St Joseph's

INTERMEDIATE PAEDIATRIC CARE

EST 1935

ANNUAL REPORT

2022-2023

Established in 1935, St Joseph's is a bridge from hospital to home, where we believe that every medically fragile child has the right to excellent holistic healthcare, delivered in the spirit of Christian love and devotion.

STRATEGIC FOCUS AREAS

Post-acute medical care

Restorative care and rehabilitation

Palliative care

Respite care

Augmented services

INDEX

Our goal is to provide holistic, family-centred, intermediate care to children experiencing life-threatening and life-limiting conditions so that they can be reintegrated into their homes, schools and communities at their optimal levels of functioning.

INPUTS → OUTPUTS → OUTCOMES

FACILITIES

6 Child friendly wards:
capacity of 20–35 patients per ward
175 beds

A fully adapted play park

Service areas:
Kitchen
Operations and maintenance
Workshop
Laundry

Therapeutic spaces:
- Heated indoor swimming pool
- Physiotherapy
- Occupational therapy
- Speech therapy
- Social work

Administration offices and central work areas

Convent and chapel

Nursing and parent residences

Recreation and training hall

Storage for equipment and consumables

Other:
Specialised and general equipment
2 adapted vehicles
3 general transport vehicles

ACTIVITIES

Screen and admit new patients
Assess & compile patient care plans

Provide medical management of patients including:
- nursing with the support of a medical doctor
- Routine hospital follow-up
- Visits to primary health care facilities
- Admissions to acute hospitals when necessary.

Provide multi- and inter-disciplinary services (according to care plan) including:
- Nursing: general and specialised care
- Therapy: Physio, occupational, speech
- Social Work and dietetics

Cater for children's dietary and special feeding needs

Liaise regularly with family and other stakeholders

Offer emotional, spiritual, psychological and family support including:
- Social work intervention & counselling support
- Pastoral care
- Alternative care
- Palliative or end-of-life care

Provide educational support to children while they are recuperating:
- Crèche facility for 3-5 years
- Facilitate ongoing mainstream schooling
- On-site school and special needs education
- Daily activity programme (recreational and rehabilitative)

Prepare patients for reintegration back home or alternative care:
- Educate patients and parents
- Refer to or collaborate with other health, welfare and educational service providers to ensure continuum of care after discharge

PARTICIPANTS

Children from birth to 17½ years, experiencing life-threatening and life-limiting conditions , who are medically stable but needing post-acute care

Parents and caregivers

Alternative care

Other stakeholders in children's care include:
- **Schools, educators,**
- **External social workers**

Holistic care encompasses care of the physical, emotional, social, educational and spiritual needs of the child.
Post-acute, or intermediate care includes restorative, rehabilitative, palliative and respite care for children not sick enough to remain in acute hospitals, and not well enough to go home.
The cost to provide this scope of care per is R724 per day, and this amounts to approximately R46m for 175 beds per annum.

OUTCOMES

How they change during an average stay of 6 months

INITIAL PHASE

A Child is orientated and settled, indicated by:
- Less anxiety
- Less withdrawn, starts interacting, engaging and making friends
- Familiarity with ward routines and the daily activity programme

B Child gains basic knowledge and understanding of their medical condition, starts complying with treatment

C Child starts responding to holistic treatment improvement in medical, physical and emotional state

RESTORATION AND MAINTENANCE PHASE

D Child's medical condition continues to improve:
- Gains weight and strength
- Energised and active
- Increased medication compliance e.g. HIV, TB and diabetes

E Child shows improvement in functional abilities:
- Reaches developmental milestones
- Manages their condition with moderate support and supervision
- Increased independence in self-care, mobility, communication, social interaction and education

F Child's emotional state continues to improve:
- Feels secure, safe and confident
- Feels hopeful about future
- Engaged and involved in daily activities
- Attachments form (especially babies or young children)
- Peer support amongst older children
- Behaviour adjustments and modification

REINTEGRATION PHASE

G Child achieves optimal level of function and independence in performance of daily activities

H Parents or caregivers are orientated, indicated by:
- Less anxiety about leaving their children

I Parents or caregivers gain basic knowledge and understanding of their child's condition

J Parents or caregivers accept their child's condition, and become supportive of (comply with) care plan

K Parents or caregivers learn skills to manage their child's condition

L Parents or caregivers understand the condition, injury or illness, so that they are able to identify concerns and respond appropriately

M Parents or caregivers are linked to external resources and systems in their community for support

IMPACT

Discharged children successfully reintegrated, resulting in minimal readmissions

ADRIAN VAN STOLK
CHAIRPERSON

At St Joseph's we periodically engage in a discussion on our ethos. It is not always an easy thing to articulate, but the clues can be found in one of the Catholic Church's best kept secrets, namely Catholic Social Teaching. The themes of the teaching include the following:

- The sanctity of human life and dignity of the person
- Pursuing the common good and the call to families and communities
- The rights and responsibilities of social justice
- Care for the most vulnerable and the options for the poor
- The dignity of work
- Solidarity and sharing earthly goods
- Care for God's creation

Our ethos rests in a deep love of Christ, His teaching, and a firm foundation of love, where the dignity of our children and their care are at the forefront of all we do.

