy have been developed. The nursing strategy provides for specialised nurse training that will be undertaken, in advance of the Hospital opening, to ensure that the Hospital needs, as well as those of the region, are met.

2.12 The NMCH financial requirements

The public-private collaboration arrangement, incorporating philanthropic giving, donor funding and government and medical insurance reimbursement are the cornerstones of the Hospital’s financial model.

The NMCH requires approximately R1 billion for the first phase (246-bed facility) capital expenditure (Capex), with operating expenses (Opex) calculated at approximately R530 million per year. The Opex will be covered by the National and Provincial Departments of Health through its unique partnership with the NMCH.

The Capex component will be raised through donor funding, with the NMCHT’s Fundraising Committee working to secure funding from a broad range of both local and international institutional and private sources.

2.13 Information sources and compilation of this document

All assumptions and information used for the preparation of this document have been provided by, amongst others, Life Healthcare, M. Bostin Associates, RBSD Architects, the Health Systems Trust (HST), the Red Cross Children’s Hospital (RCCH) as well as various clinicians and a dedicated Project Steering Committee. This document and all financial models used were compiled by KPMG based on information supplied by the abovementioned parties.

2.14 The way forward

The project is entering the final development phase, with the past four years dedicated to finalising the concept, operations and funding of this unique health initiative. Construction is expected to start during the second half of 2012, with commissioning and opening of the Hospital expected for July 2014.

Discussions between the NMCH and Government on finalising their commitment towards funding the Opex for the Hospital are at an advanced stage. Once broad consensus is reached between the NMCH and the National and Provincial Government Departments, a detailed time and project plan will be drafted and provided to interested organisations.

The full Business Case is available on request.
3 Project description

3.1 Nelson Mandela Children's Fund – the promoters and establishment

The NMCF established by Mr Nelson Mandela is a child focussed advocacy fund. The fund’s vision is to “change the way society treats its children and youth”. The NMCF raises funds that are used for a multitude of community projects supporting child-based initiatives whilst simultaneously ensuring the sustainability of the Fund into perpetuity and advocating for the rights of children in Southern Africa.

The Fund, through the personal experience of the CEO, Ms Sibongile Mkhabela, has experienced first-hand, the obvious shortfalls of the paediatric healthcare system in South Africa. Based on this, Mr Mandela and the Trustees of the Fund then approved the process of conducting a feasibility study to establish the feasibility of a dedicated specialist paediatric hospital facility.

Mr. Nelson Mandela and his legacy organisations, namely the NMCF, the Nelson Mandela Foundation and the Mandela Rhodes Foundation, regard the NMCH as his final legacy that epitomises his love for and belief in the children of Southern Africa. So strong is Mr Mandela’s commitment to the project that he and his wife, Mrs Graca Machel, personally contacted, amongst others, Archbishop Desmond Tutu and Dr Mamphela Ramphele, to ask for their support for the project which they have committed to without reserve.

In 2006, the NMCF commissioned a pre-feasibility study, with a full feasibility study being conducted thereafter in 2007/08 by Marvin Bostin and RBSD Architects, international consultants with experience in paediatric hospital planning in both first world and developing countries. The outcomes of the study were further supported by an analysis performed by local South African hospital consultants. The key findings of the feasibility study were:

- A specialist academic medical centre was required to serve the tertiary care needs of children nationally, irrespective of socio-economic status
- The centre should also be a research facility that will form partnerships and alliances with major hospitals, both locally and internationally
- The hospital should have a significant number of beds and contain a number of Centres of Excellence
- A process by which additional beds and services are phased in would ensure sustainability
- A number of sites were identified as suitable using the architectural criteria provided

3.2 NMCH mission statements

The Nelson Mandela Children’s Hospital will be established with the following mission statements:

- The Hospital will be a dedicated paediatric tertiary referral facility with principles of family-centred care
- The Hospital will be a modern facility designed as a child friendly environment
- The Hospital will function as an academic medical centre affiliated to medical schools contributing to the training of doctor paediatric specialities, paediatric nursing and Allied paediatric disciplines
- The Hospital will operate as a not-for-profit entity
- The Hospital will be a “green” facility, the extent of which will be dependent on cost implications
- The Hospital will treat any child that qualifies under the clinical referral guidelines regardless of social standing or ability to pay
- The Hospital will serve as a regional Southern African facility accepting referrals from neighbouring states
- The Hospital will undertake and support paediatric medical clinical research
- The Hospital is designed to complement existing general paediatric facilities in the region
- The Hospital will conclude affiliation programs with children's hospitals abroad
- The Hospital will engage in best practice governance ensuring accountability and transparency with ongoing stakeholder and donor engagement
3.3 Our vision

The NMCH's vision is to be a state-of-the-art specialist paediatric academic and tertiary referral hospital providing child-centred, best-quality medical services to the children of Southern Africa, irrespective of their social and economic status.

The NMCH will provide cutting-edge paediatric medicine through clinical and medical research within defined Centres of Excellence by sharing skills and expertise with like-minded facilities worldwide. The Hospital will be a world-class, high-tech facility with advanced know-how in an environment tailored to suit the needs of very sick children while also accommodating the needs of parents and families.

