St Joseph's Children's Hospital
EST 1935

90 YEARS
1935–2025

# Annual Report

## 2025–2026

**90 years of founding heritage and clinical excellence for our children**

ST JOSEPH'S CHILDREN'S HOSPITAL · MONTANA, CAPE TOWN · NPO 002/908 · PBO 130000399

# A year of transition

Founded by the Missionary Sisters of the Catholic Apostolate (Pallottine Missionary Sisters) in 1935, last year's 90th anniversary of St Joseph's dedicated service to children and families celebrated a truly significant milestone in our history.

OUR NEW BRAND PROMISE

**What we can be trusted to deliver.**

It also marked an important evolution, or what has become known as a "reset" for the organisation. What was formerly known as St Joseph's Intermediate Paediatric Care has been renamed St Joseph's Children's Hospital.

In the same spirit of the founding Sisters, to keep adjusting "to the needs of the time" and to keep "children at the centre of what we do," St Joseph's founding heritage and its clinical excellence are not separate strengths; together, they are the foundation of everything we do. Like all systems, vitality comes from adaptation, growth and innovation.

Our reset reflects this evolution and our renewed focus on specialist post-acute paediatric care at a critical stage of a child's healthcare journey, delivered with clinical excellence, integrity and compassion, irrespective of faith, background and financial circumstances.

We also remain a trusted referral partner within the public healthcare system, supporting continuity of care.

## INDEX

# A new chapter

**Adrian van Stolk**
Chairperson, Board of Directors

**“Growth in scale, matched by a deepening of our values”**

Our hospital has always been guided by a simple but enduring conviction: that every child, regardless of circumstance, deserves to be treated with compassion, dignity and hope. The founding spirit, grounded in Catholic social teachings of charity and service to the most vulnerable, continues to shape the culture of our organisation today.

This year's renaming or rebranding to St Joseph's Children's Hospital also marks an important evolution for our organisation. It truly reflects that we have become a specialised centre of restorative care for children living with life-changing medical diagnoses. Over recent years, our services have expanded well beyond intermediate care, and our new name captures the full scope and ambition of the work our clinical teams now deliver.

As we look to the next chapter, the board remains firmly committed to ensuring that growth in scale is matched by a deepening of the values on which this institution was built. On behalf of the board, I extend my sincere gratitude to our clinical staff, our donors and our wider community of supporters, whose generosity and dedication have carried this institution through 90 remarkable years.

We look forward to continuing this mission for generations to come.

# Remaining relevant to our service model

Guided by the vision of the founding Sisters and strengthened by the dedication of our board, we have continually refined our model of care. At the heart of our mission is a commitment to honour each child's journey, by caring for the carer and building one team, one journey for every child.