Our past year has involved a post-Covid readjustment and a commitment to the first phases of our strategy, most notably how we manage the widening gap between income and expenditure and how we address the need for new fundraising approaches. To this end we have embarked on a bold business development strategy with far larger targets than ever before and a new structure.

We have worked extensively on the second phase of the strategy, as we strive to be a centre of excellence and continue to improve our quality of service. Our major challenge in this regard has been an acute shortage of nursing staff at all levels, but we are not alone, as it is impacting all hospitals around the country. More importantly, we have worked hard to align our service offering with the Western Cape Department of Health's Transitional Care Policy, while still servicing a number of our children who, socially, cannot return home and so remain at St Joseph's, often for years at a time. This has highlighted an important need to develop a stronger relationship with the Department of Social Services.

St Joseph's remains in a healthy financial position, our governance is strong and with the magnificent team of managers and staff, 2022-2023 has been a good year. We remain committed to providing this valuable service to the medically poor and vulnerable children of Cape Town.

BOARD OF DIRECTORS
in office during the period under review is as follows:

Mr Adrian van Stolk (Chairperson),
His Eminence Cardinal Stephen Brislin, Mr Thurston Brown,
Mrs Christelle Cornelius (CEO), Mr Dayne Falkenberg,
Dr Nisha Jacob, Mr Christian Kaestner, Mr Russell Smith,
Sister Prabha Varghese, Professor Anthony Westwood.

CHRISTELLE CORNELIUS
CHIEF EXECUTIVE OFFICER

Every day for the last 88 years, St Josephs has touched a child's life. Our incredible model of holistic care ensures that children with life-limiting and life-changing conditions are still playing, learning, and dreaming of a future, while understanding how to manage their well-being.

The heart of service of our founders, the Pallottine Sisters of the Catholic Apostolate, reminds us that this work and service to children and their families is a great privilege. More than this, we have been sustained by God's grace through a season of great change in healthcare provision and a struggling economy.

2022 allowed for a post-Covid reset that resulted in a restructuring of the organisation. New leadership appointments were made following retirements and repositioning the Resource Development Department.

The restructuring in the fundraising model has emerged as the Business Development team which now includes both marketing of and fundraising for the organisation.

We remain committed to not only maintaining but improving our output and we continue to work towards closing the ever-increasing gap between expenses and donated income.

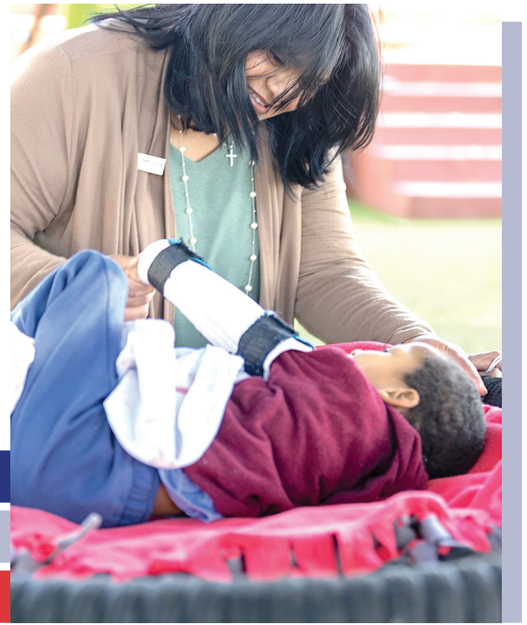
Our systems and procedures, as well as our staffing models and affordability, are consistently reviewed. This is done so that we are responsive to the needs of the time. It is an honour to lead a highly skilled management team that includes the two full-time Clinical managers (heading up the Nursing and Therapy Departments), Finance and Operations manager, Human Resources manager and Head of Business Development.

The model of care is aligned with the Transitional Care Policy, approved by Provincial Health in September 2022, specifically intermediate paediatric care. Transitional care of this nature cannot exclude the child's family or education. This intermediate paediatric care model provides an integrated multi-disciplinary and interdisciplinary service. This includes access to parent accommodation, onsite school or mainstream schooling, and assisting children and their families in accessing quality care towards best patient outcomes.

This year, we experienced high levels of changes in staff, mainly linked to the national nursing staff crisis. The impact of COVID on the economy has also directly impacted our services as we compete with the providers of private and national healthcare.

