

# Vision

The national leader in services that enhance relationships.

# Mission

To support individuals, families, organisations, communities and society to build, restore and sustain functional relationships.

# Purpose Statement

To actively contribute towards the creation of healthy & effective functional families as the cornerstone of a stable prosperous society & nation.

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# Chairman's Report

Five years ago I joined FAMSA Western Cape as a board member. Little did I ever anticipate then that I would be given the privilege to chair the Board and be part of a team that is making a huge difference in individuals' lives and in families. It gives me great pleasure to present my first report as the Chairperson of the Board of FAMSA Western Cape.

The year under review was most challenging in the NPO sector in terms of fundraising, with many organizations either closing or downsizing. Unfortunately, FAMSA Western Cape was not spared. We had to retrench sixteen staff and two senior staff members resigned for better paying positions. This financial crisis has led to service cutback on multiple levels. FAMSA had to terminate our "Kiddies" Holiday/after-care project at the Khayelitsha office, which assisted around 60 vulnerable children, providing a safe and nurturing space for them after school and in the holidays. This is terribly concerning as this project was started out of a need to protect children in Khayelitsha who were left vulnerable after school and in the holidays when their parents or carers were at work. We also had to shut down our Non Medical HIV testing and counselling site at Joe Slovo Park and close our longstanding Bellville professional office that has been offering counselling services to families in the Northern Suburbs for 20 years. The Board and the management team are working together tirelessly to find ways to



lessen the ramifications of this crisis. FAMSA WC is currently undergoing major cost-cutting, from reducing electricity expenses, introducing a paperless culture and staff even providing their own tea and coffee. We are also currently exploring creating a social enterprise as a strategy for long term sustainability.

Undoubtedly, this economic environment creates uncertainty about what the Board's capacity will be to deliver on key

responsibilities. In light of this, FAMSA WC's sustainability strategy will be reviewed regularly against changing circumstances, so that the Board remains in a strong position to plan and manage resources.

As this is my first Annual Report, I wish to thank each person who has served as a member of the Board. Few will ever know the time and tireless effort that each member devotes to their work. I

am truly grateful for all your support, advice and hard work throughout the year. I would also like to pay tribute to the work of our Executive Director, Noelene Blekkenhorst and FAMSA's management and staff for their dedicated work and loyalty, and for showing us that no matter what your angle of perception is, the vital thing is that you make a difference in people's lives. Your commitment in what has been an extremely challenging year has not gone unnoticed.

Vuyisile April  
Chairman

# Director's Report

At the heart of our society, is the 'family'. Our family makes the first impact on our lives and as we grow older, the decisions we make, impact on our families. Many people are lucky enough to start life with a nurturing and functional family, whereas many have to overcome the challenge of a dysfunctional family, in addition to life's challenges. It is true to say that ultimately, a nurturing, functional and resilient family is stronger and better able to deal with life's

external challenges, as well as those that develop internally within family relationships or with individual family members. Strong and functional families in turn, also contribute to forming healthy and resilient communities.

Challenges such as unemployment and poverty, bereavement, substance abuse, teenage pregnancy, crime and violence will all put enormous pressure on a family unit and are often the cause of family breakdown, but often it is the other way around, many of these issues can also be the result or symptom of family breakdown. Therefore at FAMSA we are unique in our approach, as in addition to an individual therapeutic response, we look at the family as a unit. In effect that means that 'drugs are family problem'; 'unemployment is a family problem'; 'HIV and AIDS is a family problem'; 'teenage pregnancy is a family problem'...I could go on and on. The family

will feel the fall-out from these and other issues.

Most organisations' interventions focus on the individual as opposed to the family. This results in family members experiencing themselves as disconnected from their family members and not being available to support each other when facing social problems. FAMSA can help families to better cope, to become more resilient and to be there for each other as a unit. A

family-centred approach requires a specific approach, knowledge and skill set. FAMSA Western Cape is unique in that it has been offering family counselling for many years and has vast experience in addressing social problems from the systemic position.

In addition we are pleased to have introduced a specialised therapeutic model for couples, called EFT (Emotionally Focussed Therapy). This

approach is for couples who want to gain more understanding about their relational difficulties and/ or want to create a closer, more connected relationship. Thank you to the staff for their hard work and commitment for enabling families to be there for each other. Thank you to our chair Mr April and the executive committee for their support.

Noelene Blekkenhorst  
Executive Director



# Events

## Mindfulness and Interpersonal Neurobiology Training: Dr Daniel Siegel

This was a dream come true! To host Dr Daniel Siegel, internationally-renowned Mindfulness and Neuroscience expert, for the first time in South Africa. It was a wonderful experience to meet him. He has lectured for His Holiness the Dalai Lama, the King of Thailand and Pope John Paul II. He is an amazing speaker and was able to hold our attention with numerous examples and experiential exercises of mindfulness and integrating different parts of the brain.

The exciting thing about Dr Siegel's Interpersonal Neurobiology approach is its compatibility with all forms of theoretical models. His theory on "mindsight" expands on Daniel Goleman's emotional and social Intelligence concepts. His work promotes more meaningful and empathic relationships - the foundation of our work as THE RELATIONSHIP PEOPLE.

Feedback from an attendee: *"Great to have a world class specialist."*

## Couple Therapy Conference

In May 2013, FAMSA Western Cape hosted a Conference highlighting different therapeutic approaches when working with couples, for professional and lay counsellors, at the Hilton Double Tree Hotel in Woodstock. The models were presented by renowned experts in the field, including: Andrea Hill who presented on Psychoanalytic Couples Therapy; Peter Powis on Focussing Oriented Couple Therapy; Wendy Lawsen on IMAGO Couple Therapy; and Dr Elmien Lesch presented on Emotion Focussed Couple Therapy. The conference was very well attended and positively evaluated by the majority of the attendees.

## Parenting Seminar

FAMSA WC, together with The Parent Centre and Gender Transformation Network, once again hosted a successful Parenting Seminar in collaboration with the Department of Social Development. The Seminar was held on 21 November 2013 in celebration of International Men's day (19 November) and Fatherhood Programmes. The success of the 2012 Parenting Seminar provided clear motivation to consider making this an annual event to share, network and remain current.

With the theme of "Reflecting Interventions - Evaluating Outcomes", this year's focus was on evaluating our parenting services. We need to become more research oriented regarding our work in South Africa so that we can with confidence replicate best practices. In this regard Hermanus Rainbow Trust is an excellent example of a NGO operating as a social enterprise to ensure financial sustainability.

Feedback from an attendee: *"The seminar was excellent and the content was of high standard. Hermanus Rainbow Trust delivered a well informed presentation. I am inspired to go back and contribute."*

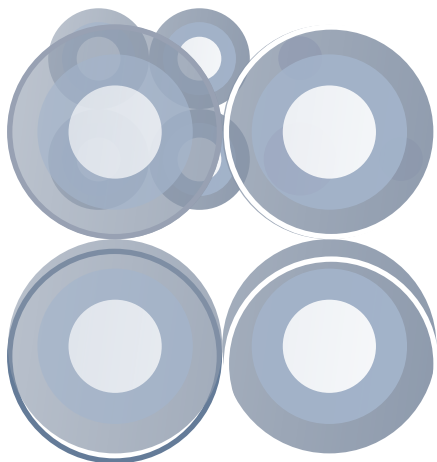
Daleen van Staden  
Head: Clinical Services



