

farr

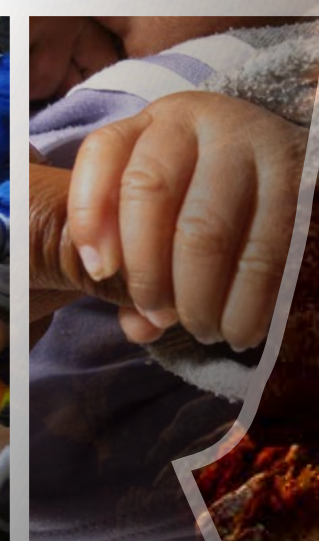
FARR is
dedicated
to building
positive futures
in South African
communities

Dedicated for
20 YEARS
and still going strong

*Spreading
awareness*

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.



Foreword

By Professor Denis Viljoen (Chairperson)

It is appropriate on the 20th anniversary of the formation of FARR, to recall the beginnings of our existence. After registration as an NGO, the accommodation of our “head office” was a single room on the 5th floor of the Department of Human Genetics (UCT), generously donated by Professor Peter Beighton, Head of Genetics. Chris Shaw, our general manager, Julie Croxford, our Research Nurse and I, worked around a single desk seated on 3 chairs.

After the American site visit later in 1997, we needed more accommodations for our newly acquired research team comprising of a Nursing Sister, Anna-Susan Marais, and School Teacher, Lesley Brooke. These rooms were kindly provided by then Dean of Medicine, Professor JP van Niekerk, who has remained a loyal member of the FARR board since then. These accommodations were in the basement of the Falmouth Building of the UCT Health Science complex.

In 2006, FARR acquired property at 37 Thornhill Road, Rondebosch. These premises provided office space for the expanding staff members and our data collection, as well as a training facility and meeting room. It also allowed FARR to become a wholly independent NGO with its own facilities, governance and identity separate from any major institutions or perceived influences. However, we remained collaborators with numerous industries, both local and international, in our expanding studies and projects. In addition, properties were acquired in Upington and Ashton and the “Pienkhuis” was generously donated by the Wertheim family in De Aar for our use as a research base. The latter has been used for several ongoing prevalence studies in the region as well as prevention and training efforts for the past 20 years.

Several other “sub-stations” have been hired or provided for prevalence, prevention and educational efforts by FARR in Vredenburg, Kimberley, Renosterberg, Jacobsdal and Burgersdorp to name a few. Recently, FARR was also able to purchase a house in Philipstown, which is being used as a base for the project in the area.

Due to the expansion of our staff, now numbering 43, the property at 5 Amber Place, Bellville was purchased 2 years ago. This was a very timely acquisition due to sudden increases in the demand for projects in the Eastern Cape, Free State, and Northern Cape. In addition, the requirement for enlarged facilities and clinical demands has led to FARR acquiring the entire lower floor of Amber Place. These facilities will improve the FARR “footprint” in providing prevalence, prevention, and training of personnel for the ongoing “fight against FASD” in South Africa.

Meet the team

BOARD MEMBERS



Ms Leana Olivier (CEO)



Prof DL Viljoen (Chairperson)



Mr AGP Botha



Dr L Bhengu



Dr MF Urban



Prof JP van Niekerk



Prof T Douglas

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 of Disorders (FASD) as a preventable disorder among children in South Africa.



Where we've worked

To date, FARR has worked in five of South Africa's provinces. As our organization grows, we are working towards extending our reach to all areas of the country, thereby ensuring that the FASD prevention message is spread as far as possible.



FASD

DIAGNOSTIC SERVICES

: FARR Private Clinic

By Tersius Lambrechts

As with most other diseases and disabilities, the earlier someone is diagnosed with FASD the better. Unfortunately, diagnosing FASD is a complex process that requires a multidisciplinary approach. This includes a medical evaluation by a trained doctor, followed by a neuropsychological assessment to identify any neurodevelopmental deficits. These services are not easily available, and in the past FARR has done private consultations if and when parents or caregivers approached us.

