



Updated Work Plan

October 2011

Fetal Alcohol Spectrum Disorders Education and Prevention in the Karoo

Background

Fetal alcohol syndrome, FAS, is a well-documented problem in the Karoo of South Africa. FARR, an independent research and education group, has been doing research work on FAS in the Karoo for over a decade. They report that 12.5 % of all children entering elementary schools in DeAar suffer from some form of FAS. FARR is a research-orientated organization that has been doing hands-on studies and gathering extensive data in the Karoo and especially DeAar. Please see their website:

<http://www.farr-sa.co.za>

FASfacts, FF, is another FAS non profit organization that focused on education and training to try and stop the prevalence of fetal alcohol related conditions. FF has developed several programs which target rural and urban dwellers in order to get their FAS prevention message out. Please see their web site: <http://fasfacts.org.za>

In discussion with these important partners a three-step effort to address prevention of FAS in the Karoo region was identified. The three basic steps are:

Phase 1 - Education Educate the providers of health services and community outreach in each community about Fetal Alcohol Syndrome, how it occurs and how to prevent it. This group included community members such as nurses in the clinic, Hospice workers, church leaders, teachers, and coaches in Richmond, Colesberg and DeAar.

In April of 2011, thirty individuals, ten from each of the three target communities attended a three day training and subsequent one day follow up session regarding fetal alcohol poisoning and the impact on the child, family and community. The feedback from the course was tremendously positive with the participants expressing their support for continued education and building awareness in their communities.

Phase 2 – Building Awareness With ten individual now trained in each of the three communities, the working groups now recruited twenty more people to join their group and educated them on their recent training. The working group held a series of meetings over the last several months to develop an implementation strategy



to build awareness in their communities. This phase involves building community awareness in the school, churches and community organizations about the danger presented to the unborn child and help mobilize the entire community to reinforce the message among the target audiences. Educational programs for young adults would be implemented in the schools and at community organizations such as churches. Farm workers and their families would also be targeted. In discussion with the working groups it became clear that men as well as women must be educated.

Peer pressure from boyfriends and husbands often create a climate where the expectant mother feels she has to drink. The entire community must be mobilized to help stop the perpetuation of FAS. The initial implementation of this phase due to funding constraints and implementation challenges will not reach every community member in one intervention, but will need to be repeated in order to maximize penetration over several years by repeating the effort in new neighborhoods and different schools in a cycle.

Phase 3 - Intervention Following increased awareness in the communities, actual interventions that can help promote the concept of healthy mother and healthy baby should be implemented. This step is dependent on the successful implementation of the other two phases to provide the environment in which an intervention would be successful. This would involve direct monitoring and support of pregnant mothers through their pregnancy by providing support and outreach to maximize efficacy.



Phase Two - Fetal Alcohol Spectrum Disorders
Awareness Implementation Plan
2011-2012

Key partners:

- 1) **FASfacts (FF)**
- 2) **FARR**
- 3) **Rotary Club of Colesberg (implementing partner)**
- 4) **Rotary Club of DeAar**
- 5) **Hope in South Africa (HISA)**
- 6) **Hantam Trust (HT)**
- 7) **Rotary Clubs of Frederick**

1) Rural farm worker program

4th Quarter 2011

Presented in Hantam area of Colesberg and Merriman area of Richmond by FF

This is an alcohol intervention program specially designed to penetrate farm families and their particular circumstances. The entire farm's workers and families are invited to a special meeting sponsored by the farm owners who provide transportation. The workers and their families attend a presentation put on by specially trained facilitator provided by FASfacts. The initial program will be in two key farming communities, one in the Colesberg region and one in the Richmond region.

2) Urban program

1st /2nd quarter 2012

- | | |
|------------------------------|---|
| a) Small meetings in homes | DVD and introduction of FAS |
| b) Presentation to Ministers | Group session DVD and discussion |
| c) FAS sports days | Mimic GRS soccer tournaments with FAS DVD |

The working groups in Colesberg and Richmond developed this intervention program to get the message out to their communities. The working groups felt that small groups were better than large gatherings. The FAS DVD currently available together with skilled instruction could spread the message regarding FAS most effectively. The plan is to hold 20 targeted gatherings in



members' homes where a nurse will present the outline of the message followed by the DVD. Each home meeting will target 10 individuals who are friends with one of the working group members.

This effort would be supplemented by holding a series of meetings for the ministers in each area where the smaller groups are meeting. By getting the message to the ministers from members of their congregations, the support would be in place to reinforce the FAS message from the pulpit as well as from church support groups.

The final effort adopted by the working groups was to have sports days with soccer games and net ball games. This would mimic the successful Grassroot Soccer interventions. The message about FAS would be spread to the participants in break out sessions between tournament games. All participants would be required to attend the session that would include the DVD as well as some game activities with a FAS message. This intervention would endeavor to reach the males in the communities who need to support their partners if FAS prevention is to be successful.

3) School Interventions

1st /2nd quarter 2012

A) Middle School intervention 3 sessions grade 6 1 session grade 7 – FF

This involves four sessions, one per month with six graders for three months and a follow up session in their first month of seventh grade. The program is very intensive and involves two facilitators working with small groups of children. A maximum of 45 children can be educated per day. Three days would be planned for Colesberg and two days for Richmond per month. This effort would be repeated for several years to maintain the awareness levels and reach other schools.