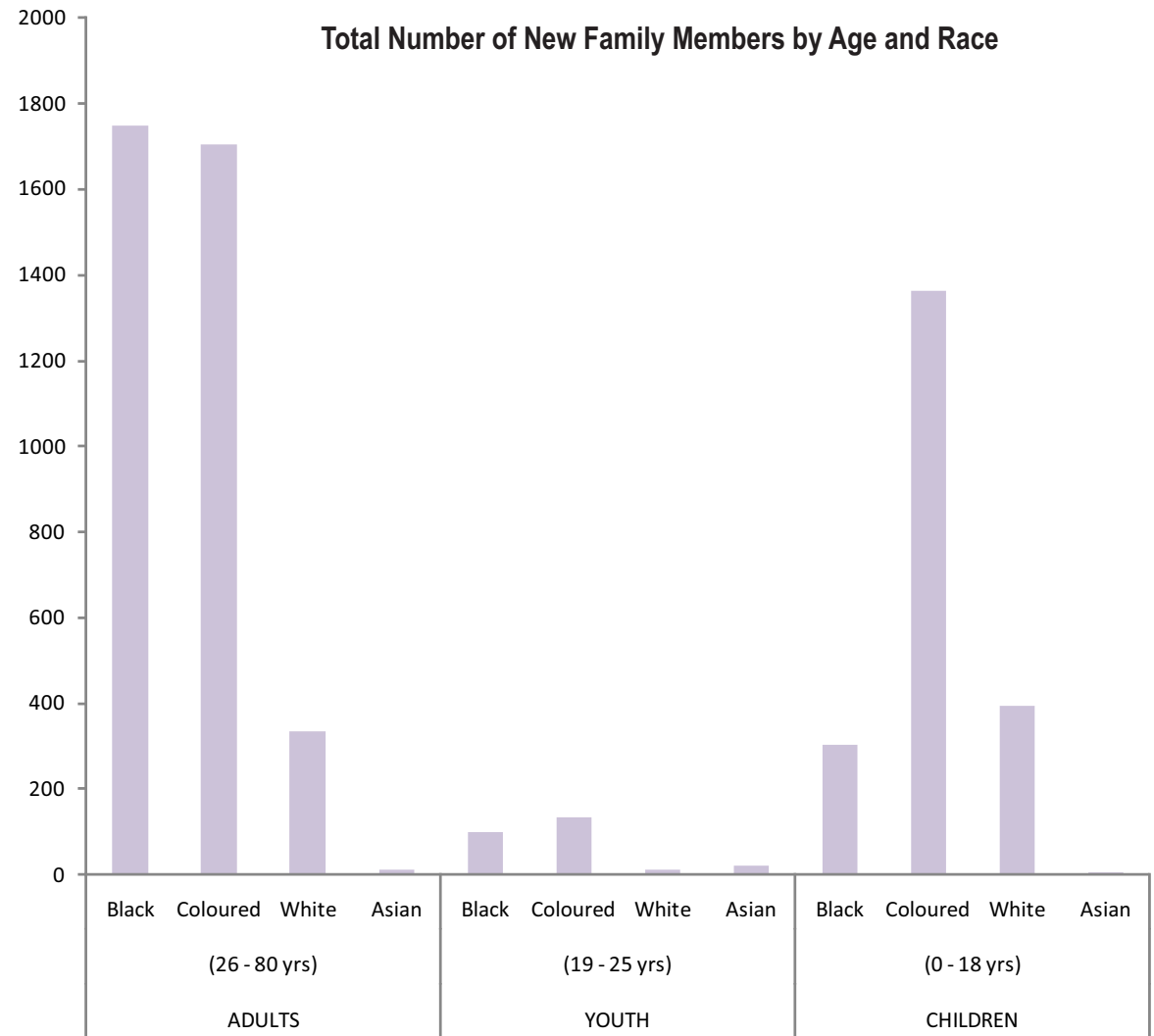
# Clinical Services

**Total Number Of New Family Members Who Attended Counselling Sessions**

Office	Adults	Youth	Children
Observatory	827	12	57
Bellville	459	25	84
Khayelitsha	393	14	344
Elsies River	552	44	346
Mitchell's Plain	578	76	679
Factreton	301	49	536
Dunoon	691	44	17
<b>Total</b>	<b>3801</b>	<b>264</b>	<b>2063</b>



**Total Number of New Family Members by Age and Race**





# Clinical Services

## Observatory Office

*When a person throws a stone into a pond one sees ripples of water all around and it takes some time for the ripples to settle and to be calm again.*

I was thinking how that is such a metaphor for all the work we do here at FAMSA WC. We do not know when we assist an individual or a couple or a family, what the ripple effects of our interventions will be. No one lives in isolation so it is inevitable that when an individual person is struggling with an issue there will be ramifications for the whole family. This applies whether it is a drug or alcohol addiction, abuse between husband and wife, child abuse, bereavement, divorce or even marital conflict, affairs, trauma, financial issues, retrenchment or retirement - and in fact every aspect of our work has an impact on the family and becomes a family problem and a family issue.

I would go even further to say that the ripple example extends even further and impacts on the extended family.

We counsel families where we may need to have three-generational interventions e.g. parents, grandparents and the children, and often have to mediate where there may be a clash of values, beliefs and priorities. At the Observatory office this has been a year of mixed emotions. Challenging because of the challenges facing our society generally, and we as a microcosm see the impact of issues such as crime as well as general stresses and strains that people are living under in the current economic conditions, as well as challenges facing the family as a unit.

We see at our office all types of different families' i.e. nuclear families, homosexual families, blended families with children from different parents being thrown together and expected to bond and connect because the parents have fallen in love.

But thankfully we have a team of totally dedicated and skilled professionals available to help.

I am so grateful to Gloria at reception who welcomes clients with a friendly warm welcome; Lynette our efficient intake officer who helps people make appointments and juggles both our counsellors and clients, to try and be accommodating. We are so appreciative of the work done by our dedicated sessional workers: Anita Grant, Annie Jollivet De Oliveira, Beatrice Kidd, Lezelle Peters, Shelley Horwitz, Margaret Fulton, Funeka Plaatjie-Njobeni, Penny Middleton, Ingrid Elte, Tammy Rowan, Muriel Joppen-Kossman and our dedicated volunteer Raella Abel. They are the foundation of our professional counselling service.

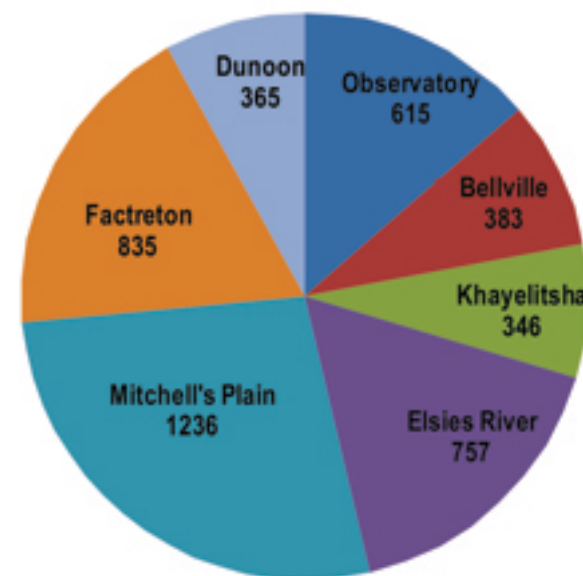
Our thanks too, to Carlo Williams and Priscilla Clark who are employed in the training and domestic violence departments, but assist us with direct client counselling. We also appreciate Vincent Roberts, our after-hours receptionist who keeps the office open for us till 7pm Tuesday to Fridays and also comes in for the new and exciting development, which is that we are now open on a Saturday morning.

The Saturday morning counselling service has been available since September 2013 and thus far seems to be much appreciated by the community. Counselling takes place in a more relaxed and less pressurized environment and there isn't the rush to get back to work so that people can be fully present and concentrating at the session. It is also helpful that families are able to come together without children needing to be off school.

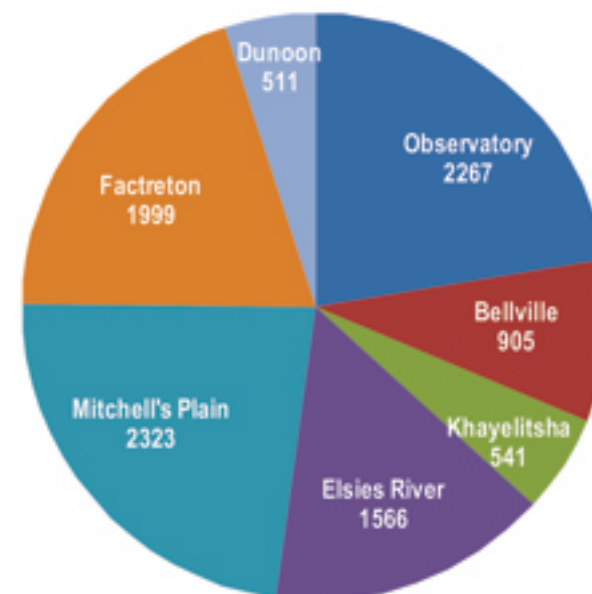
We are currently exploring the idea of having other activities on a Saturday morning and will keep all posted about that.

Pauline Sevitz  
Counselling Manager: Observatory Office

Number of New Families



Total Number of Sessions



# Clinical Services

## Khayelitsha Family Counselling Centre

Famsa Khayelitsha continues to provide family preservation services on an early intervention level to individuals, couples and families through counselling. Most of our clients are presenting with the following issues:

- ! Domestic Violence
- ! Communication break down
- ! Marital infidelity
- ! Divorce
- ! Emotional difficulties
- ! Parenting issues
- ! Bereavement and trauma
- ! Drug abuse mostly by youth
- ! Alcohol abuse
- ! Unemployment and poverty

A total of 751 clients including children have been reached. The most common presenting problem at this office is infidelity, followed by emotional problems, relationship difficulties, family conflict and divorce. An increasingly common family presenting problem at this office, is drug/substance abuse by youth, who often end up psychotic. These young people suffer severe consequences of their drug habit, which in turn places a huge burden on their families

because they have to take care of these youngsters as they are treated as out-patients and not institutionalised. Due to a good networking relationship that we have with the following local health facilities: Michael Mapongwana Day Hospital (Khayelitsha) and Lentegeur Hospital (Adolescent Unit), we are able to refer for specialised interventions after having done in-depth assessment. We provide family counselling in these instances which aims at restoring family relations, communication, defining individual roles within the family and encourage family support, which is aimed at family preservation.

With the high unemployment rate, people in this community often suffer from depression as they are unable to meet daily demands of life thus failing to care for their families. Sometimes these circumstance result in family violence. We have seen a substantial number of cases resulting from emotional problems due to relationship issues, communication breakdown, family breakdown and parenting issues. In addressing these, we offer psycho-social support.

We noticed a rising number of referred divorce cases from Khayelitsha Magistrate's court which require mediations and clients are helped to understand and reach mutual agreement on

parenting plans. In some instances it is totally impossible to get couples together which places a huge burden on women as they are often left without any financial support but forced to take care of minor children. Sometimes these circumstances compel them to seek assistance from their own family of origin, meaning that grandparents and siblings have to step in while women are busy with legal assistance e.g. application for maintenance, which is usually a lengthy process. We advocate and lobby for our clients' needs and link them to appropriate resources. There has been a rise in the number of clients requiring trauma support services as a result of incidences such as armed robbery, rape and suicide, where on assessment we offer trauma counselling, monitoring clients over a period of time as to help them avoid developing disorders such as post-traumatic stress disorder. We help clients overcome their trauma through developing effective coping skills and empowering them to build up their resilience.

