

farr

FARR is dedicated
to building positive
futures in South African
communities

PLEASE NOTE:

Pictures in this newsletter **DO NOT** depict children with fetal alcohol spectrum disorder (FASD), but all children from the communities who participate in FARR's activities.

21 YEARS

and still going strong



FARR

Reminiscence

By Professor Denis Viljoen
(Chairman: FARR Board of Directors)

When Chris Shaw and I started the Foundation in late 1997, he and I, and later Julie Croxford, were the only staff seated around a single table and computer in a solitary room, kindly provided to us by Professor Peter Beighton at the UCT Medical School. Twenty-one years later, after progressive increase in staff and working space, need for furniture and transport, we have become an NGO with significant expertise in the field of alcohol use and abuse, particularly relating to the area of Fetal Alcohol Spectrum Disorders (FASD).

FARR now owns new offices at Amber Place, Bellville, a fleet of vehicles, significant data capturing equipment, and employs 43 staff members. We have acquired a database on FASD which exceeds any other in this subject in Africa, resulting in the publication of more than 60 peer-reviewed publications and allowing South African National and Provincial Departments of Health, Social Development, Education and Agriculture to address problems related to FASD. In addition, several thousand at-risk families in six provinces have been evaluated, consulted and, in many instances, protected from the deteriorating effects of alcohol abuse during pregnancy.

Although staff and colleagues who know of our work are justly proud and pleased with our progress, much more needs to be undertaken before we can claim control of this horrendous disorder affecting so many South Africans. It can thus be correctly claimed that we still have "FARR to Go" in these endeavours!

Meet the team: Board Members



What we do?

FARR is dedicated to building positive futures in South African communities by significantly reducing birth defects caused by alcohol consumption during pregnancy. The focus of our major activities is on Fetal Alcohol Spectrum Disorders (FASD).

Our mission is to establish sustainable awareness, prevention, intervention and training programmes designed to eliminate substance abuse with the focus on Fetal Alcohol Spectrum Disorders (FASD) as a preventable disorder among children in South Africa.

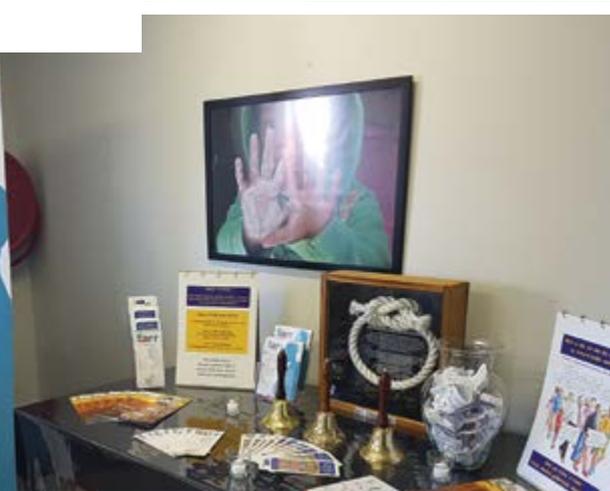




The main purpose is to service the public.

FARR: From Invention (1997) to Maturity (2018)... and beyond

Dr Leana Olivier



The NPO sector in South Africa

Non-profit organisations (NPOs) are defined in many ways, but the generic principle is that NPOs do not exist to make a profit. The main purpose is to service the public.

South African NPO's can be categorised into two main groups, namely those who are service driven and those who are focussing on human rights, advocacy and monitoring. The former provides much needed social services to underprivileged or marginalised groups, whilst the latter acts as social watchdog. Civil society aids in poverty alleviation, capacity development and enhances public debate whilst mobilizing communities into action and self-help. In many ways NPOs fill gaps left by inadequate service provision by government departments or supplement services provided by government.

In 2013 South Africa had just over 100 000 registered NPOs and an estimated 50 000 unregistered ones. In the same year the Department of Social Development deregistered 36,488 NPOs due to non-compliance (Sangonet, 9 April 2013).

To establish and maintain a NPO in the current political, economic and psycho-social scenario in South Africa involves dedication and innovation. Legislation, donor specifications and government reg-

ulations demand exceptionally high levels of organizational development, structure, monitoring, accountability and return on investment. Whilst this surely aims to limit corruption, fraud and exploitation, it unfortunately also led to the corporatisation of NPOs and, in some cases, it is distancing the organizations from the communities that they want to serve.

According to Speakman Consulting, the NPO life cycle can be divided into 6 'life stages', namely (i) Grassroots/Intervention (0 - 5 years); (ii) Start-up/Incubation (1 - 2 years); (iii) Adolescent/Growing (2 - 5 years); (iv) Mature/Sustainability (7 - 30 years); (v) Stagnation & Renewal (2 - 5 years) and (vi) Decline/Shutdown (1 - 2 years) (www.Speakmanconsulting.com). Each stage has its own challenges and opportunities. Regular evaluation of one's organisation enables one to identify, rectify, but also utilise the prospects on offer.

Where does FARR finds itself

This year FARR is officially celebrating its 21st birthday. A recent external audit indicated that FARR has indeed also reached the fourth stage in the NPO life cycle, namely Maturity. We are now supposed to experience a state of 'sustainability'. Coming of age implies that we have already survived many obstacles and hardships, but at the same time we celebrated

numerous achievements and success. This was made possible by the vision of our founders Prof Denis Viljoen and (the late) Mr Chris Shaw, our dedicated Board of Directors, hard work and absolute commitment of our staff and the unwavering backing of our loyal and supportive sponsors, as well as our many partners and friends of FARR. Without our clients and their cooperation, FARR would not have been established or thrived.