B) High School Intervention Grade 10 – FF

This invention is a large group presentation to a maximum of 100 kids at a time. The program involves a variety of media including drama and music to get the message through to this older audience. Students from other high school grades can also attend to maximize penetration. Two days would be planned for Colesberg and one day for Richmond initially. This effort would be repeated for several years to maintain the awareness levels and reach other schools.

4) FARR Industrial Theater Program

Feb/March 2012

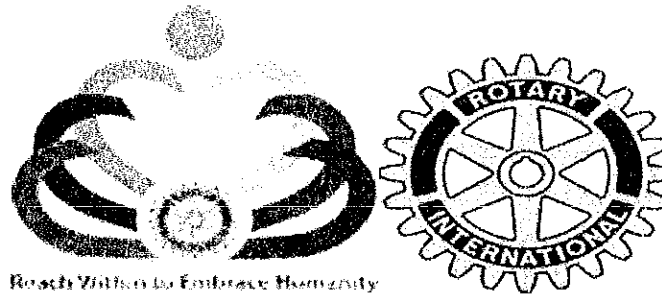
This program will touch on 4 communities in the Karoo with presentations in Beaufort West, DeAar, Colesberg and Richmond. A team of actors will present this program in the four communities. Each presentation involves about 120 participants. FARR is spear heading this effort and we will be providing the organizing in Colesberg and Richmond. The effort is designed to reach more of the adult community by involving them in a participatory theater program that engages the attendee in the message regarding the dangers of FAS and it's destructive impact on a family and a community.

**Fetal Alcohol Spectrum Disorder
Education and Prevention Program
Implementation Budget 2011-2012**

<u>Expense</u>	<u>Number</u>	<u>Cost per</u>	<u>TOTALS</u>
<u>1) Rural Farm Worker Program</u>	200	70	14,000 R
Books/materials/CD		20	4,000 R
Trainers Transport			3,500 R
Room and Board Trainer			1,800 R
 <u>2) Urban Program</u>			
a) Small Meetings	200	20	4,000 R
b) Presentation ministers	40	20	800 R
c) FAS Sports days	450	50	22,500 R
 <u>3) School Interventions</u>			
a) Middle School	200	70	14,000 R
Books/materials/CD		20	4,000 R
Trainers Transport			3,500 R
Room and Board Trainer			1,800 R
b) High School	300	70	21,000 R
Books/materials/CD		20	6,000 R
Trainers Transport			3,500 R
Room and Board Trainer			1,800 R
 <u>4) Industrial Theater Program</u>	480	100	48,000 R
 TOTAL	1870	Impacted	<u>154,200 R</u> Approx: \$21,000

Income

Hantam Partners	\$1,400
FARR	\$3,400
FASfact	\$3,000
Rotary Carroll Creek	\$5,000
Rotary Frederick	\$5,000
Rotary Fredericktowne	\$1,000
HISA	\$2,000
Rotary Colesberg	\$100
Rotary DeAar	\$100
	 \$21,000



The Rotary Club of Colesberg District 9320

Jonathan Warner
Ted Luck
Hope in South Africa

Dear Ted and Jonathan

We enjoyed visiting with you on your recent trip to the Karoo. I wanted to confirm that on behalf of the Rotary Club of Colesberg we support your effort to fight fetal alcohol syndrome in the Karoo region of South Africa. This is a condition which is crippling our children and is totally preventable. We will join together with you in this effort and continue to support you in any way we can. Our club has offered to serve as the implementing partner for this effort. We will assure that your funds are spent as directed to further this important effort.

Yours in Rotary,

Kobus Janse van Vuuren
President

FUNDING REQUEST for 2011/2012

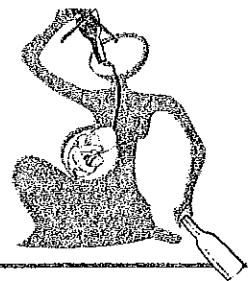
Western Cape

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FARM/RURAL

ADULTS

<p align="center"><u>Program : General FAS-awareness program</u></p> <p align="center"><u>Prevention of Fetal Alcohol Syndrome</u></p>		
Area:	Northern Cape - Colesberg	
Target group:	Working	
Youth/Adults		
Nr of Participants:	100	
Duration:	1 hour	
Cost:	Cost per participant :	R7 000
R70		
	100 Adults x R70 = R7	
000		
<p>The above programs will be presented to each person within a year period.</p>		
		R2 000
<p>±50 Participants per Group. 2 Program Facilitators present a General FAS-Awareness Program to 1 group at a time.</p>		
Consumable stock:	Cost per participant :	-
R20		-
	100 Adults x R20 = R2	-
000		
		R3 287.92
<p>FAS-message materials, like a FASfacts BOB-CD per participant.</p>		-
<p>Consumable stock, like carton, paint, etc.</p>		-
		R1 200
<p>Group photo enlargements of each group. It forms part of the program material.</p>		Sub Total
		<u>R13 487.92</u>
<p>Transport: Cost per kilometre: R2.92 1 126km x R2.92 = R3 287.92 (From Upington to Colesberg and Back)</p>		
<p>Accommodation: Cost per night: R600 (for 2 facilitators) R600 x 2 nights: R1 200</p>		