## Workshops and Talks

### HIV Status Child Disclosure Workshop: Khayelitsha

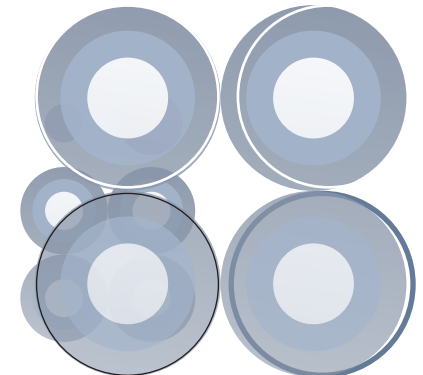
The MSF Khayelitsha programme strongly advocates that child disclosure cannot occur in isolation at the Clinics alone. Therefore MSF networked with organisations such as FAMSA WC, Ubuntu Africa, Treatment Action Campaign and Ubuntu Clinic in Site B in helping individuals and families to go through a process of progressive disclosure with their HIV positive children.

The HIV status child disclosure workshop was offered to parents and primary caregivers of HIV positive children by a FAMSA social worker. Thirty four

parents attended the workshop. Feedback from the workshop was overwhelmingly positive. Children often start to ask many questions about the treatment they take daily, putting pressure on parents to disclose. Parents find it very stressful and challenging to disclose a child's HIV positive status to them.

The objective of the workshop is:

- ! To empower parents and caregivers of HIV positive children to go through a process of progressive disclosure with their child where, over a period of time preferably between the age of seven and ten years the child is told about their positive status. The aim of this process is to build a trusting parent/ child relationship, to reduce the risk of poor treatment adherence as the child grows, as indicated by current research.
- ! To share barriers and benefits of progressive child disclosure.



# Clinical Services

## Parenting skills workshops

Parenting skills workshops were offered to 33 parents and child care workers in 2013. We held two trainings, the first one taking place on 03 May 2013 where we trained a group of caregivers/ child care workers of SOS Children's Villages i.e. an institution for orphans and vulnerable children. The second workshop was offered to a group of parents from Sikhula Sonke Early Childhood Development Project.

Topics covered included:

- ! Understanding your child's behaviour
- ! Approaches to parenting / different styles of parenting
- ! Barriers of communication
- ! Build your child's self esteem
- ! Effective disciplining
- ! Basic principles of good parenting

Objectives of the workshop: To equip parents with practical solutions as well as tips for improving communication; building positive relationships i.e. parent child relationship; help parents develop their child's self-esteem, and; to help parents encourage and instil positive values in their children.

Comments from parents about the workshop:

*"I got a chance to self reflect on how I do things especially when it comes to disciplining my children."*  
*"I have learnt about effects of parenting styles on children and how it moulds them for better or for worse."*

## Marriage Enrichment workshops

Marriage enrichment workshops were presented to Church of Christ congregants (couples) and to Milton Martin Methodist church couples. A total of 23 people attended the workshops. The aim of the workshop is: to help couples learn more about themselves, their partners and their relationship; to help them learn useful communication skills including assertiveness and active listening; to help them identify strengths and growth areas in their relationship; and to learn healthy ways of managing conflict.

## Community conferencing: Addressing Gender Based Violence against Women and Children

This event was organised by the Social Development Department of the City of Cape Town. A number of stakeholders including community leaders were invited. In participating on this day (30th of May 2013), FAMSA addressed more than 80 families including survivors of rape and other sexual offences. The activities of the day included: a community dialogue; creating a vision of safer communities; and bringing about reorientation of community values.

Ntombi Sigonya

Manager: Khayelitsha Family Counselling Centre

## Bellville Office

In total 905 counselling sessions were achieved in 2013/14, consisting of a total of 951 new clients who received therapeutic intervention.

In contrast with previous years, we weren't working with a waiting list for any part of the year, which could be due to the current economic environment where most people are feeling the strain of less money in their pockets.

Issues such as domestic violence and substance abuse continue to affect many families. Clients receive support with regards to their legal rights, but many continue their intervention by finding ways to deal better with their situation. Also very prominent are cases of divorce. One of the main motivations, when dealing with these cases, remains to assist parents to continue their parental responsibilities and look after the needs of their children.

A total of 127 Client Feedback Forms were collected during this year indicating that clients experienced the counsellors' knowledge and skills, as well as their willingness to help as either 'Good' or 'Excellent'.

In general, clients indicated satisfaction with the service provided at the FAMSA's Bellville Office.

### Client feedback included:

*"She understood how we felt."*

*"Die toepaslike informasie wat mens se lewe kan verbeter."*

*"Hulle is altyd vriendelik met jou en laat jou as familie voel."*

*"Dit is vrae wat jou nie ongemaklik laat voel nie. Jy voel sommer om te praat."*

*"Hulle moet net so bly soos hulle is. Lieflik, vriendelik en behulpsaam."*

*"I already have recommended Famsa to a friend who is coming here now and will continue to do so."*

*"You could have offices closer to Somerset West, but other than that there is nothing else that needs to change."*

### Clients also offered suggestions:

*"Extend hours / more offices / more counsellors."*

*"To become more known about in the communities through, e.g. media."*

*"Earlier appointments 8H00."*

*"I have (recommended to clients) but it's too far to travel to Cape Town, bring one close to West Coast."*

*"If they had branches in West Coast areas."*

Tiana Bester

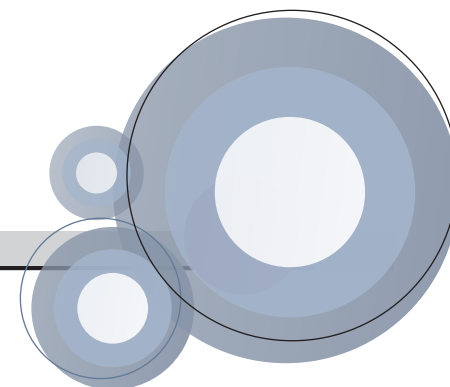
Bellville Office Manager



# Clinical Services

## Top 15 Presenting Problems per Area (from highest to lowest)

Observatory	Bellville	Khayelitsha	Factreton	Mitchell's Plain	Elsies River	Dunoon
Relationship Problems	Emotional Difficulties	Infidelity	Emotional difficulties	Emotional difficulties	Uncontrollable child	Relationship difficulties
Emotional Difficulties	Relationship Problems	Emotional difficulties	Uncontrollable child	Uncontrollable child	Family conflict	Alcohol abuse
Communication/ Conflict	Divorce	Relationship Problems	Family conflict	Family conflict	Infidelity	Abuse of other drugs
Infidelity	Communication/ Conflict	Family Conflict	Bullying	Grief	Relationship problems	Communication/ conflict
Depression	Family Conflict	Divorce	Abuse of other drugs	Bullying	Bullying	Emotional abuse
Grief	Parenting	Bereavement	Communication/ conflict	Trauma	Emotional difficulties	Unemployment
Divorce	Trauma	Physical Abuse	Emotional abuse	Physical abuse	Abuse of drugs	Physical abuse
Trauma	Infidelity	Marital Problems	Anxiety	Infidelity	Trauma	Emotional difficulties
Family Conflict	Marital Problems	Communication/ Conflict	Parenting	Abuse of other drugs	Emotional abuse	Family conflict
Life Stage Issues	Physical abuse	Trauma	Relationship problems	Communication/ conflict	Physical abuse	Financial difficulties
Anxiety	Grief	Suicide	Physical abuse	Relationship difficulties	Financial difficulties	Parenting
Parenting	Divorce Mediation	Alcohol Abuse	Alcohol Abuse	Divorce	Sexual abuse	Neglect
Mediation	Domestic Violence	Emotional Abuse	Financial difficulties	Sexual abuse	Communication/ Conflict	HIV affect
Physical Abuse	Depression	Parenting	Life Stage Issues	Emotional abuse	Divorce	Divorce
Prepare/ Enrich	Bereavement	Domestic Violence	Unemployed person	Depression	Alcohol abuse	Identity



# Clinical Services

## Divorce Mediation

FAMSA Western Cape offers family mediating services which include divorce mediations, post-court mediations, family meetings and the mediating and drawing up of parenting plans. Mediation services are available on Tuesday and Friday afternoons 2pm-7pm as well as Saturday mornings from 9am-2pm.

Margaret Fulton, FAMSA's mediator is FAMAC (Family Mediators Association of the Cape) trained and accredited and all mediations are done in accordance with the Children's Act.

The costs are on a sliding scale based on combined income. The mediator discusses all the processes and costs of mediation at the first meeting.

### How long does the whole process take?

There is no such thing as an average mediation time. The process can take between 3-6 sessions of one to one and a half hours a session, depending on the issue. It is important to note: the entire process is confidential.

### What happens in mediation?

Here is an example of divorce mediation. The basic process of mediation is similar for all critical family events.

Heidi and Clint decide to get divorced. They opt for a mediated divorce facilitated by a neutral mediator rather than a litigated one involving lawyers. They have heard that a mediated divorce costs much less than a litigated one both financially and emotionally and that they direct the process.

They arrive for their first appointment.

- ! I explain what divorce mediation is about, how it works and how the process is going to help them move to the next phase of their lives.
- ! Both Heidi and Clint get the opportunity to tell their 'side of the story' and detail their needs in the resolution of the problem which is in this case, a proposed divorce.
- ! I listen carefully and give feedback of my understanding of the problem and their needs.
- ! At this stage I assess where each of them is emotionally and try to get a good picture of their positions about the proposed divorce. Sometimes one of the partners is ready for divorce and the other not. They aren't always ready at the same time to start the divorce mediation. If not, I would refer them to a counsellor for divorce counselling. In this case, both Heidi and Clint want to start the process and are eager to hear my explanation of what the actual divorce entails and what the application to the court needs to contain. I outline the contents of the application and explain how they will negotiate:
  - a the division of their assets and liabilities as well as ;
  - b work out how they are going to be single parents yet work together for the best interests of their children.
- ! I open the discussion on part (a) and Heidi and Clint again get an opportunity to state their needs about the division of the assets and liabilities.