Recently, the demand has increased due to increasing awareness, to the extent that we can no longer satisfy everyone on an ad hoc basis. We are therefore excited to announce the opening of FARR's Private Clinic at our Head Office in Bellville.

During a consultation at the FARR Private Clinic, an in-depth assessment of the child or adult with suspected FASD will occur, which includes a medical evaluation and neuropsychological assessment. Where possible we will also have an interview with the biological mother of the individual to discuss her pregnancy history. The assessment process may take up to 3 hours to complete and will be done at our offices in Bellville.

Consultations are by appointment only, so please contact Therin Stroucken at train1@farrsa.org.za or call 064 666 4376 to make an appointment.



We are therefore excited to announce the opening of FARR's Private Clinic at our Head Office in Bellville.

Awards

- **Business Woman of the Year 2009** (Winner NPO Category and National runner-up, Awarded to Leana Olivier)
- Silver Award in the **Premier Service Excellence Awards 2010** (Northern Cape)
- **Community Builder of the Year Award 2010** (Northern Cape)
- **Organisation of the Year Award 2011** (Northern Cape)
- **Henry Rosett Award** by FASD Study Group 2012 (Awarded to Prof Denis Viljoen in San Francisco, USA)
- **Platinum Innovation Award** by Impumelelo 2013
- **Canadian Starfish Award 2013** (Awarded to Prof Denis Viljoen in Vancouver, Canada)

FASD Support Group

FARR established a support group for parents, foster parents, adoptive parents and caregivers of individuals with FASD in 2014. By joining this group you get to meet and interact with others who face the same challenges and you can get information on FASD, which can help with the day to day lives of affected individuals.

You can attend our meetings if you are in the Cape Town area, but if you are further away feel free to contact us via SMS, e-mail or telephone. If you do not have access to the current group, please let us know as a new group may start in your area, if the need exists. We would love to be there to support you when you are facing difficulties, and also to be there when you achieve successes.

You can contact our facilitator, Laetitia Pool, for more information at 021 686 2646 / 073 125 3459 / fassupportgroup@farrsa.org.za



So how **FARR** is far enough...

By Leana Olivier

Reflecting on our Strategic and Operational Plans, the CEO posed the question, “How far would you like FARR to go?” to the Board of Directors a mere 3 years ago.

By answering “As far as we need to go” the Board clearly reaffirmed FARR’s determination to tackle the FASD-problem with renewed vigour. Little did we know that we would soon be managing 10 projects simultaneously in 4 provinces and offering training across South Africa.

We are adding considerable spice to our lives by constantly juggling organizational development activities, managerial tasks and the development of new proposals, training material and research projects. Additionally, we are frequently piloting new, innovative models, liaising and networking with stakeholders, while simultaneously serving our clients to the best of our ability.

Establishing a reputable track-record and credibility are vital components in building healthy, strong relationships. Trust and loyalty provide the cement which help to secure the foundation. However, nothing can be done without the necessary funding. Fund-raising is therefore a crucial factor in any non-profit NGO and without sustainable funding, none of the above-mentioned can materialise.

FARR therefore wants to honour its loyal and dedicated funders who have believed in us since the establishment of the foundation in 1997. Despite challenging economical times, our funders have remained by our side and have continued to provide us with unwavering support. As a token of our appreciation for every single contribution in monetary form or in kind, FARR has always strived to acknowledge every donation, monitor and evaluate the impact thereof and provide detailed, accurate reports. In the years to come we will continue to do so, as we are entirely dependent on this goodwill and generosity. We do not know how far the journey is going to take us, but we know for sure it is still not far enough.