#3 Schools

FASfacts' FETAL ALCOHOL SYNDROME PREVENTION CAMPAIGN: FUNDING PROPOSAL to HANTAM COMMUNITY EDUCATION TRUST 2011/2012

1. INTRODUCTION

FASfacts, a non-profit organisation based in Worcester and Upington, educates the public about the severe damaging effects of alcohol consumption by pregnant women on their unborn babies. **Concerned about the influence that people with Fetal Alcohol Syndrome have on society**, FASfacts employs strategies aimed at preventing alcohol consumption during pregnancy, in order to reduce the rate of births of children with FAS.

2. FASfacts' VISION AND MISSION

Vision

We have a vision of children being born without Fetal Alcohol Syndrome.

Mission

FASfacts implements programs and campaigns to decrease the prevalence of Fetal Alcohol Syndrome.

Enclosed please find a document containing background information on FASfacts.

3. THE PROJECT

3.1 Name of the project

Fetal Alcohol Syndrome prevention campaign

3.2 Geographical location of the project

Northern Cape Province - Colesberg and Richmond

3.3 Problem statement

Whereas the prevalence of FAS in developed countries such as the USA varies from 0,1 to 0,8% of the population, the Western and Northern Cape provinces of South Africa have the highest incidence of FAS worldwide. In certain rural areas, FAS has been diagnosed in amongst 5 to 12 out of every 100 children. Tragically, this preventable syndrome is the largest cause of mental retardation in most industrialised nations.

In addition, the prevalence rate of Fetal Alcohol Exposure is always far higher (3 - 5 times) than the FAS rate. Normally the FAE-rate is 3 - 5 times higher than the FAS-rate in a specific area, thus **totalling between 40 - 75% of children that are prenatally damaged** due to their mothers' alcohol consumption during pregnancy, of which severe brain damage is the most devastating and most prevalent damage.

3.4 Objectives

- To reduce the prevalence of FAS, and thus also **reduce the scourge of alcohol and drug abuse, the spread of HIV/Aids, and a growing incidence of severe crime.**
- To draw national and international attention to the FAS crisis in South Africa and thereby work toward eradicating its devastating effect.
- To contribute to easing the financial burden to society associated with combating or treating FAS within communities and families.
- To ensure the long-term development of healthy families and communities where fewer children are born with Fetal Alcohol Syndrome.
- The long-term result to which the project is contributing is that far fewer children will be born with FAS.

FASfacts aims to prevent Fetal Alcohol Syndrome through our FAS-awareness campaign which we run in schools, as well as amongst working youth, adults and shebeen owners on farms and in communities. We make use of Experiential Learning as the methodology to convey the FAS-message. This method is extremely effective in that it **entrenches the learning through thinking, feeling and doing.**

3.5 Activities /Process

Learners Grades 10 & 11: Module on General FAS-Awareness

- Visit the school to introduce FASfacts to the principal and teachers of the school and make arrangements to present our BOB-program in General FAS-Awareness.
- Preparations to present our BOB-program.
- Presenting of General FAS-Awareness program: ± 1 hour with 100 learners per group.
- Provide feedback to principal and/or teachers.
- Mounting posters & group photos in aluminium frames, to be displayed at prominent places in schools.

3.6 Short Term Results

All FASfacts' programmes are aimed at achieving:

- a) **Girls** making the decision not to drink any alcohol when they will be pregnant, or when they plan to become pregnant. **Adult women** making the decision not to drink any alcohol when they plan to become pregnant, and during their pregnancies.
- b) **Boys**, at a very young age, making the decision to assist their wives /girl friends not to drink any alcohol during their pregnancies. **Adult men** must make the decision to assist their wives/girlfriends not to drink any alcohol when they plan to have a baby, and while she is expecting their child. An extremely effective method for the men is to personally abstain from alcohol themselves during their girlfriends'/wives' pregnancies.

The **earlier and more often** these children and adults make these very important and life-changing positive choices in their lives, the better chance there will be that they actually will abstain from alcohol during their pregnancies, which will lead to a definite decrease in the FAS-rate.

3.7 Linkages with other Role Players in the Continuation of the Project

This project is a continuation of our existing FAS-prevention campaign. FASfacts will implement this campaign in a close working relationship with the Departments of Health, Education, Social Development, Agriculture, Economic Development and Community Safety in the Western and Northern Cape Provinces. We work with every possible role player in different communities who are working toward similar goals. We have established relationships with all the above-mentioned role players.

3.8 Beneficiaries

a) *The most vulnerable unborn children*

When FASfacts convinces women through its FAS-prevention programs not to drink any alcohol when they are pregnant, the unborn babies of those women will benefit from this project. They will then NOT be exposed to alcohol during their fetal status with all the harmful and devastating consequences.

b) *Youth and adults*

c) *The community as a whole*

3.9 Background on children who will benefit by this project

3.9.1 *Number of children*

We have a target number of **726 grade 10 & 11 learners** who will be directly involved in the General FAS-Awareness Module for every **R56 715** donated.