- ! I mediate a discussion around each point they bring up that will lead them to a better understanding of:
  - o what the problem is and how they each see it;
  - o what options they have;
  - o and ultimately the resolution itself.
- ! And so they move onto part (b) and I mediate their discussions around their new roles as parents.
- ! All the time I am taking down all their resolutions and will later compile them into a summary which their lawyer will use as the basis for the divorce application.
- ! The next step is to bring their children into the mediation in order to find out where they are in this process. Their parents may be at its epicentre, but they are not the only members of the family affected. The entire family structure will be changed. If I hear problems which cannot be sorted out in the mediation forum, I can refer the children or parents to a FAMSA counsellor for further intervention.
- ! I devote one to two sessions to giving Heidi and Clint an opportunity to listen to the feelings and needs of their two children about their parents' divorce. Yes, the parents make the decisions, but the children are not uninvolved bystanders. They need to feel that their voices were heard too.

When we think about divorce, we think mostly about the dismantling of the divorcing couple's relationship. But its implications for the family are huge. On paper, divorce is mainly about a husband and wife splitting up their partnership and how they are going to parent now that they are no longer a unit. However, since the advent of the Children's Act of 2005, more attention has been given to the parenting aspects of the divorce and its impact on the rest of the family. It is realized that divorce has huge implications for everyone in the family unit and not just the parental couple.

More and more couples are opting for divorce mediation. Divorce mediation's basic premise is that it is up to the partners themselves to dismantle their partnership and it is up to them to work out how they are going to parent effectively under the new circumstances. It is not the work of Judges or Magistrates to parent.

FAMSA offers a safe environment with qualified and experienced mediators for an effective resolution of critical family events like divorce. Furthermore, if I become aware of other relationship issues which cannot be resolved in the mediation and may need further intervention, I can refer them to FAMSA's professionals.

During the past two years, I have also co-mediated with several newly trained FAMAC mediators and helped them work towards their accreditation.

With increasing public awareness around the options for mediation as opposed to litigated resolutions, I am optimistic that FAMSA will see more and more clients seeking mediations.

Margaret Fulton  
FAMAC Accredited Mediator

# Trauma and Employee Wellness Programme (EWP)



FAMSA Western Cape has always been passionate about relationships. For us relationships are more than just about family or friends. We believe that the relationships and wellbeing of employees are just as important. In 2013 FAMSA WC made a significant contribution to the work environment and employees' wellness of many of our corporate clients.

Our counsellors conducted 77 ad-hoc Employee Wellness Programme (EWP) counselling sessions. Twenty seven of these sessions included individual and group trauma debriefings. EWP clients are referred for counselling by their respective employers or alternatively, from other organisations for counselling and assistance in areas such as trauma debriefing, relationship counselling, difficulty in dealing with stress and a range of other issues. The employers of these referred clients are usually corporate clients and smaller business owners who have a contract with FAMSA Western Cape or they contact us on an ad-hoc basis.

Commonly, group debriefings are due to an incident such as an armed robbery or even a sudden loss of a colleague. Our trauma debriefing normally occurs within 72 hours of the incident and we often visit the clients on site for group debriefings. This allows for minimal disruption to their lives and allows them to feel safe in an environment they are familiar with.

We would like to thank our EWP clients for the investment they are making toward the health and wellbeing of their employees.

As mentioned above, FAMSA gets many referrals for counselling and trauma debriefing from other organisations, in addition to corporate clients. We have an open door policy at FAMSA and aim to assist all members of our community. Our intake worker, Lynette Daniels, noted that we are increasingly getting many more referrals from the Refugee Centre. Referrals are mainly for trauma debriefings with regard to issues such as robberies, muggings, rape and often also previous traumatic incidents that individuals' are still struggling with. It is well known that foreigners have been targeted due to xenophobia and sadly, we are seeing the result. This trend is a concern to us as it is indicative of the levels of intolerance within our communities and the resultant unnecessary violence that follows.

*"The love of one's country is a natural thing. But why should love stop at the border?"*  
Pablo Casals.

Conrad Stuart  
FAMtrac Co-ordinator

Lynette Daniels  
Intake worker

# Community Lay Counselling



FAMSA Western Cape's Community Lay Counselling programme is aimed at offering accessible and affordable much needed counselling and community development services in disadvantaged areas in the Cape Metropole where services are limited and have historically been absent. With this programme community members are trained in Basic Counselling Skills and under FAMSA's supervision, provide counselling and referral services in their respective communities.

## Trainings

In the past year, a new group of Community Lay Counselling (CLC) volunteers was trained in Basic Counselling Skills. 16 new candidates completed the training.

### Basic Counselling Training Consisting of:

BLOCK I	BLOCK II	BLOCK III
Life Stages and Needs	Confronting	Code of Ethics
Egan's Model of Counselling	Conflict Resolution	Oath of Confidentiality
Listening	Problem Solving	Referral
Empathy	Limit Setting	Report writing
Clarifying	Containment	Statistics
Summarizing		Introductions to: Substance
Human Scale Development		Abuse; Bereavement; Couple
		Work; Domestic Violence

### Training of Community Lay Counsellors on Bullying

Bullying has been a theme that has come up a lot during school counselling sessions. There was a need to train CLCs on dealing with this issue, which was realised in 2013.

Planned objectives/community impacts: To train community lay counsellors to equip parents to handle bullying when confronted with it in their families.

Achievements: 29 community lay counsellors have been trained to run a session on bullying. They can use this knowledge and information when they facilitate parenting skills groups.

Content of training about bullying for parent skills workshops

#### Session 1: What is bullying?

- ! What are the forms of bullying?
- ! What are the reasons for bullying?
- ! Information about specific types of bullying
- ! Where can bullying happen?
- ! What is not bullying?

#### Session 2: Who gets bullied?

- ! Children who get bullied
- ! Why don't kids ask for help?
- ! What roles can children and young people play in bullying?

#### Session 3: Simulation of session with parents

- ! Tips for parents
- ! What should I do when I find out my child is a victim of bullying?
- ! How can I work with the school?
  - # What sorts of things can I expect the school to do?
  - # What sort of things will I be expected to do?
  - # How can I help my child?
  - # Bystanders
  - # Your child's supports and networks
  - # How can I protect my child from the harms of cyber bullying?
- # What should I do when I find out my child is a bully?
- # The relationship between bullying and suicide



## Social auxiliary work students:

The following Community Lay Counsellors completed the Social Auxiliary Work Course through Continuing Education for Africa (CEFA)



Mercia Marsh



Edith Page



Sindiswa Okolie



Francis Adams



Nazli Gabier

# Community Lay Counselling Workshops

## Parenting Skills Workshops

CLC's presented Parenting and Teen Parenting Skills Workshops in the areas of Mitchell's Plain, Elsies River, Facreton, Kensington and Dunoon in 2013.

The workshops include the following topics:

Understanding Children's Behaviour

- ! Stages of Child Development
- ! Temperament
- ! The impact of birth order on the behaviour of children

Basic Human Needs

- ! Listening to Children's Feelings
- ! Our feelings affect our behaviour
- ! Listening skills
- ! Building Children's Self-Esteem

Communication

- ! Assertiveness
- ! You-Messages
- ! I – Messages

Effective Discipline

- ! Internal vs. External Control
- ! Build a good relationship with your child
- ! Parental attitude to discipline problems

Bullying

Building a Family

- ! Family Meetings
- ! The problem-solving model

84 parents were reached through the parenting skills workshop.

Comments from parents included:

*"Very interesting."*

*"Beneficial. It was uplifting and empowering. I was glad to be a part of the discussion."*

*"We should have more such workshops and training."*

*"Very satisfactory."*

## Coping Skills for Teenage Parents

FAMSA Western Cape expanded its Parenting Skills training to accommodate teenage parents, by adding a five-session 'coping' module. 27 Community Lay Counsellors have been trained to run five sessions on Coping Skills. They can use this knowledge and information when they facilitate Parenting Skills Groups for Teenagers who are Parents. In 2013, 46 teen parents took part in the teen parenting and coping workshops.

In addition to parenting skills (described above) the teen parenting skills workshops empower teenage parents with the following skills:

- ! good coping mechanisms
- ! mindfulness
- ! emotional and thinking ways of coping
- ! self-talk
- ! relaxation and imagery
- ! goal setting
- ! assertive communication
- ! rights
- ! support
- ! a healthy lifestyle



# Community Lay Counselling

## Marriage Workshops

CLC's were also trained to facilitate Marriage Enrichment and Preparation Workshops. Planned objectives/community impacts: To build functional and resilient couples who are able to care for and protect one another and prevent domestic violence. This has the objective of increasing social cohesion by using the family strengthening approach that leads to strong neighbourhoods and strong communities. Achievements: Seven Community Lay Counsellors from Mitchell's Plain, Fackreton/Kensington and Elsie's River have been trained to run Marriage Enrichment or Preparation Groups in their communities. The information can also be utilised when they are doing couple counselling.

Marriage workshop content:

- ! Expectations of marriage
- ! Self insight
- ! Improving communication skills
- ! Active listening
- ! I-messages
- ! Emotions
- ! Letter writing
- ! Conflict resolution
- ! Ten steps to solve couple conflict
- ! Sexuality: role/function/purpose: biological; psychological; social; cultural; spiritual; expectations
- ! Do's
- ! Roles
- ! Partner dominance
- ! Financial management
- ! Religion/beliefs/values

- ! Relationship building
- ! How to show love
- ! Love languages
- ! Closeness/flexibility
- ! Leisure activities
- ! Children and parenting
- ! Family and friends
- ! The future
- ! Developing personal, couple and family goals
- ! Needs
- ! A handy tool for marriage/partner

After completing the training, Community Lay Counsellors proceeded to roll-out the workshops in their respective communities and presented the workshops to 37 couples.