We enjoy the support of a fully engaged Board and effective working sub-committees guiding the management team. Strong leadership is built on competence, integrity, trust, and wisdom. My thanks to our Board of Directors and recently retired Finance and HR Manager for their strong support, providing the steadiness needed to direct multiple simultaneous changes in workplace policy and organisational leadership.

In the year ahead we look forward to strengthening our systems and building the greatest asset in our business model, Our People. There are daily reminders when engaging with children, caregivers, partners, and visitors that going the extra mile is part of the DNA of St Joseph's Intermediate Paediatric Care. The St Joseph's value imprinted in our hearts is **children and their families are deserving of a service filled with love and care.**



Patient Profile

GENDER	
Male	188
Female	168

LANGUAGES	
isiXhosa	201
Afrikaans	118
English	26
Other	11

AGES	
0 - 2	142
3 - 5	68
6 - 12	110
13 - 18	34
18+	2

Patient Discharges

Parent care	100
Alternative care with family	38
Alternative placement	17
Foster care	4
Safety parent	9
Death	11
TOTAL	179

Our social work department works closely with the parents and is very involved in the reintegration of children into their homes or alternative care. They facilitate all patient-clinical team-parent communication and manage the discharge of our children.

A healthy, happy Lilita discharged and reunited with her family.

MATRON AUDREY GOURRAH
HEAD OF NURSING

Nursing remains the core function of St Joseph's Intermediate Paediatric Care (SJIPC), mandated to care for children with life-limiting and life-threatening medical conditions.

It is imperative that sufficient resources, including skilled and competent nursing staff, are available to sustain the services to these children. Limited nursing courses offered by the South African Nursing Council have resulted in a critical shortage in all nursing categories. Despite this shortage, the nursing staff has remained resilient and has continued to provide the best nursing care to improve the lives of the many vulnerable children at St Joseph's.

After three years of adhering to COVID restrictions, we welcomed parents back into the wards, allowing them to become actively involved in their children's recovery once again.

Whilst children are admitted for medical care, their medical diagnoses are often coupled with other needs emanating from social determinants. These complexities are managed alongside the primary reason for their admission. Staff was upskilled and provided with specific training programmes to effectively care for our young patients. The infectious disease category forms the largest percentage of all patients.

Our nursing staff hosted awareness and assistance programmes on World AIDS Day in support of all those infected and affected.

We are also very fortunate to have the support of the medical team of the Paediatric Department at Tygerberg Hospital.

- One of the medical officers of the Infectious Disease Department provides monthly follow-up clinics at SJIPC. This allows nurses to be in the wards instead of accompanying patients on hospital visits.
- The head of the Paediatric Surgery Department does monthly clinics to assess patients preoperatively and provide guidance and support on challenges experienced post-operatively.
- The weekly support from the paediatric registrar is most valuable to the nurses and medical officer and subsequently enhances our service delivery.

To ensure that our diabetic children have support after being discharged, our multi-disciplinary team established a diabetic support group to guide adolescents in self-management. Registered nurses have also provided training on diabetes management to the educators at Delft Primary, Bishop Lavis High, and Zuyiseni Primary Schools.

FAIZA ACHMAT
HEAD OF THERAPY

"We worry about what a child will become tomorrow, yet we forget that she/he is someone today."
- Stacia Tauscher

A reminder to sometimes pause and to be present…

An attitude of creativity, patience, perseverance, and innovation was reinforced to navigate the ever-changing needs of the child. The team worked hard at developing and refining processes to guide efficient and directed service delivery. Self-developed tools to assess neurodiverse patients, compiling educational material to guide nutritional intervention, developing a seating and positioning video, and facilitating inclusivity projects, such as alternative augmented communication in the play park, was piloted. As an indicator of success, 168 children were discharged to their families, into their community or placed in alternative care.

The importance of psychosocial and mental health support in the physical and functional recovery of our patients was significant. Programmes such as the Children's Voice, a patient and parent feedback survey, as well as a life skills programme were implemented. We also recognise that regardless of the condition of our children, they remain children, growing up in a technology era and wanting to have access to technology, be it with mobile phones to be in contact with their families or computers to access information for their school projects or simply to play games. We explored and implemented channels to afford children access in a safe risk-free manner with adult supervision. This included a workshop by the Film and Media Publications Board on safe social media conduct.

To facilitate family bonding and discharge preparation after the pandemic, parent visits to the wards opened, and families were encouraged to have their children home for weekend and school holiday visits. Opportunities to participate in outings, extramural activities, sports, camps, and onsite events instilled a sense of hope and enhanced patients' overall recovery once again.