The physicians and nurses employed by the NMCH will devote themselves to children's health. They will be trained to a level of specialisation that is equal to the best in the world – yet bring a heart to healing that crystalises Nelson Mandela's fundamental values.

3.4 Guiding values and principles

- Child-centred medical care
- Rights based health delivery
- Accessible and affordable healthcare
- Delivery of specialist healthcare to referred patients irrespective of patients' financial status
- Provision of treatment to children of Southern Africa in need of specialist tertiary medical care
- Recognition of the strength of family relationships in the healing process of children
- Holistic training for paediatric specialists who are champions committed to treating those in their care with the active support of their families
- Those referred, arrive as patients and leave as friends

3.5 Feasibility study and findings

Representatives of the NMCH steering committee set up by the NMCF, visited both local and international hospitals to identify the successful components that could be relevant to a paediatric hospital in Southern Africa.

In combination with the numerous interactions with the Red Cross Children’s Hospital (RCCH) in Cape Town, South Africa, the following leading children’s hospitals in various developed countries were also visited or used for research purposes:

- CS Mott Children’s Hospital in Michigan, United States of America
- The Robert Debre Academic Hospital for Children in Paris, France
- The Necker Hospital of Paris (“IRNEM”), France
- Great Ormond Street Hospital for Children NHS Trust (“GOSH”) in London, United Kingdom
- Sydney Children’s Hospital, Australia
- New Royal Children’s Hospital, Australia
- St Jude Children’s Research Hospital in Memphis, United States of America
- Sant Joan de Déu Mother and Child Hospital in Barcelona, Spain
- The Hospital for Sick Children (“SickKids”), affiliated with the University of Toronto, Canada
From the studies, the steering committee identified the following learning points that were taken into consideration:

<table>
<thead>
<tr>
<th>Funding arrangements</th>
<th>Research and teaching</th>
<th>Physical hospital design</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A public-private collaboration arrangement, incorporating philanthropic giving and donor funding and including government and medical insurance reimbursement, is most effective</td>
<td>• Locating the hospital next to an academic institution to assist in attracting staff and sharing resources</td>
<td>• Include ‘child friendly’ service considerations</td>
</tr>
<tr>
<td></td>
<td>• Ensuring that the main research programmes are closely linked to the clinical specialties</td>
<td>• Designing the hospital as a family friendly environment</td>
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<tr>
<td></td>
<td>• Ensuring that the hospital is a hub for specialist skills development in medical, nursing and allied health services</td>
<td>• Designing the hospital in all aspects for paediatric utilisation covering dimensions of height, size, space, colour, light and activity</td>
</tr>
<tr>
<td></td>
<td>• Developing a regional and international network of the NMCH paediatric trained professionals and related services as well as exchange programmes with international institutions</td>
<td>• Assist in hospital education programmes</td>
</tr>
<tr>
<td>Staffing</td>
<td>Equipment</td>
<td>The child</td>
</tr>
<tr>
<td>• Training and provision of paediatric qualified hospital staff</td>
<td>• Specialised paediatric equipment is required</td>
<td>• The facility must have a fundamental focus on establishing a childcentred approach to the hospital</td>
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</table>

3.5.1 Pre-feasibility study

After the NMCF initiated the NMCH, a pre-feasibility study based on the need for a specialist children’s hospital in South Africa was conducted in 2006. The study confirmed the level of need and defined the vision for the Hospital and further recommended that a full feasibility study be conducted.

3.5.2 Feasibility study

Marvin Bostin and Associates and RBSD Architects, international consultants with experience in hospital planning, were commissioned to conduct a full feasibility study. This study, completed in 2008, concluded that:

• The current levels of paediatric service delivery are generally overwhelmed by the demand for health services and that the waiting times for tertiary services are too long
• The high mortality rate for children under the age of five is unacceptable and the infant mortality rates in South Africa and neighbouring countries are high relative to other developing countries, such as Brazil
• The increase in primary and secondary care requirements has, in some cases, resulted in a reduction in budgetary allocation for tertiary care
• More patients treated at primary level result in more referrals to secondary and tertiary care
• Additional resources are required to complement the existing scarce resources in the tertiary and quaternary services
There was therefore a need for a specialist tertiary care referral centre to serve the tertiary care needs of children nationally, irrespective of socio-economic status.