The programs are designed in such a manner that every participant in this program also becomes a **CHANGE AGENT** in his/her own environment. When each participant conveys the FAS-message to 16 other people in his/her community, then a number of **11 616 additional people** will be influenced by the FAS-message in some way or another. We do understand that the intensity and effectiveness of the influences will differ from person to person.

3.9.2 *Gender of children*

The girls as well as the boys in grades 10 & 11 will take part in the project.

3.9.3 *Income*

Most of these children have parents with a low to very low income rate. In many cases some of the family members live from government subsidies. Many women are only seasonal farm workers. The unemployment rate in these areas is very high.

3.9.4 *Characteristics*

Many of these children are neglected and have to deal with parents who, because of alcohol abuse, often act violently against them.

According to the latest research, the Western and Northern Cape provinces have the highest documented prevalence rate of FAS in the world. In high risk rural areas as many as 122 out of every 1 000 children have been diagnosed with FAS, thus approximately 12,2% of children in those specific areas. The prevalence rate is higher in the rural areas than in urban areas.

In addition, the prevalence rate of Fetal Alcohol Exposure is always far higher (3 - 5 times) than the FAS rate. Normally the FAE-rate is 3 - 5 times higher than the FAS-rate in a specific area, thus **totalling between 40 - 75% of children that are prenatally damaged** due to their mothers' alcohol consumption during pregnancy, of which severe brain damage is the most devastating and most prevalent damage.

3.12 Time-frame of the FAS-prevention campaign

The FAS-prevention campaign is an ongoing campaign in the light of the extent of the problem and the high prevalence rate of FAS in these areas. No-one is in a position to say when the project will be completely executed.

Learners - Grades 10 & 11

- The General FAS-Awareness Module is presented during a 1 hour session to 100 participants at a time utilizing two of our Program Facilitators.

3.13 Responsible body for the project

FASfacts' Board of Directors, as well as FASfacts' Chief Executive Officer takes full responsibility for the implementation of the project. The leaders in each community however, also take responsibility for the project, given the fact that they approved the project to be implemented in their respective communities. Every person who does get involved with this project must take some degree of responsibility to make this project successful.

3.14 Branding opportunities for you as a Donor

A donation of R23 295 will entitle funders to the following:

Your name will appear on the FASfacts Adults' t-shirt as one of FASfacts' donors.

Your name and logo will appear on FASfacts' poster as one of FASfacts' donors.

We place the FASfacts posters in aluminium frames which we mount permanently against the walls of the involved schools, as well as at central points on farms, in clinics and at wine cellars and at other prominent places where we present our programs.

We will give coverage of your involvement in this project through Radio Riverside, newspapers and magazines, as well as FASfacts' website.

3.16 Key Result Areas and Indicators

a) Involvement of local communities

- The local communities have been consulted about FASfacts' project.
- The local communities requested FASfacts' project to be implemented.

b) Who benefits by this project?

- The different communities participating in the FAS-prevention campaign.
- The unborn children in these regions.
- South Africa as a whole.

c) Tangible outputs

- Preparations for the programs.
- Presenting the programs to school going children, working youth, adults and shebeen owners.
- Provide feedback of the programs to the school principals, teachers, farm owners, managers and supervisors.
- Increase awareness and knowledge about FAS and a positive change of behaviour, attitudes and beliefs.

- Learners, vulnerable children, the working youth, and adults become familiar with FAS and the fact that it is the leading preventable cause of mental disability.
 - Learners, vulnerable children, the working youth, and adults are given the opportunity to make pledges to prevent FAS in their own families and communities.
 - Posters are mounted in participating schools, safe houses, applicable care facilities and community centres. Thereby involving a vast number of children in the programme and educating the communities around the schools.
 - By wearing the FASfacts T-shirts, the learners, working youth and adults become **walking posters** and **change agents** in their communities. In addition, the T-shirts serve as FAS text handbooks.
 - Communities are better able to understand their behaviour and its consequences, while changing their perceptions about alcohol consumption in general and while pregnant in particular.
 - Lower incidence of alcohol & drug abuse.
 - New awareness of responsible behaviours.
- Trained facilitators within different communities to support the ongoing campaigns against FAS.

A successful project will have been achieved when **200 adults** have been involved in the programme. A donation of **R23 295** will make it possible for **200** participants to complete this educational, life-changing course.

See also point no. 5 of this proposal regarding the exposure of communities to the FAS-message through FASfacts' FAS-Public Service Announcements and FAS-RAP's.

4. MONITORING AND EVALUATION

This project is a continuation of our existing FAS-prevention campaign. FASfacts implements this campaign in a close working relationship with the Departments of Health, Education, Social Development, Agriculture, Economic Development and Community Safety in the Northern and Western Cape. We work with every possible role player in different communities who are working toward similar goals. We have established relationships with all the above-mentioned role players.

Relevant role players in the involved communities are represented on FASfacts' Board of Directors. We work closely with the principals and teachers of each school where we are involved. They are well able to evaluate FASfacts' programs and in the process, they make valuable contributions which are pertinent to FASfacts' board of directors and program developers.