*Roles and Responsibilities Workshop for DSD: Elsie's River  
Two CLC's presented a workshop on Roles and Responsibilities in a relationship for DSD Elsie's River staff.*

### Summary of Trainings attended by CLC's:

- ! **FAMTRAC: 26 Community Lay Counsellors attended courses of their choice.**
- ! **PWID (People who inject and use drugs) Sensitization: 26 Community Lay Counsellors attended this training by SANCA WC.**
- ! **Coping Skills training: 28 Community Lay Counsellors attended this training by the CLC Manager.**
- ! **Parenting Skills re Bullying: 29 Community Lay Counsellors attended this training by the CLC Manager.**
- ! **Marriage Preparation/ enrichment training: 7 Community Lay Counsellors attended this training by the CLC Manager.**
- ! **Social Auxiliary Work Course through CEFA: 11 learners (10 Community Lay Counsellors + 1 Coordinator) started this course in January 2013. Three Community Lay Counsellors dropped out. Five completed the course.**

# Community Support



FAMSA Mitchell's Plain held two Family Awareness Days in 2013/14, one in November 2013 and the other one in March 2014. The purpose of these Family Days was to inform the community of services and resources available to them.



## Team Building for Community Lay Counselling Volunteers

Team building was a highlight for FAMSA's hard-working CLC's as they are essentially volunteers, being paid a small stipend, depending on funding available. The aim of the team building was to motivate the volunteers and build team spirit and mutual support. It is also FAMSA's small way of saying thank you for their dedication and hard work. Teambuilding took place on 11 February 2014. The volunteers and staff of the CLC Project travelled with a fun party open top bus to Silverstroom Beach Resort. There, everybody enjoyed themselves with a picnic style meal. Some of the volunteers swam and others just relaxed in the sun. It was a really enjoyable day, and appreciated by everyone.

Annatjie Wait  
Community Lay Counselling Manager





# Khayelitsha Kiddies Report

FAMSA Western Cape has been running the “Kiddies” After-care and Holiday Care Project for the past four years. The goal of the project is to keep vulnerable children off the streets while their parents or care-givers are at work. Approximately 45 children attended the Centre on a daily basis, with this number rising to 70 during the holidays. Sadly, in February 2014, FAMSA had to take the difficult step to close this project due to a lack of funding. The NLDTF has consistently supported the project over the years, but at the time of writing the NLDTF had not yet adjudicated FAMSA's application.

With this project, FAMSA aimed to offer a nurturing and safe space for the children to come after school. In addition, the children were exposed to other educational activities, events and outings. On the 9th of April 2013 FAMSA celebrated World Book Day at FAMSA's Khayelitsha offices. Thirty children attended. The children read story books and were each given a small prize for good comprehension, good command of the language, and recognition of punctuation. Some children were retelling the stories they had read. It was an educational activity, with lots of fun.

In the first week of June 2013 FAMSA's Khayelitsha Office featured Child Protection Week, with educational activities taking place throughout the week. On the final day, SAPS presented a child safety programme where they stressed the importance of reporting crimes against children to the police and for children to speak out.

Heritage Day was also celebrated on the 6th of September 2013. Forty three children attended the celebration where they were given the opportunity to taste delicious traditional foods and were told stories about different South African cultures. A traditional drama was demonstrated by the kids. There was a prize for the best dressed child in traditional attire.

The Cape Town Aquarium Outing on 27 September 2013 was a highlight for the children. Twenty nine children attended this outing.

Finally, at the end of the year the children were given a Christmas Party. Fifty one children attended the party. They were all given Christmas goodie bags with a toy and useful stationary for the following year. A three course meal was served. The children were very happy and all made Christmas cards and gave them to each other as presents.

# Domestic Violence

## Men Stopping Violence Group

The Men Stopping Violence Group (MSVG) is FAMSA's perpetrator treatment programme aimed at providing safety and protection for survivors of domestic violence by providing a platform for men to discuss men's issues, anger management issues, family of origin issues, and to challenge stereotypes which contribute to violence in the home.

MSVG is unique in that it assembles men from different walks of life, different races and cultures, socio-economic circumstances and different ages, and engages them on issues that many men do not talk about with their partners, family or friends. Too often when men get together, they discuss issues such as sport, politics or women in a superficial way, but on issues of the heart they remain silent. The MSVG is powerful in that it brings these issues to the open and in the 20 years the MSVG has been running, the question of masculinity has never discriminated between race, age and culture. The MSVG is a safe space for men to promote non-violence in their homes and therefore in their communities.

The MSVG is run at FAMSA's three professional counselling offices, each with a trained facilitation team and a cycle that covers 24 sessions. The groups run after-hours to allow for those who are employed to attend after work.

## MSVG Observatory

The group has seen a total of 46 men attend this group in 2103, which runs on a Thursday night and is facilitated by Elizabeth Petersen, Francis Rogers and Carlo Williams. The group has been very successful this year with 12 of the men completing 24 sessions, and several of them committing to attend more sessions. These men have found the MSVG to be a unique space where they can talk with other men about pertinent issues which they believe they are

unable to raise in their communities. They also assist by guiding and supporting the new men who join the group at the beginning of each month. Court referrals to the group were regular as the judicial system has noted the importance of sustaining and promoting healthy families as a priority rather than splitting families apart. The MSVG has therefore become a preferred choice amongst many magistrates who wish to provide male perpetrators with an option and an opportunity to seek help and support. This can be seen as a victory for those who work in the Gender-Based Violence (GBV) field who have long been requesting services for both perpetrators and survivors of domestic violence.

## MSVG Bellville

This group, which takes place on Tuesday evenings, has seen a total of 34 men over the course of the year. It is facilitated by Zane Young, Sally Fielies and Tiana Bester.

The group has grown very well over the past year due to the hard work and diligence of the facilitation team. In the past the group has struggled to secure consistent numbers, but over the past year it has seen an improvement, with more men joining the group each month and attending consistently. Consistent attendance is very important for a group of this nature as it has shifted from a psycho-educational group to group psychotherapy. This shift has allowed more space for the members to raise issues in the present and allow for more discussion, confrontation and support for men who are struggling in their relationships and their feelings. The group becomes a safe space for men to talk about their feelings and to express it in a safe and healthy manner. This in turns models and promotes the same behaviour to be reflected in their homes.

# Domestic Violence



## MSVG Khayelitsha

The number of men attending the men's group in Khayelitsha over the period of 2013/14 decreased significantly. A total of 40 sessions were offered, initially to 22 men. Men were referred by the SAPS - Khayelitsha and Harare Police Stations. Some cases were referred by Khayelitsha Magistrate's court and a number are from our internal cases. After a few months, the attendance dropped, and became poorer each month.

By the end of the year, we were left with four members who were quite committed and who evaluated the group as a valuable learning experience. They reported that the group certainly increased their personal self-awareness and they gained a lasting life skill that they will utilise in every aspect of their lives and not only in their interactions with their intimate partners.

Although the Magistrates' court referred quite a number of domestic violence cases to FAMSA, the problem is that these cases are for domestic violence interventions, not the actual sentencing to MSVG. This unfortunately leads to a lack of motivation and commitment amongst these men who likely are seeking a quick fix rather than our 24 session programme. They usually drop out before they complete their 24 sessions because there is nothing that holds them accountable. Furthermore, attendance of the Khayelitsha group is challenged by the fact that participants often work outside of Khayelitsha and make use of public transport. They then either get to the group very late or decide not to come at all. The attendance is even poorer in the winter months. For the

above reasons, we will not be continuing with MSVG in Khayelitsha.

This group was facilitated by Ntombekaya Sigonya and Dumisani Ngina

### Plans for 2014-15

It is a loss that the MSVG will not be continuing in Khayelitsha but we are in the process of starting a new group in the Mitchell's Plain community. Domestic Violence and Gender-based Violence has been a huge problem in the Mitchell's Plain community for some time now, and although there are support services for survivors of violence, very few options are available for men who do not wish to perpetrate violence but do not know where to seek help. We look forward to the commencement of this group and to bring change to the Mitchell's Plain community.

Carlo Williams  
Junior Domestic Violence Manager

Different Types of Abuse: Total number of sessions								
	Observatory	Bellville	Khayelitsha	Factretton	Mitchell's Plain	Elsies River	Dunoon	Total
Domestic violence *		17	10					27
Family abuse							7	7
Elder abuse			1	1	1	3	5	11
Physical abuse	49	25	23	37	99	43	42	318
Emotional abuse	8	10	11	62	42	54	57	244
Sexual abuse	7	2		16	47	31	22	125
Financial/ Economic abuse			1	1	1	2	8	13
Verbal abuse	1	2	2	13	4	18	5	45
Bullying				144	111	130	14	399
<b>Total</b>	<b>65</b>	<b>56</b>	<b>48</b>	<b>274</b>	<b>305</b>	<b>281</b>	<b>160</b>	<b>1189</b>

*\*this is separated as the type of domestic violence was not defined*

# Domestic Violence

## Male and Female Identity Workshops

The Male/Female Identity workshops are FAMSA WC's gender awareness programme aimed at educating grade six and seven learners in the Dunoon, Elsie's River, Fackreton, Joe Slovo, Khayelitsha and Mitchell's Plain communities. It is a five-themed session workshop which we run at a school over the course of the school curriculum.