Professor Denis Viljoen

Developing effective interventions

By Leana Olivier

With no blueprint for FASD prevention in South Africa, FARR often has to be extremely creative and brave. Clinical data, psycho-social information, research findings, personal experience and priceless input from people affected by and/or living with FASD are guiding us on the journey to find the best practices for FASD prevention in South Africa.

In our search for answers we have explored and implemented many interventions in our projects to date. With the luxury to be able to focus on FASD, we are in a privileged position to develop intervention models and programmes to compliment services rendered by government departments and other stakeholders. This has led to innovative initiatives such as the Healthy Mother Healthy Baby© Programme, which focuses on brief motivational interviewing for pregnant women; the FAStrap© modular life-skills course, whereby community members receive information for everyday use and are also trained to share key messages with friends, families and colleagues; the interactive Love Child industrial theatre production; the Sensible Drinking Programme for community members, corporates and tavern owners; and the FASD Early Childhood Development Programme, to name but a few.



Life is the most difficult exam. Many people fail because they try to copy others, not realizing that everyone has a different question paper.

In our endeavour to develop practical and impactful interventions to be used by others, such as government departments, we are often challenged with the resource constraints faced by those we want to engage as partners in the fight against FASD. As people and time are some of the biggest challenges of service providers in government departments, we are constantly reminded of ways to effectively use scarce resources. In a pilot conducted

by FARR and the MRC in 2007 – 2008, health care providers explicitly stated that they have a maximum of 3 minutes per client to focus on antenatal alcohol prevention messages. This was not a challenge FARR would shy away from! Within a short period of time we developed a “Do you have 3 minutes?” programme which we piloted in the West Coast (Saldanha Bay) Project and implemented in our project in Bethelsdorp (Eastern Cape).

Working in communities with FASD rates ranging from 60/1000 (6%) to 280/1000 (28%) in the Western, Northern and Eastern Cape Provinces, as well as the Free State, we are under severe pressure to implement impactful projects in areas where there are often very little referral resources. Our strong research focus forces us to constantly monitor and evaluate our interventions and to realign according to community needs. Faced with unique differences in every community, ‘best practice models’ are often turned upside down, constantly reminding us of the complexity of FASD and the ripple effect it is causing in the lives of those affected. As a result, we are only at the start of our journey towards finding the true answers for FASD prevention in South Africa.



A day in the life

of “The Healthy Child Project” in Renosterberg, Northern Cape

By Yolandé Posthumus

Depending on which day of the week you arrive at the Renosterberg offices in Petrusville, or Philipstown or Keurtjieskloof, you will be welcomed by one of many possible scenarios.



The most special moment however is when a pregnant client, despite her circumstances and other challenges, decides to stop drinking alcohol based on what she has learned in the HMHB© Programme...that is where the hope lies!

It might be a ‘quiet’ day, where the focus is on administrative duties. The community worker will be writing her reports for the last couple of days and the project coordinator will be liaising via e-mail or telephone with one of the many stakeholders to arrange an event, or to compile reports pertaining to the project for submission to FARR management and the funders respectively.

You might find the office very busy, in the midst of one of its awareness events – like the event we held to celebrate Mother’s Day. Due to that event being so well attended, we found ourselves borrowing chairs from our neighbours to accommodate all the participants. We might also be out of the office at a different venue, presenting a training workshop to community members or professionals.

When we are not taking care of admin or hosting an event, we are seeing

pregnant clients that are participating in the Healthy Mother Healthy Baby© (HMHB©) Programme for their individual or small group sessions.

A lot of legwork takes place in the community itself. On certain days, the community worker will be giving a health talk to the visitors at the local Primary Health Care Clinic, or to a group of workers in the Community Worker Programme (CWP) in the streets of Petrusville, Philipstown or Keurtjieskloof. She will also be doing numerous home visits; either to new or existing clients, or even to try and track down a client that has not been showing up for her scheduled appointments, to see if all is well.

The question on most lips and in most people’s minds is always whether we are making an impact. If one were to look at the numbers and the devastating prevalence rates in these communities, the picture would look rather grim.

