

MOSAIC

TRAINING, SERVICE & HEALING CENTRE FOR WOMEN

ANNUAL REPORT 2011 | 2012



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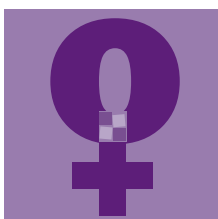
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MOSAIC

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NONPROFIT ORGANISATIONS ACT, 1997
REGISTRATION NUMBER: 006-411 NPO

Mosaic's Vision:

*A society free of
abuse and
domestic violence.*

Mosaic's Mission:

*Mosaic is a
non-profit organisation
that enables abused youth and
adults to heal and empower
themselves in dealing
with domestic violence and
abuse.*

*We work in partnership
with government and
other service providers in
communities in the
Western Cape,
and deliver a range of
prevention and
support services.*

Each new year at Mosaic brings many challenges and triumphs and with these come important learnings and reasons to feel proud. With so much to do, including raising the much needed funds to roll out the services Mosaic has committed itself to, it is understandable that sometimes staffers in all tiers of the organisation forget to stop and reflect on the superb contribution they have made and continue to make. This year is no different and it is a pleasure to be one of the voices serving as a reminder:

'Never underestimate what you do and the enormous impact it makes. You are acting in the service of others and there is no greater gift than that.'

The joy is in remembering that lives are being changed and that clients are feeling cared for. Often it is the simple act of caring that transforms a life. *I see you*, said or unsaid, is indescribably profound for those who have been at the effect of abuse and the shattered self-esteem that always accompanies it. Despite the mountain of need and constant reminders that the world can be shockingly violent and unkind, this act of connection is probably the most deeply transformative response one can offer. It pulls the rug out from under evil. Good will prevail as long as people act in the service of it. This is what you at Mosaic do.

The Executive Directors report and other contributions in this publication will give you an overview of what Mosaic has been up to during the past financial year. The nuts and bolts of caring and giving is expressed to the highest human value of being there for others in their time of need.

In February 2012 I stepped down as Board Chairperson and as a Board member due to work commitments. It has been a privilege to be to a part of this incredible organisation for over a decade and I wish staff, funders, stakeholders and clients everything of the best for the future. May you all go from strength to strength and thank you for all that you do.



Fond regards
Lisa Chait

Executive Director's Report

The writing of the Mosaic Annual report is a very special time of the year for the Executive Director to pay tribute to the remarkable commitment and benevolence from our funders, stakeholders and partners, as well as the extraordinary achievements and resilience of our staff throughout the year.

This was a benchmark year in many respects. Our Chairperson and the Board guided us through a year where commitment underscored the *leaps of faith* we took to see our services and projects through to astonishing achievements. This year Mosaic managed to increase access to services for abused women and girls through sheer character and determination to serve.

It is with great gratitude that I am able to report excellent strategic progress in this first year of our three-year strategic plan. The achievement of our mid-to long term goals include our aim to: implement and manage the Global Fund Grant Round 9; replicate our court support model in other provinces through the opportunity to provide our counselling services in Gauteng and to replicate our model of service delivery in KwaZulu Natal and the Eastern Cape; extend our sexual violence service delivery to the Thuthuzela Care Centre in Khayelitsha; increase our commitment to sexual reproductive health services and the provision of medical abortion; invest in our staff development and wellbeing; develop Mosaic's social media capacity, and to maintain our national and international profile and standing in the women's sector. This was achieved whilst maintaining our valued Funder base.

While domestic and sexual violence affects people from all communities, only a fraction of incidents are reported, with a fraction of those reports leading to a conviction. Sexual violence against women and girls and particularly child rape and marital rape, remain a very disturbing feature. Reports of one in four men in South Africa admitting to rape, with many confessing to attacking more than one victim, and with three out of four rapists' first attack occurring during their adolescent years, strengthened our resolve to address this endemic nature of sexual violence. Our drive for the retention and expansion of our services for rape survivors reflects our deep commitment to this. This change process required huge resilience from our staff and stakeholders, but ultimately the faith entrenched in our belief to maintain service excellence to abused women and youth, provided the momentum to achieve a successful and shared outcome.

Mosaic maintained a multi-stakeholder, cross-sectored participatory approach for effective service delivery. Our zone managers guided our staff towards delivering these comprehensive services to people affected by domestic violence and abuse and contributed significantly to strengthening families in the Western Cape. Our partnership approach with public and NGO stakeholders continues to ensure enhanced impact through shared skills and strong advocacy activities.

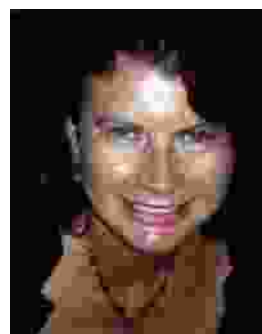
We were able to expand our outreach centres and target groups and deepened our commitment to working with men. Mosaic has delivered international ground-breaking work with the Work with Men programme. In addition to reaching out and establishing on a broader national level, Mosaic continued to exhibit and engage in advocacy

work on an international level. In this respect, the publication of the DOVA in partnership with international partners Aim for Human Rights/ Rights4Change and the Male Counselling Toolkit in partnering with the Rutgers/WPF and Indonesian Rifka Annisa is notable. The development of the toolkit for male abusers contributed to our efforts in offering an integrated package of services to victims and perpetrators and the DOVA enables us to lead the assessment of Domestic Violence from a rights-based approach.

Our ability to achieve, to overcome difficulties and to celebrate achievements is embedded in our deeply shared commitment to the elimination of all forms of violence against women and girls, the provision of the best possible protection and care, and the empowerment of abused people. Our ability to jointly develop practical, people-centred solutions with our beneficiaries reflects this deep understanding.

The Mosaic Board, our staff, our clients, stakeholders and Funders have all contributed to this wonderful year of achieving significant milestones. This reporting year was one where staff has shown an unwavering commitment to meet each challenge with vigour and steadfastness and celebrated each achievement with gratitude. A special note of sincere gratitude is noted for our outgoing Chairperson, Lisa Chait, who has been a stalwart for Mosaic throughout her serving years. Her legacy is a guiding light for Mosaic and it is through her leadership that Mosaic has continued to show remarkable growth, expansion and passion for abused women.

Finally, to all of Mosaic's amazing staff, thank you for your patience through transitions, your magnificent warm hearts, your ability to identify pain and suffering and to never withdraw when you can bring healing and comfort. This unique ability and character is our mainstay. Your strong values build the organisation and produce a beautiful and strong tapestry of healing.



With Gratitude and Blessings
Christelle Cronje

This year proved to be both invigorating and challenging in the field of violence against women in South Africa. There have been revitalised efforts by civil society, donor agencies and government departments to address the phenomenon of violence against women more holistically. This has seen an increased buzz and excitement amongst service providers within the sector. Mosaic has enjoyed being a contributing partner to local, national, regional and international partnerships on the issues facing women globally.

It has been refreshing to see the revival of women's voices in the fight against violence against women, however, with a global economy that is still reeling the effects of the global financial crisis of 2008, NGOs are faced with the challenge of decreasing funding opportunities to address the ever growing needs of victims of domestic and sexual violence.

Despite the challenges faced, Mosaic continued, this year, to provide a comprehensive set of services to victims and persons at risk of domestic and sexual violence. These services included:

- Awareness raising activities
 - Presentations and exhibitions
 - Knock and Drop activities
 - Community-based events
- Educational workshops
 - Abuse awareness and Assertiveness
 - Half day
 - Men and gender-based violence
- Counselling
 - Individual
 - Couple
 - Family
 - Male counselling toolkit
- Educational support groups
 - Adult Support Group
 - SRHR Youth (15 – 24 years)

REACHING OUT

Domestic and Sexual Violence presentations and educational workshops have remained a core focus for the Mosaic Social Auxiliary Workers and Sexual Violence counsellors with a total of 121 840 people being reached. The successful partnerships that were formed across communities, at events, clinics, within churches and with a variety of stakeholders, ensured that they were able reach a wide range of audiences and disseminate information on intimate partner violence, gender issues and sexual reproductive health care. Table 1 provides a breakdown of these activities. Mosaic's efforts to increase awareness about sexual violence related issues is highlighted here, where the number of Sexual Violence presentations increased by over 100% with 118 presentations being conducted in comparison to 56 from the previous year.

KNOCK AND DROP

Mosaic continued to build on the successful 'knock and drop' method of raising public awareness in 2011 and managed to reach 1837 people during 9 activities. During these visits our staff shared information on domestic violence and abuse, SRHR and HIV and provided information on where residents may locate their nearest support services.

Table 1: Information and Awareness Raising

ACTIVITY	PRESENTATIONS	TOTAL PEOPLE	FEMALE	MALE
Domestic Violence Presentations	1 181	104 045	79 163	24 882
Sexual Violence Presentations	118	12 043	8 532	3 511
Awareness Raising	13	4 541	3 016	1 525
Half-day Educational Workshops Domestic Violence and Abuse	53	801	660	141
Abuse and Assertiveness Educational Workshops	39	410	390	20
Totals		121 840	91 761	30 079

EVENTS

This year, Mosaic successfully facilitated six awareness raising events, reaching nine hundred people. The events were facilitated in communities that have been found to present with high levels of domestic and/or sexual violence. The communities in which events were facilitated included: Mitchells Plain, Site B and Site C Khayelitsha and Philippi. These events coincided with national days of celebration: Human Rights Day, Youth Day, Women's Day, World AIDS Day and 16 Days of Activism for no Violence against Women and Children. We look forward to the facilitation of more events, reaching more communities in the coming year.

Youth Day Dialogue



COUNSELLING

In 2011/12 our counsellors conducted 2 196 Individual, 111 Couple and 47 Family counselling sessions. Of the Individual clients accessing our counselling service 73% were female victims of domestic violence. Table 2 indicates the distribution of our individual counselling beneficiaries across the four Mosaic operational zones. Of the total clients assisted with psycho-social support services, 50% were referred to partner organisations for additional support services.

Table 2: Number of Individual Counselling Sessions per Zone

Zone	Females	Males	Total Number of Clients	% of Total
Zone 1	329	103	432	20%
Zone 2	454	202	656	30%
Zone 3	436	209	645	29%
Zone 4	388	75	463	21%
Total	1 607	589	2 196	100%
			73% Females	27% Males

WORKING WITH MEN

Table 1 highlights that 1 in 3 of the people reached through outreach and community awareness activities are men. This supports Mosaic's approach to reach out to men as agents of change in the context of a women's organisation. Mosaic has concluded innovative work in its efforts to reach out to men and has established an integrated approach to addressing the needs of victims and perpetrators of domestic violence.

