

# DARE TO FUND A DREAM



## EXECUTIVE SUMMARY

A Legacy Healthcare Project By Footprints 4 Sam.  
Neonatal Unit Renovation - Rahima Moosa Mother & Child Hospital  
(Phase 1).

*“Children are a wonderful gift...When we see  
the face of a child, we think of the future.”*

- Archbishop Desmond Tutu



*Let's think of the future  
as we celebrate the 80th birthday  
of Rahima Moosa Mother and Child Hospital  
by raising R80 million.*



**Footprints  
4 Sam**

*“Life holds a special magic for those who dare to dream.”*

- Unknown Author



This report summarises the Phase 1 Proposal of the legacy renovation project of the neonatal unit (NICU) at Rahima Moosa Mother & Child Hospital in Johannesburg, South Africa, as envisaged by the **Footprints 4 Sam Trust**.

A full professional team has been established and has undertaken a comprehensive feasibility study and provided detailed analysis on the refurbishment of the neonatal unit. Rahima Moosa Mother & Child Hospital is the **only** mother and child hospital in South Africa and the NICU is overburdened in terms of bed requirements and a lack of resources.

Herein, the report focuses on health care planning and design, fire compliance, mechanical and electrical services, wet services, as well as heritage assessment since the main hospital building is now 80 years old! We also include the costs of refurbishment and equipment budget. Furthermore, we include the construction programming to indicate the duration of the construction of the planned works.



# HOSPITAL BACKGROUND

PARAGON  
ARCHITECTS  
South Africa



Footprints  
4 Sam

**T**he Coronationville suburb, where the hospital is located, was founded in 1937 and is situated at the western side of Johannesburg, approximately 8km from Johannesburg city centre. The suburb is accessible both from the N1 highway from the west and M1 highway from the east.

The hospital was opened in March 1943 and it was named **Coronationville Hospital**. The hospital is situated along Fuel road and Oudtshoorn Street in Coronationville. It was a hospital established for people classified as Coloured and Indian. It would serve those local communities of Newclare, Noordgesig and Coronationville. Until 1955, it would also take black patients from Pimville, Orlando and Sophiatown.

In 1995, all obstetrics and gynaecology departments were moved from the J.G. Strijdom Hospital (**Helen Joseph Hospital**) to this hospital. On 29 September 2008, Coronation Hospital was renamed the **Rahima Moosa Mother and Child Hospital** by the Gauteng Provincial Minister of Health, Brian Hlongwa.

Rahima Moosa was an anti-apartheid activist and she was one of the organisers of the 1956 Women's March to the Union Buildings protesting passes. Rahima Moosa Mother and Child

Hospital renders mother and child services to a catchment population of an estimation of 1.4 million, or around 30% of Gauteng's urban region. District, regional and tertiary care services are rendered at the facility. The demands on the hospital grow year on year and bed requirements and resources are permanently stretched.

Tertiary services with specialised neonatal care including ICU are rendered. Specialised obstetric care is also provided for at the hospital. The services for level 1 and 2 include the treatment of patients with non-communicable diseases and communicable diseases including HIV, AIDS and TB-related diseases on an outpatient base with admissions where required. Some patients requiring tertiary care, not offered at the hospital, are referred up to Charlotte Maxeke Academic Hospital such as Paediatric surgery and oncology.

The hospital provides obstetrics services for pregnant women which includes short-term admissions for routine postnatal care as well as complicated care where required.

Rahima Moosa Mother & Child Hospital (RMMCH) is a specialised regional hospital that functions as a tertiary

academic hospital of the University of Witwatersrand. It is dedicated exclusively to the care of obstetric, gynaecological and paediatric patients, serving as a referral centre for the western regions of Gauteng.

Rahima Moosa Mother and Child hospital currently has the following bed numbers:

Paediatric	97
Neonatal	61
Obstetrics and Gynaecology	192
<b>TOTAL</b>	<b>350</b>

Over the years there has been an increasing trend in the number of deliveries at this facility with nearly 16 000 babies delivered in 2021. The hospital capacity has unfortunately not kept up with the increase in patient numbers and it is for this reason that this project was birthed in order to protect the lives and dignity of babies, children, families and health professionals for many years to come.