Schools who participated in the programme include:

- ! Dunoon (301 learners): Sophakama Primary; Dunoon Primary.
- ! Elsie's River (80 learners): Holy Trinity R.C.; Belvinie Primary.
- ! Fackreton (346 learners): Wesley practicing School; Garden Village Primary; H.J. Kronenberg Primary; Fackreton Primary; St. John's R.C.
- ! Khayelitsha (407 learners): Umthawelanga Primary; Incshayelelo Primary; Siphiso Primary.
- ! Mitchell's Plain (149 learners): Mitchell's Plain Primary.

A total of 1283 learners were beneficiaries of the workshop over the course of the financial year. Although this number is a less than what was achieved last year, due to the workshops only commencing after the June/July school holidays, it is still an amazing accomplishment considering that the work was covered over a period of 6 months. Well done to the community lay counsellors and office coordinators for their hard work in achieving this feat.

Carlo Williams  
Junior Domestic Violence Manager

## Fatherhood Project

MenCare is a global campaign for gender equitable fatherhood. This campaign has been extended to SA via the partnership between Sonke Gender Justice (Sonke) and Men for Gender Equality (MGE), through funding from Sida's Partnership Driven Collaboration (PDC) mechanism. FAMSA Western Cape joined the project by becoming a sub-grantee of this collaboration, with the objective of implementing fatherhood groups for expectant fathers in specified areas of the Western Cape. This project is based on the premise that gender equitable fatherhood is good for children, women and men since it improves maternal and child health, and prevents violence.

FAMSA was delighted to have been selected to participate in this project, as an organisation that is family focussed and believes in the importance of 'involved fathers' in the lives of children, and seeing every day in counselling and our children's gender identity workshops, the impact of the high percentage of 'absent' fathers in SA.

This project took longer than expected to get off the ground. The initial challenge was around negotiating with stakeholders such as the various MOU's to allow for the groups. Thereafter, to recruit expectant fathers and once recruited to sustain their participation in the groups. The recruitment of men to participate in groups has been an on-going challenge due to relationship breakups, partners not owning up to the pregnancy, the father's living far away from the group venues or regular conflicting commitments. Our experience was that many of the fathers came once or twice, but then didn't come back to the group as their partner's next health visit would only be in six weeks time - so the incentive to attend on their own is low. For those that did attend regularly, an important general outcome was creating a safe space for fathers to share their experiences, challenges and fears regarding parenthood. Such spaces did not exist outside the project and has not existed historically in the project sites. An unexpected beneficiary group of fathers in the programme have been facilitators, who reported important personal changes in their own lives and in their families towards more gender equal parenting due to participation in the MenCare campaign.

On the whole, the project duration was too short to produce measurable changes in community wide levels of gender based violence (GBV), however, anecdotally; a number of fathers reported an improvement. As far as FAMSA is concerned, we had most success with our Khayelitsha group. Our facilitator in Khayelitsha, Dumisani Nqina, had the greatest success with this project. He started a group that grew to almost thirty men by the time they were done. The special thing about this group is that they approached FAMSA. After seeing one of our adverts in a clinic one of the fathers called Dumisani and said that he wanted to be part of a group like this. Dumisani told him that if he was serious that he needed to find some more men who were willing to be part of the group. The first meeting consisted of this man and nine other men who he had recruited into the group. The learning: if men take ownership of the group and buy in to the benefit they gain for themselves, that is the point at which the group begins to run itself.

Another important learning from the project as a whole was that it needs to be adapted to the SA context, where extended families and differing family profiles are the norm. This affects recruitment and sustainability of the project.

In total the broader project achieved the following results:

- ! Number of facilitators trained - 74
- ! Number of fathers' groups completed - 76
- ! Number of fathers that participated - 134

FAMSA Western Cape will be continuing with the Fatherhood Project over the coming year with support from the Department of Social Development, however, we intend to adjust the format of the groups, based on learning's from the past year's implementation.

FAMSA Western Cape would like to extend our grateful thanks to Dumisani for his extraordinary work and commitment. Sadly, he passed away at the end of the year. Dumisani will be greatly missed by all at FAMSA.

Anthony Hawthorne  
EWP and Trauma Manager



# HIV and AIDS

## HIV and AIDS/ TB Counsellor Programme

The Department of Health has continued to partner FAMSA Western Cape in the HIV and AIDS/TB Counsellor Programme. We now employ 30 counsellors placed at 11 facilities in the Southern/Western Health Sub-District. Unique to this funding period is that we've had a high staff turnover, due to maternity leave of counsellors. As a result, we've had quite a few locum staff to relieve during this time.

FAMSA still continues to render excellent HCT; PMTCT, ARV; TB, MMC counselling services at the 11 health facilities. This is validated by the fact that FAMSA has received five awards from the Department of Health:

- ! Factreton Clinic: Gold award 93% for new smear positive -TB cured;
- ! Spencer Rd Clinic: Gold Award 89% TB cure rate;
- ! Langa Clinic: 3 awards- achieving the best performance in TB cure rates for 2013; best performance in reproductive health-clients younger than 18 years seen for 2013; best performance in the percentage of HIV positive clients with CD4 results recorded in the VCT register for 2013;
- ! Chapel Street Clinic: Gold award 86% for New smear positive TB cured; and
- ! Robbie Nurrock Gold award: 85% for ARV readiness.

Well done to the facilities and the Counsellors!

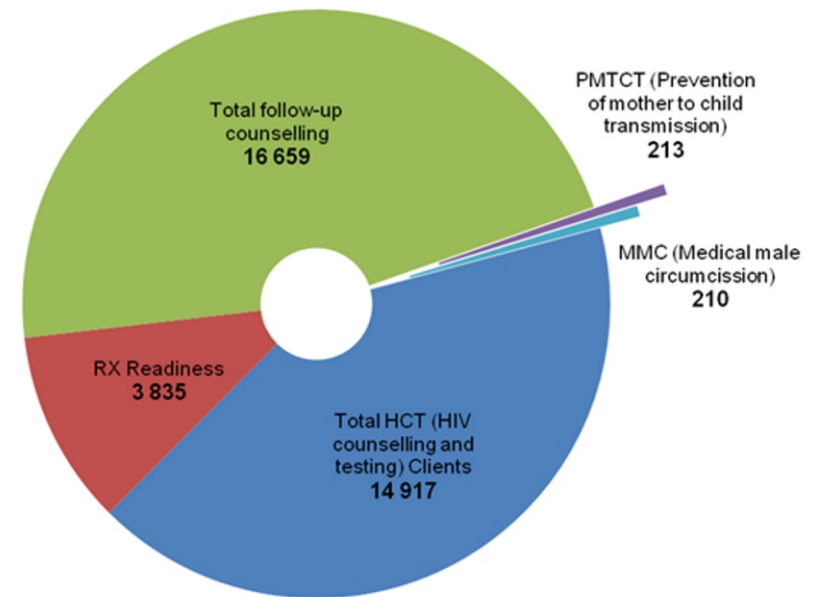
## Joe-Slovo Non-Medical Site

FAMSA WC initiated HCT testing services at our Joe Slovo office/container in June 2013. We employed two qualified counsellors who were able to offer these services and do the finger-pricking testing procedure themselves. These services were offered Monday to Friday 8.30am to 3.30pm. Our counsellors were able to do the testing, and give clients their test results immediately. Depending on the results our counsellors will then counsel accordingly, i.e. if a client tests negative we will discuss risk-reduction with them so as to remain HIV negative in the future. At this stage, follow-up appointments are made with clients to re-test. If the client tests HIV positive we then refer to the nearest health facility for medical follow-up, for CD4 testing so that treatment can commence as soon as possible should it be required.

Not only did the counsellors do HIV testing and counselling, but also screened for TB and STI's as well. Our counsellors also provided follow-up counselling once a client was found to be HIV positive and they also started our first support group.

Furthermore, FAMSA project staff also engaged in community outreach in the Joe Slovo area where we managed to reach and test 391 clients. We are unsure if the services in the community will continue, due to lack of funding. This will be a loss to the community with regard to HIV testing services, as the nearest clinic is in Dunoon.

HIV and AIDS Counsellor Programme Statistics



### Statistics

No of Male Condoms Distributed	424111
Total number of support groups	701

# HIV and AIDS

As an HIV and AIDS Manager, sometimes I feel disheartened when I see these high numbers and even more so when I read that we have the highest number of infections worldwide. An article written by Mia Malan published in The Mail & Guardian on 1st May 2014, has the headline in bold saying: **“SA has highest number of new HIV infections worldwide. With over 400 000 new HIV infections occurring in 2012, South Africa ranks first in HIV incidence in the world, says an HSRC survey”** (Human Sciences Research Council). Furthermore it says: *“The proportion of South Africans infected with HIV has increased from 10.6% in 2008 to 12.2% in 2012, according to the Human Sciences Research Council’s (HSRC) National HIV Prevalence, Incidence and Behaviour Survey. The total number of infected South Africans now stands at 6.4 million; 1.2 million more than in 2008. Women aged between 30 and 34 and males aged 35 to 39 had the highest infection rates: 36% of females and 28.8% of males in these respective age groups contracted HIV. The rate at which new HIV infections are acquired, or the HIV incidence rate, is a concern, with the HIV incidence rate among females aged 15 to 24 being more than four times higher than the incidence rate found in males in this group. Among the teenage population, the difference between the HIV prevalence between girls and boys is even higher: girls have eight times the infection rate of their male counterparts.”*