But then someone walks up to you in the street to tell you that he thinks “this thing that FARR is doing in this community, is amazing!”, or you think of the look of excitement on children’s’ faces when they receive prizes for taking part in a drawing competition (and the principal tells you that you are the FIRST organization to “deliver on their promises”). It gives us a great sense of satisfaction when a pregnant clients asks if she can bring her partner to a HMHB© session, or even brings another pregnant friend or relative to introduce her to the HMHB© Programme.

Of course, if you were to visit us on Friday the 8th and Saturday the 9th of September, you will find us nowhere else but in the streets, commemorating International Fetal Alcohol Spectrum Disorder Awareness Day, walking and making noise! Calling on everyone to spread the message that: NO AMOUNT OF ALCOHOL IS SAFE DURING PREGNANCY!





Spreading awareness

By Jaco Louw

Spreading awareness of the dangers of drinking during pregnancy is a crucial part of the fight against FASD. Telling someone that it is dangerous is however not enough. The message needs to hit home, and the person must engage with this message for there to be a change in their behaviour. As not everyone reads the newspapers, or likes facts and figures, we needed to think outside the box. In collaboration with Take-away theatre, an industrial theatre group, the Love Child (Liefdeskind) show was developed.

The three actors in the show portray various characters: the 15 year old Jaqueline, Davy the hairdresser, Father Jansen and the audience favourite 5-bob. In 40 minutes, these actors take you on a whirlwind tour of the dangers of drinking during pregnancy, the role of the man in making decisions regarding a pregnancy and how the community must play a role in preventing FASD, among other equally important topics. It is however not a serious morality play, it is rather a comedy drama with a lot of laughs and fun to be had, even though the message is a serious one.

The Love Child show was written in such a way that no stage is needed, no lights, no sound amplifiers or any other theatre equipment. We only need some chairs for the audience and an open space for the actors to do their thing. As such, the Love Child show has travelled all over South Africa, and the actors have performed in barns, churches, schools, hospitals and even "upper class" convention centres!

Everywhere they have performed, the message has hit home. The struggles faced by Jaqueline and co. are universal and we can see ourselves in the mistakes made along the way. Time and time again we have seen how the laughter pauses and people in the audience grapple with the realities of their own lives and the lives of those around them. But the joy flares up again, because it is after all a show about love and protecting our children.



Liefdeskind Industrial Theatre Production





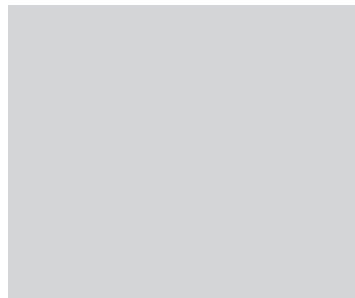
So FARR 20 YEARS:

How FARR further? A Board Member's perspective

By JP de V van Niekerk MD, FRCR



FARR exists because of a vision: to study Fetal Alcohol Spectrum Disorders (FASD) and to do something about it. In this it has been successful. Twenty years of growth and delivery attest to this through its many documented achievements. But where does its future lie?



The story started when Prof Denis Viljoen and a small team were requested to study a group of children with learning disorders found that there was a high prevalence of FASD. Presenting this finding in the US led to collaborative research and the establishment of FARR. Standing on the three pillars of research (to determine the extent of the problem and to improve diagnosis), application of this knowledge (social and clinical intervention) and education (including individuals, societies and influencing policy makers), FARR has had a major influence in this field in South Africa.

With growth there have been challenges. FARR's activities have needed to go beyond good intentions and motives. The improving professional capacity and activities of its members involved in the research, application and education have required the development of a professional management team and organisational processes. The resulting expertise has led to the recognition of FARR in South Africa and internationally as being a leader in its field.