Where to from now

Being a 'Mature NPO' does not only imply that we have 'survived', it also presents us with the question of how do we ensure sustainability and how should we continue? What is evident in our field of work is that we still have a mammoth task ahead of us. With FASD prevalence rates in South Africa ranging between 26 to 282/1000 compared to 10 to 40/1000 in other countries, we certainly have enough work to 'sustain' us for a number of years. However, keeping abreast of the needs in the communities that we serve, governmental and donor requirements and resource constrains, FARR will continue to re-align and renew our programmes and interventions as to fulfil our vision to continue to build positive futures in South African communities by reducing birth defects caused by alcohol consumption during pregnancy.

Ethics and Human Rights

Chanelle Lombard
(Research Coordinator)



At FARR we place great emphasis on conducting our work within strict ethical guidelines.

At FARR we place great emphasis on conducting our work within strict ethical guidelines. This refers not only to our research, but any day-to-day activities within our projects and programmes which bring us into contact with clients and members of the community.

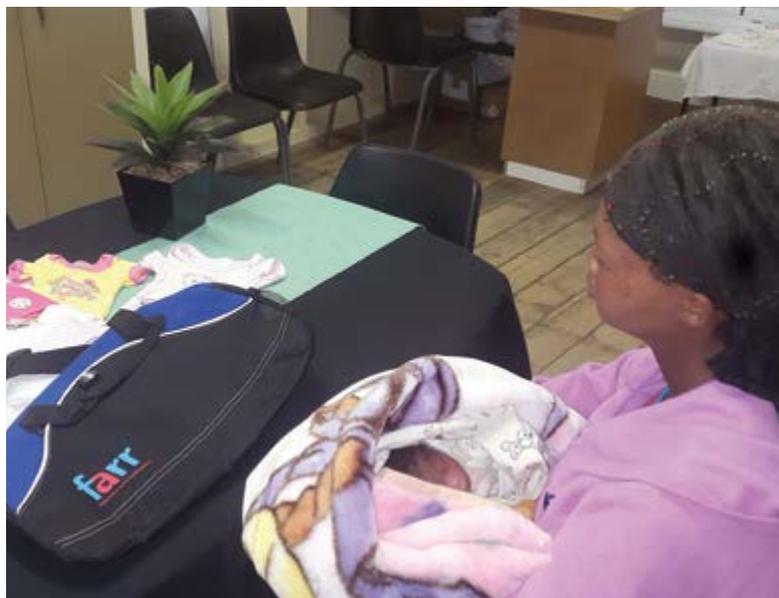
Before we can conduct any research, we are required to submit a detailed protocol with all relevant documentation for approval by a registered Health Research Ethics Committee (HREC). It is their responsibility to evaluate the potential risks and benefits that each study poses for participants and then decide whether the study may be implemented. They may also monitor or audit a research study at any time and, should they discover discrepancies or suspect that the researchers have not kept to the ethical code, they may instruct the researchers to end the study immediately.

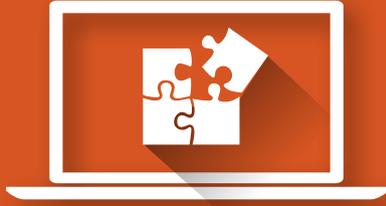
Although we always make sure that any studies conducted by FARR are up to standard regarding ethical requirements, this is not the only reason we consider ourselves to be ethically-minded. All our work is conducted within vulnerable populations: women, children and often very poor communities with limited resources. These individuals usually have very little knowledge about their rights and may be taken advantage of. It is our responsibility to protect these individuals. We do this by keeping their identities safe, i.e. by prohibiting any pictures to be taken of children's faces and not divulging the names of any participants (mothers of children with FASD, children with FASD or clients in the Healthy Mother Healthy Baby© Programme) to journalists, sponsors or government departments, unless it is in the best interest of the participant and with their consent.

We also assign study numbers to all study participants to ensure anonymity. The stigma associated with a condition like FASD can negatively impact individuals diagnosed with the condition, as well as their families, especially in smaller communities where everyone knows each other. All staff know the importance of confidentiality and how essential this is in fostering trust and a feeling of safety with clients and participants.

We also protect clients' and children's autonomy by respecting their right to decline participation in any of our programmes or research studies. We will therefore not include any individual without a signed consent form, either from the individual herself, or a parent/guardian in the case of a child.

FARR believes that each individual who crosses our path deserves to be respected and treated with dignity, regardless of their background, age or social status. We will therefore continue our plight to not only reduce the prevalence of FASD in communities, but to protect the individuals affected by this condition.