Mosaic's work with men involved conducting 11 educational workshops with 107 men from various communities throughout the Western Cape. The focus here was on exploring the issues related to gender relations, sexuality, masculinity, gender-based violence, sexual and reproductive health matters and HIV/Aids.

Mosaic celebrated the launch of the Male Counselling Toolkit on 7 September 2011 at the Newlands Sun hotel. The event was attended by prominent role players in the men's engagement arena and a major output of this significant day was the production of video footage depicting interviews with various stakeholders on the value of the toolkit in addressing gender-based violence.

The capacity of all social auxiliary workers was developed to provide this specialist intervention with male perpetrators and 2 workshops were conducted with 10 staff members (social auxiliary workers and zone managers). The goal was to equip the counsellors with the necessary knowledge, skills and values in order to assist the client to become a respectful partner through behaviour change. The readiness of the client to engage with the change process is a critical component of the intervention.

MONWABISI PARK 24 CAMPAIGN PEER EDUCATORS PROJECT

Domestic and sexual violence in Khayelitsha continuously increases and greatly impacts on most vulnerable communities with limited resources and services. Monwabisi Park in Khayelitsha has been identified as such a community. Mosaic-Simelela partnered with Grassrootsoccer in capacitating youth peer educators in Monwabisi Park with the main objective being to have ambassadors of information who are skilled to identify domestic and sexual violence in their community and capacitated to provide persons at risk with appropriate referrals to support structures whilst using soccer as an educational tool. The project, proudly sponsored



24 Campaign Peer Educator completing a baking course at Zanokhanya, Harare as part of their training as peer educators

by the Social Development Fund & VPUU, seeks to see the success of this pilot, with the aim of rolling it out to other communities.

THE SIMELELA PARTNERSHIP

Mosaic continues to strive to establish regional, national and international partnerships. The Simelela partnership which is a valuable forum of community based organisations working against gender-based violence, continued to support the cause through meetings and joint events targeted at vulnerable communities in Khayelitsha. In expanding Simelela's Sexual and Reproductive Health services at the Site B Centre to include Family Planning and Pap Smears, a partnership with the Department of Health was developed and it is envisaged that women will have access to medical and counselling services in the centre.

MOSAIC-SIMELELA CENTRE FOR SURVIVORS OF SEXUAL VIOLENCE AS PARTNER IN THE THUTHUZELA CARE CENTRE

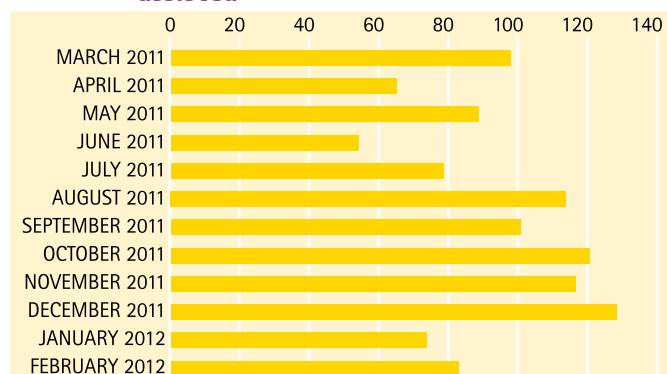
Sexual and Domestic Violence are intricately linked and therefore counselling survivors of both forms of violence plays an integral part of the Mosaic's service package. A total of 238 female survivors of domestic violence were counselled and referred to appropriate services from the centre. Mosaic-Simelela remains proud of the unique services provided in partnership available 24 hours 7 days a week at the centre which include services for lost and neglected children and VCT testing in the Khayelitsha community. In 2011, Mosaic-Simelela approached a turning point when it was presented with an opportunity to provide containment counselling to survivors of Sexual Violence at the new Thuthuzela Care Centre in Khayelitsha, coordinated by the National Prosecuting Authority (NPA) on the 1st of August 2011. The NPA's objectives are to reduce secondary traumatisation, cycle time to finalisation and improve conviction rate. Mosaic-Simelela's counselling service provision at the Thuthuzela Care Centre in Khayelitsha and its partnership with the NPA strengthened, complimented and completed the comprehensive service to survivors of sexual assault. The anticipated move of the post sexual assault services to the Thuthuzela Care Centre in the new Khayelitsha District Hospital (KDH) will take place on 1 March 2012.

The Simelela Centre in Site B will continue to provide domestic violence counselling, awareness raising activities, VCT follow up to survivors of rape. The follow-up services of survivors of rape at in Simelela Site B will strongly be dependent on the needs of the survivors at the different times they access services during post rape care.

During this reporting period, Mosaic-Simelela's Sexual Violence Counsellors assisted a total of 1 116 Sexual Violence Survivors. This number includes rape, attempted and suspected rape cases. The monthly breakdown is presented in Figure 1 on the following page.

The prospect of providing Mosaic's Integrated Model of Service Delivery for Survivors of Sexual Violence at an additional site presented Mosaic with the opportunity for growth and progress towards the Organisation's vision and mission. The successful Mosaic-Simelela transition depended, to a large extent, on the partners involved in the Model of Care especially

Figure 1: Number of Sexual Violence Survivors assisted



the Department of Health (DOH), the NPA, the Simelela Partnership and, most importantly, the buy-in of clients that utilise this service. Many hours were spent in negotiations with these partners and it became imperative that a transition plan be developed and implemented.

The transition plan was to focus on supporting a transition in Simelela Site B from an integrated sexual violence service provision to fractional services and the acquisition of supplementary services resulting from the void left by the transfer of the medical-legal components to the KDH. This plan needed to cover a period of at least 3 months and the aim was on ensuring that Mosaic-Simelela's response to the needs of survivors of gender-based violence remained relevant and continuous at both sites. It was expected that the plan would further enhance synergies between the partners and that the overlapping of service provision would be avoided. The implementation of the plan started in August 2011, with the focus on attracting new domestic/sexual violence related counselling services from Site B and building the capacity of staff to deliver these services.

The Simelela partnership is a valuable forum of community based organisations working against gender-based violence. It continued to work towards eradicating gender-based violence through meetings and joint events targeted at vulnerable communities in Khayelitsha.

In expanding Simelela's Sexual and Reproductive Health services at the Site B Centre to include Family Planning and Pap Smears, a partnership with the Department of Health was developed. It is envisaged that women will have access to medical and counselling services in the centre.

IMPROVING ACCESS AND ADHERENCE TO POST EXPOSURE PROPHYLAXIS (PEP)

During this period approximately 53% of clients reported for assistance at Simelela within 72 hours of becoming a victim of sexual violence. Of these clients, 75% tested negative for HIV making them eligible for Post Exposure Prophylaxis (PEP) which is the treatment for HIV infection. Of those clients that were eligible for PEP, 84% of them made the choice to take the medication. Although our goal is to have 100% of clients eligible for PEP uptake, there are always some clients who find it challenging to take or complete their PEP medication due the following reasons:

- Side effects
- Clients who test HIV negative at the initial visit do not always understand why they must take PEP medication (window period)

- Rape trauma and Information overload on the initial visit to the centre and this may result in survivors not understanding how they are supposed to take their medication
- Fear of Stigma and little or no support mechanisms in place
- Taking the medication may remind the survivors of the sexual assault

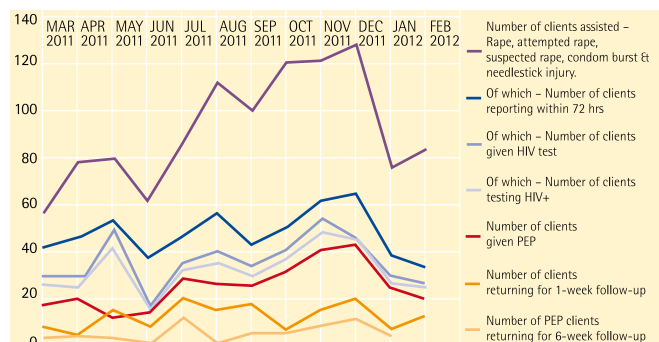


Figure 2: PEP Statistics (1 Mar '11-29 Feb '12)

Getting clients to return back to the centre for their follow-up appointments remains a big challenge – only 50% of clients returning for their 1-week follow-up, 30% of clients for their 6-week follow-up and less than 10% of clients returning for their 3-month follow-up. Of those clients that do return for their follow-ups, 100% have tested negative for HIV at both their 6-week and 3-month follow-up appointments.

MITCHELLS PLAIN CARE CENTRE

Mosaic had the pleasure of fully integrating the Mitchells Plain Care Centre (MPCC) into its operations as of September 2011. The acquirement of the centre enabled Mosaic to cement itself as part of the service delivery partners within the Tafelsig and broader Mitchells Plain community. Along with a new infrastructure, Mosaic was delighted to welcome two experienced staff members, which were a part of the existing MPCC. The transition from independence to integration was not without its challenges. Through collective perseverance, hard work and dedication, under the guidance of the Mosaic appointed Programme/Centre Manager, MPCC is now in the position to offer a variety of services to all members of the surrounding community. The services offered include:

- Counselling services – individual, couple, family
- Male Toolkit Counselling – for male perpetrators of domestic violence
- Gender-based violence educational workshops – for men and boys
- Awareness raising in schools

The Mitchells Plain community is beset by large scale social problems such as poverty, substance abuse and unemployment. Domestic Violence has been identified as the single most destructive factor that cuts across these problems. MPCC's staff members are effective change agents in this community and understand individuals in the context of the community where they live – the political systems, organisations and available resources. The team looks forward to the challenges and highlights that await them in the year to come and, most importantly, to making a difference in the lives of all affected by Gender-Based Violence and to promote social change, human rights and social justice in our communities.

The Training Programme

For the past year, Mosaic's Training Programme experienced many successes and challenges as training teams continued to plough their expertise in gender and sexual based violence back into their communities. The focus of the Programme was on reviewing, designing and developing training programs for the organisation including in-service (on-the-job) training for the professional development of staff, as well as for the capacity building of service providers and the empowerment of beneficiaries. This involved an audit of what content needed to be taught, expanding on existing or creating innovative materials, working with subject matter experts and selecting appropriate training providers where needed. Additionally, the training team played an oversight role and managed the testing, implementation of training programs, creating or selecting assessment tools, and evaluating effectiveness through monitoring instruments. Of note is Mosaic's involvement of men in addressing gender-based violence. Ground-breaking materials and training courses were developed to include workshops for survivors, perpetrators and counsellors involved in male intervention programmes.