However, success to date does not automatically ensure continued growth and success – or even survival. The work of FARR has advanced our knowledge of FASD and the required interventions. But in a perfect country its activities should be shouldered by the State which has an obligation to act on behalf of its citizens and has the resources to do so. No NGO can hope to but scratch the surface of this societal problem. It is not possible to predict much more than a few years into the future and organisations must constantly re-evaluate their position in the light of changing circumstances. FARR is well positioned to remain as a small and focussed source of expertise to assist South Africa in dealing with the huge socio-economic problems of FASD.





Intervention & prevention

Healthy Mother Healthy Baby© Programme

By Jaco Louw



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It is always wonderful to see such healthy and well looked after babies.

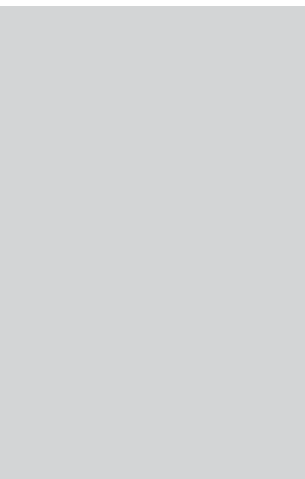
As most people in the field of health promotion will be able to tell you, it is easy to identify a problem, but much harder to do anything about it.

FARR was part of the first efforts to establish the scope of the problem of FASD and it made it abundantly clear that something needed to be done! The question of how to prevent women from having children with FASD? Where do you find them? What do you do with them?

The answer came with the realisation of two key things. Firstly it is not only mothers who are at risk of having children with FASD who need support during pregnancy, and secondly if we can work with the existing healthcare providers, we ensure sustainability long after we have left a project area. Based on this we developed the Healthy Mother Healthy Baby© (HMHB©) Programme, to work in conjunction with the Department of Health and add to their antenatal programme.

Our focus is on helping all pregnant women look after their health to improve the health of their babies. We recruit women under 20 weeks of pregnancy at the local clinics and support them throughout their pregnancy. We offer advice and guidance, or even just a safe space to drink a cup of tea and chat to our community workers. Of course, we also focus on providing knowledge about FASD and we provide extra support to mothers who are using alcohol during pregnancy. We try and help them cut down on drinking or ideally stop drinking completely during their pregnancy.

All HMHB© participants have the opportunity to attend a free clinic when their babies are 9 months old, and it is always wonderful to see such healthy and well looked after babies. It makes all our efforts worthwhile to hear how we helped mothers stop drinking, or supported mothers during difficult times. These children are not only healthy babies. They are FARR babies.



FARR

TRAINING ACADEMY

By Charnine Sobey



In an effort to extend its services to include raising awareness of substance abuse and its effects on individuals, families and communities, a dedicated FARR Training Academy was inaugurated in 2008.

The Academy has been granted full accreditation by the Health and Welfare SETA and endeavours to familiarize and educate South Africans from all walks of life regarding the dangers and effects of substance abuse, with a strong focus on Fetal Alcohol Spectrum Disorders (FASD). Courses are not only aimed at the community and those at risk of substance abuse, but also aims to build capacity amongst professionals to deal with the ever growing challenge of FASD. The latter relates to identifying pregnant women at risk, interventions to stop alcohol use during pregnancy, making appropriate referrals for diagnosis and enabling comprehensive management.

Persons and stakeholders who may benefit from training initiatives include the general public, home-based carers, undergraduate students, educators, social workers, therapists and health professionals. The duration of courses vary from a few hours to four days, depending on the type of course required or the specific needs of participants. Throughout the course duration attendees are encouraged to interact by asking questions and raising issues for discussion, as their own experiences will contribute to the learning outcomes. All participants are also provided with training materials which include a workbook and additional reading material.

Currently five staff members are dedicated to the Academy, which includes a coordinator, one full-time trainer, an administration officer and two part time trainers. Other FARR specialist staff members e.g. psychologists, occupational therapists and professional nurses also contribute through presenting courses to specific professional groups. Even though most of these staff are stationed at the Head Office in Cape Town, training is provided across the country.