GAMING PROJECT (WEST COAST)

By Jaco Louw (Project Manager)

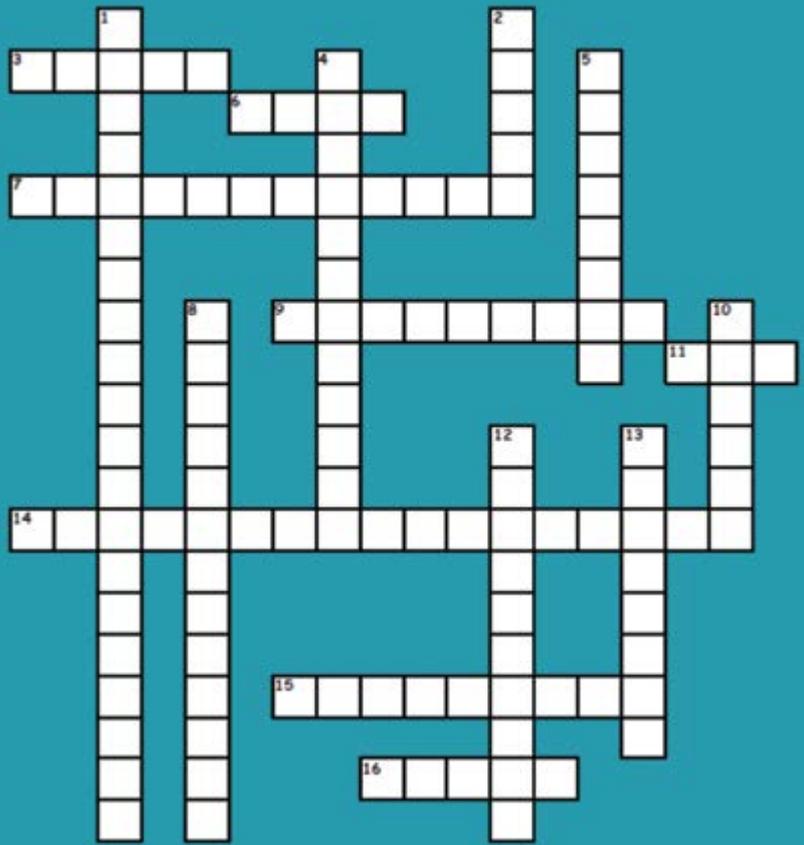
At FARR we work tirelessly to prevent children from being born with FASD. There is no cure and it is a lifelong condition.

Unfortunately, there are already millions of individuals in South Africa suffering from the consequences of drinking during pregnancy. For these people there are not a lot of options in terms of improving their developmental outcomes.

A child with FASD is never a lost cause. Although the damage cannot be fixed, with enough support, they can reach their developmental potential. Due to difficult socio-economic circumstances and the remoteness of many rural communities it is often not possible to provide remedial education or support. FARR has therefore decided to explore creating a form of developmental support for those in need. In light of this, we are piloting and testing a computer game that exercises and trains the cognitive abilities of affected children. We are working with both alcohol exposed and non-alcohol exposed children in the West Coast to see if our game can make a real difference in their development.

The reality is that this will not increase a child's cognitive ability to such an extent that they reach the same level as their peers, but it does mean that they get closer to their potential. Working with children in Early Childhood Development (ECD) centres enables us to better prepare them for primary school. The more developed their brains are by the time they enter school, the more their learning ability is optimized. By making an early impact we can create a domino effect to give affected children the best opportunity to reach their potential and to be as independent as possible.

We are excited to see the results of this initiative, and should it have a positive outcome, we will be making it available free of charge for parents, caregivers and educators to use as they see fit.



ACROSS:

- One of the most dangerous ways to drink, is known as _____ drinking.
- Which symbol is used to create awareness of FASD?
- Prenatal alcohol exposure causes brain damage which is _____.
- Children with FASD can be socially isolated and exploited because of their poor _____.
- According to the World Health Organisations (WHO) _____ years should lapse between pregnancies.
- A _____ team is required to make a FASD diagnosis.
- Alcohol can be described as a _____, which causes malformations or functional damage to a fetus.
- Which organ breaks down alcohol in our bodies?

DOWN:

- What is celebrated on the 9th of September?
- The liquor industry recommends that we have _____ alcohol free days per week.
- FASD children are easily led astray as they do not realize that there are _____ to their actions.
- When planning a pregnancy, it is vital to stop _____ immediately.
- Two words that describe the means by which the mother feeds the unborn baby.
- How many minutes does it take for alcohol to reach the fetus?
- In order to know that a baby is developing normally we need to know the _____ they have to reach.
- A child with FASD with most likely have _____ difficulties at school.

CROSSWORD PUZZLE ANSWERS		ACROSS:	
3	Binge	1	International FAS Day
6	Knot	2	Three
7	Irreversible	4	Consequences
9	Judgement	5	Drinking
11	Two	8	Umbilical cord
14	Multidisciplinary	10	Twenty
15	Teratogen	12	Milestones
16	Liver	13	Learning

A PRODUCTIVE YEAR FOR THE PSYCHOMETRIC TEAM

By Tersius Lambrechts
(Head of Neuro-developmental Assessment Unit)

It is very important that the correct, scientific diagnostic criteria is followed to make sure that a child truly has FASD, and to prevent incorrect labelling of a child and his or her family.

This is even more significant in a multi-cultural society such as South Africa, where many of the so-called typical facial features of FAS are present in many ethnic groups. The wrong diagnosis is often made by focusing on these facial features and may have devastating results for both the child and the family.