TRAINING FOR OUR STAKEHOLDERS

Mosaic places great emphasis on building the capacity of our service providers and partners to support the organisation in working towards its vision of a violence free society and continued to provide a highly successful contribution to the training activities of our external stakeholders and partners. The following have been concluded during this financial year:

- **One 5-Day Integrated Management and Gender-Based Violence** with a group of 25 community leaders and staff of local community-based non-governmental organisations. This workshop brings together all the main service providers in a designated area and addresses issues of domestic and sexual violence. The aim of the workshop is to discuss and develop an integrated, co-ordinated approach and network to address domestic and sexual violence
- **A SRHR Termination of Pregnancy Value Clarification Workshop:** Mosaic facilitated a 2-day **Values Clarification** workshop with 11 staff members of local health facilities. Values Clarification is a critical part of training for any person who deals with controversial or emotionally charged topics such as abortion, sexual and reproductive health issues, HIV/Aids and terminal illnesses. For MOSAIC, this was particularly relevant for people such as ministers of religion, traditional healers, health care providers and frontline staff at health institutions. The goal of this activity is to support participants in clarify their own values related to abortion and to expound on the link between gender/sexual violence and sexual and reproductive health and rights, especially vulnerable women and female youth. Information on termination of pregnancies, HIV/Aids, contraception (including emergency contraception), and Post Exposure Prophylaxis (PEP) is incorporated into the training to highlight the link between these factors and SRHR.
- **Provincial replication of the Court Support programme** was based on the training of 3 partnership groups in establishing and implementing a Court Support Project in Gauteng, Port Elizabeth and Durban. The

training prepared participants to conduct the Court Support Programme in Domestic Violence Courts in these provinces. The link between GBV and HIV characterised the successful and comprehensive approach to this service.

- **Stakeholder training sessions** with local partners focused on Domestic Violence awareness and were attended by 75 participants.
- **Four Chef Assistant Training Courses** which were completed by 38 females. Mosaic, in collaboration with Gradwell Consultants, facilitated the 4-week **Kitchen Assistant's** courses at the Wynberg Centre which included Permaculture Skills Training Workshops and awareness activities on Domestic Violence. All participants participated in graduation events where they had the opportunity to exhibit their newly acquired skills.
- **Mental Health and Gender-Based Violence Training:** Mosaic facilitated a 1-day workshop for 18 Social Workers of Cape Mental Health Society. Facilitators were requested to focus on the context of gender-based violence, intervention models and court processes and links with mental health.

TRAINING FOR OUR STAFF

In order to ensure that staff remains abreast of any developments in the gender-based violence field, and that services remain relevant and of high quality, Mosaic provided a range of in-service training workshops for staff. While some workshops were conducted by internal facilitators, others were offered external experts in their field. In addition to the above activities, Mosaic staff were also provided with training in the following areas:



- Monitoring & Evaluation
- Introduction to Computers
- Sexual Violence
- Woman & Stages of Change Model
- Gender-Based Violence
- Rapid Finger Prick: Screening
- Rapid Finger Prick: Determine
- Male Counselling Toolkit
- VCT Protocols

These workshops are listed below:

March: 7 mid-management staff attended a 1-day Monitoring and Evaluation workshop conducted by Mosaic's Monitoring and Evaluation Manager

May: 45 counsellors and administration staff attended a 1-week Introduction to Computers training course conducted by an external training provider

May: 18 counsellors attended an internal workshop on Sexual Violence. The workshop was co-facilitated by a Forensic Doctor who works closely with Mosaic-Simelela, and a Police Officer from a local police station in Khayelitsha

June: 14 counsellors attended an internal workshop on Women and the Stages of Change Model, conducted by Mosaic's Training Manager



Masimanyane Court Workers with Mosaic Programme Manager during the HIV Training

July: 14 counsellors attended a Domestic Violence refresher training workshop conducted internally by Mosaic's Training Manager

July: 26 counsellors attended an external training workshop on Rapid Test Finger Pricking: Determine, arranged by NACOSA and conducted by Aids Response

August: 26 counsellors attended VCT Protocols workshop facilitated by Mosaic/PSH and NACOSA

September: 23 court workers attended the Presentations and Containment Counselling refresher course conducted internally

September: Eight sexual violence counsellors attended a 1-day workshop on PEP conducted internally

November: 10 counsellors were trained over 10 days in the theoretical application of the Male Counselling Toolkit for counselling male perpetrators of intimate partner violence.

December: the same group of counsellors received a 4-day training of the practical application of the Male Counselling Toolkit



Zarina Majiet, Dawn Fish, Joy van der Heyde (DoJ&CD) and Prof Lillian Artz (UCT)

TRAINING MATERIALS AND ACCREDITATION

Mosaic's Training Inventory has a variety of training courses, including manuals and equipment used for specific workshops. In the next reporting period, the Organisation envisages standardising the design and layout of all its training packs and finalizing the catalogue of workshops offered. This will include the development of leaflets around specific courses. Finally, Mosaic continued to engage with the Health and Welfare Seta for the accreditation of the Organisation's training courses.

SUCCESSES

- Myriad of professional/personal developmental opportunities provided to all staff
- Improved understanding among management of monitoring and evaluation practices
- Enhanced knowledge and skills base among staff to improve service provision
- Improved knowledge and skills around the link between gender-based violence and HIV/Aids, including the testing of clients using HIV testing kits
- Mosaic's visibility and reputation as a training services provider



Economic empowerment discussions: Cllr Oliver, Christéle Cronjé, MEC Winde and Riaan Goosen

Our court support programme has continued to facilitate access to justice for victims of Domestic Violence in partnership with the Department of Justice and Constitutional Development (DOJ&CD). As the flagship programme of Mosaic, the court support programme assisted in excess of 20 000 protection order applicants in 16 courts in the Western Cape Province, and more recently, 2 courts in the Gauteng Province. During the 2011/12 period, the Mosaic Court Workers continued to provide all protection order applicants with crisis counselling as well as assistance with the completing of the protection order application forms and the accompanying affidavit. This year saw increased attention paid to education and awareness raising activities within the courts. These activities have included public presentations, participation in events and exhibitions arranged by DOJ&CD and external awareness activities to which we were invited. This year 373 presentations were facilitated reaching 10 289 people. The presentations have a central Domestic Violence theme and it is through such presentations that Domestic Violence victims often come to the realisation that they are being abused and what services are available to them.

THE LINK BETWEEN DOMESTIC VIOLENCE AND HIV

2011/12 also saw a global intensification in the acknowledgement and evidence-based research of the link between Gender Based Violence and the increased risk of contracting the HI-Virus. In response to this, Mosaic has strengthened its efforts to incorporate information pertaining to the link with all beneficiaries accessing the Court Support Programme. The sharing of such information is, at times, met with scepticism. However, we are sure that through continued awareness raising and information sharing, existing perceptions will continue to be challenged and slowly begin to change.

This year saw a few changes in the courts in which the Court Support Services were offered:

- The Court Support service offered at Strand court was concluded
- The Court Support service was introduced at:
 - Franschhoek Court,
 - Johannesburg Family Court and
 - Pretoria Domestic Violence Court

The allocation of space within the courts that is conducive to Mosaic's counselling services is still a challenge, however Mosaic would like to take this opportunity to thank DOJ&CD for their constant willingness to assist Mosaic in securing these spaces whether this be through internal reallocation of spaces or internal renovations to accommodate Mosaic's Court Workers.

COURT CASE STUDY – WELLINGTON COURT

A woman applied for a protection order in 2011. When she arrived at the court the client was emotionally traumatised as a result of the abuse that she had been subjected to by her husband. The Mosaic Court Worker provided crisis counselling to the client and assisted her to complete the application for a protection order. The client was granted an interim protection order and later returned to court to have the order finalised.

A year later, the client approached the court worker in a local shop and thanked her for the assistance that she provided. The client went on to explain that through the information received she was now aware of her right to be free of domestic violence, she added that the counselling had assisted her to leave the session with the knowledge and confidence to not withdraw the protection order, besides her husband requesting her to do so.

The client and her husband are now free to work on bettering their marriage in an environment free from violence, blame and intimidation.

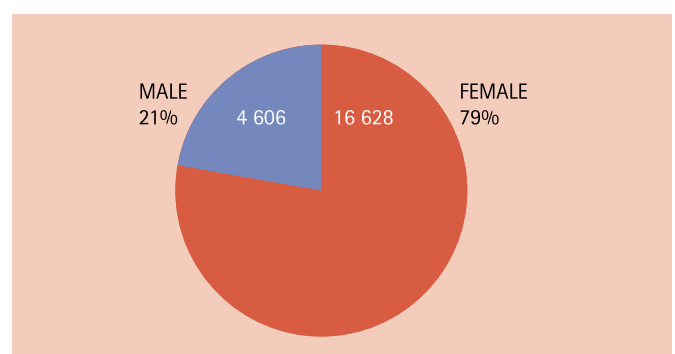
Mosaic Court Workers assisted a total of 21601 clients with applications for protection orders (21 230 in Western Cape and 371 in Gauteng). 100% of clients assisted in the courts received containment counselling and information on court procedures.

Table 3: Number of Clients Mosaic has assisted over a five-year period

REPORTING YEAR	2012	2011	2010	2009	2008	2007
Western Cape	21 230	20 502	21 538	21 483	21 537	22 691
Gauteng	371					

Compared to last year, we have seen an increase in the percentage of female clients accessing Mosaic services in the courts. Last year, 72% of our clients were female whereas this year, females make up 79% of the clients assisted. Client demographics are presented below in Figure 4.

Figure 3: Court Support Programme – Gender Distribution of Mosaic Clients



DISTRICTS AND COURTS

From the table that follows, it is noted that the highest percentage of clients assisted by Mosaic Court Workers were at the Bishops Lavis Court (11.90%) followed by Wynberg Court (11.23%), Khayelitsha Court (10.68%), Paarl Court (8.63%) and Atlantis Court (8.17%). The combined rural and semi-rural courts of Franschhoek, Malmesbury, Paarl, Stellenbosch, Wellington and Atlantis accounts for 26.56% of the total clients assisted, showing that more than 1 out of 4 of our court clients came from rural or semi-rural communities.