For more information about the Training Academy or any queries related to training, please contact the FARR office (021 686 2646) or alternatively email training@farrsa.org.za.



Lena: Travelling with **FARR** for 16 years

By Lian-Marie Drotsky

Magdalena Rooi's first contact with FARR was in 2001 when one of her foster children was diagnosed with Fetal Alcohol Syndrome (FAS) as part of the initial FAS prevalence study in De Aar. Lena, as she is affectionately known, attended FARR's training on FAS and how to best help children with this condition. Soon she started volunteering and later working for FARR. She has fond memories of the years she portrayed the main character in FARR's short drama productions, used to spread the FAS prevention message. When FARR started the Healthy Mother Healthy Baby© Programme in De Aar during 2009, she was one of the first community workers to be trained in this focused prevention strategy and has helped to refine the programme during her years of support to pregnant women.

Lena always dreamed of becoming a teacher, but had to leave school after standard 8 (grade 10) and never had the opportunity to qualify as a teacher. She still had a strong desire to help others and FARR offered her the opportunity to teach others (especially pregnant women) what she has learnt while creating positive futures for the many healthy babies born in the programme.

Looking back over her years with FARR, she remembers many highlights like the trip to Kimberley where FARR was awarded the Community Builder of the year award in 2010, hearing her own voice on the local radio station during an interview about FAS prevention and in later years even seeing herself on TV during documentaries on FAS. Working for FARR also has sad memories like counselling mothers who lost their babies after becoming very close to her during the support programme. At FARR, Lena learnt to be quick to listen but slow to answer.

Now that she is retiring, she hopes to spend more time at home, in her garden and with family. She continues to care for two adult foster children with FAS, one of whom continues to struggle with behaviour problems. Despite retiring, Lena says she will continue with her life task of FAS prevention wherever she goes.



Magdalena Rooi



FASD Research

Obtaining evidence for prevention

By Chanelle Lombard

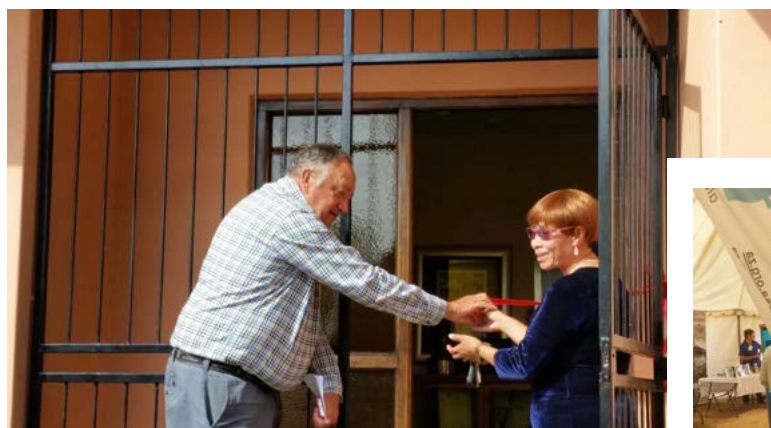
When FARR was established, its main focus was to conduct medical and psycho-social research related to fetal alcohol syndrome. Although the scope of the organization's focus has since evolved dramatically, we are still committed to conducting the same level of ethically sound, world-class research. Our efforts have been acknowledged both locally and internationally, with a number of awards and more than sixty articles published in peer-reviewed journals.

The process of answering one research question has led to many more questions that required investigation and as such, we have collaborated with post-graduate students from various universities who have shown an interest in the FASD field. We strive to continue building mutually beneficial relationships with universities and encourage researchers and post-graduate students to contact us for discussions regarding new and exciting research topics and opportunities.