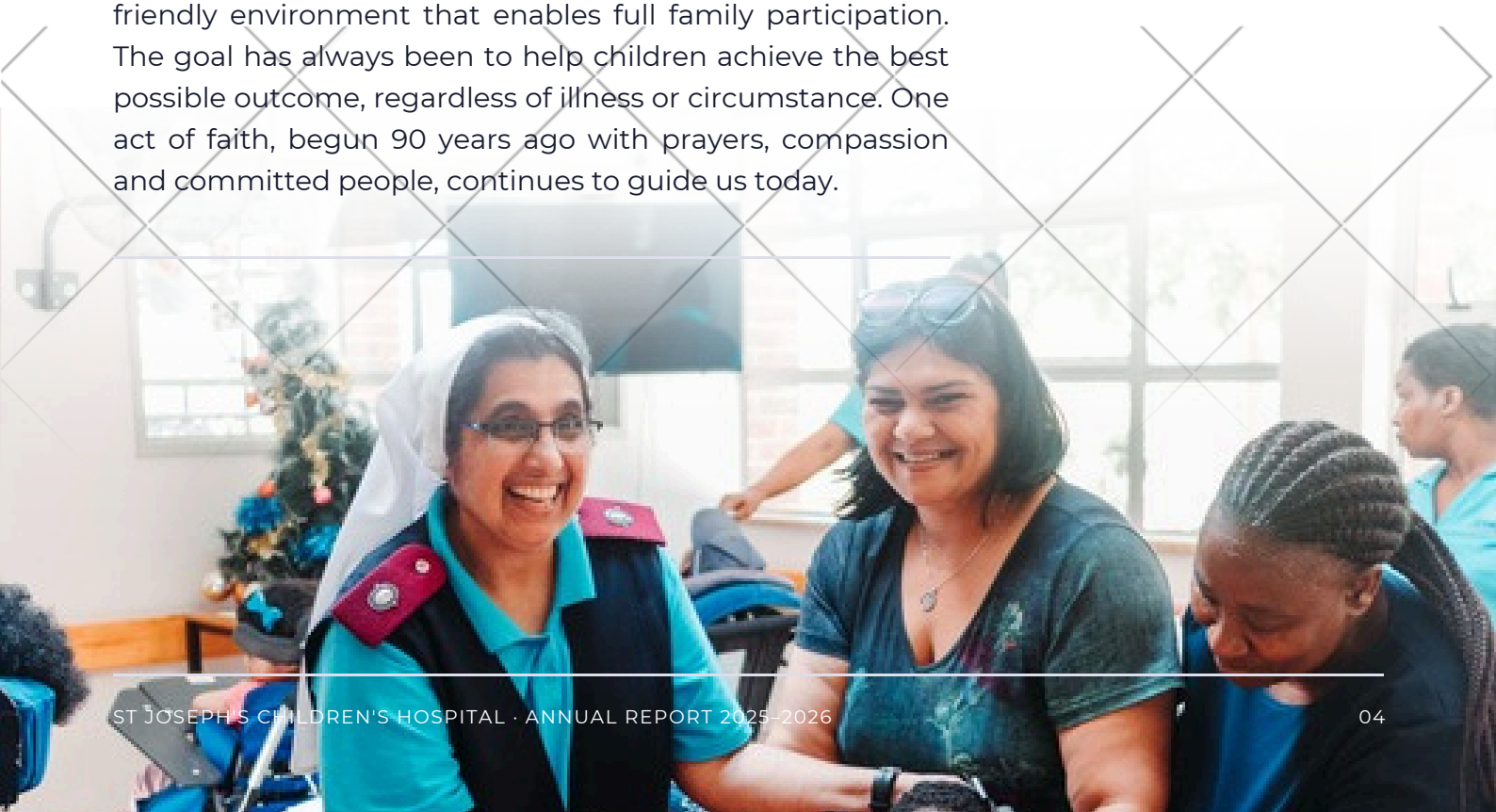
Changing our name to St Joseph's Children's Hospital has two main goals: to remain relevant to our current service model, and to be clearly identifiable and fit for purpose as a non-profit organisation. St Joseph's remains a place of healing and support for both the child and their family, providing specialised post-acute paediatric care.

Across the health system, care for children living with life-changing and life-limiting illnesses has become more person-centred and inclusive, shifting from institutional care to community-based support. St Joseph's plays a vital role in this continuum: helping children and families transition from acute hospital care to community reintegration, or providing dignified end-of-life care.

Our model of post-acute specialised care provides a child-friendly environment that enables full family participation. The goal has always been to help children achieve the best possible outcome, regardless of illness or circumstance. One act of faith, begun 90 years ago with prayers, compassion and committed people, continues to guide us today.

**Christelle Cornelius**
Chief Executive Officer

**"One team, one journey — for every child"**



# Specialised post-acute care

## 1 Nursing care

Providing 24-hour medical and nursing support for children who are medically stable but still need close monitoring, assistance and care coordination.

## 2 Restorative care

Helping children regain strength, function and independence through therapies such as physiotherapy, occupational therapy and speech therapy.

## 3 Transitional care

Supporting children who are not yet ready to go home by bridging the gap between hospital care and community or family life.

## 4 End-of-life care

Offering compassionate palliative support for children with life-limiting conditions, ensuring dignity, comfort and family support.

## IN NUMBERS

| 6 | 175 | 140 | 297 | 158 |
|---|---|---|---|---|
| WARDS | BEDS | STAFF | PATIENTS | AVERAGE STAY, DAYS |

PATIENT DEMOGRAPHICS

# Who we cared for

Every figure on this page describes the same cohort of 297 children admitted to St Joseph's during the 2025–2026 financial year.

## AGES

297 CHILDREN · MORE THAN HALF UNDER SIX

| 119 | 62 | 80 | 33 | 3 |
|---|---|---|---|---|
| 0–2 YEARS · 33% | 3–5 YEARS · 23% | 6–12 YEARS · 29% | 13–17 YEARS · 13% | 18+ · 2% |

## GENDER

| | | |
|---|---|---|
| Male | 153 | 58% |
| Female | 144 | 42% |

More than half of our children come from the Cape Flats and the Mitchell's Plain & Khayelitsha sub-districts.