The diagnosis of FASD can only be made by a multi-disciplinary team of trained specialists using the Institute of Medicine Model (IOM) and includes:

- o A clinical assessment: A medical doctor, trained in the diagnosis of FASD, examines the child and uses special tests to assess whether the child exhibits traits associated with FASD.
- o A neuro-developmental assessment: A trained psychometrist uses specific tests to make a psychological diagnosis of FASD.
- o An intensive interview with the mother: An appropriately trained staff member interviews the mother at the hand of a specifically

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The team strives to be on par with the latest psychometric research and best practice.

designed questionnaire, to amongst others, understand the type, time and amount of alcohol the mother used during her pregnancy.

The results of the three pillars for a diagnosis are considered by the multi-disciplinary team when making a diagnosis. Only if all three tests are conclusive, a diagnosis of FASD is made.

The 2017/18 financial year was a specially exciting and busy period for the psychometric team. Previously this unit consisted of only one person, but in mid-2017 expanded to include two more psychometrists, i.e. Liska Bunge and Melinda Deutchmann. They quickly had to become familiar with the psychometric tests used by FARR and had to execute the assessments within set projects' timeframes. Due to family responsibilities, Melinda left us at the beginning of 2018, which paved the way for the appointment of Martlé Vosloo.

Since 2017 the team has travelled far and wide, working on four different projects, i.e. Hanover, Prince Albert,

Jacobsdal and Burgersdorp. They completed an impressive 172 assessments, and considering that each assessment's duration is approximately 90 minutes, this is no small feat! Another integral part of their work has also been to provide feedback to the parents of learners assessed.

The team strives to be on par with the latest psychometric research and best practice. In light of this they are currently in the process of compiling an improved assessment battery, aiming to streamline the administration and focus on the key cognitive domains of children with FASD.

In 2017 FARR also introduced Private Clinic services, offering private consultations for diagnostic purposes.

Please note that professional charges to apply. For further information please contact FARR at info@farrsa.org.za or call (021) 686-2646."





Hitting the road

By Liska Bunge and Martlé Vosloo (Psychometrists)

You may ask, what does hitting the road entail? Well, for us as psychometrists working in the Neuro-developmental Assessment Unit it involves weeks spent in beautiful, quaint and sometimes isolated towns such as Jacobsdal, Burgersdorp, Hanover and Prince Albert. Reaching these destinations may require travelling 100's of kilometers by car or plane. At times, it necessitates spending hours at airports waiting for flights, in what can be described as relatively "compact" planes, sensitive to turbulence, or an extensive drive through the "platteland" in a budget rental car. And, there is certainly no better way to intimately get to know your colleagues, than by hitting the road with them.

your destination and being met by a friendly and exuberant host, is heartwarming. These guest houses, B&B's or country hotels with modest to beautifully decorated rooms become our haven, especially after a hard day of assessments. And..... the luxury of indulging in a warm, full bath where there are no water restrictions, can be described as pure bliss!

With the support of our colleagues in the Research Unit, we are able to visit the local primary schools where we administer the psychometric assessments. This can be quite challenging as, trying to engage a 6-year old to focus on an activity, for a prolonged period of time, requires a fair amount more than your regular persistence.

these small towns so proudly showcase, whilst wandering the streets and admiring the architecture of days gone by. We sometimes end the day in one of the local restaurants where the pace may be slow, but is compensated for by friendly service, wholesome meals and locals who treat you as if you are an old-time friend.

Once the psychometric testing has been completed and we return to our Cape Town office, we spend many more hours writing up assessment reports and making recommendations. While doing this the underlying deficiencies impeding children's learning become glaringly apparent. Faced with this reality and comprehending the important contribution that we



We've had to learn to become rather patient, adaptable and supple!

Being ladies lugging around heavy psychometric assessments, naturally means that traveling light is not part of our job description. However, our travels have taught us the necessity of having a basic survival kit when embarking on our journeys. These essentials include coffee, water, nausea tablets (for that darn compact turbulence-sensitive plane), coffee, a portable power bank for the gadgets none of us can live without, data of course, a book to pass the time at the airport and, did we mention coffee.....?!

After a day of travelling, finally arriving at

Having to do this whilst sitting on a toddler's plastic chair, barely 45 centimeters high, can be a near back breaking exercise! In other situations, when a child is hyperactive it may be required to sit cross legged on the carpet to encourage the child to focus. Considering that we also work within a tight time frame, it leaves little room for stretching your legs or having a tea break. So, we've had to learn to become rather patient, adaptable and supple!

After a hard day's work we take the time to explore the charming little shops that

as psychometrists make to solicit support and understanding for these children, and where applicable, making a diagnosis, certainly makes all the travelling, some physical discomfort and being away from home worth every moment! And we will continue to apply our skills and knowledge in this manner to contribute positively to the reduction of FASD in our beautiful country.

Good bye for now, we need to hit the road again!

FARR SUPPORT GROUPS

By Laetitia Pool (Support Group Coordinator)

The value and importance of support groups to parents and caregivers to those affected by FASD cannot be overstated. Coming together to listen to each other's experiences, relaying concerns and burdens, and sharing coping strategies, helps to not only create a sense of community and empowerment, but to also bring much-needed assurance and hope for the future.

In 2014, after working in the field for many years, our CEO, Dr. Leana Olivier responded to the need for support groups, by expanding the services of FARR to include physical gatherings, electronic, telephonic and postal support services. Subsequently we now provide information and support to any person who is in some way affected by Fetal Alcohol Spectrum Disorders (FASD). Whether it is the biological or foster parents, whether you look after individuals affected by FASD in your community, in South Africa or abroad, we try our best to reach out and provide information and support.