- The following services were recommended:
  - Haematology/oncology & Bone Marrow Transplant
  - Cardiology & cardio-thoracic surgery
  - Neurosciences
  - Nephrology/Urology/Dialysis centre
  - Medical/surgical
  - Neonatal ICU
  - Surgical ICU
  - General ICU
  - Adolescence centre

- There is a need to establish a series of “Specialty Centres” or “Centres of Excellence” that are aligned to the South African Department of Health’s Modernisation of Tertiary Services (MTS)

- The hospital should also be a clinical research facility that would form partnerships and alliances with major hospitals, both locally and internationally

- The Hospital should eventually cater for 300 beds and that the immediate market demand was for a 200 bed specialised paediatric hospital located in Johannesburg

- A phased implementation of beds and services would strengthen sustainability

- Ambulatory care including a clinical practice unit, day hospital and an immediate care unit is required

- The following sites in Gauteng were identified as potentially suitable, using preliminary architectural criteria provided by the NMCF:
  - Wits College of Education in Parktown
  - Transvaal Memorial Institute in Johannesburg
  - Chris Hani Baragwanath Hospital in Soweto
  - Frankenwald Site in Midrand

The full feasibility study is available on request.

3.6 Location and facilities

The population and activity hub of Gauteng is the City of Johannesburg. Locating the NMCH within this hub will place the Hospital in an ideal central position allowing it to service the needs of the surrounding populations.

The City of Johannesburg is accessible by taxi, train and bus transport services with the Oliver Tambo International Airport being only 20 kilometres away.

Wits have made land available to the NMCH, within its education campus. The University operates a medical school, which is located on the same premises as the Johannesburg Hospital. This allows for paediatric academic teaching access from the Wits Medical School, maximising operational efficiencies and staffing models.

The convenience of the central location and access to learning opportunities will facilitate paediatricians and specialists in transferring their patients from other private hospitals to the NMCH.

A team of professionals, including architects and engineers, have conducted an assessment of the site covering service facilities such as water, electrical power, waste and telecommunications. The geology of the site indicates solid underlying foundations. The site layout allows provision for adequate parking and commuter access. Size zoning and bulk calculations allow for a hospital building of the size and configuration currently planned including future expansion.
3.6.1 The NMCH design process
The NMCH embarked on an extensive process to obtain an appropriate design for the Hospital. This was done via an international design invitation competition that incorporated the following:

- The design process had to be "all-encompassing"
- An adjudication panel was selected to ensure that the vision for the Hospital was followed
- A panel of local and international experts provided technical support to the adjudicators
- Local and international designers were invited to participate in the proposal process
- The adjudication panel then selected the design team

A proposed block design of the Hospital was originally prepared with the assistance of local architects, A3 Architects (Pty) Ltd. The main purpose of the block design was to confirm that the identified site was sufficient to accommodate the initial 200-inpatient-bed hospital and that a potentially required future expansion to 300 in-patient beds would be spatially viable. The block design confirmed that the necessary site meterage is available and also enabled an initial norms based costing to be undertaken.

3.6.2 Hospital facilities
The Hospital facilities provide for the following:

<table>
<thead>
<tr>
<th>Intensive Care Unit</th>
<th>Overnight Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neonatal and Paediatric Intensive Care Units, as well as Neonatal and Paediatric High Care Units</td>
<td>Counselling and prayer rooms</td>
</tr>
<tr>
<td>Chemotherapy, cath lab and theatre, MRI and CT</td>
<td>Waiting rooms and parents accommodation</td>
</tr>
<tr>
<td>Theatres, including: Cardiac, Neuro, Ophthalmic and ENT, Orthopaedic and Craniofacial</td>
<td>Pathology lab</td>
</tr>
<tr>
<td>Screening rooms</td>
<td>Pharmacy</td>
</tr>
<tr>
<td>Nuclear medicine, Angiography, Ultrasound and Panorex</td>
<td>Coffee shop, laundry, cleaning, catering, administration, admissions and preadmission facilities</td>
</tr>
</tbody>
</table>

3.7 NMCH impact on Southern Africa and Africa
The NMCH will impact significantly on Southern Africa and on other parts of sub-Saharan Africa in three main areas, namely:

3.7.1 Providing a clinical service to children
Children from other African countries currently access care in South Africa for specific tertiary and quaternary types of illness, but due to the service load of the public sector hospitals, this is often in the private sector making it very expensive.

Funding arrangements will be put in place that will allow for more children to access such care. Initially this will apply mainly to Southern African countries, but with funding sources secured, other African countries will also benefit.

3.7.2 Providing training for doctors, nurses and allied health professionals
It is well recognised that there is a major shortage of paediatricians, paediatric surgeons, paediatric subspecialists such as cardiologists and surgeons in other surgical disciplines related to children in all parts of sub-Saharan Africa. The same applies to specialised paediatric nurses and the allied professions who deal with children. The NMCH will be able to offer training to such professionals from all parts of sub-Saharan Africa which will in turn have a major impact on specialised care in those countries.
3.7.3 Research

Clinical research in the NMCH will largely be on diseases relevant not only to South Africa, but to other parts of Africa as well and the results of such research will be disseminated widely. In addition, those coming for training will also be taught research methodology so that they will be able to return to their own countries and be able to investigate their own unique problems.