## GEOGRAPHIC AREA

| | |
|---|---|
| Cape Flats | 78 |
| Mitchell's Plain & Khayelitsha | 76 |
| Tygerberg | 34 |
| Other | 31 |
| Northern | 26 |
| South Peninsula | 15 |
| Cape Winelands | 14 |
| Table Bay | 12 |
| Blaauwberg | 11 |

# One team, one journey

The clinical team remains central to the hospital's commitment to delivering safe, compassionate and high-quality patient care. Throughout the year, our multidisciplinary team, together with support staff, worked collaboratively to provide comprehensive care that meets the diverse needs of our patients. The clinical team continues to strengthen its focus on delivering specialised care to vulnerable patients.

## HIGHLIGHTS OF THE YEAR

**01**
**Stronger referral pathways**

**02**
**NDT training 2026 hosted at St Joseph's**

**03**
**Palliative Care Conference, Durban**

### What the reset changed

Last year's reset at the hospital aimed to strengthen operations by streamlining processes, enhancing teamwork and optimising the use of available resources. The initiative improved efficiency by reducing delays, supporting patient flow and ensuring that staff, equipment and services were coordinated more effectively. It also encouraged a meaningful shift in how patient care is planned and delivered.

The reset has also reinforced a culture of accountability, continuous improvement and high-quality patient care. As a result, the hospital became better equipped to deliver timely, safe and efficient healthcare while enhancing both patient and staff experiences.

## A WORKPLACE FOR PEOPLE TO THRIVE

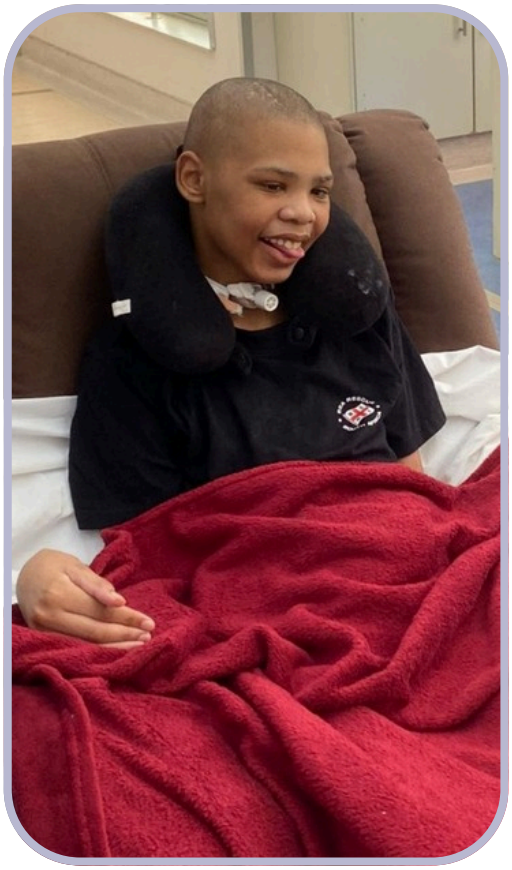
Appointing appropriate nursing staff remains a significant challenge. Recruitment was affected by a limited pool of qualified candidates, delays in filling vacant positions and increased competition for skilled nursing professionals.

Investing in the development of every employee strengthens our teams and the quality of care we provide to every child and family we serve. We place people development at the heart of our strategy through continuous learning, leadership development, skills enhancement and employee wellbeing. At the same time, we remain committed to the highest standards across all areas of our organisation.

# Lee-vin Langenhoven's resilience

**Being able to smile and to eat normally again were just some of the significant milestones for the Wineland teenager, Lee-vin Langenhoven, whose long journey of recovery has been a compelling testament of the positive impact of the coordinated multidisciplinary care at St Joseph's.**

## ON ADMISSION



The 14-year-old was admitted from Tygerberg Hospital with a diagnosis of Grade 4 medulloblastoma. He had undergone multiple surgical resections of the tumour, complicated by a postoperative infection that required several ICU admissions and ventilatory support. Following surgery, he presented with a decreased level of consciousness, dysphagia and mutism. A tracheostomy was performed because weaning from mechanical ventilation was unsuccessful.

On admission, Lee-vin remained minimally responsive. He was admitted with a tracheostomy and PEG in situ, unable to produce a voice or eat and drink orally. He therefore required input from the dietitian to make sure that all his nutritional needs were met. He had significant visual and functional impairments.