Mothers and caregivers have joined our growing network from every corner of the country, such as Renosterberg, Hanover, Pofadder, West Coast and Bethelsdorp. We have also crossed our borders and now have active members from Europe too! Our home base is at the Head Office in Bellville, Cape Town and we run monthly support group meetings at four different locations in the Cape Metropole.

Over the years the support group membership has gained steady momentum and we currently interact with approximately 400 people on a monthly basis. Apart from the meetings we also provide support, information and guidance telephonically, send educational articles via email on a monthly basis, forward short inspirational sms-messages twice a month and post information to those who do not have access to the aforementioned facilities. In this manner we try our best to reach anyone who needs support and to connect them with a network of people who understands what they are experiencing and can provide appropriate guidance.

Please contact me should you wish to join our growing network of support.

GESONDE MOEDER GESONDE BABA[®] PROGRAM:

Deur Leonora Mouers (Gemeenskapswerker – Renosterberg)

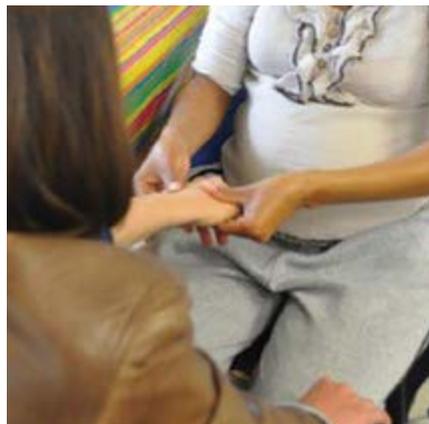
Hierdie program het beslis 'n baie groot impak hier in die Renosterberg. Die rede hiervoor is dat daar baie mamas is wat nie geweet het dat alkohol so gevaarlik is as hulle tydens swangerskap drink nie.

Nou kan ek sien dat daar mamas is wat luister, maar daar is ook nog sommige wat ongehoorsaam is. Hulle weet nou dat hulle die gevolge sal moet dra.

As ek so by die kliniek en in die gemeenskap rondgaan, praat ek oor die program en kan ek sien dat die meerderheid van die grootmense nou al bewus is van ons program. Die mamas in Renosterberg is baie bereidwillig om aan te sluit, want sommige kom uit hul eie na die sentrum, óf saam met 'n vriendin wat alreeds deel van die program is. Ander was nog nie eens by die kliniek nie, dan kom hulle al aanmeld. Wanneer ek dan die vorms met hulle voltooi, stel ek dit duidelik dat hulle ook by die kliniek moet inboek. En, wat so uitstekend is hier, is dat die mamas in die verlede gewoonlik eers na ses maande gaan inboek het. Vandat ons program bestaan, gaan hulle nou reeds tussen ses en agt weke van hul swangerskap by die kliniek aanmeld.

As deel van die program laat ek hulle films kyk en gaan doen ek ook 'n tuisbesoek om te sien hoe dit met die mamas gaan. Dit help my om te sien wat die omstandighede is waarin hulle bly en so weet ek beter hoe om die mamas te hanteer. Vir sommige mamas kry jy die aanvoeling dat hulle baie liefde, aandag en ondersteuning nodig het. 'n Mens kan nie help om 'n ou sagte plekkie in jou hart te kry vir elkeen nie. Hoe meer jy met hulle werk, hoe meer geheg raak julle aan mekaar en so vorm ons al 'n familie wat mekaar verstaan en help. Ons ondersteun mekaar in lief en leed en deur alle omstandighede.

Ten laaste wil ek net ook noem, dat vandat ons hierdie program begin het, sê ek altyd vir ons mamas ons moet wegkyk van die moeilike omstandighede waarin ons lewe en dat alles begin by jouself. Net jy jouself kan van jouself 'n beter persoon maak en God help net diegene wat hulself wil help!



MOTHERS' DAY EVENT

IN RENOSTERBERG

By Charlene Grobbelaar (Project Coordinator)

FARR invited grandmothers (Gogo's) and caregivers from the Petrusville and Philipstown, two towns which form part of our Renosterberg project in the Northern Cape, to partake in a Cupcake Decorating Competition. This was done in celebration of Mother's Day and each participant received a small gift upon arrival.

The aim of the event was to enable each participant to have fun and meet new people, whilst interacting in a safe and supportive environment. It was also an opportunity for them to share their stories, wisdom and frustrations and to be acknowledged for their hard work within their respective families and communities.

As part of creating awareness, the community workers gave a health talk regarding FASD. Thereafter, each participant received two cupcakes to decorate which they did with great enthusiasm. Each participant then had to decide which cupcake they wanted to enter for the competition. Judges then decided on a winner, who was delighted to receive a big cake to take home.

After the competition everyone enjoyed a cup of coffee and their cupcakes. The Gogo's and caregivers really enjoyed and appreciated the event. Everyone was chatting and laughing long after the event was done, while some even said that events like this created a platform for support groups and new friendships.