3.8 NMCH proposed paediatric hospital service delivery

The core strategy of the Hospital will be to focus on the following:

- Children’s perspective: The Hospital will be a dedicated specialist referral children’s hospital that focuses on optimising the healthcare experience from the perspective of the child in terms of both hospital design and providing for family accommodation.
- Complement and consolidate specialist paediatric care by operating as a public benefit organisation that provides services to children referred from both private and public sectors.
- Develop excellent research and teaching capability by creating partnerships with various academic institutions and leading medical schools, both locally and internationally.
- Admission to the Hospital will be through referral only according to structured clinical referral criteria. The initial focus will primarily be public sector referral and private sector referrals from practitioners operating in private sector hospitals. The medium term focus will be on referrals from the SADC region.
- The appropriate cut-off age for children’s health services in the NMCH is 16 years. It is widely acknowledged, however, that flexibility is essential as the Constitution of South Africa and the United Nations Convention on the Rights of the Child defines persons up to the age of 18 as children.
- A child’s individual needs cannot be determined by age alone – the transition between ages is seamless and some children, particularly those who experience long or frequent admissions to hospital are delayed in development or have sensory impairment – therefore flexibility based on an individual needs assessment is the key to good practice.
- In terms of high risk pregnancies and the NMCH’s close proximity to Charlotte Maxeke Hospital, a strategy around a limited mother/child facility will also be incorporated.
- Recognising the marked difference between the healthcare needs of children to those of adults and taking into account this difference in a manner that is focused, responsive and supportive to children’s psychological needs.
- Bring new knowledge to tertiary and quaternary levels of medical services through research, teaching and training.

3.9 The role of the NMCH in the existing healthcare system

The NMCH will fit into the existing hospital infrastructure in South Africa which has established primary, secondary and tertiary facilities. With the government concentrating on primary and secondary care, a gap has however developed in the provision of tertiary care. The NMCH will fill this gap especially in relation to tertiary paediatric care.

Part of the development process of the Hospital included visiting and researching the surrounding hospitals and service offerings to assess the need for the services offered by the NMCH.

The facility will act as Centres of Excellence and the effect of this will be to improve levels of care in the referral facilities. Many of the medical staff members will be rotating from other facilities and will be expected to take back what they have learnt at the NMCH. There will be formal training of nursing, medical and paramedical staff in the NMCH not only for the region but for the country and the rest of the SADC region.

3.10 Trauma and emergency

The NMCH fully recognises that emergencies do form an integral part of paediatric care. This was therefore taken into account in determining the location of the hospital ensuring that there are sufficient emergency facilities 500 meters away from the NMCH at the Johannesburg Hospital. This has allowed for the NMCH to focus on the core services envisioned for the Hospital, and to therefore not accept emergencies.

There will be an ambulance service (fetching service) from the NMCH that will go out and fetch those patients that are not yet stabilised that have been referred from other facilities. This will be managed by paediatric intensive care staff as well as accident and emergency specialists.
3.11 Benefits to the community, patients, academics and health sector

The NMCH will benefit both the immediate South African population as well as that of the greater SADC region.

3.11.1 The communities will benefit in the following manner:

- There will be additional dedicated paediatric bed capacity
- There will be equality of access including access for under serviced neighbouring regions
- The service will be of a high standard
- There will be no requirement to travel out of the region for healthcare
- The facility will be well maintained
- Family involvement and support will be encouraged
- There will be parent or care giver accommodation provided

3.11.2 The patients will benefit in the following manner:

- The Hospital will be a dedicated paediatric facility
- The hospital environment will enhance holistic recovery
- Parental/care giver support will encourage children
- Specialised paediatric qualified nursing and support staff
- Excellent professional level of care

3.11.3 The academics will benefit in the following manner:

- There will be a centralised location for paediatric sub specialities
- There will be interdisciplinary and collaborative clinical excellence
- There will be system based on patient needs, rather than a departmental ‘silo’practice
- The facility will attract and retain high quality staff in medical, nursing, and Alliedhealth disciplines
- Post graduate clinical training for Registrars and Fellows both full time and on rotation from other academic medical centres
- The facility will support high quality medical education to create the medicalsurgical subspecialty practitioners of the future
- The facility will generate opportunities for paediatric medical clinical research

3.11.4 The health sector will benefit in the following manner:

- There will be additional bed and theatre capacity
- The assets will be established from donor funds preserving capital budgets for other projects
- International interest and involvement is expected to be attracted
- Efficient operational practices
- Additional training and therefore availability of qualified paediatric medical professionals
- Public health stakeholder involvement and transparency

3.12 Benefits to investors

This project offers the opportunity to donors to play an integral part in Mr Nelson Mandela’s lasting legacy and to significantly impact the paediatric healthcare system in South Africa as well as the surrounding region. An investment in the NMCH helps the broader community and will also enhance the potential investors’ community and business image.

There has already been a significant investment in this project with a wide array of experts and consultants having been brought on board to ensure not only the feasibility of the project but also the sustainability of the Hospital into the future.

The NMCH also has a detailed donor recognition policy (Section 6) that outlines various incentives for donors to get involved including the granting of naming rights, plaques and murals.
3.13 Research and academic

The NMCH will be integrated into the platform of teaching and research of the University of the Witwatersrand. The Hospital has a common boundary with the site for the new Sydney Brenner Institute of Molecular Bioscience. Facilities for research within the Hospital include a full time director of research as well as areas designated for research activities.