## NURSING AND DAILY CARE

Lee-vin was bed-bound and completely dependent on the nursing team for all activities of daily living. He required tube feeding, regular wound care, pressure area management, tracheostomy care and bed bathing, and he was incontinent of both urine and faeces.

## HOLDING THE FAMILY CLOSE

The social workers supported the family by managing parent accommodation booking and fostering parent involvement. They served as the communication channel between the family and the clinical team.

## PHYSIOTHERAPY

Lee-vin had a persistent productive cough that necessitated frequent suctioning and changing of the tracheostomy. The physiotherapist supported the nursing team to maintain respiratory health, which included positioning in a recliner. His prognosis was guarded, and care was focused on symptom and pain control.

## REHABILITATION, STEP BY STEP

Due to his medical instability and reduced level of consciousness, he was considered too medically vulnerable to participate in an active rehabilitation programme. Following chemotherapy, therapy progressed to improving bed mobility, supported sitting and head control. Next, physiotherapy could focus on improving participation and the provision of appropriate wheelchair seating.

## FINDING HIS VOICE AGAIN

Speech therapy advocated for a speaking valve, motivated for decannulation, and used AAC to support communication before voicing was possible. Semi-occluded vocal tract exercises and expiratory muscle strength training restored his voice, cough and airway protection.

## EATING AGAIN

Intensive feeding therapy enabled him to progress from nil per mouth to safely eating a full ward diet and drinking liquids. His tube feeds were adjusted as he started eating more and more.

### THE TURNING POINT

**Eventually, successful decannulation was achieved. Lee-vin became increasingly alert and interactive, began smiling, resumed verbal communication and progressed to tolerating a full oral diet.**

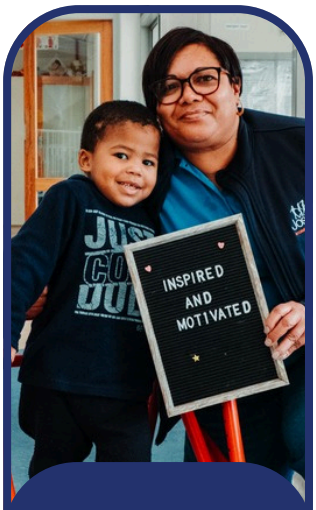
These improvements enabled greater participation in rehabilitation and represented a major milestone in his functional recovery. While he is still on the road to functional recovery, it is truly inspiring to be witness to his resilience. The commitment of his family during this time has been uplifting and admirable. As a multidisciplinary team we remain committed to supporting him in reaching his highest possible level of functional independence and quality of life.

# Care shaped around each child


Caring for a child with complex medical needs takes confidence, skill and support