# FOOTPRINTS 4 SAM TRUST

PARAGON  
ARCHITECTS  
South Africa



Footprints  
4 Sam



A charitable organisation named **Footprints 4 Sam** identified the need to upgrade the neonatal unit at Rahima Moosa Mother and Child Hospital. The organisation was established in October 2017, formed in memory of a precious young boy, Samuel (Sam) who lived for fifteen and a half months with all of his life being spent in a NICU. Footprints 4 Sam has six key initiatives and one of these is the Beautiful Memories Initiative. One of the key aims of the Beautiful Memories Initiative is to renovate essential spaces within strategic government paediatric wards in order to ensure excellent patient outcomes and quality of life for the patients, their families and all professionals and key personnel that work in these lifesaving spaces.

[www.footprints4sam.org](http://www.footprints4sam.org)



Scan this QR code to download the Footprints 4 Sam Annual Report 2021-2022



**Footprints  
4 Sam**



# SACRED SPACES

*"If you can dream it, you can do it."*

- Walt Disney

**PARAGON  
ARCHITECTS**  
South Africa



**Footprints  
4 Sam**



The goal of this renovated NICU space is to not only address the important and essential physical requirements of all human beings within this space, but also their emotional well-being.

- **Noise “Pollution”** – Limit noise to encourage harmony, wellness, and the best possible patient outcomes.
- **Emotional “Pollution”** – Create spaces that show we care. Moving away from a cold ICU solely focused on the physical symptoms. Instead, developing a space where curing is transformed into healing (mind, body and soul). A space that truly supports psychological safety for all within its walls together with state of the art medical treatment.
- **Building “Pollution”** – Wellness of the building itself. Where the essential infrastructure, workflow, efficiencies etc. do not negate but instead embrace the human being while still creating the most professional and modern of solutions, as well as ensuring best practice in terms of infection control, so as to limit nosocomial infections (i.e. hospital acquired infections.)

Sam’s journey in a private hospital was not this – and to this end The Footprints 4 Sam Trust strives to make the overall hospital journey and family / patient experience less heartbreaking for other parents and children.

The wellness of health and allied professionals is mission critical, since working in a crumbling building with limited resources adds to burnout, compassion fatigue (empathic strain) and moral injury, where patient outcomes then suffer and where the overall “human fall-out” on all sides becomes tragic.

Melissa and Fred Platt, Sam’s parents, saw that this leads to absolute loss and devastation for so many and so the **Footprints 4 Sam Beautiful Memories** initiative was born.

# NOW & GOING FORWARD

*“What would you dare to dream if you knew you wouldn’t fail?”*

- Brian Tracy



---

**PARAGON**  
**ARCHITECTS**  
South Africa

---



**Footprints**  
4 Sam

## CURRENT STATUS

The Rahima Moosa Mother and Child Hospital is overcrowded, bed utilisation is high, and the hospital staff confirm that the hospital often runs at 100-120% capacity. As a result, infection rates are high. Tertiary services with specialised neonatal care including ICU are rendered. Some of the various equipment and operational spaces are of a poor state and requires immediate attention.

One of the immediate problems that needs addressing is the flow of both staff and the public through these spaces as high foot traffic leads to poor infection control. This unit has a total number of 61 beds. As a tertiary hospital, the total number of beds in the neonatal unit should be 102 beds. This is based on the total number of annual births which is estimated at between 15000 - 17000.



*What we really need is a unit that not only delivers safe healthcare to the most vulnerable patient population, our neonates, but at the same time one that demonstrates our respect for human dignity.*

- Prof. Ashraf Coovadia

Head of Paediatrics RMMCH & Academic Head of  
Paediatrics & Child Health - University of the Witwatersrand

## PROPOSED HEALTH CARE DESIGN SOLUTION

The proposed upgrades aim at achieving a state-of-the-art facility with new equipment and improved services as designed by the services consultants. Fire reticulation has also been looked at to improve fire compliance of this unit. The whole unit has been reconfigured to improve foot traffic flow within the unit. The proposal consists of three sections namely: General Care, High Care, and ICU.

The proposed refurbishment of the neonatal ward will accommodate 65 beds in total (Phase 1).