Relationships for supportive psychology were formed with the departments at Bishop Lavis Day Hospital, Paedspal and Groote Schuur Hospital Adolescent and Child Centre of Excellence. The onboarding of a sessional counselor enabled grief and bereavement support for our children and staff.

To encourage healthy emotional development, I AM WATER afforded our adolescent patients' the opportunity to have an underwater ocean experience. The aquatherapy treatment room was used by Iris House for their patients' joy and benefit. DEAFSA assisted us with our hearing-impaired and deaf children.

We extend our heartfelt thanks to our partners for their continued support of the care offered to the patients at SJIPC and we celebrate our children's achievements to lead happy healthy lives.

CHARLENE KEMP
HEAD OF HUMAN RESOURCES

During the 2022/23 fiscal year, a host of change management initiatives were identified to re-evaluate structures and roles.

Staff
With the view to implement a structured leadership team, the recruitment of full-time human resources, finance and business development managers was secured by 1 March 2023. Cheryl Campbell was appointed as finance and operations manager, Charlene Kemp as human resources manager and Lesley Liddle as head of business development.

Whilst skills and recruitment of nursing and other clinical staff remains a concern, successful placement of some clinical staff was also made.

Departments in the organisation include nursing, therapy (occupational, physio, speech and language, social work), finance, human resources, operations (maintenance, gardens, kitchen, laundry and contractors), business development and administration.

Training and Development
Our goal is always to upskill and empower by equipping staff with the necessary tools to ensure smooth operations and procedures throughout the organisation. Training courses were identified to assist in nutrition, paediatrics, and seating training for wheelchair users:

- Rehabilitation care workers completed a course on communication with hearing-impaired children, presented by Hi Hopes.
- Basic and advanced wound care training was done by OPTin for supervisory staff.
- Recordkeeping and documentation training for enrolled nursing assistants was presented by OPTin.
- The essentials of nursing sick children, an online course provided by UCT, was completed by two registered nurses.
- The palliative care for children training course was presented by Patch SA in conjunction with Paedspal.
- Eleven registered nurses, including the deputy matron and 6 enrolled nurses as well as 11 therapists attended the course.

Thanks to the sponsorship of the Harry Crossley Foundation, all training was successfully completed by the clinical team.

St. Joseph's a centre for learning
As important as it is for us to invest in training and developing our staff, we are equally committed to offering opportunities to healthcare students. Ninety-six South African rehabilitation and health science students and community health workers from the three main universities in the province, as well as 24 international students were placed in respective departments at SJIPC throughout the year.
We continue to host international students across the disciplines which allows for cross reference of new and different methods of nursing procedures and techniques, so that we remain relevant in the field of intermediate paediatric patient care.

Compliance
St. Joseph's Intermediate Paediatric Care is assessed at B-BBEE Level One and 95.95% are black beneficiaries.

DR. TARA BONNER
MEDICAL OFFICER

Over the last year, there has been an unprecedented increase in the scope of clinical services provided to children admitted to St. Joseph's. Our patients' requirements have become more intense and specialised. In response, we have collaborated with tertiary facilities.

Outreach programmes were established in collaboration with Tygerberg Paediatric Infectious Diseases and Tygerberg Paediatric Surgery teams with a view to pilot a similar outreach programme for Tygerberg Paediatric Pulmonology patients as well as a programme for in-house management of patients with TB in collaboration with Brooklyn Chest Hospital.

'My goal is to assist in optimising the care of the patients at St Joseph's by working closer with the acute facilities to improve communication and enhance medical service delivery.'

MIRACLE STORIES

Miracles happen… Denico's encouraging story

Seven-year-old Denico was admitted to SJH in April 2022 after suffering a demyelinating brain injury. A demyelinating disease causes damage to the protective covering that surrounds nerve fibres in the brain and the nerves leading to the eyes and spinal cord. This results in nerve impulses to slow or even stop, causing neurological problems.

On admission to St Joseph's, Denico could not engage with his environment at all. He was almost blind and unable to talk or understand anyone. He was bedridden and completely dependent on others for his most basic needs.

There is no cure for demyelinating diseases, but therapies can alter the disease progression in some patients. Knowing this, but determined not to be discouraged, the multi-disciplinary team put their heads together to create an intensive rehabilitation therapy programme for Denico. His mom was very supportive from the start, actively participating in his daily care and therapy, and visiting as much as she could.

In addition to his daily rehabilitation therapy, Denico was fed special nutritional supplements through a nasogastric tube to ensure he received all the nutrients needed as a growing boy.

Denico's progress was remarkable. Eight months later, he was discharged into the loving care of his mom who had supported his rehabilitation process every step of the way.