Some children need specialist care after hospital treatment

Care is shaped around the individual needs of each child




Every child's journey is different

## WHY CHILDREN CAME TO US

### 297 CHILDREN · BY PRIMARY DIAGNOSIS

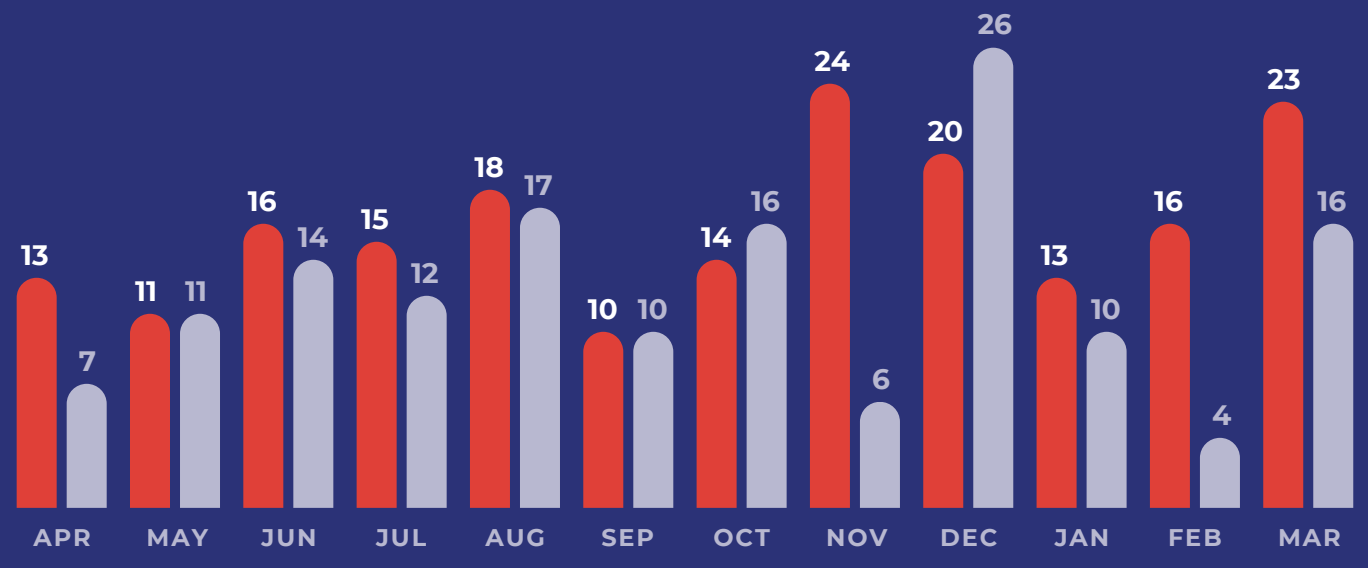
| | | | |
|---|---|---|---|
| Infectious disease (dual) | 142 | 48% | |
| Neurology | 39 | 13% | |
| Cerebral palsy | 27 | 9% | |
| Other | 26 | 9% | |
| Malnutrition (under 5) | 24 | 8% | |
| Trauma | 16 | 5% | |
| Congenital abnormalities | 9 | 3% | |
| Human genetics | 8 | 3% | |
| Oncology | 6 | 2% | |
| **Total children** | **297** | | |

**48%** of the children we cared for came to us with an infectious disease diagnosis, TB, HIV or dual infection.

# Where our children are referred from

Our top twelve referrers this year were public hospitals and services across the Western Cape, the clearest measure of the referral pathways our clinical team has built.

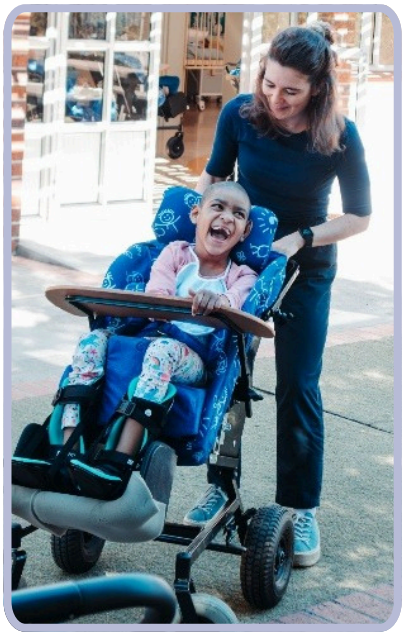

## ADMISSIONS AND DISCHARGES, MONTH BY MONTH




## 193 ADMISSIONS · 149 DISCHARGES OVER THE FINANCIAL YEAR

This past financial year saw 193 admissions and 149 discharges, driven by strong referral pathways across Western Cape public hospitals. Red Cross War Memorial (57) and Tygerberg (44) were the top referrers, anchoring a steady year-round intake that peaked in November and March.

# Partners in our mission



Every child who walks through the doors of St Joseph's Children's Hospital, and every family we have the privilege of supporting, is touched by the generosity of people who believe that every child deserves the chance to heal.

This year has been one of significant transition. As we embraced our new identity as St Joseph's Children's Hospital, we recognised that our fundraising approach needed to evolve alongside the organisation. Our services have expanded, the complexity of children's medical needs has increased and we are using the rising costs of delivering specialised care as a catalyst to strengthen the future of our operations.

We have undertaken a comprehensive review of our fundraising strategy to focus on doing things differently. We are diversifying our donor base, nurturing deeper relationships, growing regular and legacy giving and investing heavily in better stewardship so you always know exactly how your support is utilised to make a real difference in a child's life.

Fundraising is about building a community of people who believe in the dignity, potential and future of every child entrusted to our care. Donors are partners in our mission, and this new strategy is already opening new opportunities and positioning us for sustainable growth. Thank you for your trust, your generosity and your belief in the children we serve.

# Income and expenditure

St Joseph's achieved a breakeven position with a small surplus of R80k. This was possible as a result of the donor income of R6.7 million and investment and other income of R4.8 million. This highlights the importance of the support that we receive from our donors, no matter how small, every contribution counts.