A research protocol will be developed, to identify all clinical focus areas to be addressed. This will also incorporate the training of nursing and Allied medical staff as a major function of the NMCH will be the training of paediatric nurses, paediatricians, paediatric sub-specialists and therapists. Fellowships will be available to trainees from the local region and the sub-continent thus influencing care far beyond the Hospital.

A clinical group will be set up to broadly define research possibilities within the Centres of Excellence in terms of Southern Africa. Research opportunities for nursing staff will also be included in the plan. International research practices are to be included as well as capacity required and research exclusions will also be specified.

There will be collaborative research and co-operation between medical schools, Allied and nursing professionals both locally and internationally. A research fund will need to be identified for the collaborative research.

It is envisaged that clinical research will be conducted in the areas of interventions, new drugs, new operations, bio-medical research, occupational therapy; and electronic assistance. Therefore, areas to be addressed are orthopaedic workshops and occupational workshops amongst others.

The home for research is in the university, and as the facility is based on the grounds of a university with an open door to the biological research centre, this contributes to the demographic positioning for this as a Centre of Excellence.

3.14 Key success factors

The following factors are key to the success of the project:

- Academic support from Wits University and other institutions
- Commitment and participation from the National and Provincial Departments of Health
- Commitment, support and operational funding from National and Provincial Treasury
- Land allocation from Wits University
- Donor funding for capital building and equipment
- Obtaining an operator that will take responsibility for ensuring:
  - Doctor and nurse commitment and availability
  - Effective patient referral criteria and protocols
  - Efficient operational control
  - Renewal and maintenance of assets
- A supportive and mutually beneficial work environment for:
  - International academic support and affiliations
  - International fellowship rotation
  - Academic research and publication
4 Centres of Excellence

4.1 Product and service offering

In designing the model that would be most appropriate for a children’s hospital in Gauteng, South Africa, the experience of the only dedicated children’s hospital in the SADC region, the Red Cross Children’s Hospital (RCCH) in Cape Town, was considered, together with international leading practices.

4.1.1 The core services of the NMCH will include the following:

• Offer world class specialist paediatric care, attract international professionals (specialists and nurses) and adhere to international best practice
• Provide Centres of Excellence based on the profile of current specialist paediatric admission to tertiary hospitals
• Provide both clinical and academic services, with 30% planned academic activity resulting in 12 hours of doctors’ available 40-hour work week being allocated towards teaching
• A 246-bed, 8 theatre (7 digital theatres and 1 hybrid theatre/Cathlab) hospital with state-of-the-art diagnostic capabilities
• Operate in partnership with the Wits medical school as a primary base, but will engage all medical training facilities across the region and overseas such as in the Netherlands, United Kingdom etc
• Employ a total staff complement of approximately 750 people with an aim to attract professionals, including specialist doctors and nurses, and contribute to paediatric training
• Provide for a framework that will include exchange programmes and scholarships with both local and international institutions
• Provide affordable accommodation in overnight facilities for parents and families of out-of-town patients as well as for staff requiring temporary accommodation
• Carry a medical discipline that is supportive of tertiary and quaternary work on a multi-disciplinary level
• Provide outreach support
• Increase technical knowledge to tertiary and quaternary levels of medical services through research, teaching and training

4.1.2 The Hospital will strengthen and support research through the following:

• Ensuring its location next to an academic institution to assist in attracting staff and sharing resources
• Providing an on-site library, servicing both the medical and scientific communities
• Ensuring that the main research programmes are closely linked to the clinical specialities, which enable integration of treatment and research on patients
• Managing the academic reputation of the institute by ensuring that the Hospital gains an excellent publication record

4.2 Major Paediatric departments

Four major departments will be developed to provide new or strengthened clinical services along with the Centres of Excellence discussed below. These include the following:

Paediatric Surgery

Major paediatric surgery will be performed at the NMCH, concentrating the scarce resources. There will be 7 large operating theatres available which will be supported by paediatric anaesthesia, paediatric and neonatal ICU, MRI & CT imaging.

Paediatric Oncology

Inpatient and ambulatory oncology services will be provided to cater for haematological malignancies and solid tumours. There will be appropriate isolation facilities for bone marrow transplant, sufficient laboratory back-up, in-house blood banking, a pharmacy with all required special drugs and accommodation will be available for out-of-town parents.
**Paediatric Nephrology**

The NMCH will have a Haemodialysis unit with 16 bays as well as inpatient units and day-patient units to accommodate ambulatory peritoneal dialysis. There will also be a renal transplant unit which will also incorporate hepatic transplants.

**Paediatric Cardiology/Thoracic Surgery**

Currently there are long waiting lists of children (>300) with correctable congenital heart defects. There is also still a high burden of rheumatic heart disease. The NMCH will have a cath lab, theatres, imaging, ICUs, medical, surgical, therapist and anaesthetic staff to service the region.