FARR

TRAINING ACADEMY

By Charmine Sobey

TRAINING

INITIATIVES

BENEFICIARIES



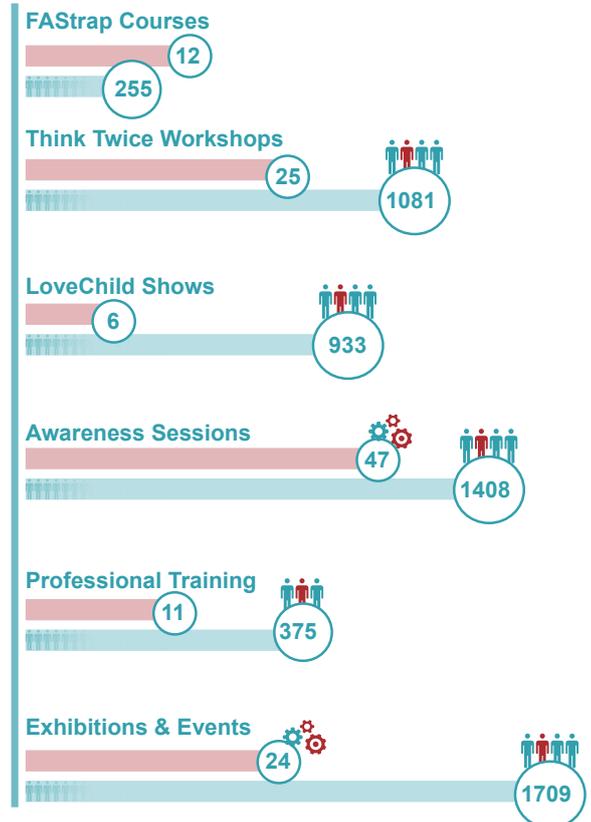
Since 2017 the Training Academy has had five dedicated staff members to conduct courses and workshops across the country.

The team is well supported by a number of colleagues that specialise in the fields of psychology, occupational therapy and nursing, who contribute by conducting training to various professional groups i.e. educators, social workers and health professionals. This multi-disciplinary team approach has enabled FARR to reach new heights in terms of training initiatives presented, to the extent that a total of 5759 beneficiaries could be reached in the 2017/2018 financial year.

Great distances were covered to present courses, with some extremely remote villages visited to spread the FASD message. Two such communities included Mvenyane and Thaba Chicha, near Matatiele in the Eastern Cape. During the Think Twice workshops which was, for the first time presented in isiXhosa, the community members acknowledged that they had never heard of FASD or the devastating effects thereof before. They expressed their appreciation for the knowledge gained and the urge to share it with family and friends. Hearing their pleas for FARR to return to present more courses, emphasized the importance and need to continue to reach as many communities as possible, across the length and the breadth of our country.

A particular highlight for the Academy was the training of 124 School Psychologists from the Western Cape Department of Education. Thanks to a unique partnership, FARR along with a government department and a private company as the sponsor (Anglo American Chairmans Fund), joined hands to ensure that a whole cadre of professionals could be equipped with knowledge about FASD and the skill to support affected learners in the classroom. A total of four two-day courses were hosted in the Cape Metro, Worcester and George respectively, with participants earning Continued Professional Development (CPD) points from the Health Professionals Council of South Africa (HPCSA) for their attendance. At a prestigious certificate ceremony hosted at the FARR Head Office, one of the school psychologists who participated stated: "We often struggle to get solid information that is based on research done in South Africa. We know that FARR's info is reliable and that it is based on the reality of the regions we work in".

Amongst the general public e.g. parents, caregivers, communities, farm workers, support groups etc. FARR aims to raise awareness on substance abuse and its effects, with a particular focus on Fetal Alcohol Spectrum Disorders (FASD). In terms of professional groups the emphasis is on building capacity to identify women at risk, to offer sustainable interventions to stop alcohol usage during pregnancy, to make appropriate referrals for diagnosis, prevention and comprehensive management of people with FASD. Should you be interested in attending or hosting a course, please contact the FARR office or alternatively send an email to training@farrsa.org.za.



CERTIFICATE CEREMONY FOR SCHOOL PSYCHOLOGISTS:

Standing from left to right: Prof JP Van Niekerk (Board Member), Ms Berenice Daniels (Director: Western Cape Department of Education – WCED), Prof Denis Viljoen (Chairman), Ms Deepa Patel (Anglo American Chairman's Fund - AACF), Mr Tersius Lambrechts (FARR) and Ms Charmine Sobey (FARR)

Seated: Mr Norman Mbazima (Chairman: AACF), Dr. Leana Olivier (CEO) and Mr Bruce Phillips (WCED)

Front: Mr Jaco Louw (FARR)

FAStrap[©]