Table 4: Number of People Assisted by Mosaic Court Workers at Domestic Violence Courts

COURT	FEMALES	MALES	N	%
Atlantis	1 371	393	1 764	8.17%
Bishop Lavis	1 931	639	2 570	11.90%
Bellville	1 576	344	1 920	8.89%
Blue Downs	1 004	327	1 331	6.16%
Cape Town	839	244	1 083	5.01%
Franschhoek	124	21	145	0.67%
Khayelitsha	1 750	557	2 307	10.68%
Kuilsriver	780	243	1 023	4.74%
Strand	74	28	102	0.47%
Mitchell's Plain	826	239	1 065	4.93%
Muizenberg	434	114	548	2.54%
Malmesbury	355	109	464	2.15%
Paarl	1 416	449	1 865	8.63%
Philippi	1 112	121	1 233	5.71%
Stellenbosch	463	121	584	2.70%
Wellington	639	161	800	3.70%
Wynberg	1 930	496	2 426	11.23%
Johannesburg*	277*	94*	371*	1.72%
TOTAL	16 901	4 700	21 601	100%

*Mosaic only began working in the Johannesburg Court from December 2011

RURAL URBAN

REPLICATION OF THE COURT SUPPORT MODEL TO OTHER PROVINCES

Mosaic succeeded in the replication of the Court Support Programme to cover courts in the provinces of Gauteng, KwaZulu Natal and Port Elizabeth in the Eastern Cape. The replication of the very successful Court Support Programme resulted in improved access to justice for victims of domestic violence in South Africa. Training, guidance, technical support and the provision of IEC materials contributes to the firm establishment of a service to areas where victims did not previously have the opportunity

for support in accessing justice.

This expansion was achieved through NGO partnerships. This enabled Mosaic to extend the provision of these much needed service to a wider geographical area and to reach an increased number of victims of Gender-Based Violence. This opportunity has also allowed us to platform the importance of creating awareness around the direct link between Gender-Based Violence and HIV. This ground breaking pilot programme has been extremely well received, not only by the NGOs to whom training and mentoring has been provided, but to a whole host of key role players, such as the Department of Justice and Constitutional Development, the Court Workers and most of all the clients who are benefitting every day from the services provided through this programme. The primary objective of this Court Support Roll-Out Programme was to train and mentor Court Workers within three NGOs in three selected provinces. There are currently ten Court Workers who have been provided with training and mentorship, based at eight sites within the Gauteng, KwaZulu Natal and Eastern Cape provinces.

GAUTENG COURT SUPPORT

During the course of the reporting year, Mosaic was able to broaden its reach and expand the Model of Court Support Services in Domestic Violence Courts to deliver services two courts in Gauteng. Based on demand and the successes registered in the Western Cape, the Gauteng Department of Justice and Constitutional Development facilitated the placement of Mosaic court workers in Johannesburg and Pretoria courts. The delivery of services in the Domestic Violence Courts of Johannesburg from 1 December 2011 and arranged for Pretoria from 1 March 2012, ensured clients in the Gauteng region were provided with these services to increase their access to justice. Clients are provided with court information and awareness raising activities take place in both these courts.

OBTAINING A PROTECTION ORDER

SCENE OF INCIDENT
POLICE / INDIVIDUAL SUPPORT / DOCTOR
Tell survivor of rights to PROTECTION ORDER and to lay CHARGES
MAGISTRATE'S COURT / POLICE STATION
Application form for PROTECTION ORDER with clerk of the court / Lay a criminal charge
Magistrate decides whether or not to issue Interim Protection Order
If not in danger, court issues notice to perpetrator of rights to contest issuing of protection order
If in danger, court issues Interim Protection Order
Sheriff of Court serves the Interim Protection Order on the perpetrator
MAGISTRATE'S COURT
Court case to decide if final Protection Orders should be granted
IF ABUSER APPEARS: Court hears evidence, Protection order is granted, BREACH: Survivor goes to police to enforce warrant of arrest, Abuser is charged and goes on trial (if convicted sentence ranges from fine to life prison)
IF ABUSER DOES NOT APPEAR: Court must be satisfied that Protection order was properly served on the abuser and there is evidence of domestic violence, Protection order is refused, Survivor can appeal to higher court or Can re-apply after next incident

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www.mosaic.org.za

MOSAIC
TRADE SERVICES
HEALTH CARE
WORK

MOSAIC offers Court Support Services in the following Magistrates' Courts:

WESTERN CAPE	
Atlantis	021 573 3003
Scholar	021 950 7300/7732
Bishop Lavis	021 934 1021
Blue Downs	021 909 9000
Cape Town	021 461 1204
Franschhoek	021 872 2502
Khayelitsha	021 360 1455
Kuilsriver	021 903 1166
Malmesbury	022 402 3121
Mitchell's Plain	021 370 4296
Muizenberg	021 788 9742/40
Paarl	021 872 3127
Philippi	021 372 0901
Stellenbosch	021 887 0114
Wellington	021 873 0768
Wynberg	021 798 1630/1902
GAUTENG	
Johannesburg	011 629 0000
Pretoria	012 319 4000

The Global Fund
Support for this initiative was provided by the MAC Aids Fund of Tides Foundation

IT'S AN ORDER!

A simple guide to your rights

An adapted from the original works of Robyn Miller on behalf of MOSAIC Training, Service & Healing Centre for Women

MOSAIC
TRADE SERVICES
HEALTH CARE
WORK

9

MOSAIC'S CLINIC SERVICES

Mosaic was able to continue to deliver the needed Sexual Reproductive Health service at its clinic at the Mosaic Centre in Wynberg and at the Lentegeur Hospital in Mitchells Plain. Both these clinics provide STI, HCT and TOP services to abused and indigent women, although provision is also made for some male clients for STI and HCT. The clinic located in the Mosaic-Simelela Centre in Khayelitsha is in preparation phase to provide SRH services 5 days a week in terms of a Memorandum of Understanding with the Department of Health with effect from 1 March 2012. Termination of pregnancy clients will be referred to the newly established Khayelitsha District Hospital for procedures. Mosaic also conducts its Domestic and Sexual Violence counselling services from the same premises and is able to cross refer clients for SRH services to the clinic.

MOSAIC'S TOP AND VCT/HCT COUNSELLING SERVICES

Mosaic continued to provide a comprehensive SRH Counselling service from a human rights and strengths-based perspective where Mosaic counsellors see clients, their environments and their current situations within the broader context, and determine opportunities for positive change. This implies that the counsellor focuses on helping the client to discover and explore their inherent strengths, and assisting the client to use those strengths to achieve their desired outcomes. The counselling process is participatory in nature, it focuses on the client as their own agent of change and the counsellor aids in the facilitation of this role. This approach honours the inherent capacity for transformation of all people. Clients received counselling before a termination of pregnancy at both Wynberg and Mitchells Plain Clinics to ensure comprehensive preparation for the procedure. Through counselling, clients are empowered to:

- Explore the short and long term impact (social, emotional, psychological, financial) of an unwanted pregnancy on her, her family, her current lifestyle and future plans
- Examine and express her own feelings, thoughts and opinions around termination of pregnancies
- Evaluate and select an option that best suits her through TOP counselling, during which all options are clearly stated and explained
- Make a decision on whether or not to include an HIV test

The risk of contracting a sexually transmitted illness through unprotected sex cannot be discounted and as a result of this, Mosaic's clinic team embarked on more vigorous campaigns to not only educate and inform clients and communities about HIV/Aids, but also provide a testing service. Clients accessing clinic services are offered the opportunity to test. The referral process is one that is viewed as a positive aspect to the client who is in their second or third trimester, as many facilities will simply refuse to administer the procedure, despite the procedure being legal and available.

Table 5: Number of services provided to Mosaic clients through our SRHR Clinics.

Service	N
Pap Smears	123
TOPs (Termination of pregnancy)	931
Family Planning	1 321
STIs Treated	41

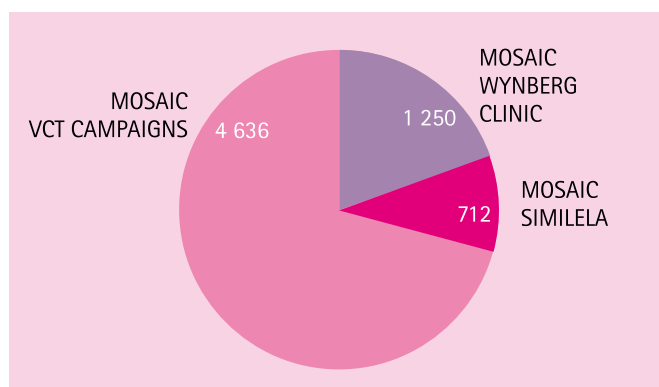
CAMPAIGNS AND EVENTS

Mosaic's SRH clinic team conducted weekly campaigns where HCT campaigns were combined with raising awareness and providing information about the services offered at both Wynberg and Mitchells Plain sites. The combination of these activities proved to be very successful in broadening the reach of our clients. During all the general Mosaic events, the SRH teams were included in the programme of events and contributed to the programme through information sharing and HCT testing. Events registers and reports serve to inform that these activities are monitored monthly. Highly visible campaigns during the 16 days of Activism and Human Rights Day contributed to the extent. Improved reporting and Monitoring and Evaluation mechanisms enabled an improvement of evidence-based reporting for all Mosaic SRH services.

HCT

Included in the SRHR services offered by Mosaic is HCT. These services are being offered at our Wynberg Clinic, Simelela Centre and at HCT campaigns in the communities. In addition to the 6598 VCT tests conducted by Mosaic during this year, an additional 7534 VCT tests have been conducted by our four Global Fund SSRs. In addition to the HCT conducted by Mosaic HCT Counsellors, Mosaic also has three Sub-Sub Recipients who are responsible for conducting HCT in their respective provinces. Our Sub-Sub Recipients are PSH (Western Cape), Masimanyane (Eastern Cape) and TVEP (Limpopo). The HCT team has been doing testing in conjunction with an extended range of partners, and thereby strengthened our partnerships in the SRH programme.