FASfacts' EVALUATION AND MONITORING PROCESS

INFORMATION NEEDED AND METHODS TO COLLECT DATA	WHEN	WHO
Number of participants. Number of schools, safe houses, community centres etc visited. Number of consumables issued.	Data collected after each Module is completed.	Program Facilitators
Number of contracts signed by participants on completion of Module 2. (commitment not to drink alcohol when pregnant)	Data collected after each Module is completed.	Program Facilitators
Impact study which shows the level of awareness created by FASfacts' programmes.	Attached please find the Executive Summary as Appendix D.	Dr Frans Kotze

Impact Assessment Research

Dr Frans Kotze from the Rural Outreach and Development Service (ROADS) undertook a comparative research project in 2008 to ascertain both the baseline level of FAS awareness, and the levels of FAS awareness where FASfacts has introduced its FAS prevention programs. The full report is available on request at FASfacts' offices in Worcester.

Attached please find an Executive Summary of this report.

5.5 "BOB" CD

FASfacts recently developed a one hour FAS-prevention program for grades 10 & 11 learners, as well as for adults. During the program we hand out a CD to each participant. The CD's name is the BOB-CD. BOB stands for '*Beste Opgepaste Baba*'. This CD contains 13 'RAP' songs which address certain social issues in communities like FAS and alcohol and substance abuse.

FUNDING REQUEST for 2011/2012
Northern Cape

LEARNERS

Program / Activity / Service	Total Cost
<p align="center">Program : General FAS-Awareness Program</p> <p align="center">Prevention of Fetal Alcohol Syndrome</p> <p>Area: Northern Cape - Colesberg and Richmond</p> <p>Target Group: Grade 10 - 11 learners</p> <p>Nr of Participants: 726</p> <p>Duration: 1 hour</p> <p>Cost: Cost per participant : R50 726 learners x R50 = R36 300</p> <p>The above programs will be presented to each child within a year period.</p> <p>±100 Participants per Group. 2 Program Facilitators present the General FAS-Awareness Program to 1 group at a time.</p> <p>Consumable stock: Cost per participant : R20 726 learners x R20 = R14 520</p> <p>FAS-message materials, like a FASfacts BOB-CD per participant.</p> <p>Consumable stock, like carton, paint, etc.</p> <p>Group photo enlargements of each group. It forms part of the program material.</p> <p>Aluminium frames for group photos for classrooms.</p> <p>Transport: Cost per kilometre: R2.92 1 197km x R2.92 = R3 495 (Upington - Colesberg - Richmond - Upington)</p> <p>Accommodation: Cost per night: R600 (for 2 facilitators) R600 x 4 nights: R2 400</p> <p align="right">Sub Total R56 715</p>	<p>R36 300</p> <p>R14 520</p> <p>R3 495</p> <p>R2 400</p> <p>R56 715</p>

Funding Request for Northern Cape Province
Colesberg & Richmond
2011/2012

R56 715

The project budget detailed above reflects the cost of the project for **726 participants**. We have based the numbers on the specific amount of funding requested from your organisation, namely R56 715.

Included in the budgeted amounts are:

- Capital expenses
- Salaries/Personnel costs (including incentive bonus for volunteers)
- Lease
- Overhead costs
- Materials/Appliances
- Training
- Transport
- Auditing and banking costs

PLEASE NOTE :

- *Above-mentioned amounts are VAT-exclusive, although FASfacts is registered for VAT.*
- *We make use of 2 Program Facilitators to present one program with 100 participants per program for the grade 10 and 11 learners.*

**10. NUMBER OF PEOPLE WHO WILL BE EXPOSED TO THE FAS-MESSAGE
AS A DIRECT RESULT OF A R56 715
DONATION FROM HANTAM COMMUNITY EDUCATION TRUST**

Year 2011/2012

A number of **726 learners**, will directly be involved in this project.

The programs are of such nature that every participant in this program becomes a **CHANGE AGENT** in his/her own environment. If each participant conveys the FAS-message to only 16 other people in his/her community, a number of **11 616 additional people** will be influenced by the FAS-message in some way or another. We do understand that the intensity of the influences will differ from person to person.

See also point 5 of this proposal regarding the exposure of communities to the FAS-message through FASfacts' FAS-Public Service Announcements and FAS-RAPs.

11. PARTICULARS OF THE ORGANISATION

Name of organisation: FASfacts

Postal address: P.O Box 1692
WORCESTER
6849

Street address: 1 Baring Street
c/o Baring and Tulbagh Street
WORCESTER

Contact person: Jan Labuscagne - Fundraising/PR Officer
 Telephone number: 021 702 4516
 Cell phone: 082 904 1662
 Fax number: 086 640 1096
 Email address: jan@fasfacts.org.za
 Website: www.fasfacts.org.za

16. CONCLUSION

"Drinking during pregnancy is linked with disaster - personal disaster for the 'bright-eyed ones,' disaster for their families and their hope for their young, and disaster for... society as we struggle to pay the huge price of this destruction."

Prof. Ann Streussburg PhD

FAS is more than a disability - it is a social disorder with immense cost implications for both government and society.