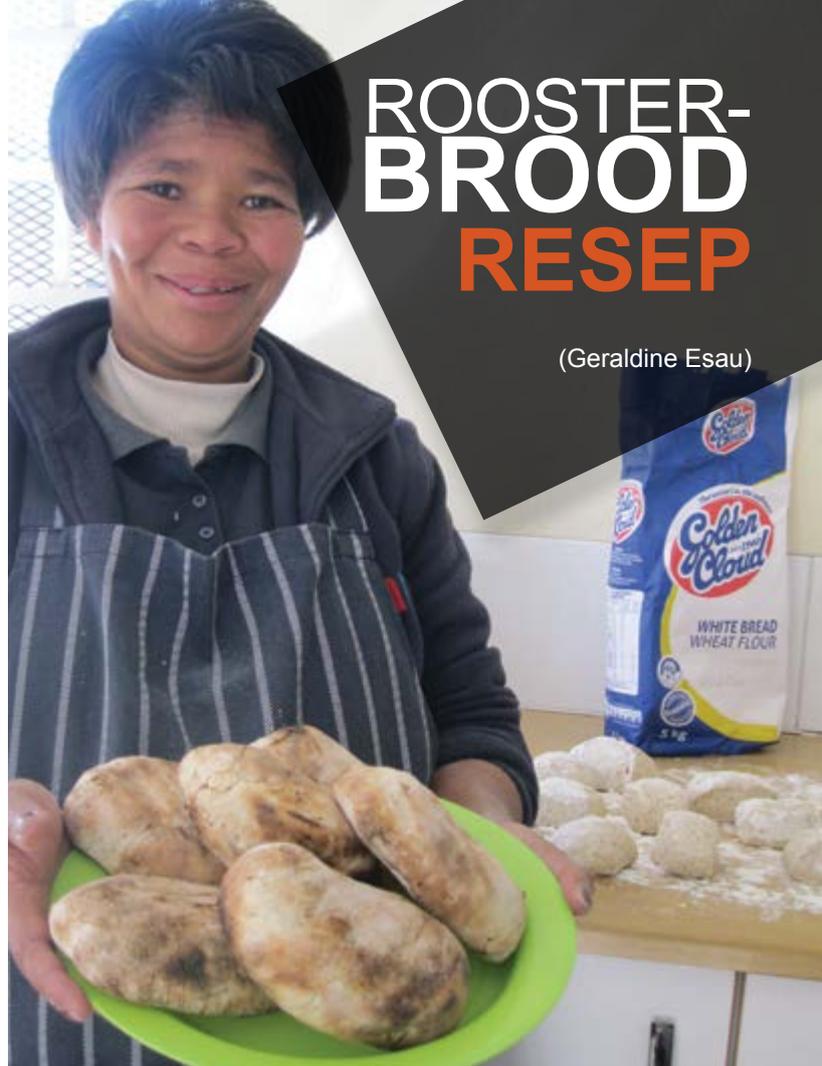
By Therin Stroucken (Training Facilitator)



Newly appointed, manual in hand and wrecked by nerves, I presented my first FAStrap[©] course in Klaarstroom just over a year ago. Considering that I presented the course in Afrikaans I won't be audacious enough to say that it went well, but I did get through it. Judging by the completed evaluation forms I seem to have somehow managed with my "Afri-english" to create awareness of the dangers of alcohol to the unborn child and hence the necessity to plan a pregnancy.

Over time it has become easier to facilitate in Afrikaans and the nerves have calmed down. Now I travel far and wide to places that even Google Maps struggle to direct me to. I encounter individuals who have compassion and insight, and the energy to inspire their community whilst living in humble conditions. I have met women who have shared recipes, brought exquisite tablecloths and flowers to beautify the venue for their certificate ceremony, and men who have sung with joy and confidence to touch the hearts of the group of people they had just spend four days of training with. And, I have found humour and laughter in places one would least expect.

Perhaps the greatest gift is that: I am the one learning the most, being reminded to smell the fresh country air, appreciate the sunset over the Karoo and how we all wish for the same simple things love, respect and a sense of belonging.



ROOSTER- BROOD RESEP

(Geraldine Esau)

BESTANDELE:

- 7 koppies witbroodmeel
- 45 g botter
- 2 eetlepels sout
- 1 pakkie (10 g) droë gis
- 1 eetlepel suiker
- loutwarm water (soveel soos nodig)

METODE:

- 1) Meng al die droë bestanddele bymekaar en vryf dan die botter in.
- 2) Voeg dan die pakkie gis by en meng dit deur.
- 3) Gooi loutwarm water by totdat dit 'n stywe deeg maak.
- 4) Knie nou die deeg vir ten minste 10 minute en laat staan dit dan vir 'n paar minute.
- 5) Deeg rys lekker as dit in n vatdoek toegevou word en in die son gelos word of waar daar hitte is.
- 6) Maak nou die roosterbrode, elkeen moet omtrent so groot wees soos 'n hoender-eier en laat dit dan rys vir omtrent 15-20 min, tot die roosterbrode se grootte omtrent verdubbel het.
- 7) Druk die deegbol so effens plat.
- 8) Bak die brode oor matige kole op 'n rooster.

As die kole te warm is, gaan die buitenste gedeelte verbrand en die roosterbrode se binnekante nog rou wees.

Draai die roosterbrode gereeld om totdat dit ligbruin buite is en binne deurgaar is.

'n Gaar roosterbrood het 'n hol klank wanneer jy op dit klop.

Geniet dit met lekker botter, konfyf of enigiets na jou smaak!



Project Sites and Staff



**Our home base is at
the Head Office in
Bellville**

THINK TWICE

By Marietjie Mouton (HRM and Training Facilitator)



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In the past year we successfully facilitated a total of 25 “Think Twice” workshops across the country.



The use of alcohol is as ancient as mankind itself. Alcohol forms part of our daily lives and is a commonly used and abused substance amongst many social groups across the globe.



Especially in the South African context alcohol is easily accessible and the use thereof very acceptable. We give little thought to the consequences of our levels of consumption and the negative effect it has on our communities. This is unfortunately also reflected in the fact that South Africa is deemed the country with the highest FASD rate in the world!