At this point, he was able to put weight on his legs, stand with assistance, and even crawl on his own. He was safely eating roughly mashed foods.The most exciting change was his engagement level with the other children and how he was trying, in his own way, to participate in activities."I believe that the progress Denico made at SJH was because of his determination and go-getter attitude," says physiotherapist Vania.

Denico's smiling face will be missed at St Joseph's, but our hearts are full knowing he is so much better, and our job is done!

Lulo loves aqua therapy

Four-year-old Lulo came to St. Joseph's for ongoing rehabilitation following a diagnosis of Guillain-Barré Syndrome (GBS). An acute illness involving the peripheral nervous system, GBS can cause temporary paralysis, muscle weakness, reflex loss, and numbness.

The SJIPC team carefully assessed Lulo and designed a rehabilitation programme to help her regain mobility strength. Due to her condition, physiotherapy, especially aqua therapy, played a major role in her recovery strategy.

"Lulo could initially only roll and push up into a sitting position. She really struggled to move her legs. Even just one aqua therapy session in the pool made a huge difference to her rehabilitation. Suddenly, Lulo was trying to kick her legs and move them in a walking motion.

At the end of the session, she even put her feet against the wall and pushed backwards against me because she did not want to get out of the water."

Every day, Lulo asked if she could go back in the pool–she loved it so much. Her lower limb strength and mobility improved to the point that she now walks independently and climbs stairs. We are so encouraged; it's truly amazing what aqua therapy can do! This success, combined with her other treatments, means Lulo is on her way to full recovery," says physiotherapist Melissa. Lulo has since successfully been discharged.

"He is always striving to give his best" Dicklin's remarkable recovery

Learning that your child was involved in an accident is every parent's worst nightmare. And for the Goosens' from Wellington, that fateful day was 1 December 2021, when their 7-year-old son Dicklin was hit by a car.

The accident left Dicklin with a severe traumatic brain injury, a skull fracture and harm to his right eye, which meant multi-disciplinary therapy was needed to ensure he made some form of recovery. Dicklin was admitted to St Joseph's Intermediate Paediatric Care.
"Upon admission, he was wheelchair-bound and needed complete assistance for all activities of daily living, such as bathing, eating, dressing and even playing," says occupational therapist, Kashiefa.

"Dicklin received intense rehabilitation and was seen for occupational therapy, physiotherapy and speech therapy. And as part of his rehabilitation process, he attended St Joseph's School daily."

His smile grew each day, and his fierce fighting spirit aided his progress, and after only six months of holistic care, Dicklin made remarkable progress in all aspects of his daily living. "He was able to walk short distances independently and use a walking frame for long distances. His improved mobility enabled him to enjoy a variety of activities and he particularly enjoyed playing in the park on his favourite ride, the merry-go-round," adds Kashiefa.

In 2020, St Joseph's Intermediate Paediatric Care launched a specialised play park that was customised for children with disabilities–a great tool in therapy and inclusive play. Better yet, the little patients love it! "One of the greatest challenges we face in rehabilitation of survivors with acquired brain injuries is the ability of the brain and body to work together in a synchronised way, which we refer to as cognitive-motor ability, co-ordination and dexterity. Dicklin improved so much that he regained all basic learning skills and overcame most of his classroom challenges. He was able to write with improved pencil control and capably uses technology, such as the classroom tablet, for certain Integrated learning activities," says Kashiefa. Dicklin is back at home and in school and is enjoying being with his old classmates.

We would like to take this opportunity to acknowledge Dicklin's parents. As St Joseph's Intermediate Paediatric Care, we would not have achieved our therapeutic goals without the input and assistance of his dedicated parents who played a pivotal role in his rehabilitation.

CHERYL CAMPBELL
FINANCE AND OPERATIONS MANAGER

The Western Cape Provincial Health and Wellness subsidy amounted to R624 per bed per day. Our operating cost per bed per day amounted to R724. We incurred a daily shortfall of R100 per bed per day. Annualised, this was a shortfall (based on a daily average of 168 patients) of R4 261 988.

Our financial statements indicate the ever-widening gap between the operational income and operational expenditure. Projections for the next three years indicate an average deficit of R10 – R15m per annum.

Our challenges, along with the rest of the country, have hugely increased. Fuel costs to keep the generator operating have more than doubled and the overall fuel expense increased by 152%.

Fortunately, as an established 88-year-old organisation with strong reserve policies as well as wise, low-risk investment strategies, St Joseph's has built up a healthy reserve for the purposes of supporting any delays and short-term cash flow deficits.

However, tapping into our reserves does not secure sustainability. With St Joseph's IPC being the only organisation offering intermediate paediatric care to patients from marginalised communities referred by public hospitals and clinics, revenue stability is essential.