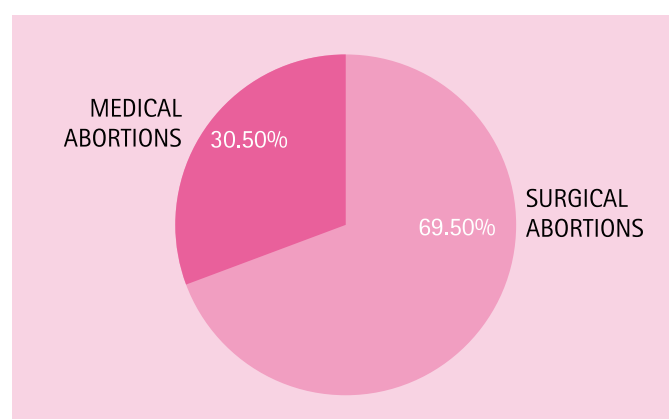
Figure 5: Number of HCT Tests Conducted by Mosaic



Mosaic's SRH clinic and its services is an institutional resource that offers a safe and legal alternative to women seeking to terminate an unwanted pregnancy within the first trimester (gestation period up to 12 weeks). Clients that access the Mosaic Clinic services outside of the first trimester are referred to institutions that are able to perform TOPs within the second trimester. Other clients have no option but to carry the pregnancy to full term, in these cases the counsellor and the client would explore options available to the client regarding the future of the child, which includes adoption.

Compared to last year, we have seen a 45% increase in the number of TOP's conducted and the number of clients we have assisted with family planning options has increased by 282%.

Figure 6: Percentage of Surgical and Medical Abortions Performed at Mosaic Clinics



REPEAT TOP/ABORTIONS

Mosaic endeavours to reduce or limit women having to return for repeat abortion services and our counselling practices follow this approach. However, the number of repeat abortion remains relatively high.

Table 6: Numbers of women returning for a repeat abortion by age group

Women below age of 18	6	
Women between 19 – 25	16	Up to 4 times
Women between 25 – 48	26	Up to 5 times

The following reasons are cited for the repeat abortions:

- Lack of access to clinics to secure contraception
- Lack of information regarding waiting period or side effects before returning to sexual activities given after a termination of pregnancy
- Myths about contraception
- Low awareness of the existence or correct use of emergency contraception
- Clients on ARV /HAART, and not disclosing their status to their partners whilst being sexually active

SECOND TRIMESTER TOPs

Client input highlights the need for increased awareness raising efforts to educate about TOP, the services available and the processes to be followed, with emphasis being placed on the gestation period.

The following are reasons cited for second trimester abortions:

- Client did not realise that she was pregnant or misjudged gestation;
- Service provider gave incorrect date or made several changes to dates of appointment;
- Client was afraid to tell her partner or parents;
- Client took time to decide to terminate the pregnancy;
- Client didn't know that there was a time-limit to access TOP services;
- Client didn't know that she could get an abortion.



Female youth attending a Mosaic SRHR Youth Support Group



GOVERNANCE

Mosaic's Board has conducted its strategic and financial oversight responsibilities through regular formal meetings, standing committees and ad hoc project committees. The Finance and Remuneration Committee considered financial reports and budgets and members of project committees tended to the transition process in Khayelitsha and the establishment of services in Gauteng. Quarterly progress reports formed a core component of the Board's review process for performance and compliance, and allows for clarification, recommendations, highlight challenges and identify risk for mitigation. The realignment of all the policies of Mosaic has commenced during the reporting year. The review and development of a complete set of policies and standard operating procedures aim to strengthen the overall governance of the organisation. Board Members are elected annually at the Annual General meeting.

STRATEGIC AND OPERATIONAL PLANNING

This reporting year reviews the first operational implementation year of the 3 year Strategic Plan (2011-2014). Excellent strategic progress toward the achievement of the Strategic Plan and objectives is noted. The development of high level operational monitoring and evaluation tools and techniques, the commencement towards the establishment of an aligned performance-based management and remuneration system and targeted growth and expansion strategies contributed significantly towards this achievement. The development and approval of a set of standard operating procedures (SOPs), which details the operational implementation of programmes in Mosaic provides clear focus for implementation. It is aimed to ensure the entrenchment of a risk conscious environment, where the identification of risk and the development of mitigation strategies are embedded throughout the organisation. Internal and external evaluations form a vital part of Mosaic's annual assessment. These evaluations allow Mosaic to analyse the work that has been achieved, the challenges that exist and the opportunity to develop strategies to overcome such challenges. The internal evaluation is carried out once per annum with quarterly and bi-annual reviews undertaken for each programme to monitor progress and implementation effectiveness. The participation of staff at all levels in the annual operational planning remains important as it offers the opportunity for all staff to be involved in the evaluation of the work completed and the planning of the activities for the next year.

HUMAN RESOURCES DEVELOPMENT

The management structure expanded and transformed to reflect the growth and the acquisition of new programmes and responsibilities. Management capacity was strengthened in both the MOSAIC-Simelela Centre in Khayelitsha, to manage the transition process, and in the acquired Mitchells Plain Care Centre in Tafelsig, Mitchells Plain, transferred from the Department of Social Development to MOSAIC. A training manager was appointed to facilitate the further development of the training programme including the training programmes to expand to other provinces and our valued kitchen skills programme in Wynberg.

Mosaic's Financial Manager completed a Social Enterprise qualification at Gibbs Business School which contributes to the capacity to develop our financial development. Mosaic's investment in staff was further enhanced by the development of a debriefing and staff wellness programme. A new Zone Manager was appointed and later promoted to a Programme Manager. The Programme Managers maintained responsibility for the management of the Zone Managers, while Zone Managers remained responsible for the supervision of the field staff. The unfortunate passing away of one of Mosaic's long standing staff members left a vacancy in the zone management of Khayelitsha. These positions were advertised at the end of this reporting period.

DEBRIEFING/STAFF WELLNESS

This is the second year of the Wellness Programme for all Field staff with the Social Auxiliary Workers, Sexual Violence Counsellors and the Court Support Workers. The sessions included:

- *A space to express without feeling judged*
- *A platform to voice concerns, share successes and challenges*
- *An opportunity to be away from being in a position of giving of oneself to clients, and actually receive.*
- *Relationships are grown through debriefing and support of each other is strengthened.*
- *A Spiritual connection is enabled*

"It is a privilege and an honour to be facilitating debriefing and connecting with such wonderful individuals. Firstly I need to thank my Heavenly Father for all the Blessings, Grace and Favour. My passion and love for Mosaic and the field staff is still great after 17 years and I thrive on this special gift. I have reached a very Spiritually Matured stage in my life and I need the Spiritual Guidance and Wisdom to perform this responsibility and duty. I have great respect for the Mosaic staff that gives so much to their clients, the courts and communities in which they work. I understand the dynamics of working in the communities and in the courts, because I have been there as well and therefore I know the importance of debriefing and wellness for staff. If we have expectations that our field staff cares for their clients then we have to care for our field staff in return "CARE FOR THE CARER" is a priority in the field of Domestic/Sexual Violence and

Abuse. I appreciate the support of Mosaic and have great dreams and visions to ensure we have happy, healthy and passionate staff, and to take the wellness of our staff seriously. Thank you one and all.

- Dawn Fish



MONITORING AND EVALUATION

I have been with Mosaic for over a year now and so far, what a journey it has been. Looking back, I cannot believe how many positive changes have taken place and how much we have been able to improve on our M&E systems and capacity. Highlights for me have been the development of a number of new data collection tools and systems including a PEP Database used to track PEP uptake and adherence as well as new monthly reporting templates for our Social Services, Court Support and Sexual

Reproductive Health Rights (SRHR) programmes. I have been so impressed by staff willingness to get on board and adopt new M&E tools and systems and I feel that staff have demonstrated ownership of M&E across all levels which has gone a long way to ensure we are working more efficiently and effectively. In terms of the Mosaic numbers, we have seen an increase in the number of clients assisted through our Court Support Programme and our Mosaic VCT achievements have been significant compared to the previous year (2010/2011 = 1346 VCT tests; 2011/2012 = 6598 VCT). Our field staff have also performed extremely well in terms of our public presentations, SRHR Youth Support Groups and clinic presentations. As a management team, we have recently begun working on Standard Operating Procedures for our activities which will provide a benchmark against which to monitor and evaluate the quality of service being provided to clients as well as ensure that all staff have a clear working document that can be used for reference out in the field. This process will certainly take time but the end result will be extremely valuable. During the course of this year, I have had the opportunity to work closely with our Global Fund SSRs in terms of implementing, monitoring and evaluating our Global Fund activities. Regular site visits ensure that I am familiar with the SSR programmes and am able to meet with staff responsible for implementation. These visits also provided an opportunity to note challenges experienced by the SSRs in terms of their Global Fund activities so that we can assist them where possible in developing systems and strategies to overcome such challenges. Feedback from SSRs in terms of the M&E support they receive from Mosaic is always positive and encourages us to explore ways in which we can assist them further. In May 2011, I had the opportunity to participate in the Global Fund Indicator Review Session which took place over two days in Johannesburg. This session was extremely informative and provided a chance to work closely with other M&E experts from across Africa and to meet Global Fund M&E team from Geneva, Switzerland. Considering all that has been achieved in 2011/2012, I have no doubt that the year ahead will hold many more exciting developments in terms of M&E. Mosaic's M&E function will continue to be used to measure our performance against our objectives, assess the impact of our programmes and activities and whether we are working efficiently, but most importantly as a means to learn how we can do things better. I hope to be able to place significant

emphasis on assessing the quality and impact of our programmes to ensure that we continue to maintain that delicate balance between providing a high quality service to our clients as well as meeting the targets set by our funders.