It seems appropriate that we will be conducting an exciting new study this year, where we will be following up on participants from one of our first prevalence studies, conducted in De Aar in 2001. These participants were in Grade 1 when the initial study was conducted and will now be young adults in their 20's. We are very interested to discover what these individuals' experiences have been over the last 16 years and how they have dealt with their FASD diagnosis.

Essentially, we believe that results of this and similar research will provide guidance in developing effective, evidence-based intervention and prevention programmes which will ultimately lead to a decrease in the burden of FASD in affected communities.

For more information, please contact FARR's research unit at research@farrsa.org.za or jl@farrsa.org.za.



In 2000 FARR received an invitation from the Department of Health and the local community in De Aar, to conduct a Fetal Alcohol Spectrum Disorders (FASD) Prevalence Study.



“ De Aar is no longer known as the town with the highest reported FASD rate in the world.



Our flagship project

By Lian-Marie Drotzky

At the time, the Department of Health was concerned about the high incidence of low birth weight, high neonatal and infant mortality rates and poor scholastic performance. There was a suspicion that the community of De Aar might be affected by FASD.

In 2001 FARR had just completed a prevalence study in Wellington (Western Cape) where an FASD rate of 88/1000 (8.8%) was reported. This was alarmingly high, particularly compared to the next highest rate, namely 1% in the USA. However, nothing prepared us for the results of the De Aar study which indicated a prevalence of 12.2% (122/1000). This placed De Aar on the map as the town with the highest reported FASD rate in the world. This was the start of FARR's longest running project where many of our current strategies and programmes have been piloted. The community of De Aar welcomed and supported these intervention programmes to the extent that FARR measured a 30%

decrease in the prevalence of FASD within 3 years. De Aar is no longer known as the town with the highest reported FASD rate in the world but has become known as the first community in the world where a significant drop in the FASD rate was measured.

FARR had a humble start in De Aar and initially used the local hospital as a base. Later Mr. Wertheim, a local philanthropist, generously offered a large house in the community to be used by outreach programmes. FARR renovated the house and moved to the FARR / Joan Wertheim Centre in Sunrise, De Aar where a warm, comfortable atmosphere invite people from the community to participate in various programmes.

The core of FARR's work in De Aar is the Healthy Mother Healthy Baby© Programme which started in 2009 and has since supported more than 1200 pregnant women to have healthy pregnancies.

This programme is supplemented with an Early Childhood Stimulation Programme where HMHB© clients are invited to bring their babies from 9 months to 3 years for stimulation. The programme, known as the Little Angels, provide stimulation from 08:00 till 12:00 four mornings a week by a previous HMHB© client working under the guidance of an occupational therapist. Once the children turn four they are referred to one of the many crèches in the community, but children are welcome to join the after school programme in the afternoons where any child from the community can come to the FARR / Joan Wertheim Centre for a midday meal and to play or do homework under adult supervision. In this way FARR provides a seamless service for all age groups in De Aar.

Once a year, on 9 September, the community of De Aar come together to show their support for FASD prevention by walking 9km against FASD.

The journey has just begun....



Leana Olivier (CEO)

A journey of 20 years without a map, based on a dream... some highs, some lows, loads of fun, lots of successes, but at times also tears. All made possible because of the visionary thinking of the founders, the support of a great Board of Directors and the unfailing dedication of wonderful staff members, partners and committed sponsors.

By Leana Olivier (CEO)

Since FARR was established in 1997 we have strived to fulfil our vision in dedicating our service to the building of positive futures in communities challenged by substance abuse and related consequences, such as FASD. The successful completion of 11 FASD Prevalence Studies in 5 provinces provided us with prevalence rates between 60 (6%) to 290 (29%) per 1000 of the population. Generous and dedicated sponsorships from our sponsors such as government departments, private corporates, philanthropists and the industry, enables us to conduct high quality research and offering a full range of prevention, diagnostic, management and support services. We have trained thousands of professionals and community members in South Africa through the FARR Training Unit. Our FASD Support Groups are providing support to people living with FASD, their families and caregivers in South Africa and abroad. Through our mentorship programmes we strive to establish a cadre of clinicians adequately equipped to extend the diagnostic services as widely as possible through our country.