*“Unfortunately, with over 400000 new HIV infections occurring in 2012, South Africa ranks first in HIV incidence in the world,”* said the HSRC’s Thomas Rehle and one of the principal investigators of the survey. *“According to the survey, the health department is unlikely to achieve its target of a 50% reduction in new HIV infections by 2016”.* Also, *“There are currently 2,4 million people in South Africa on ARV’s, and this makes up 30% of the 8 million people worldwide on ARV’s”*, according to SA’s Minister of Health, Dr. Aaron Motsoaledi. What I also gather from the rest of the article is that the greatest amount of new infections appears to be women in the 15-34 year age range. What are we not addressing that we should? It’s fairly obvious from research that we’re not doing enough in our country to mitigate against new infections and treatment. Research also indicates that multiple concurrent partners and less condom use still contribute to current increased rates of infection. We need a multi-faceted approach where we should continue to provide these services on a more intensified level. Perhaps not very realistic due to limited funding resources but I think we must also seek new clients to test and to provide them with treatment, and not wait for them to come to us for services. Belinda (our HIV Co-ordinator) says: *“Follow-up and support is very important in rendering services, so that we ‘hold’ clients as they are going through the experience in terms*

of taking care of themselves (remaining negative) and if HIV positive advising them regarding not infecting others and in so doing not cross-infecting themselves”. Queen (our other HIV Co-ordinator) says: *“people are aware /or more knowledgeable about the modes of transmission of HIV than in previous times, and they understand the methods of prevention, however this does not translate into behaviour change. If we could perhaps include this aspect within our counselling sessions over the longer term perhaps we will see more results and less incidence of HIV also bearing in mind some factors that predispose communities to infections such as poverty etc”.* And although our contribution to fighting this disease is small, it contributes to the greater whole and we need to believe that this contribution will make a difference, because the purpose of our work is to make a difference in peoples’ lives. The bottom line is that as a country we are simply not doing enough. (statistics demonstrate this). We need to do more HCT, put more clients on ARV’s, advise more expectant mothers on PMTCT, do more community outreach, do more education and awareness, educate more people about TB, MMC etc. And now is the time to do it. No later than right now! *“Nobody can do everything, but everyone can do something.”* Author unknown.

D. Engelbrecht  
HIV and AIDS Manager

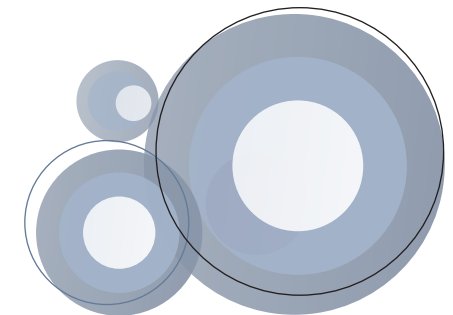
Queen Sibinda  
HIV-Co-ordinator

Belinda Williams  
HIV-Co-ordinator

## HIV and AIDS estimates (2012)

Number of people living with HIV	6100000 (5800000 – 6400000)
Adults aged 15 to 49 prevalence rate	17.9% (17.3% - 18.4%)
Adults aged 15 and up living with HIV	5700000 (5500000 – 6000000)
Women aged 15 and up living with HIV	3400000 (3200000 – 3600000)
Children aged 0 to 14 living with HIV	410000 (370000 – 450000)
Deaths due to AIDS	240000 (220000 – 270000)
Orphans due to AIDS aged 0 – 17	2500000 (2300000 – 2700000)

According to the UNAIDS, these are the latest statistics for South Africa as per 2012.



# Training & Public Awareness

It has been a privilege to be a steward over the FAMtrac brand for this last twelve months. In writing this it dawned on me how difficult it is to comment on something that you are so intimately involved in.

I have therefore decided to do things a little differently this year. I thought rather than have me tell you how good we are I would take it straight from the participants who came and experienced what FAMtrac has to offer.

## What do you think about the courses that Famtrac offers?

*"There truly is nothing to complain about the course not only met my expectations but topped it."*

*"I think this course was greatly rewarding I will*

*certainly be recommending it to others. Thank you."*

*"Brilliant course, lots of practical involvement."*

*"Always so impressed by FAMSA's workshops many thanks."*

## What were some of your impressions of the facilitators?

*"One of the best manners I have ever experienced of facilitators presentations; I will recommend any person for this program."*

*"I am very impressed with the quality of the training I have received. I have done a lot of academic study and have been energized by this process and this opportunity to learn from this well established professional organization."*

*"Facilitator allowed for free expression of*

*feelings without feeling judged."*

## What was the impact of these training on you personally and professionally?

*"Felt comfortable to express and share both professional and personal experiences."*

*"The knowledge gained will be useful for personal growth and counselling."*

*"I have done a lot of introspection pertaining to my relationship."*

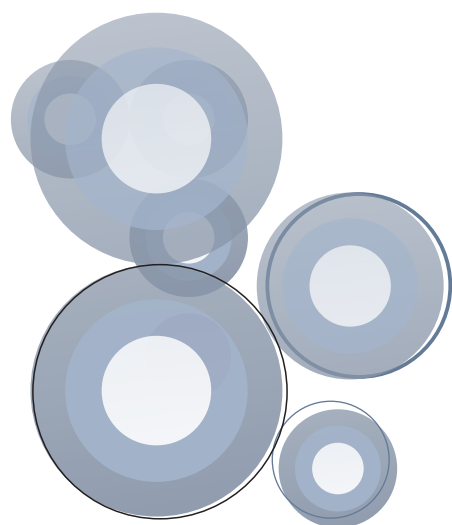
*"There were certain challenges presented to me, maybe there for a reason, but I feel I met them head on and accepted the process as part of my growing process."*

*"Thank you for helping me to be able to know and understand the basic foundational counselling skills."*

*"Very enjoyable, good balance of challenge and consolidation. Good balance of personal and real world application, examples from case studies are useful."*

I take great courage in the knowledge that what we are doing is making a real difference, personally and professionally for those who attend our courses. It is feedback like this that continues to inspire us as a team to continue the process of realising our vision as "the leader in services that enhance relationships". It is my goal to ensure that we never become prideful and say that we have arrived.

Anthony Hawthorne  
EWP and Trauma Manager



## 278 Lay and Professional Counsellors Attended the Following Trainings:

### Training

Affairs/ Infidelity Counselling Skills  
Basic Counselling Skills 1 Training  
Basic Counselling Skills 2 (Intermediate ) Training  
Bereavement Counselling Skills  
Blended Families Counselling Skills  
Bringing About Healing in a Traumatized Society  
Divorce Counselling Skills  
Domestic Violence Counselling skills  
Ethics  
HIV/AIDS Counselling Skills  
McMaster's Family Counselling Skills Training  
Marital Preparation and Enrichment  
Sexual Counselling in the Couple Relationship  
Stress Management  
Starting and Running your Private Practice  
Trauma Debriefing Skills

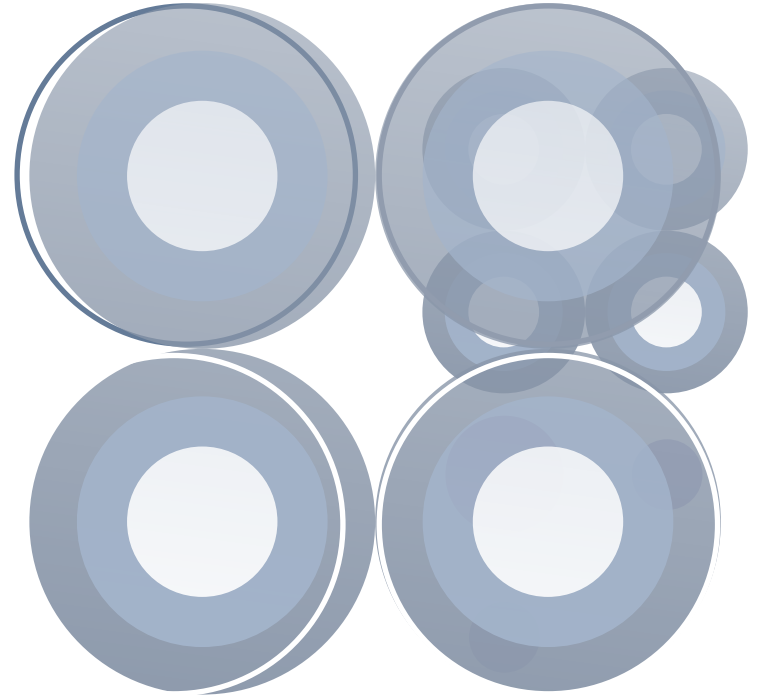
### Trainer/s

Anthony Hawthorne  
Anthony Hawthorne/ Tiana Bester / Sibongiseni Mphahlele  
Anthony Hawthorne/ Tiana Bester  
Pauline Sevit / Annatjie Wait  
Anthony Hawthorne  
Anthony Hawthorne/ Pauline Sevit/ Tiana Bester  
Anthony Hawthorne  
Carlo Williams  
Anthony Hawthorne/ Conrad Stuart  
Anthony Hawthorne/ Queen Sibinda / Didi Engelbrecht  
Daleen van Staden/ Cecilia Robins  
Cathreen Munday/ Conrad Stuart  
Conrad Stuart/ Priscilla Clark  
Pauline Sevit  
Shelley Horwitz  
Anthony Hawthorne/ Conrad Stuart

# Training & Public Awareness

The following in-service trainings benefitted 86 lay and professional counsellors from FAMSA and other organisations:

Mourning during childhood and adolescence	Dr Johnny Wait
Motivational Interviewing	E. Lamrechts & H. De Jager
An integrated approach to understanding and treating trauma	C. Stewart
Current trends in trauma debriefing and its links to bereavement counselling	P. Sevitz
Gestalt Couple Counselling/Therapy	Dr H Schoeman
Domestic Violence and its effects on the parent child relationship	C. Williams
Introduction to Coaching	H. De Beer
A programme of safety and empowerment	H. O'Callaghan