The operations team undertook some significant projects, which included:

- The renovation of the hydro pool
- The restoration of the power supply to the signboard
- Installation of new equipment for the laundry and the kitchen
- Managing the installation and fitting of special fitting needs for our patients of a new vehicle funded by the National Lotteries Commission. The vehicle suitably accommodates our wheelchair-seated patients, allowing for easy transport to hospitals.
- The refurbishment of all exterior doors
- Ensuring that the generator is in operation remains a great concern.

Maintenance service is regularly scheduled. however, parts are hard to come by because the generator is old and needs to be replaced.

The other service areas, including the kitchen and laundry, are superbly efficient. Starting at the crack of dawn this team prepares per annum:

- A minimum of 1,095 meals
- School lunches and snacks for all school-going patients
- Snack packs for patients attending hospital check-ups
- Meals and snack packs for patients attending outreach programmes
- Catering for training programmes at St Joseph's IPC

An average of 25 loads of washing is done per day. The laundry team ensures that bedding from all the wards and clothing of 175 children are clean and all hygiene protocols are in place.

THE ST. JOSEPH'S HOME FOR CHRONIC INVALID CHILDREN NPO		
(Registration number 002/908)		
Annual Financial Statements for the year ended 31 March 2023		
STATEMENT OF FINANCIAL POSITION		
	2023	2022
	R	R
Assets		
Non-current Assets	45 337 865	41 607 516
Property, plant and equipment	1 276 537	434 820
Investments	44 061 328	41 172 696
Current assets	634 179	426 523
TOTAL ASSETS	45 972 044	42 034 039
Capital and Liabilities		
Capital - retained Income	43 507 810	39 762 179
Current Liabilities	2 464 234	2 271 860
TOTAL CAPITAL AND LIABILITIES	45 972 044	42 034 039

FINANCIAL PROJECTIONS		
	2024	2025
	R	R
PROVINCIAL GOVERNMENT GRANTS	40 336 125	41 949 570
OPERATING EXPENDITURE	53 932 633	56 629 265
OPERATING DEFICIT	(13 596 508)	(14 679 695)
INVESTMENTS AND OTHER	3 581 257	3 760 320
NETT DEFICIT	(10 015 251)	(10 919 375)

THE ST. JOSEPH'S HOME FOR CHRONIC INVALID CHILDREN NPO		
(Registration number 002/908)		
Annual Financial Statements for the year ended 31 March 2023		
STATEMENT OF COMPREHENSIVE INCOME		
	2023	2022
	R	R
Operating income	38 263 680	36 730 680
Provincial government subsidy	38 263 680	36 730 680
Operating expenses	(44 383 458)	(43 246 173)
Personnel	(32 936 434)	(32 262 447)
Depreciation	(201 984)	(259 482)
Other	(11 245 040)	(10 724 244)
Operating (deficit) surplus	(6 119 778)	(6 515 493)
Donated Income	6 284 152	4 605 939
Donor income	6 284 152	4 605 939
Other Income	3 581 257	2 319 858
Investments	2 730 701	1 677 858
Miscellaneous	850 556	642 000
NETT SURPLUS	3 745 631	410 304

LESLEY LIDDLE
HEAD OF BUSINESS DEVELOPMENT

Gratitude
Entering the first post-Covid financial year presented a fair amount of trepidation. With immense gratitude to our core partner, the Western Cape Government Department of Health and Wellness, and significant and steadfast donors, we were able to stay on track and keep our promise to the beneficiaries at St Joseph's, our precious young patients.

Notwithstanding the concern of loadshedding, which brought increased unbudgeted expenses to our financials, we reached out to our partners for assistance. We are in awe of the generosity of our donors who responded and made it possible for us to keep the lights on. Such is the nature of philanthropy towards St Joseph's, and we are so grateful to each and every donor who collaborated, funded, supported and held us in prayer.

Looking ahead
As a medical facility, reliable energy supply is an absolute necessity. With an ageing generator, the security of alternative energy supply is of paramount importance. We have set the wheels in motion to look at all possible solutions, but funding for this expense remains a concern.

General operating costs, which include cleaning, security, and pest control contracts, medical consumables, laundry and cleaning consumables, food provisions, municipal services and fuel amount to between R1 and R2m per annum.

In addition to ensure the efficient operation of the facility, there are capital outlays that require attention. They include a properly designed standard ward for our 0 -18month old babies, which has been in a temporary space for the last 5 years, and additional ward space for our 8 - 18year old children. This age category whilst split in gender requires a further age split, the wide age category is conducive to behavioral issues.

Given the scope of care, we rely on donor support for contributions to offset these costs to ensure that the child is in the best care and has the best chance at optimum recovery.

We value our stakeholders and look forward to a new financial year filled with possibility and promise.