FARR is often complimented for the organization's high ethical standards and unwavering respect for clients' and stakeholders' human rights. This is strongly reflected in the heart-shaped 'a' in the FARR logo. Our clients are the reason why we exist; they form the core of our interventions, they are what 'making a difference' is all about. They represent the heartbeat of this organisation. Without their support and participation, FASD prevention would not be possible.

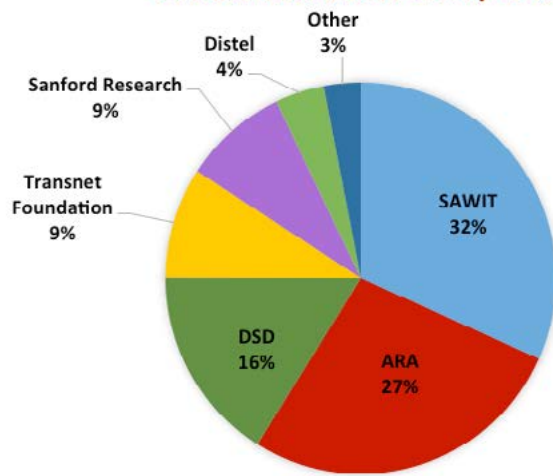
Reflecting on our journey thus far one realises that we have indeed come a long way, but it is a humbling thought that this is a journey that can only be undertaken with the support and commitment of people who care deeply for those in need, people who have been hurt by the ebb and flow of life.

I salute all who have travelled with us thus far, but I want to urge you to continue to walk with us, as our journey has but just begun: FARR is 20 years young, by the grace of God we are getting stronger, but we still have an enormous task ahead of us. Stay with us, together we can conquer this mountain called FASD prevention in South Africa!



Reflecting on our journey thus far one realises that we have indeed come a long way

GRANT ANALYSIS 2007/2008

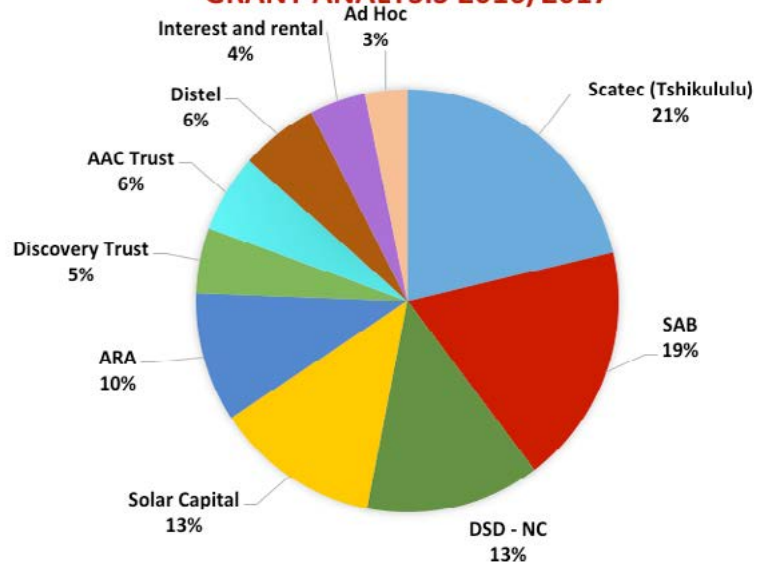


Finance <<

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 graphs below illustrates and compares how FARR's funding distribution changed from 2007 to present.

GRANT ANALYSIS 2016/2017





For more information
contact us

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 info@farrsa.org.za

www.facebook.com/FoundationForAlcoholRelatedResearch/

www.farrsa.org.za