## THE YEAR IN THREE FIGURES

DONOR INCOME

**R6.7m**

**Trusts, foundations, corporates, faith partners and individuals**

INVESTMENT & OTHER INCOME

**R4.8m**

**Held reserves, interest and sundry income**

SURPLUS FOR THE YEAR

**R80k**

**A breakeven year, after total expenditure**

## THE COST OF A BED, PER DAY

### 168 FUNDED BEDS · 2026 FINANCIAL YEAR

The Department of Health and Wellness continues to be a valued partner, contributing R686 per bed per day for 168 beds. The actual cost per bed in the 2026 financial year is R873 per day, generating a shortfall of R187 per bed per day.

**R686** DEPARTMENT OF HEALTH CONTRIBUTION **R187** THE GAP

R0 **R873 — THE TRUE COST OF ONE BED, ONE DAY**

Donor income closes the shortfall of R187. Across 168 funded beds and a full year, it is the difference between a child staying until they are ready to go home and a child being discharged before their family can manage.

# Where our funding comes from

Donor income is not a single stream. It is built from five kinds of relationship, each with its own rhythm, and each one needed for the hospital to plan beyond a single year.

## FUNDER CATEGORIES

**34%**
TRUSTS & FOUNDATIONS

**24%**
CORPORATES

**20%**
OTHER GOVERNMENT DEPTS

**14%**
FAITH PARTNERS

**8%**
INDIVIDUALS & BEQUESTS

## DONOR INCOME, YEAR ON YEAR

**2025**

**R7 150 000**

**2026**

**R6 692 466**

Donor income fell by R457 534 year on year as long-standing corporate partners reduced their giving. We publish it because the strategy that follows—a wider donor base, more regular and legacy giving—is the answer to it.

**Full audited financial statements are available on request.**

St Joseph's Children's Hospital is a registered NPO (002/908) and PBO (1300 00 399), audited annually. VAT Reg. No. 4840113866.

# Thank you to our valued donors

Your generosity makes every recovery possible. With deep gratitude, we thank the trusts, foundations, corporates, faith partners and individuals who stood with our children this year.

- Africa Marine Shipping
- Archdiocese of Cape Town
- Ardagh Glass Packaging SA
- Bidvest Services (Pty) Ltd
- Cape Linen
- Caritas Cape Town
- Carl & Emily Fuchs Foundation
- Charity Shares 4 Children NPC
- Chemcape CC
- City Of Cape Town
- Clifford Harris Trust
- Coronation Asset Management
- DG Murray Trust
- Elsie and Allan Chamberlin Charitable Trust
- Foresight Marketing
- Greystone Trading 531CC
- Helga Blake Charitable Trust
- iOCO
- KLM Wings of Support
- LED Lighting SA
- Lewis Stores
- Margaret Charlotte Davis Will Trust
- Mary Templer Buissine Will Trust
- Minus40 Refrigeration
- NGT Charities
- Old Mutual Staff & Volunteer Fund Trust
- Pallottine Missionary Sisters
- Pallottiner | Körperschaft des öffentlichen Rechts
- PMM Gray Will Trust
- Rare Diseases Genomics Research Group USB
- Reach for a Dream Foundation
- Rocking4Cancer
- Rondebosch Golf Club
- Sir Harold Hoods Charitable Trust
- Southern African Catholic Bishops' Conference
- Spar Western Cape
- The Community Chest WC
- The E R Tonnesen Will Trust
- The Gabriel Foundation
- The Good Hope Testamentary Trust
- The Harry Crossley Foundation
- The Joan St Leger Lindbergh Charitable Trust
- The Linda Nagel Foundation
- The Otto & Mina Battenhausen Will Trust
- The Rita Maas-Philips Educational Trust
- The Rolf-Stephan Nussbaum Foundation
- Tourvest Retail Services
- Truworths Chairmans Foundation
- WC Department of Social Development

*Qaqamba Cuba, who was born with congenital scoliosis and was treated here as a child, speaking at the Former Patients Reunion—evidence that St Joseph's care works over a lifetime, not over an admission. She is currently completing her master's degree in law, is an activist for disabled people, had her own radio show and continues to take part in fundraising drives such as the Cape Town Cycle Tour and the Sanlam Marathon.*

**“Children are a heritage from the Lord, offspring a reward from him.”**

PSALM 127:3

EST 1935

St Joseph's Children's Hospital

**Specialist care for children who are not yet ready to leave hospital**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