DONATED + GRANT IN AID INCOME
R6,284,152

GRANT IN AID
R2,330,900

NATIONAL LOTTERIES COMMISSION
LOTTO FUNDED

Donors don't give to institutions. They invest in ideas and people in whom they believe.
- G.T. Smith

We thank our donors for believing in the recovery of each child at St. Joseph's Intermediate Paediatric Care and for giving them an opportunity to thrive.

DONORS R3,953,252

Foundations **R1,150,000**	Trusts **R1,183,337**
Corporates **R1,004,814**	Individuals **R414,790**
Non-profit orgs **R105,000**	Other **R69,011**
Religious Institutes **R20,700**	Recreational Clubs **R5,600**

IN-KIND DONATIONS VALUED AT
R1,039,290

Corporates **R873,150**	Individuals **R115,510**
Hospitals **R21,340**	Non-profit orgs **R11,310**
Clubs **R7,500**	Universities + Schools **R5,400**
Religious Institutes **R3,160**	Government Depts **R1,920**

Thank you

STAKEHOLDERS

Western Cape Government

Health and Wellness

FOR YOU

In September 2022, the Western Cape Government Department of Health and Wellness signed off the Transitional Care Policy for the province. There is great synergy with St Joseph's model of intermediate paediatric care, as our model of services is a guide for policy review.

The subsidy received from the provincial government contributes to the running costs of providing an essential life-changing restorative service to children whose families would not have been able to afford the package of care and ultimately a happy childhood.

The Western Cape Department of Health and Wellness remains a significant partner of St Joseph's Intermediate Paediatric Care thereby ensuring equitable quality healthcare access to our most under-resourced communities.

Commenting on behalf of the Department of Health and Wellness Western Cape Government, Communications Officer, Shimoney Regter says,
"Non-profit organisations (NPOs) like St Joseph's Children's Intermediate Paediatric Care play a critical part in trying to resolve the challenges faced by vulnerable community members, while also supporting Western Cape Government Health and Wellness to build healthy communities, with a focus on restorative child health services. The journey of a St Joseph's child starts at a referral hospital or a community-based facility, where a child may be treated for a chronic or life-limiting condition. Some children may not be well enough to go home after their treatment and as a transitional care facility, St Joseph's becomes their home until they have recovered.

This is why we value our partnership with St Joseph's Intermediate Paediatric Care which ensures access to much-needed, quality healthcare for children and support for their families. We cannot do what we do as a department without support from all of society. Health is everybody's business, and a healthier Western Cape depends on intersectoral action to address the social determinants of health. We thank the organisation for its continued partnership to improving the lives of vulnerable children in the communities we serve."

"The National Lotteries Commission (NLC) is pleased to witness the impact of funding coming to fruition. When funding is directed at deserving causes, it is with the intention to improve the quality of life of the beneficiaries and ease the load of the volunteers who dedicate themselves to the service of others.

Alongside the programmes that support vulnerable children, their families and the community at large, it gives us great comfort to know that the funding towards the acquisition of a 14-seater vehicle fitted for differently abled persons will assist in the transport of their young patients. We are well aware of the challenges faced by organisations like St Joseph's, and we are glad that they took the opportunity to apply for funding which has enabled them to play a pivotal role in facilitating the road to recovery of children from poor communities," says NLC spokesperson and Marketing Manager Odaho Ntsana

Everyone, patients, employees, the board of directors and management at St Joseph's, is immensely grateful to the NLC for their contribution to an ever-increasing budget in FY 2022-2023. The support towards the costs of rehabilitation services, nutritious food provision, child and youth care programmes, repairs and maintenance, and the purchase of a vehicle is significant. The grant made it possible for us to ensure that the care of our young patients was not compromised.

NATIONAL LOTTERIES COMMISSION

WE VALUE AND APPRECIATE OUR DONORS

CORE PARTNERS
Western Cape Government Department of Health and Wellness

R2m+
National Lotteries Commission

R500 000+
Harry Crossley Foundation
Spar Western Cape

R200 000+
The Margaret Charlotte Davis Will Trust
Rolf-Stephan Nussbaum Foundation
The Ryan Foundation

R100 000+
Helga Blake Charitable Trust
Grandslots CSI Foundation
The Joan St Leger Lindbergh Charitable Trust
Old Mutual Staff and Volunteer Fund Trust

R50 000+
Africamarine Ships Agency
E J Lombardi Family Charitable Trust
Mary Templer Buissine Will Trust
Mr. Gavin Duffy
Linda Nagel Foundation
Phoenix Burns Project
E R Tonnesen Will Trust