**Intensive Care**

There will be a paediatric intensive care unit (23 beds), a neonatal intensive care unit (11 beds) as well as a neonatal high care unit (14 beds). The design of the units includes a blend of single-bed and larger cubicles as well as isolation units with appropriate air-conditioning. Conventional ventilation, oscillation, and Extra Corporeal Membrane Oxygenation (ECMO) will be available.

**4.3 Centres of Excellence**

The following Centres of Excellence are planned to be provided by the NMCH in line with the ‘Modernisation of Tertiary Services’ (MTS) plan:

- Cardiothoracic
- Neurosciences
- Haematology and Oncology
- Pulmonology
- Renal
- General Paediatric surgery
- Craniofacial surgery

The NMCH has selected the disciplines based on the profile of current specialist paediatric admissions to tertiary hospitals. The Hospital has been designed to carry a medical discipline profile that is supportive of tertiary and quaternary work on a multidisciplinary level.

The Hospital has developed a strict referral protocol based on the following criteria:

- The severity of illness requires intensive care or services at a higher level than that normally provided at a general paediatric hospital
- The management of the patient is complex - multi-disciplinary inter referral is required
- The patient requires frequent monitoring of vital signs and specific nursing interventions
- Immediate stabilisation is required
- There is a risk of significant rapid deterioration

**4.4 Outreach capability**

Skills transfer, training and development of paediatric services across the country will be supported by the following two mechanisms:

- Clinicians working in the Hospital will visit other institutions to provide training and supervision
- Lectures, courses and conferences will be held on-site whereby clinicians, nurses and Allied health professionals from around the country will be invited to participate
4.5 Attracting the best

An aggressive international recruitment campaign will be launched to recruit paediatric doctors and nurses that are currently in short supply in South Africa. At the same time, the Hospital and partners will establish mechanisms to strengthen training programmes within South Africa to ensure a sustainable pool of qualified personnel.

The availability of top quality nursing staff is important for two reasons:

• The intensive involvement of nursing staff with the child and family on a daily basis enhances the child and family’s inpatient experience

• Good nursing staff attracts specialists to the hospital because of the important role they play in facilitating and supporting the work of specialists
5 Financial and fundraising requirements

5.1 Financial requirements

5.1.1 Capital requirements – AssetCo

<table>
<thead>
<tr>
<th>Category</th>
<th>ZAR Millions</th>
<th>USD Millions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Building</td>
<td>492</td>
<td>62</td>
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<tr>
<td>Equipment</td>
<td>283</td>
<td>35</td>
</tr>
<tr>
<td>Other</td>
<td>138</td>
<td>17</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>913</strong></td>
<td><strong>114</strong></td>
</tr>
</tbody>
</table>

The land will be provided by the University of the Witwatersrand for a nominal fee. Buildings refer to the hospital and academic areas as well as the basement parking and covers a total area of 30 972 m². Equipment includes IT, general, digital and inhouse services. ‘Other’ includes contingencies and professional fees. All amounts above are excluding VAT and escalations prior to and during construction.

5.1.2 Operational requirements – OpCo

<table>
<thead>
<tr>
<th>Category</th>
<th>ZAR Millions</th>
<th>USD Millions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff costs</td>
<td>299</td>
<td>37</td>
</tr>
<tr>
<td>COS – consumables</td>
<td>107</td>
<td>13</td>
</tr>
<tr>
<td>Lease payment</td>
<td>55</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>66</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>527</strong></td>
<td><strong>65</strong></td>
</tr>
</tbody>
</table>

Staff costs are for approximately 750 staff members and includes employer contributions. COS-consumables incorporates the hospital as well as the Centres of Excellence. The lease payment represents the payment made by OpCo to AssetCo in relation to the maintenance of buildings and equipment as well as for asset lifecycle optimisation in the form of replacing equipment when obsolete. ‘Other’ includes costs for providing accommodation, management fees, water and electricity etc.

5.2 Financial structure

The operating expenditure will be covered through a grant from Government who have committed to pay for all tertiary services quantified and agreed to in the Service Level Agreement with the NMCH. The NMCH projects capital requirements will be donor funded.

5.3 Fundraising requirements

The following graph represents the current status and requirements with regards to the capital expenditure:

Capex Funding requirements

ZAR 800m donor funds required
+/- ZAR 200m donor funds secured
5.4 Fundraising menu

The following menu represents a breakdown of the capital requirements to build the Hospital and the related fundraising requirements:

<table>
<thead>
<tr>
<th></th>
<th>Building</th>
<th>Equipment</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Starters</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ventilators (34)</td>
<td></td>
<td>- R 275 000</td>
<td>R 275 000</td>
</tr>
<tr>
<td>Defibrillators (20)</td>
<td></td>
<td>- R 65 000</td>
<td>R 65 000</td>
</tr>
<tr>
<td>Patient Monitors (81)</td>
<td></td>
<td>- R 240 000</td>
<td>R 240 000</td>
</tr>
<tr>
<td>Anaesthetic Machines (13)</td>
<td></td>
<td>- R 750 000</td>
<td>R 750 000</td>
</tr>
<tr>
<td>Operating Table (10)</td>
<td></td>
<td>- R 500 000</td>
<td>R 500 000</td>
</tr>
<tr>
<td><strong>Main Course</strong></td>
<td>R 127 260 000</td>
<td>R 119 000 000</td>
<td>R 246 260 000</td>
</tr>
<tr>
<td>T1: Cardiac Theatre</td>
<td>R 13 080 000</td>
<td>R 13 000 000</td>
<td>R 26 080 000</td>
</tr>
<tr>
<td>T2: Paediatric Day Case Theatre</td>
<td>R 11 280 000</td>
<td>R 8 000 000</td>
<td>R 19 280 000</td>
</tr>
<tr>
<td>T3: Paediatric Surgery Theatre</td>
<td>R 12 180 000</td>
<td>R 8 000 000</td>
<td>R 20 180 000</td>
</tr>
<tr>
<td>T4: ENT/Ophthalmology Theatre</td>
<td>R 9 930 000</td>
<td>R 11 000 000</td>
<td>R 20 930 000</td>
</tr>
<tr>
<td>T5: Main Oncology Theatre</td>
<td>R 12 180 000</td>
<td>R 8 000 000</td>
<td>R 20 180 000</td>
</tr>
<tr>
<td>T6: Neuro/Orthopaedic Theatre</td>
<td>R 12 630 000</td>
<td>R 21 000 000</td>
<td>R 33 630 000</td>
</tr>
<tr>
<td>T7: Transplant Theatre</td>
<td>R 14 660 000</td>
<td>R 21 000 000</td>
<td>R 35 660 000</td>
</tr>
<tr>
<td>T8: Hybrid Cathlab Theatre</td>
<td>R 12 180 000</td>
<td>R 18 000 000</td>
<td>R 30 180 000</td>
</tr>
<tr>
<td>T9: Oncology Day Theatre</td>
<td>R 6 320 000</td>
<td>R 4 000 000</td>
<td>R 10 320 000</td>
</tr>
<tr>
<td>T10: Nephrology Theatre</td>
<td>R 7 220 000</td>
<td>R 4 000 000</td>
<td>R 11 220 000</td>
</tr>
<tr>
<td>Therapies</td>
<td>R 15 600 000</td>
<td>R 3 000 000</td>
<td>R 18 600 000</td>
</tr>
<tr>
<td><strong>Deserts - Wards &amp; Units</strong></td>
<td>R 290 210 000</td>
<td>R 62 200 000</td>
<td>R 352 410 000</td>
</tr>
<tr>
<td>ICU-Paediatrics (23 bed; 1672 m²)</td>
<td>R 58 900 000</td>
<td>R 19 100 000</td>
<td>R 78 000 000</td>
</tr>
<tr>
<td>ICU-Neonatal (11 beds; 331 m²)</td>
<td>R 14 000 000</td>
<td>R 8 000 000</td>
<td>R 22 000 000</td>
</tr>
<tr>
<td>HCU-Neonatal (14 beds; 421 m²)</td>
<td>R 17 810 000</td>
<td>R 4 000 000</td>
<td>R 21 810 000</td>
</tr>
<tr>
<td>Wards-Renal (24 beds)</td>
<td>R 32 400 000</td>
<td>R 3 600 000</td>
<td>R 36 000 000</td>
</tr>
<tr>
<td>Wards - Medical (24 beds)</td>
<td>R 31 100 000</td>
<td>R 5 500 000</td>
<td>R 36 600 000</td>
</tr>
<tr>
<td>Wards - Cardiac (36 beds)</td>
<td>R 45 800 000</td>
<td>R 5 100 000</td>
<td>R 50 900 000</td>
</tr>
<tr>
<td>Wards - Surgical (36 beds)</td>
<td>R 42 700 000</td>
<td>R 5 100 000</td>
<td>R 47 800 000</td>
</tr>
<tr>
<td>Wards - Oncology (28 beds)</td>
<td>R 47 500 000</td>
<td>R 11 800 000</td>
<td>R 59 300 000</td>
</tr>
<tr>
<td><strong>Out Patients Dept. &amp; Services</strong></td>
<td>R 237 840 000</td>
<td>R 106 300 000</td>
<td>R 344 140 000</td>
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<tr>
<td>Day Case (14 beds)</td>
<td>R 10 040 000</td>
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<td>R 12 140 000</td>
</tr>
<tr>
<td>Renal Dialyses (16 beds)</td>
<td>R 20 800 000</td>
<td>R 3 800 000</td>
<td>R 24 600 000</td>
</tr>
<tr>
<td>Oncology Day (14 beds)</td>
<td>R 32 700 000</td>
<td>R 2 100 000</td>
<td>R 34 800 000</td>
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<tr>
<td>Urgent Care (4 beds)</td>
<td>R 7 300 000</td>
<td>R 1 300 000</td>
<td>R 8 600 000</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>R 16 800 000</td>
<td>R 1 500 000</td>
<td>R 18 300 000</td>
</tr>
<tr>
<td>Nuclear</td>
<td>R 7 200 000</td>
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<td>Imaging</td>
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<td>OPD Consulting</td>
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<tr>
<td>OPD Labs</td>
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<tr>
<td>Clinical Offices</td>
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<td>R&amp;D</td>
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<td>R 5 800 000</td>
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<tr>
<td>Academic Ward</td>
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<td>R 30 000 000</td>
</tr>
<tr>
<td>CENTRES OF EXCELLENCE</td>
<td>Building</td>
<td>Equipment</td>
<td>TOTAL</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>-----------</td>
<td>-----------</td>
<td>----------</td>
</tr>
<tr>
<td>Oncology</td>
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<td>Oncology-ICU</td>
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<td>Oncology-Theatres</td>
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<td>Oncology-OPD Services</td>
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<td>R 16 150 000</td>
<td>R 65 470 000</td>
</tr>
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6 Donor recognition