– Tarryn Anderson, Monitoring and Evaluation Manager



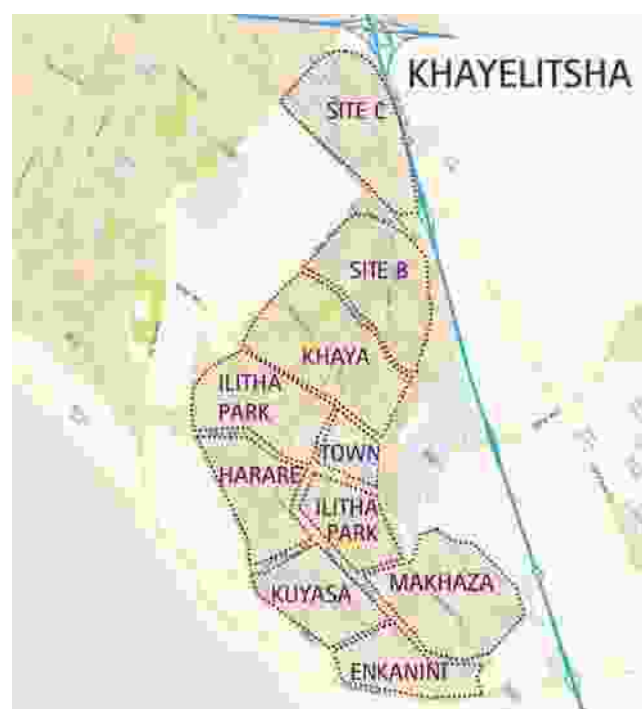
EXTERNAL EVALUATIONS

In July 2011 a Victim Support Services Awareness Survey was undertaken in partnership with DKT South Africa. The aim of the survey was to measure the awareness of victim support services in Khayelitsha, so as to improve and expand services as required. The external evaluation provided Mosaic with key insight into the awareness levels of Khayelitsha residents of the Simelela Centre as well as the services it offers. The findings allowed MOSAIC to develop additional strategies to increase awareness about the

centre and its services, this is especially relevant for the provision of PEP services and the promotion of the 24-hour services. The focus of the survey was on victims of sexual and domestic violence and abuse. The survey was carried out by surveyors trained by DKT SA. A total of 2 053 responses were collected from the 95 divisions within the 10 "suburbs" within Khayelitsha. These areas are outlined in figure 5. The full report of the findings of the survey is applied for improved service delivery, but some salient points include:

- Simelela was noted as the second most likely place to refer a victim of domestic violence after SAPS.
- Simelela was found to be the most likely place to refer someone who had been a victim of rape.
- Over half (58%) of the respondents knew of the Simelela Centre and what the purpose of the centre was.

The findings of the survey were valuable in that it further highlighted areas for future focus, for example, while the respondents knew of the Simelela, only 6% of the respondents identified Simelela as a place to access HIV testing and information, whilst only 13% of the respondents knew that Simelela provided PEP services to victims of sexual violence who reported within 72 hours.



GLOBAL FUND AND OUR SUB-SUB RECIPIENT PARTNERS

Mosaic, as a sub-recipient of the Global Fund round 9 Grant, has been responsible for six sub-sub recipients (SSRs) during year 1 of the grant namely: Partners in Sexual Health (PSH); Western Cape Network on Violence Against Women (WCNETWORK); South African Media and Gender Institute (SAMGI); Masimanyane Women's Support Centre; Ethembeni Community and Trauma Centre and Thohoyandou Victim

Empowerment Programme (TVEP). Together with our SSRs, Mosaic is responsible for implementing a number of activities in terms of the Global Fund. These activities include events; youth support groups, peer educator outreach, gender-based violence counselling as well as HIV Voluntary Counselling and Testing (VCT). Our activities are implemented in the Western Cape, Eastern Cape, Limpopo and Northern Cape and with the assistance of Global Fund funding; Mosaic was able to extend its Court Support Programme to the Gauteng Province in December 2011. The opening of a Mosaic office in the Pretoria and Johannesburg Courts has been welcomed by the Gauteng Department of Justice who recognises the value of the work being done by Mosaic Court Workers in the Western Cape.

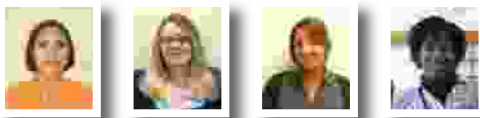
The past year has been one of positive growth and learning for Mosaic and our SSRs. We have made a number of improvements to our data collection tools and systems and a significant focus has been placed on staff development. Regular on-site data verification visits have provided us with an opportunity to better understand programme implementation at SSR level as well as the challenges experienced.

Together we have been able to develop action plans to overcome such challenges as well as make necessary improvements where required. Mosaic has also made improvements to a number of our IEC materials as well as developed a range of new materials. These materials have been updated to include information on HIV and Aids to ensure the link between Gender-based Violence and HIV is reflected throughout the work of MOSAIC.

The Global Fund grant enabled Mosaic and SSR staff to be trained and qualified as VCT Counsellors. This enabled both Mosaic and the SSRs to establish VCT programmes in the Western, Eastern Cape and Limpopo. Initially, concerns were raised about the challenging targets set for VCT, but only with the high levels of staff commitment to, and passion for, VCT testing, were Mosaic and the SSRs able to work as a team to ensure the VCT target was achieved through a number of well-planned VCT campaigns.

The impact of our activities for our clients is evident through the positive client testimonials and feedback on our evaluation forms. We hope to work closely with NACOSA moving forward to develop more substantial measures of the impact of all our programmes.

Overall, we have seen significant progress being made in terms of our Global Fund activities and both Mosaic and SSR staff have demonstrated their ability to deliver in terms of the targets set as well as the high standard of evidence required. We look forward to more positive achievements during the next year and thank NACOSA for their on-going support and guidance when it comes to the implementation and management of our Global Fund activities.



From left: Zarina Majiet, Senior Programme Manager and Programme Managers Kerryn Rehse, Melissa Groenewald and Nozwelo Ncube

MOSAIC ZONE MANAGEMENT



ZONE 1: The Khayelitsha Zone has remained one of the largest zones in Mosaic with a staff component of 18 dedicated counsellors and administration/support personnel. Reflection on the past twelve months shows that the year was jam-packed with many successes, challenges and changes. The Programme Manager competently managed the local programmes and the appointment of the Centre Manager for Khayelitsha Operations, in September 2011 contributed to the much-needed stability for the Khayelitsha area. We witnessed the improved integration of operations between the domestic and sexual violence components in the zone and the pooling and sharing of skills and knowledge has contributed significantly towards enhancing staff competency to deliver dual services. The operations in Khayelitsha are a shining example of a strengthened teamwork approach that is clearly mirrored in service delivery in the district, notably, at the 24 Campaign Project and the Simelela Centre, the "operations hub" where all counsellors utilise resources, meet and plan activities with other stakeholders.

Regular engagement with our partners in the sexual, domestic and gender-based violence arena enabled us to table pertinent discussions and concerns and to allay fears around the closure of the Site B office as we prepared our imminent expansion into the Khayelitsha Thuthuzela Centre. We focused on gaining new partnerships to recruit clients, for events collaboration and referral resources for survivors of gender-based violence. The challenge of recording, collecting and verification

of data was successfully managed through the development of data management systems and careful implementation with counsellors now very conscious of "evidence – based" service provision. This has resulted in greater awareness around principals of accountability and responsibility.



Nomvuso Masoka

We cannot close 2011/2012 without honouring the memory of a dear friend and colleague, Nomvuso Masoka, whom we lost after many months of illness. Nomvuso's memory and her legacy of respect, honesty, integrity, humility, passion, warmth and dedication will be cherished forever. On behalf of all of those who were fortunate to have known her, to be served by her, and to have learned lessons from her, we salute and thank her.

ZONE 2: *This is a THANK YOU paragraph to all the staff in Zone 2 for their commitment to continue to make a difference in the communities where they work, and their determination in providing much needed psycho-social services to people whose lives have been devastated by the long lasting effects of Domestic Violence.*

Mosaic has experienced a few changes this year, but this did not deter the Zone 2 team. I, as the Zone Manager, experienced willingness to "Let's see what is working well and what needs working on, and how can we do this together" attitude amongst the staff that continues to encourage and inspire. A positive attitude amongst staff to communicate in this manner can only lead to improving of skills/sharpening of skills which in turn has a positive effect on the staff in Zone 2. A positive attitude reflects in our attitude towards our work and personal relationships. You are a great team, and I look forward to seeing us grow in skill and team spirit in the coming year.



– Mia van Heerden

ZONE 3: *Zone 3 saw many challenges as well as highlights for 2011/2012. My dear colleague, Nomvuzo Masoka tragically passed away and her life and immense contribution that she brought to Mosaic will always be honoured and remembered. The courts in Zone 3 are doing well with crisis counselling presentations. Mosaic continues to maintain a good working relationship with the Department of Justice and our statistics for assisting clients with protection orders remains high for the courts in Zone 3. A continuous challenge for Zone 3 is establishing the exact number of protection orders granted by the Magistrates in the courts. Due to funding challenges proper planning for workshops and events has become a challenge, but we are determined to re-organise our planning and to*



report on an improvement next year. We reached some of the targets more especially presentations and we were not bad with counselling and other activities. End of 2012 we will be proud showing positive achievements from zone 3.

– Caroline Tsetsana

ZONE 4: *Once again Zone 4 experienced an eventful and productive year, with many new networks and partnerships being built and new beneficiaries being reached through awareness raising activities, counselling, educational workshops, support groups and court support services. Some of the highlights for Zone 4 over the 2011/12 period include:*

- *Assisting over 6 000 applicants for protection orders*
- *Reaching more than 15 000 people through awareness raising activities*
- *Providing counselling services to more than 450 victims of domestic violence.*

These achievements would not have been possible without the hard work and dedication of the Zone 4 team. The passion and determination that they have towards providing quality services to the victims of gender based violence is inspiring. As the outgoing manager of Zone 4, I would like to



thank all the members of the Zone 4 team and I confidently hand over the baton to Veronica Libbie to continue to take Zone 4 from strength to strength.

– Kerry Rehse

ADVOCACY, LOBBYING: A VISIBLE GENDER PERSPECTIVE

New Partnerships

The organisation strives to create new partnerships in the local and global arena which in turn strengthens its service delivery networks. Mosaic-Simelela programme manager presented a poster on the Model of Care for survivors of sexual violence at the Sexual violence Institute Conference under the theme "Moving the agenda forward". Meanwhile, the Simelela partnership which is a valuable forum of community organisations working against gender based violence, continued to support the cause through meetings and joint events targeted at vulnerable communities in Khayelitsha. In expanding Simelela's Sexual and Reproductive Health services at the Site B Centre to include Family Planning and Pap Smears, a partnership with the Department of Health was developed and it is envisaged that women will have access to clinical and counselling services in the centre. Mosaic currently has partnership agreements and MOUs in place with a number of organisations within the gender-based violence and LGBTI sectors. These include:

- SWEAT (Sex Workers) – MOU
- Legal Resources Centre (LRC) – MOU
- Grassroots Soccer – MOU
- Rape Crisis – Court Support Programme
- KZN Network for Violence against Women
- Western Cape Network for Violence against Women
- Sonke Gender Justice – Partnership for Male Counselling network
- SANAC Womens Sector
- Department of Health

Amanitare Sexual Rights Network

Amanitare Sexual Rights Network is an African partnership to accelerate universal access to sexual and reproductive health rights for women and girls. Through building partnerships with other women's organisations on the continent, Amanitare strives to raise awareness and advocate for sexual and reproductive health rights for all African women. Mosaic is actively involved in the South African coalition of the Amanitare Sexual Rights Network. During this reporting period, Mosaic was pivotal in the development of the draft budget monitoring and expenditure tracking report that focussed on the inclusion of violence against women within national policy frameworks.