## Radio

FAMSA Social Workers took part in the following radio talks:

Radio Zibonele

- ! Effects of Domestic Violence on children
- ! Child protection week - looking at children's safety and applying practical safety measures
- ! Single parenthood

SA FM

- ! International Day of Families

Clicks Live (Radio)

- ! Healthy Relationships

## Media articles

- ! Franciose Gallet - Conscious uncoupling
- ! Clicks Club Magazine - Relationships

## Talks

- ! Challenges that face parents raising children
- ! Dealing with children with behavioural problems and how to overcome step parenting challenges
- ! Family preservation

## TV

- ! On the 3rd July 2013 a FAMSA social worker took part in a TV dialogue on challenges facing youth that are heading child-headed families

## Adhoc training

- ! Minister Fraternal - Minister's training on couple counselling

# Staff

## **Executive Director**

Noelene Blekkenhorst

## **Deputy Director**

Nomfundo Ntoyanto

## **PA to Deputy Director/HR**

Melaney Petersen

## **Head: Clinical Services**

Daleen Van Staden

## **Junior Financial Manager**

Venessé Savage

## **Assistant to Junior Financial Manager**

Samantha Engel

## **Bookkeeper**

Angela Rigby

## **Junior Manager: Domestic Violence**

Carlo Williams

## **Manager: Community Lay Counselling**

Annatjie Wait

## **Manager: HIV/AIDS**

Deidre Engelbrecht

## **HIV and AIDS Co-ordinators**

Queen Sibinda, Xoliswa Solombela, Belinda Williams

## **Community Lay Counselling Co-ordinators**

Sylvia Hulbert, Mercia Marsh, Thembekile

Gqwaka, Lorraine van der Westhuizen

## **Manager: Trauma Debriefing & EWP**

Anthony Hawthorn

## **Counselling Manager: Observatory Office**

Pauline Sevit

## **Office Manager: Bellville Office**

Tiana Bester

## **Office Manager: Khayelitsha Office**

Ntombekaya Sigonya

## **Marketer**

Marlene Brand

## **Resources Manager**

Erica Mendes

## **Human Resources Manager**

Cathreen Munday

## **Office Support Manager**

Flora Dlodlo

## **Administrative Assistants**

Shaunette Toms, Ricardo Verwant

## **Girl Friday**

Sylvia Rexwana

## **Training Co-ordinator**

Priscilla Clark / Conrad Stewart

## **Receptionists**

Gloria Mashinini, Sharon Rhode, Yvonne Hugo,

Monica Tobi, Vincent Roberts

## **Receptionists (Relief)**

Harry Guta, Helen Jacobs

## **Data Capturer**

Ubernicia October, (relief )

## **Handymen**

Ernest Radu, Johannes Titus

## **Housekeepers**

Gertrude Fumba, Kathleen Jeffries, Melaney

Daniels (part-time)

## **Driver**

Tim Wilson

## **Intake**

Lynette Daniels

## **Volunteers**

Raella Abel

## **Sessional Workers**

Ingrid Elte, Lezelle Peters, Annie Jollivet De

Oliveira, Beatrice Kidd, Tammy Rowan, Shelley

Horwitz, Anita Grant, Muriel Joppen-Kossman,

Beatrice Theron-Everts, Margaret Fulton, Karin

Blanckenberg, Riaan Grobbelaar, Martha Smith,

Penny Middleton, Funeka Plaatjie-Njobeni

## **Social Worker**

Sibongiseni Mpahlwa, Nolutando Mnikina,

Nokuthula Krewce

## **Social Auxiliary Workers**

Ethel Dyabuza-Nooi

## **McMasters Family Counselling Facilitator**

Cecelia Robins

## **Men's Group Facilitators**

Elizabeth Petersen, Zain Young, Dumisani

Nqina, Sally Fielies, Francis Rogers

## **Fatherhood Project Facilitators**

Sandra Jacobs, Dumisani Nqina, Yandiswa

Sitonga, Cecil Jacobs, Andea Echstein,

Thembekile Gqwaka, Carlo Williams, Anthony

Hawthorne

## **Khayelitsha Holiday/ Aftercare Co-ordinator**

Yandiswa Sitonga

## **Khayelitsha Holiday/Aftercare assistant**

Boniwe April,

## **Community Lay Counsellors: Mitchells Plain**

Charmaine Riley, Daphne Fortuin, Delia

Roberts, Edith Page, Francis Adams, Francis

Carelse, Jacqueline Beukes, Linda Hugo, Maria

Brown, Moira Taylor, Sally Fielies, Veronica

Abrahams, Genevieve Meyer

## **Community Lay Counsellors: Factreton**

Cecil Barendse, Dawn Leedenberg, Esther

Julius, Felicia Meyer, Harry Guta, Hazel

Arendse, Helen Jacobs, Katie Molenso, Laetitia

Daniels, Louisa Guta, Nazli Gabier, Tim Wilson,

Veronica Mitchell, Basil Petersen, Debbie

Diedericks

## **Community Lay Counsellors: Dunoon**

Babalwa Gasa, Bongiwe Mntwapni, Caroline

Mntuyedwa, Yandiswa Noyabo, Sindiswa Okolie

## **Community Lay Counsellors: Elsies River**

Chantal Bruckner, Charmaine Ryan, Jeanette

Strydom, Lavona Williams, Margaret Ruiters,

Michelle Demas, Patrick Van Wyck, Vivienne

Van der Horst, Winston Sives

## **HIV & AIDS PMTCT/HCT/Adherence**

## **Counsellors**

Nomazotsho Xhamlashe, Noxolo Langa, Robert

Twalo, Lindiwe Madasi, Sabrina Jeffries, Vivian

Tshingane, Nomaxabiso Baleka, Thozama

Mvula, Louisa Ben, Lungiswa Lukani, Shirley

Lese, Zukiswa Mose-Dano, Mandisa Magodla,

Khutala Boo, Khotso Mokotso, Olivia Phela,

Cynthia Emmanuel, Kathy Andrews, Lungiswa

Mzondo, Daphne Fredericks, Noloyiso Fesi,

Thembekile Nxesi, Lisa Bula, Monwabisi

Gqogqa, Vuyokazi Botile, Busisiwe Henda,

Mandisa Ralarala, Thozama Mabhayi, Vuyelwa

Mxanda, Zuziwe Boyana, Siphebawo Sukaze

## Executive Committee

**Chairman:** Vuyisile April

**Vice-Chair:** Joy Warries

**Treasurer:** Henk Mulder

## **Members:**

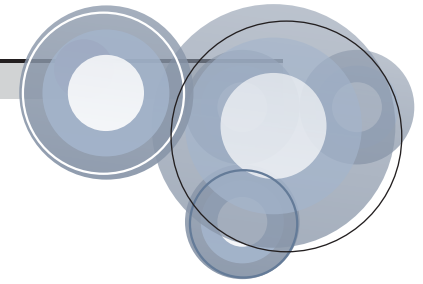
Greshen Chetty, Wonga Mampana,

Patricia Jansen

**Secretary:** Nomfundo Ntoyanto



# FAMSA Offices



## OBSERVATORY

9 Bowden Road  
Observatory 7925  
Tel: (021) 447 7951 / 082 231 0373  
Fax: (021) 447 0174  
Appt: (021) 447 0170 / 082 231 4470  
E-mail: [famsa@famsawc.org.za](mailto:famsa@famsawc.org.za)  
Web-site: [www.famsawc.org.za](http://www.famsawc.org.za)

## MITCHELL'S PLAIN

Mini Mall, Symphony Walk, Town Centre  
Tel & Fax: (021) 391 6015  
Cell: 073 0564 789

## BELLVILLE

15 Fairway, Vredelust  
Bellville 7530  
Tel: (021) 946 4744  
Fax: (021) 946 4793  
E-mail: [tygerberg@famsawc.org.za](mailto:tygerberg@famsawc.org.za)

## KHAYELITSHA

49 Ntsikizi Street, Ilitha Park  
Khayelitsha 7784  
Tel: (021) 361 9098  
Fax: (021) 364 0231  
E-mail: [khayelitsha@famsawc.org.za](mailto:khayelitsha@famsawc.org.za)

## FACTRETON

Room 5, SHAWCO Building  
155, 12th Avenue, Kensington  
Tel: (021) 593 8074

## DUNOON

48 Siyabonga Street, Dunoon  
Freedom Road, Joe Slovo Park  
Tel & Fax: (021) 556 1945

## ELSIES RIVER

Elsies River Multi-purpose Centre  
Halt Road, Elsies River  
Tel & Fax: (021) 9330192

## Bank Details

ABSA Bank  
Claremont Branch  
Branch Code 421109  
Account Number: 360 322 572  
Vat Registration Number: 4920124478

2013-2014 Audited Financial  
Statements Are Available On  
Request From FAMSA WC

BHF Number: 0900090059684  
NPO Number: 002 888 / PBO Number: 930006613

Department of Social Development (Western Cape Government) Department of Health (Western Cape Government) Community Chest Western Cape  
Renate and Manfred Reineck João de Oliveira Mr and Mrs T Schlenz Dr and Mrs G  
Tangerding Mrs M Train Blackmoon Design and Advertising JET Lee Will Trust Suiderland  
Fishing Division – Pioneer Fishing (Pty) Ltd Captain WD Hare Trust (Administered by Nedgroup  
Trust Limited) Annie Jolivet De Oliveira St James's Church Picadilly Hewstone Corporation  
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