6.1 Objective

A Donor Recognition policy has been drafted and is intended to ensure that donors who support the Nelson Mandela Children’s Hospital through donations to the Nelson Mandela Children’s Hospital Trust receive due recognition, is applied equitably and within the framework of official Hospital and Trust policy.

The further objectives of this Donor Recognition Policy are to assist both the NMCH and the NMCHT to:

- Promote lasting relationships with existing donors and to encourage them to achieve higher levels of giving
- Attract new donors and act as a legitimate incentive and reward to attract and retain donors
- Ensure that the broad principles of fairness and consistency prevail in exercising donor recognition
- Ensure that all actions and decisions concerning donor recognition occur within a framework that is consistent with official NMCHT policy
- Assist the NMCH and its departments to give recognition to donor-designated gifts and to establish relationships with donors that accord with the guidelines set out in this policy

6.2 Context

The policy has been formulated in line with conditions of the Trust Deed to raise the funds required to design, build, equip, staff and maintain the hospital ensuring its sustainability into perpetuity as the living legacy for children left by Mr Nelson Mandela.

The departure points are:

- The assumption that all donations are important, that donor recognition is a valid and valuable incentive to obtaining donations and that individual relationships between donors, the NMCH and the NMCHT must be nurtured, encouraged and grown in the Hospital’s best interests
- That both the NMCH and NMCHT always act as thoughtful and effective stewards of all donations entrusted to them, whilst exercising best business practices when dealing with public recognition
- That this policy serves to ensure that the actions of the NMCHT in granting naming rights fall within the framework of the conditions of the Trust

6.3 Scope and application of the policy

The policy describes granting appropriate appreciation and recognition through naming and other rights to donors who qualify. In addition, the NMCH may wish to secure potential partnerships that cross a wide spectrum of corporate objectives.

This policy is applicable to all these categories.

6.4 Categories of donations covered in the policy

- Cash, cheques or bank transfers
- Bequests or legacies
- Share portfolios
- Moveable or immovable fittings, fixtures or equipment
- Pledges
- Gift(s)-in-kind
- Planned giving
- Cumulative gifts calculated on the accumulation during the lifespan of the donation/pledge and recognised at the end of each calendar year according to the policy
- Gifts from more than one donor which may be combined to meet the criteria for a category of recognition
6.5 General principles governing donor recognition

Value
The nature of donor recognition is determined by the level (amount) donated.

Anonymity
The NMCHT agrees to respect and observe any donor’s wish for anonymity and undertakes to discuss instructions prior to an act of public recognition.

Project-based naming rights document
For every building project there will be an approved naming rights document and supporting legal contracts to be entered into for every donor.

Withdrawal of recognition
The NMCH management and NMCHT reserves the right to withdraw recognition and naming agreements should such withdrawal be deemed to be in the best interests of the good name of the NMCH (i.e. if donated monies were discovered to be as a result of fraud, from the sale of illegal substances, illegal gambling practices, illegal sale of weapons, mental illness, etc) In these instances, where possible, the donation will be returned to the donor.

To avoid potential for abuse, inappropriate alliance or political alliance, an oversight committee (this could be one independent person) is to be appointed to sign-off on all donations over R50 000.

Donor Boards
On completion of a building project and on the implementation of the donor recognition policy applicable to that project, a donor board or mural with donor plaques may be erected.

Murals
In areas built by the Trust with donations of over R1 million or, in special cases, for donations over R500 000 from regular donors, a mural on a wall may be considered subject to hospital management approval of the design, size, medium and colours.
7 Invitation to participate

The Nelson Mandela Children's Hospital is inviting all interested parties, who wish to participate or contribute to the realisation of the dream, to make written contact with the NMCH:

**Pat van der Merwe**  
Tel: +27 11 274 5600  
Email: pat@nmch.co.za

**Oupa Ngwenya**  
Tel: +27 11 274 5600  
Email: oupa@nmch.co.za
This project is an initiative of the Nelson Mandela Children’s Fund
South African Office
21 Eastwold Way, Saxonwold
PO Box 797, Highlands North, 2037

Tel: (27) 11 274-5600
Fax: (27) 11 486-3914