R20 000+
The Otto and Minna Battenhausen Will Trust
The Florence Ethel Carter Trust
Chemcape CC
Clifford Harris Trust
Sir Harold Hood Charitable Trust
IQRAA Trust
The Rita Maas-Phillips Educational Trust
The Edward Leonard Wiehahn Trust
M Lahann Will Trust

R10 000+
Mrs. Deborah Bonner
The Clay Café
The F G Connock Charitable Trust
Mr. Daniel Mark Flanagan
Carl and Emily Fuchs Foundation
Mr. Peter and Mrs. Jean Hughes
Dr. Bethold and Claerli Loth
Mr. Andrew Prudence
Soroptimist International
Mr. Edwin and Mrs. Eleanor Splinter
Mr. and Mrs. Wimble

R5 000+
Mr. Nicholas Bourne
Mrs. Rita Chiappini
Connect-123
CTP Limited (The Caxton Group)
Ms. Susan Farrell
Lewis Stores
Netherlands Interns
St Patrick Catholic Church
Pep Africa CSI Charity Day
Pep Stores
Pick n Pay Retailers
Ms. Christien Price
Pyro Systems (Pyrocote)
Mrs. Kyla Saal
Mrs. Caroline Van Zyl
St Vincent De Paul Somerset West
Webtickets

IN-KIND DONATIONS

CORPORATES
Ackermans Store Claremont
Acu-sol Pty Ltd
Adcock Ingram
Capepots (Pty) Ltd
City Improvement District Airport Industria (CID)
County Fair Foods (Pty) Ltd
Envirochem CC
Foschini Design Centre
Hafre Trading CC / Bobbylife Africa
JCP Leathers
Kekkel and Kraai
Kimberly-Clark South Africa
Old Mutual- Retail Mass Market
Pep Africa CSI Charity Day
Premier FMCG (Bakery & Milling)
Quantum Foods (Pty) Ltd
Rhenus South Africa
Shaft Packaging (Pty) Ltd
Shesha Film and Event Caterers
Shoprite Charlesville
Shoprite Park
Spar Western Cape
Teraco Data Environment
The Children's Hospital Trust
VF! Shaping Shopper Experiences

SCHOOLS + UNIVERSITIES
Springfield Convent Junior School
Stellenbosch University - Department of Nursing and Midwifery
University of Western Cape

GOVERNMENT DEPARTMENTS
Dept of Social Development - Horizon CYCC
Metro Central Education District

HEALTH
Mediclinic Louis Leipoldt

NON-PROFIT ORGANISATIONS
Baitul Ansaar CYCC
Feed The Nation Foundation
The Pound

CHURCHES
Holy Trinity Anglican Church
Mowbray Presbyterian Church
The Holy Redeemer Catholic Church

CLUBS AND GROUPS
Dynamic Friends Club (Cape Town)

We sincerely thank all our donors for their support, both monetary and in kind.

ADVOCATES FOR CHILDREN

CHILD PROTECTION COMMITTEE
Left to right: Neliswa Ndevana, Venesia Da Silva,
Felicity Mbambani, Michaela Gillepsie,
Vania van Wyk and Julyndre James.
Other members: Nolubabalo Kutuka, Thobile Msongelwa

The Child Safeguarding Committee was formed in April 2022, focusing on the rights of the children at St Joseph's and ensuring that staff and children understand their roles and responsibilities concerning childrens' rights and safety.

The team's key focus was driving awareness around child protection by hosting child safeguarding training and workshops with staff, as well as several activities with the children using art and drama therapy in dialogue about child safety.

Going forward, the group will continue to advocate for the children in our care.

A Cyber Safety Workshop for St Joseph's teens was held in March. Occupational Therapy Supervisor, Asgeree Dalvie says, "Cellphone usage and social media has become common practice in our daily lives. We recognize that it is the preferred mode of communication amongst the youth and adolescents. Therefore, given the dangers of uncontrolled access to online sites and social networks, we felt it necessary to create an awareness amongst our children regarding online safety. An awareness session on cyberbullying and online safety was presented to our boys and girls aged 13-16 years old, by a facilitator from the Film and Publication Board. The session was informative, interactive and well received by the children."

During Child Protection Month in June, children participated in a 'Safety, Light and Hope' workshop where they made their own 'protection lanterns'. The children also painted 'I feel protected' T-shirts and discussions were held around child protection.

Staff workshops around safeguarding our patients were hosted and topics included:

- neglect
- sexual abuse
- peer-to-peer abuse


St
Josephs
INTERMEDIATE PAEDIATRIC CARE
EST 1935
+27(0)21 934 0352
info@stjosephsipc.org.za
www.stjosephsipc.org.za
Pallotti Road, Montana, 7490
Cape Town
P O Box 21, Howard Place,
7450 South Africa
VAT Reg. No. 4840113866
NPO No. 002/908
PBO No. 1300 00 399