On both a financial and personal level, everyone is affected by the secondary disabilities and consequences of FAS.

Secondary disabilities which include learning disabilities, early school drop-out, juvenile delinquency, poverty, chronic unemployment, inappropriate sexual behaviour, AIDS, mental illness, homelessness, violence, vandalism, theft, murder, alcoholism, drug addiction and substance abuse. The secondary disabilities of people with FAS cost the fiscus more than any other disability. Yet, this tragic invisible disability of FAS can be **totally prevented**.

There is no "inclusiveness" for people with FAS. In general, society has little compassion for the thousands of individuals whose **damaged brains** lead them to crime, homelessness and addiction. Instead, one assumes that they have chosen to behave as they do. Few people realize that the severely troubled teenager, the addicted prostitute, the homeless beggar or the man charged with killing his girlfriend's baby, may all behave as they do as the result of brain damage caused by their mothers' drinking during pregnancy.

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JAN LABUSCAGNE
PR/Fundraising Officer

#4

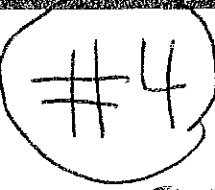
takeAWAY
industrial theatre



AS

Robertson Simons

FARR
FOUNDATION FOR ALCOHOL RELATED RESEARCH



FARR in samewerking met "TakeAway Theatre", nooi u vriendelik uit na die toneelstuk en werkwinkel LIEFDESKIND/LOVE CHILD. Die gehoor sal betrek word by die opvoering en terselfdertyd leer van die gevare van die misbruik van alkohol en dwelms, asook ander belangrike lewenskeuses.

DATUM:
PLEK:
TYD:
TOEGANG: GRATIS.....



Die Liefdeskind/The Lovechild

(A 45-minute play, in Afrikaans, English and Xhosa)

Using music, humour and audience interaction, this show demonstrates the dangers of maternal alcohol consumption during pregnancy, while also containing strong messages about safer sex and condom use. Workshopped with multilingual performers from urban and rural communities, the show can be adapted for any type of audience.

'Die Liefdeskind' tells the story of a mother who hopes that her daughter will avoid the same mistakes she made. The play has the support of the Western Cape Department of Health and the Foundation for Alcohol Related Research (FARR), and has been road-tested in many different communities around the Western Cape.

The show has been praised for being true to life, very funny, and extremely professional. Respectful of the audience, it appeals to people emotionally and intellectually, creating a strong and lasting impression.

Good morning Jonathan

I have received Leana's proposal for the LOVE CHILD industrial theatre - unfortunately it was in Afrikaans (AFR) so you are receiving a rough translation

1. They want to take the industrial theatre on one road trip but including the following towns
 - De Aar
 - Colesberg and Richmond
 - Beaufort WestThey included Beaufort West to negotiate a better price per town.
2. The actors are available in February /March 2012. FARR will foot the transporting bill for the 3 actors (2 women, 1 man) and 1 facilitator (4 people in total)
3. Presentations planning as follows
 - Day 1- coming from Cape Town first show in Beaufort West. If show finishes before 15h00, move on to De Aar. There they will need overnight accommodation (Lian)
 - Day 2- De Aar show. . If show finishes before 15h00, move on to Colesberg, but if De Aar needs a evening show, they will need another nights accommodation (Estelle / Lian)
 - Day 3- morning show in Colesberg move on to Richmond afternoon show and they will need overnight accommodation before returning to Cape Town the next day. (HISA)
5. Meals- light meals (sandwiches and cool drink) must be provided to actors/ facilitator at Beaufort West, Colesberg, Richmond and De Aar. FARR will foot the other food bills concerning the actors/facilitator.
6. Love Child show – duration - 45 minutes. No children under 12 years allowed. 120 people can be accommodated per show. A hall (venue) with 2 separate doors is needed, audience sits on chairs packed out in cinema style.
7. The workshop follows the show without a break in between. Duration of workshop is also 45 minutes.
8. Refreshments to audience - own initiative.
9. Cost is R12000.00 per town –for Colesberg and Richmond = R24000.00. the previous quotation was R80 000

Ask me again if the shorthand is not making sense please – the proposal is in draft form and will be in both languages once the dates are finalized. (red is for your information)



37 Thornhill Street
RONDEBOSCH
7700
20 June 2011

ATTENTION:
Ms E Jacobs
Hantam Development Project
COLESBERG

Dear Estelle

PROJECT PROPOSAL: FETAL ALCOHOL SPECTRUM DISORDERS (FASD) PREVENTION PROGRAMME

Our previous discussions in this regard refer:

Thank you for affording me the opportunity to present the following to you.

PHASE ONE: In March 2011 FARR conducted a FAStap Course® in Colesberg. During this course community members of the surrounding towns received basic information regarding FASD and life skills. You took the initiative to appoint coordinators in each of the surrounding towns and tasked them with the responsibility to coordinate the FASD awareness activities in these communities (*universal awareness*). I would like to congratulate you again on this brilliant idea.