The Shukumisa Campaign: 16 Days of Activism Monitoring Project - 2011

Mosaic as a member of the Shukumisa campaign participated in the agenda of the National Working Group on Sexual Offences, a network of 26 civil society organisations from around South Africa first formed in 2003 to ensure that effective and appropriate laws around sexual offences were passed. The purpose of the Shukumisa campaign is to monitor the implementation of laws and policies relevant to sexual offences and hold service providers to account for ineffective implementation. Throughout the reporting period, Mosaic and specifically the Programme Manager from the Simelela Centre in Khayelitsha has contributed significantly to the Sexual Violence National Policy framework, which is coordinated by Tswaranang LAC and represented by stakeholders in the field of sexual violence.

National Strategic Plan: 2012-2016 People Living with HIV

The Executive Director participated in 2 Forums, SANAC Womens Health Sector and the NACOSA forums to contribute to the development of the NSP on HIV/Aids Strategic plan 2012-2016. The specific aim and contribution was focused on making the link between GBV and HIV/Aids and to ensure women as a vulnerable group gets proper focus in the new plan.



Safe Abortion Dialogue: Cape Town, South Africa – 23 March 2011

On the 23rd of March 2011 Mosaic facilitated a dialogue on safe abortions in Cape Town. The event was attended by a variety of stakeholders working within the sectors of SRHR and women's rights. Presentations were made by high level advocates and lobbyists for safe abortion across all sectors in South Africa. This included presentations by Ipas SA, Dr Marijke Alblas and Prof Margaret Hoffman of the University of Cape Town Women Health Research Unit and Dr Eddy Mhlanga of the Department of Health. The event highlighted the challenges still being

faced in the access to safe abortion practices 15 years after the passing of the Choice on Termination of Pregnancy Act in 1996.

ICPD: New York USA – April 2011

A statement based on the outcomes of the Safe Abortion Dialogue event and the subsequent UNGASS workshop formed the basis of the statement which was developed and delivered on behalf of partners to the 44th Session of the United Nations: Commission on Population and Development: Fertility, Reproductive Health and Development, ICPD+20 which was held in New York, 11-15 April 2011.

Launch of the Male Counselling Toolkit: Cape Town, South Africa – 7 September 2011



The aim of the Male Counselling Programme is to help men who are violent in their intimate relationships to change their behaviour so that they become respectful partners. The men who participate in this programme work towards the following outcomes:

- Exercising control over their violent behaviour;
- Personal growth in understanding of themselves, their self-esteem, confidence and self-control;
- An improved relationship with their partners;
- Better relationships with their children;
- Avoidance of more drastic punitive interventions such as protection orders and incarceration

It was with this vision in mind that a Male Counselling Programme was embarked, which consists of counselling sessions for men and creating

a supportive environment in the community and in the organisation. Mosaic co-developed the Toolkit with partners Rutgers/WPF (Netherlands) and Rifka Annisa (Indonesia) over the course of 2 years which culminated in Mosaic being the host of the official launch in South Africa in September 2011.



AIDSIMPACT: Santa Fe, USA – September 2011

Mosaic presented an exhibition and presentation of an integrated Model of Care of service delivery for Sexual Violence survivors at the AIDSIMPACT Conference in the USA in September 2011. The model depicted the integration of service delivery for victims of Gender-based and Sexual Violence, HIV and SRH.



Prof Di Cooper, Prof Naeema Abrahams and Christéle Cronjé at AIDSIMPACT

MAKING THE LINK: DOMESTIC AND SEXUAL VIOLENCE AGAINST WOMEN AND HIV/AIDS

Human Immunodeficiency Virus (HIV) AND Violence against Women share gender inequality and mutually affect the health and development of Women and Girls and People in some sex relationships – the victims of Gender-Based and Sexual Violence

CONTRIBUTING RISK FACTORS causing women's increased risk of contracting HIV through violence:

- The link between men's use of violence and sexual risk taking by women because of fear
- Increased violence during pregnancy coupled with limited access to PMCT
- Unwanted pregnancies due to violence can lead to unsafe abortions and maternal death
- The use of force during sex increases the risk of transmission
- Vaginal, anal and oral lacerations and abrasions caused by forced sex increase exposure, especially for young girls where vaginal tracts are still immature
- Cultural and gender norms which make it difficult for women to negotiate sex, men in a volatile relationship
- Age pattern of relationships between younger women and older men, where older men (who usually had more partners, and are riskier in terms of HIV control condom use and increase young women risk)
- Unequal power relations between women and men with high levels of male control and intimate partner violence are associated with HIV for women perpetuates the vulnerability of women to HIV infections
- Gender inequality coupled with impunity for rapists – escalating HIV prevalence
- Survivors of abuse may find it difficult to adapt to, and insist on safer sex practices due to fear of violence or the threat of violence in new relationships or circumstances
- Transactional sex is also often the only way of survival for a woman with no economic status or no property rights or income after a relationship comes to an end or when the male partner dies. Women who experienced intimate partner violence are more likely to engage in transactional sex than women who did not experience violence.

Women often do not want to go for an HIV test for fear of violence at home, either staying unaccompanied with a growing risk of contracting the virus.

Abused women that do learn their status often cannot disclose to their male partners or family members fearing more violence and stigma, resulting in limited access to treatment.

PAP SMEARS

All women who are sexually active should regularly go for a PAP smear

Women can start with a PAP smear after having been sexually active for a couple of years and then have it repeated at least every 10 years, but preferably every 3 to 5 years. All women who are HIV+ should have a PAP smear every year!

Mosaic offers this service

With a PAP smear we can detect abnormalities on the cervix (the mouth of the womb). Should abnormal cells be detected, the woman will be referred for treatment to prevent development of cancer of the cervix.

A PAP smear is a very simple and quick procedure and not painful: an instrument (speculum) is placed in the vagina and a few cells are scraped off the surface of the cervix. These cells are sent to a laboratory for examination.

However a PAP smear does not prevent cancer of the cervix: the best way to prevent cancer of the cervix is using condoms, because cancer of the cervix is caused by a virus that one can get via sexual contact.

Important to remember

- A one partner relationship reduces the risk of cervical cancer.
- Use a male or female condom for protection.
- A woman should come to the clinic if she notices bleeding in between periods or after sexual intercourse.

Leaflet kindly funded by the Global Fund

Sexual Violence Research Institute Conference: Cape Town, South Africa – October 2011

SVRI Conference October 2011. The presentation focused on "Responses to Sexual Violence", and the Simelela Thuthuzela Model of Care was used as a case example.

DO YOU NEED... THESE HEALTH SERVICES?

- Abortion/TOP (Termination of Pregnancy)
- Pregnancy Test
- Contraception (Birth Control Pills, IUCD (Loop), 2 and 3 month injections, Male and Female Condoms)
- Treatment for Sexually Transmitted Infections (STIs)
- PAP Smears (Preventative cervical screening for all women – ask us about it!)
- HIV Counselling and Testing

YOU CAN GET THESE SERVICES AT MOSAIC!

- Booking of appointment is essential
- Women and Men, Girls and Boys are welcome
- Services are provided by trained clinical staff
- Services are provided at a minimal cost. Please enquire at reception about fees for specific services.
- Staff are friendly, caring, and non-judgemental.
- Clients are made to feel comfortable and welcome in a private environment. (Everything is confidential.)

66 Ottery Road, Wynberg 7800 | P.O. Box 18460, Wynberg 7824
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Leaflet kindly funded by the Department of Health

THE DIFFERENCES BETWEEN MEDICAL AND SURGICAL ABORTIONS IN EARLY PREGNANCY

MEDICAL ABORTION	SURGICAL ABORTION
<ul style="list-style-type: none"> Involves only taking tablets: First tablet you take at the clinic, second dose of tablets you take at home, so the abortion usually happens at home Often experienced as more natural as it resembles a miscarriage You have to return for a two week check up Abortion process lasts longer, often more than one day May be painful for a couple of hours after taking the second dose of tablets Severe complications are rare Longer period of bleeding, sometimes up to several weeks Can cause more side effects: like cramping, nausea, chills No anaesthesia needed, only pain medication should be given Uncertain if abortion was successful (95-97% success rate) There are a few contraindications to medical abortion: The health care provider will ask you about your medical history 	<ul style="list-style-type: none"> Involves a surgical procedure, this takes place at a health care facility Involves inserting a small tube into the uterus to aspirate the contents Usually not necessary to come for check up Procedure is completed within a 10 minutes Maybe painful during aspiration and a short period afterwards, when the uterus contracts Usually shorter period of bleeding Usually no side effects Procedure done under local anaesthesia Almost 100% certainty Hardly any contraindications

Leaflet kindly funded by the Department of Health



Sexual Reproductive Health And Rights: Southern African Regional Dialogue – November 2011

Mosaic in partnership with WGRRR, NACOSA and Triangle Project, co-hosted a Southern African regional dialogue. This dialogue took place from 22-25 November 2011. The purpose of the event

was to share regional advocacy strategies for SRHR issues. The Southern African countries represented at the event included: South Africa, Uganda, Zimbabwe and Kenya. There was also a strong focus on youth advocacy strategies.



ICASA: Addis Ababa, Ethiopia – December 2011

Mosaic participated with SA partners in the international campaign "Where is the Money". The campaign achieved high levels

of awareness and buy-in during the ICASA conference in Ethiopia during December 2011. The development of a series of campaign material, dialogue platforms, and presentations highlighted the need for the continued funding for SRH and HIV related work. The series of activities culminated in a highly visible NGO and stakeholders march. Mosaic focused on the integration of a gender focus throughout the campaign.

IMPORTANT INFORMATION ABOUT POST EXPOSURE PROPHYLAXIS

POST EXPOSURE PROPHYLAXIS is an HIV prevention medication given to survivors of rape within 3 days (72hrs) of the incident.