An important task at FARR is to make people aware of Fetal Alcohol Spectrum Disorders (FASD) and the injuries it can cause to the fetus when the pregnant mother consumes alcohol. By facilitating a workshop called “Think Twice” (previously known as “Sensible Drinking”) we aim to discuss the use and abuse of alcohol in different communities and create

awareness regarding the consequences thereof. During the workshop we share information related to the dangers of alcohol consumption during pregnancy, safe liquor consumption and the important role of the male in supporting his pregnant partner. After all.... “It takes two to tango!”... an important reason to “Think Twice”! Furthermore it provides an opportunity for participants to assess their own consumption to determine whether they have a problem, and guides them how to access support and assistance.

In the past year we successfully facilitated a total of 25 “Think Twice” workshops across the country, including people from all walks of life e.g. farm workers to corporate managers. Each workshop delivers

its own highlights and is often characterized by humour and the sharing of numerous real-life stories. It provides a safe space for people to talk about their own experiences, as some participants react with denial, while others acknowledge the realization that they have to curb their drinking habits. Many express a keenness to share their new-found knowledge with family and friends.

It is always a privilege to facilitate the “Think Twice” Workshops as it provides the opportunity, and has the potential to be a life-changing experience.

If you are interested in having a workshop facilitated, please contact us at: training@farrsa.org.za.



LOVE CHILD THEATRE

By Joseph Martin - aka "Five Bob"

I have been in the acting industry for 20 years now and am still loving every minute of it.

When we started with the LoveChild production 13 years ago we never thought that it would run for so long and reach so many people.

My personal experience from day one, was just to have a job and earn money. Never in my wildest dreams did I think that it would become such a big part of my life, educating and sharing what I know about Fetal Alcohol Syndrome (FAS).

On our journey we had ups and downs, but every minute of the shows have been amazing. There was a particular show in Grabouw where, after our performance, an elderly lady approached me with tears in her eyes and said we should never stop what we are doing because there are so many people that know absolutely nothing about Fetal Alcohol Syndrome.

Many thanks to a super boss Mr. Sean O'Connor from "Take Away Theatre" for giving me the opportunity and believing in me, and also to FARR for making everything happen.



A 20 YEAR JOURNEY BY OUR CEO, Dr. Leana Olivier

A very proud moment for FARR occurred on Monday, 11 December 2017. Our CEO, Leana Olivier successfully defended her PhD at Maastricht University in Holland. Eleven Professors from universities in Holland, Germany, Poland and South Africa served on the examination panel. The event (referred to as a "Corona") took place in the Aurola in Maastricht.

The topic of her thesis was "Fetal Alcohol Spectrum Disorders in South Africa: A 20-year journey" and it explores the history of FASD internationally and nationally whilst also focussing on alcohol use and abuse in South Africa. It reports on FASD prevalence studies in different communities in five of the nine provinces in South Africa and provides an overview of some determinants for prenatal alcohol use and factors pertaining to individuals affected with FASD. Prevention strategies and opportunities are discussed within the South African context as well as awareness, prevention and training interventions that have been implemented over the past 20 years. Finally, recommendations on how to address the problem more effectively are highlighted.

Leana notes: the "dissertation is dedicated with gratitude and respect to those who have walked this journey with me and to those who are devoted to the prevention of FASD".



The Pedel is leading the procession to the defence room for the examination



Leana with her PhD Supervisors from left to right:

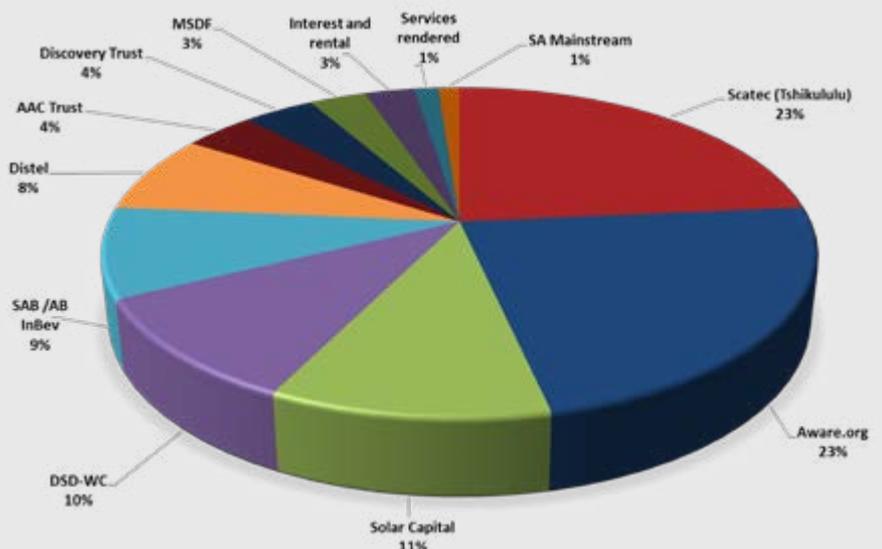
Prof G J Kok (Head of Psychology, Maastricht University); Prof L M G Curfs (Senior Supervisor and Head of Psychiatry and the Governor Kremer Centre, Maastricht University)

Dr. Leana Olivier (CEO of FARR); Prof D L Viljoen (Emeritus Professor of Human Genetics, WITS University and Chairperson of FARR)

Finance >>

FARR has strived over the years to become financially sustainable.

We have worked hard to reach this stability by securing funding from various sources which enables us to secure our future for at least the next 12 months. The graph below illustrates FARR's funding received in 2017/2018.





For more information
contact us

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