PHASE TWO: Using the internationally accredited IOM model of awareness, the next level (*selective awareness*) for a focussed intervention would be to target the high-risk communities. In order to create more insight, raise the level of awareness and to focus on primary prevention, one should now involve and capacitate the 'service providers' in the area. FARR's accredited Training Academy (HWSeta: HW591PA1011091) offers courses developed to address the training needs of educators, health care providers (doctors, professional nurses and therapists) and social workers (CPD accreditation). It is proposed that (i) FARR presents a basic 2-day Substance Abuse and FASD Course to a group of 20 – 30 service providers in Colesberg. To further enhance the level of awareness FARR can offer (ii) an interactive community workshop (or two) to community members (maximum of 120 members in one group – we use 4 facilitators). See the attached proposal for more details.

PHASE THREE: You have mentioned that it is your dream to start a prevention programme with women of childbearing age and/or pregnant women. This would then be the *directed awareness* and prevention approach, which would entail specific interventions with high-risk women. FARR has developed a model for implementation, which include a monitoring and evaluation system to

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assess the impact of the intervention. It is recommended that we engage in further discussions about the possibility of piloting such a programme in the Colesberg area once we have completed Phase Two above. The above-mentioned interventions (Phases One and Two) should continue even after the implementation of Phase Three as to develop a supporting network in these communities which will ensure the sustainability of the FASD prevention programme.

Please contact me should you need to discuss the proposal or if you would like to ask any questions. (Kindly note that I will be in the USA from 22 June to 4 July 2011.) I will be visiting the FARR De Aar project again from 15 – 19 August 2011 should you want to meet with me to discuss this proposal or a possible plan of action.

Kind regards

LEANA OLIVIER
CEO

Foundation for Alcohol Related Research

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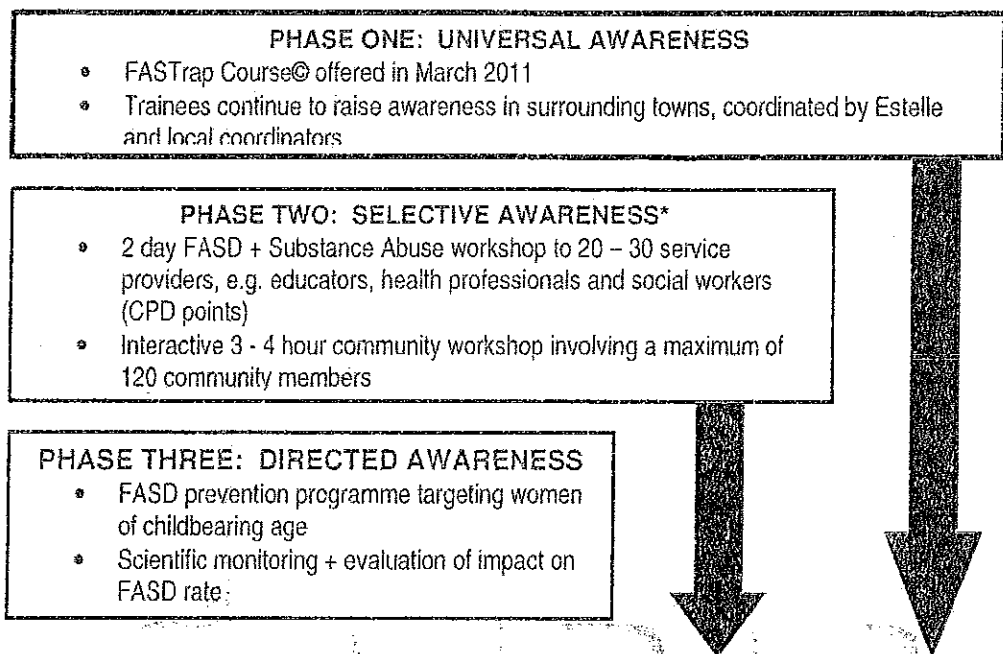
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OUTLINE OF PROJECT AS PER PHASED APPROACH



Important that Phases One + Two continues to facilitate community awareness, support and sustainability

BUDGET

Item	Description	Total
FASD Workshop	2 days 20 – 30 service providers Including CPD points for social workers; psychologists; occupational + physiotherapists and dieticians	45 000-00
2 x Interactive community workshops	3 – 4 hours Maximum of 120 Community members/workshop (minimum of 50) x 2 = 240 participants Industrial Theatre + workshop with 4 facilitators	25 000-00
Administration	General administration Postage, reporting Monitoring + evaluation IP rights	10 000-00
TOTAL		R80 000-00

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Thornhillstraat 37
RONDEBOSCH
7700
27 September 2011

Beste Lian, Rozaan en Estelle

LIEFDESKIND/LOVE CHILD VERTONING EN WERKSWINKEL 2012

Die FARR dagboek is vinnig besig om propvol te raak vir die einde van 2011 en die begin van 2012 – waar hardloop ons almal heen.

Ek wil graag aan julle die volgende voorstel maak:

As ons saamwerk om datums te bepaal vir die Liefdeskind/Love Child industriële teater en werkswinkel kan ons dit teen 'n baie billike tarief vir al drie projekte (De Aar, Colesberg area en Beaufort-Wes) bekom, want dan doen ons dit sommer tydens een toer.