WHERE DO I GET IT?
Simelela Centre Site B for survivors of rape and Khayelitsha District Hospital

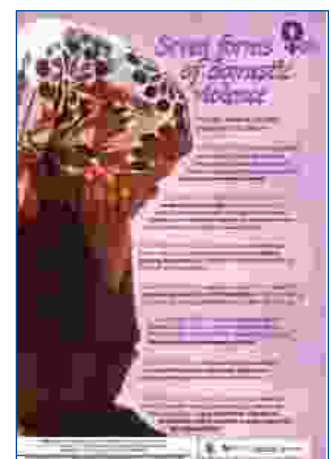
WHO GIVES IT TO ME?
A doctor or nurse at the centre

WHAT MAKES ME QUALIFY FOR PEP?

- If you visit Simelela Centre Site B or Khayelitsha District Hospital and within 3 days (72 hours) of the rape
- If you are HIV negative on your first visit to the centre

Your life is in your hands

www.mosaic.org.za



FINANCIAL MANAGER'S REPORT

To keep a Not-for-Profit organisation reaching its targets and delivering its services these days is not a walk in the park. It never was, but it is becoming increasingly difficult. Again this financial year Mosaic proved that it was a leader in the field of Gender-Based Violence. Mosaic once again increased its income by just over 1 Million Rand to over 13 Million Rand. This shows the confidence that the Funders have in Mosaic and its programmes. It also proves that Mosaic have built-up an excellent national and international reputation over all these years.

But as can be expected from a growing service delivering organisation, the expenses also increased. This financial year it increased by just over 45% to over 13 Million Rand. It is a very big increase but again proves that services and programmes were delivered to the much needed clients and communities. Although Mosaic ended the financial year with a deficit of just over R 200 000.00, this was due to an unpaid tranche which was due in this financial year. It is also positive to see the yearly increase in the investment revenue (just over R 300 000.00) due to a strong savings account.

A huge thank you to all the staff of Mosaic for again delivering such wonderful work. It is because of you that funders keep on giving and Mosaic keeps on being Mosaic. I end off with a quote that I believe fits into the framework of Mosaic staff:



You give but little when you give of your possessions. It is when you give of yourself that you truly give. – Khalil Gibran

– Riaan Goosen, Financial Manager

FUND DEVELOPMENT

This past year saw many more international funders withdrawing support from South Africa and focussing instead on assisting people in Central and Northern Africa. Atop of this, the National Lottery had a very unexpected and unreasonable delay in assessing applications for funding intended for 2011, and the result for MOSAIC is that a year and four months down the line our application has still not been processed.

Despite the enormous fundraising challenges that were placed at our feet during the period under review, we are delighted to be able to report that we managed to achieve our targeted income for the year. At a time when many other organisations were having to close their doors or retrench members of staff, we managed to secure major funding from a new funding partner. The MAC AIDS Foundation in New York approved a grant of R1 003 098 in response to our application for funding for the Court Support Roll-Out Programme and in doing so became one of our biggest funders. In addition to this, we received increased income from the ABSA Foundation towards our Economic Development Training Programme. We are deeply grateful to all our funding partners for their loyal and generous financial support and for the kindness and caring expressed so clearly through gestures of giving.



– Mandy Longo and Lorraine Shelly, Fund Developers

MOSAIC FUNDERS



- | | |
|---|-----------------------------------|
| Service and other Organisations, | Elton John Aids Foundation |
| Corporates and Individuals | Gestos |
| MediClinic | Global Fund to Fight Aids, |
| Sally McNarland Fund | Tuberculosis and Malaria |
| Staff Members of the EDCON | HIVOS |
| Group (GAYE) | IPAS SA |
| Tswaranang | Joan St Leger Lindberg Charitable |
| WGNRR | Trust |
| NACOSA | Kurt & Joey Strauss Foundation |
| Triangle Project | MAC Aids FUND (MAF) |
| Heinrich Boll Foundation | PSO Innovation Fund |
| Petogen | Safe Abortion Action Fund |
| | (International Planned |
| Government | Parenthood Federation) |
| City of Cape Town Subcouncil 18 | UNODC |
| City of Cape Town – Social | VPUU |
| Development Fund | World Population Foundation |
| 24 Campaign Project | |
| City of Cape Town – Revenue | Donations-in-Kind |
| Department of Justice and | Linda Berold |
| Constitutional Development | Mpumi Kubheka |
| Department of Health | Lorraine Shelly |
| Department of Social | Old Dominion University |
| Development | St Marks |
| Foundations and Trusts | Grand West |
| ABSA Foundation | Acer |
| Anglo American Chairman's Fund | Claire Lake |
| Carl & Emily Fuchs Foundation | Friends of Child Protection |
| Claude Leon Foundation | SAPS |
| Chairman's Fund | Medical Research Council |
| | George Phillipas |

MOSAIC TRAINING, SERVICE AND HEALING CENTRE
FOR WOMEN (ASSOCIATION INCORPORATED UNDER SECTION 21)
ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED
28 FEBRUARY 2012

INDEPENDENT AUDITOR'S REPORT

Basis for Qualified Opinion

In common with similar organisations it is not feasible for the organisation to institute accounting controls over cash receipts prior to initial entry of the receipts in the the accounting records. Accordingly, it was impracticable for us to extend our examination beyond the receipts actually recorded.

Qualified Opinion

In our opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion paragraph, the annual financial statements present fairly, in all material respects, the financial position of Mosaic's Women's Training, Service and Healing Centre NPC as at 29 February 2012, and its financial performance and cash flows for the year then ended in accordance with the International Financial Reporting Standard for Small and Medium-sized Entities, and the requirements of the Companies Act 71 of South Africa, 2008.

Accounting and Secretarial Duties

Without qualifying our opinion, we draw your attention to the fact that with the written consent of all members, we have performed certain accounting and secretarial duties.

Supplementary Information

We draw your attention to the fact that the supplementary information set out in pages 17* and 18* does not form part of the annual financial statements and is presented as additional information. We have not audited this information and accordingly do not express an opinion thereon.

MGI BASS GORDON

MGI BASS GORDON
REGISTERED AUDITORS
CHARTERED ACCOUNTANTS (S.A.)
PER: DAVID DONNINGER
REGISTERED AUDITOR
CHARTERED ACCOUNTANT (S.A.)
CAPE TOWN

28 June 2012

* of the unabridged Auditors' Report

MOSAIC TRAINING, SERVICE AND HEALING CENTRE
FOR WOMEN (ASSOCIATION INCORPORATED UNDER SECTION 21)
ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED
28 FEBRUARY 2012

STATEMENT OF FINANCIAL POSITION

	Notes	2012 R	2011 R
ASSETS			
Non-current Assets			
Property and equipment	2	2 212 458	2 190 421
Intangible assets	3	5	5
		2 212 463	2 190 426
Current Assets			
Trade & other receivables	4	519 401	51 284
Cash and cash equivalents	5	7 219 701	8 038 063
		7 739 102	8 089 347
Total assets		9 951 565	10 279 773
RESERVES AND LIABILITIES			
RESERVES			
Non-distributable reserves	6	9 768 068	10 041 530
LIABILITIES			
Current liabilities			
Trade and other payables	7	183 497	238 243
Total reserves and liabilities		9 951 565	10 279 773

**MOSAIC TRAINING, SERVICE AND HEALING CENTRE
FOR WOMEN (ASSOCIATION INCORPORATED UNDER SECTION 21)
ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED
28 FEBRUARY 2012**

STATEMENT OF CASH FLOWS

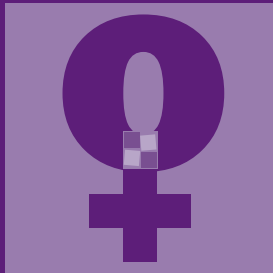
Notes	2012 R	2011 R
CASH FLOWS FROM OPERATING ACTIVITIES		
Cash (used in)/generated from operations	13 (1 023 578)	2 341 386
Interest income	305 770	229 759
Net cash (used in)/generated from operating activities	(717 808)	2 571 145
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property and equipment	2 (100 554)	(72 495)
Total cash movement for the year	(818 362)	2 498 650
Cash and cash equivalents at the beginning of the year	8 038 063	5 539 413
Total cash and cash equivalents at the end of the year	7 219 701	8 038 063

**MOSAIC TRAINING, SERVICE AND HEALING CENTRE
FOR WOMEN (ASSOCIATION INCORPORATED UNDER SECTION 21)
ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED
28 FEBRUARY 2012**

DETAILED INCOME STATEMENTS

Notes	2012 R	2011 R
REVENUE		
Donations and grants	8 12 917 026	11 698 986
OTHER INCOME		
Investment revenue	10 305 770	229 759
Sundry income	44 554	86 320
	350 324	316 079
EXPENSES (Refer to p18*) (Deficit)/Surplus for the year	(13 540 812)	(9 354 132)
OPERATING EXPENSES		
Accounting fees	2 500	30 006
Advertising	23 443	71 882
Auditor's remuneration	12 38 742	43 205
Bank charges	21 727	20 133
Cleaning	26 588	21 735
Computer expenses	42 838	46 734
Consulting and professional fees	637 207	373 860
Dept of Social Dev Expenses	41 650	78 940
Depreciation	66 263	37 632
Employee costs	8 225 809	6 204 225
Global Fund SSR expenses	2 189 910	572 563
Insurance	39 148	25 744
Lease rentals on operating lease	8 952	6 448
Levies	3 947	3 395
Loss on disposal of assets	12 254	-
Masincedisane programme costs	-	56 527
Materials development	7 780	14 200
Medical expenses	262 114	183 088
Motor vehicle expenses	19 699	12 336
Printing and stationery	377 938	143 499
Promotion material	11 334	15 503
Refreshments (projects administration)	158 296	127 329
Repairs and maintenance	157 985	302 129
Security	4 132	3 085
Simelela Programme costs	-	79 992
Staff wellness and development	102 114	63 778
Subscriptions	1 458	1 583
Sundry expenses	118 456	45 699
Telephone and fax	258 226	227 489
Training	220 750	110 763
Transport and freight	420 397	368 661
Travel - local	-	11 524
Utilities	39 155	49 492
Youth Conference	-	953
	13 540 812	9 354 132

* of the unabridged Auditors' Report



MOSAIC

TRAINING, SERVICE AND
HEALING CENTRE FOR WOMEN

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NONPROFIT ORGANISATIONS ACT, 1997

REGISTRATION NUMBER: 006-411 NPO