The distribution of beds in each unit will be as follows:

- GC - General Care Unit = 33 beds
- HC - High Care Unit = 16 beds
- ICU - Intensive Care Unit = 16 beds, including 4 ICU Paeds

The current number of beds in this unit is more than 65. This number does not suit the current space provided as the beds are cramped into small spaces and renders the neonatal unit non-compliant with local hospital design guidelines.

A due diligence is underway to investigate how this number can be increased to 102 to be accommodated in the next phase of the overall legacy project (i.e. Phase 2). The ultimate vision is to ensure that through a staged renovation process a long-term horizon is embedded in this project ensuring that the project and NICU is future proofed for many years ahead.

## PROJECT COST

A cost plan was drawn by the project quantity surveyors indicating an overall cost in the amount of **R70 121 000 excluding VAT for Phase 1**. This cost plan was derived from the scope content encompassing the clinical and functional areas as detailed by the appointed architect and the engineers.

This costing information generally covers for the following:

- Alterations and additions to the existing paediatric wing.
- New work including all the electrical, electronic, mechanical, fire and medical gas services to the areas where directed for use as appraised by the engineers.
- Pre- and post-contract escalation allowance.
- Fitting out of the clinical and functional areas per the agreed output specification.

The notable exclusions are as follows:

- CCTV and surveillance system
- Pump drainage to WHB
- Maintenance, repair or upgrade to existing conveyance system
- Autoclaves
- Green building design and fees
- All statutory and directional internal and external signage
- Structural support to specialist medical equipment
- COVID 19 requirements
- Curtains, bed curtains, vertical blinds, linen, etc.
- Renewable energy solutions
- Local labour
- Hospital management fees
- Legal fees
- Finance charges
- Development management fees
- Building management system
- IT software

# PROJECT PROCESSES AND TIMELINES

The primary function of a Project Manager is to oversee the planning and delivery of the project within time, cost and within specified quality standards.

**The way the Project Managers will do this is by dividing the lifecycle of the project into 6 stages, namely:**

**Stage 1** – Project Inception

**Stage 2** – Project Concept & Viability

**Stage 3** – Detailed Design Development

**Stage 4** – Tender Documentation & Procurement

**Stage 5** – Construction

**Stage 6** – Project Close-Out

Stage 1 is complete and as soon as funding has been secured by Footprints 4 Sam, stage 2 will be complete. This takes the project to stage 3, which is to develop the agreed concept, finalise the design, prepare the specifications, documentation, cost plan, programme and secure the project's financial viability.


A draft project programme and dashboard has been prepared by Project Managers, and while it is in draft format until we secure funding, the durations and sequences are based on acceptable norms.

The construction phase of this project is targeted to start in 2023 in order to celebrate the hospital's 80th birthday in a very special way! The construction should take around 7 months.

Thank you for taking the time to review the above and we look forward to hearing your positive feedback in terms of partnering with The Trust as a donor and as a dreamer, as together we continue to change lives through this significant Legacy work.

**Saving lives one donation and one dream at a time.**



A person in a red jacket stands on a beach at night, painting a vibrant rainbow on the sand. The rainbow is composed of thick, colorful bands of paint that extend upwards into the dark sky, where they blend into a large, multi-colored cloud. The background features a line of trees and a starry night sky. The overall scene is surreal and artistic, symbolizing the act of creating something beautiful and hopeful in the dark.

*“Every great dream begins with a dreamer.  
Always remember, you have within your  
strength, the patience, and the passion  
to reach for the stars to change  
the world.”*

- Harriet Tubman

Dare to fund. Dare to dream.  
Dare to save. Dare to cause change.

Download the full NICU Renovation Project (Phase 1)  
document [here](#).

# THANK YOU

## Contact

---

**Footprints 4 Sam Trust**  
**Melissa Williams-Platt**

**Switchboard:**  
+27 87 135 4465

**IT002433/2017 (G)**  
**PBO No.: 930061601**  
248-516 **NPO**  
**B-BBEE Level: 1**

[www.footprints4sam.org](http://www.footprints4sam.org)

---

**PARAGON**  
**ARCHITECTS**  
South Africa

---



**Footprints**  
**4 Sam**