1. Datum

Ek wil dus voorstel dat ons asb kyk na 'n datum vroeg in 2012, dan kan ons nou al daarvolgens beplan en die besprekings doen. Hoe lyk Februarie/ Maart 2012?

2. Vervoer

FARR sal die vervoer verskaf aan die drie akteurs (2 vroue en een man) en een fasiliteerder ('n vrou).

3. Aanbiedings

- Dag Een: Ek stel voor dat die eerste aanbieding op Beaufort-Wes gedoen word. Dalk na 11h00 die oggend, sodat die groep die oggend vanaf Kaapstad kan vertrek. As die groep voor 15h00 klaarmaak, kan hulle nog dieselfde aanddeurry na De Aar. Lian, akkommodasie moet dan gereël word in De Aar: Ons kan later hieroor praat.
- Dag Twee: Die volgende dag word 'n aanbieding in De Aar gedoen. As die aanbieding voor 15h00 klaarmaak, kan die groep na Colesberg vertrek. Indien 'n aandvertoning nodig is, moet die groep vir nog 'n nag op De Aar oorbly.
- Dag Drie: Die groep doen 'n aanbieding of twee in Colesberg omgewing (miskien een in Colesberg en daarna een in Richmond?) Die groep sal die aand moet oorslaap en vroeg die volgende oggend terugvertrek na Kaapstad.

4. Verblyf:

Kan jul dalk iets aanbied of voorstel?

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5. Etes

Is dit asb moontlik dat daar vir ligte etes (sommer net toebroodjies en 'n koeldrank) op Beaufort-Wes, De Aar en Colesberg gereël kan word? Die ander etes sal FARR aankoop.

6. Liefdeskind vertoning

Die teater duur omtrent 45 minute en is in Engels, Afrikaans en Xhosa. Dit is interaktief, dus maak die akteurs nie gebruik van 'n verhoog of mikrofone nie. Dit is wenslik om nie meer as 100 – 120 mense per vertoning te betrek nie. Moet asb nie meer mense probeer betrek nie, dit kan die vertoning geheel en al laat misluk en FARR aanvaar geen verantwoordelikheid hiervoor nie! Dit is nie geskik vir kinders onder 12jaar nie. Ons versoek dat kinder en volwasse gehore nie gemeng word nie. Betrek eerder net adolessente of net volwassenes. Die akteurs benodig net 'n saal met twee deure (bv. een voor en een agter of aan die sykant) en 'n aantrekkamer. Sit asb iets koels om te drink, soos water in die aantrekkamer. Die gehoor sit op stoele wat in 'n "konsertsaal-styl" uitgepak is.

7. Werkswinkel

Dit duur ook 45 minute en is aaneenlopend tot die vertoning met geen pouse tussen-in nie (dit is baie belangrik, asb.) Daar word NIKS hiervoor benodig nie, behalwe aparte gebiede (selfs buite of in ander lokale) waar 4 groepe (25 – 30 per groep) groepwerk kan doen. Geen skryfbord, ens is nodig nie. Hierna beweeg almal weer in die groot vertrek/saal in.

8. Verversings

Julle is welkom om op eie onkoste of via borge verversings vir die gehoor te reel. Dalk koeldrank en 'n koekie of sop en 'n broodjie? Dis jul besluit. Dit is die beste as dit na die vertoning aangebied word, want dan wil die mense PRAAT!

9. Inhoud

Die inhoud fokus op lewensvaardighede tov verantwoordelike besluitneming oor seks, ouerskap, middel en alkoholgebruik, rol van die ouer en gemeenskapsleiers; ouerskap; gesinsgeweld; MIV/VIGS; rol van die kerk; tienerwangerskap; en dies meer. Die akteurs werk volgens 'n vasgestelde draaiboek wat hulle instudeer. Die akteurs kan dus nie aspekte byvoeg en weglaat na aanleiding van ons versoeke nie, want alles is noukeurig ontwikkel, getoets en ge-evalueer. Die show en werkswinkel is deur die Universiteit Stellenbosch se Mediese Fakulteit ge-evalueer en is baie hoog aangeslaan.

10. Koste

Die pakket (show en werkswinkel) kos R12,000 elk (dws R120/persoon vir 100 mense). Dit is werklik spotgoedkoop! As ons egter nie al 4 aanbiedinge op 'n streep (BWes x1, De Aar x1 en Colesberg area x 2) kan doen nie, sal die onkoste hoër wees en sal ek 'n nuwe koste-berekening moet doen. Ek kan ongelukkig nie die prys verder verlaag nie (die prys van die show alleen is ongeveer R25 000 as dit nie in vennootskap met FARR gedoen word nie en dit sluit dan nie die werkswinkel in nie.)

11. Kennisgewing

Aangeheg vind jul asb 'n inligtingsblaadjie wat jul as uitnodiging of pamflet kan gebruik. Vul net asb die datum (sodra ons dit bevestig het) plek, datum en tyd daarop in.

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Ek hoop bogenoemde verskaf aan julle genoeg inligting om 'n besluit te neem. Laat weet my asb so gou as moontlik watter datums julle voorstel.

Groete

LEANA OLIVIER
HOOF-UITVOERENDE BEAMPTE

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