



FORD FOUNDATION



**AFRICAN REGIONAL TRAINING PROGRAMME FOR CARE AND
SUPPORT OF SEXUAL ASSAULT SURVIVORS**

**MANAGEMENT OF SEXUAL VIOLENCE WORKSHOP
MINISTRY OF HEALTH AND CHILD WELFARE
ZIMBABWE**

**20 - 31 JULY 2009
CROWNE PLAZA, MONOMOTAPA
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Workshop Report

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And finally, we would like to thank the participants who came from across the country to attend this course – we are very grateful to you all.

Thank you.

Sexual Violence in Zimbabwe: an overview

Zimbabwe is home to high levels of sexual violence. Surveys report between 25% to 37% of women report having been sexually assaulted at some point in her life (CSO, Macro International 2007; Watts, Kwaramba, Nalovu, Keogh, 1998). Child sexual abuse is also reportedly very high; with very few children presenting to services in time to qualify for Post Exposure Prophylaxis (Garura, 2009). This violence is set against a backdrop of high levels of political uncertainty, economic decline, impunity for violence against women, and is firmly rooted in gender inequality. Rape can have major short, medium and long term negative health outcomes for survivors (Jewkes et al 2002). Appropriate care and support for rape victims from well trained and compassionate service providers can reduce post rape related harms. Services for rape survivors in Zimbabwe are extremely limited, but plans are currently underway to address this unmet need (SVRI 2009).

Some of the key activities to date initiated by various NGOs and government agencies in Zimbabwe to address the epidemic of sexual violence against women and children, include the enactment of a Domestic Violence Bill in 2007 (MOHCW, 2008); the development of National Guidelines on Management of Sexual Violence for Health Workers; participation in the SVRI multi-sectoral regional training on sexual assault medico-legal responses in South Africa in February 2009 (SVRI, 2009) and the development and training of a local team of service providers in Zimbabwe.

This report provides details on the multi-sectoral training programme conducted in Zimbabwe. Firstly it summarises the overall project, of which this training forms part; it then discusses the preparation undertaken for this training, and outlines specifics of the training including; the selection process; how the curriculum was developed and adapted; and identification of training faculty and the training content and process.

Responding to Rape in the Region - Project Background

This training forms part of a larger regional project, supported by the Ford Foundation. This project aims to strengthen responses to rape, both immediately after the rape and in the longer term; and to promote an appropriate and effective interface between the health, police and justice sectors. The project has been launched in Africa.

The project builds on four components: partnership, training, policy, and research. The first phase of this multi-year programme of support has been to promote the development of working partnerships among policy makers, service providers and trainers, and women's advocates within countries. Through SVRI networks and partnerships, seven multi-disciplinary teams have been established in Rwanda, Zimbabwe, Zambia, Uganda, Malawi, Kenya, and Nigeria. Team members represent the health, justice and policing sectors from these countries. These teams are the core drivers of change at country level for developing and strengthening multi-sectoral responses to sexual violence.

Training forms a core part of the second phase of this project. Skills and knowledge of the country teams have been enriched through a multi-sectoral Regional Training Programme for Care and Support of Sexual Assault Survivors conducted in South

Africa in February 2009. The SVRI is also providing technical support and guidance for in-country processes to develop policy, models of care and inter-sectoral working, and training for health professionals, where appropriate supported by research. The training discussed in this current report is linked to phase two of the overall regional project.

Training Aim

...the course was well organised and especially the fact that it included different professions that are involved at different levels in sexual assault cases... (Course Participant, July 2009)

The Zimbabwe training programme has three overall aims: firstly to train services providers in the care and support of sexual violence survivors; secondly to develop a core group of trainers in Zimbabwe to train others in the care and support of survivors of sexual violence; and thirdly to establish multi-sectoral teams to promote the development of coordinated multi-sectoral responses to sexual violence in Zimbabwe.

Pre Course Preparation – Site Visit

In preparation for the training, a site visit to Zimbabwe was undertaken from 28 – 29 May 2009. The purpose of the visit was to facilitate the development of a training plan, programme and a detailed understanding of the overall process and nature of the training.

Three meetings were held over the two day period. The first meeting involved a visit to the rape crisis centre at Parirenyatwa Hospital. Staff provided a background to the establishment of the clinical and highlighted challenges the Centre has faced since it opened in March.¹ The second meeting was more a strategic effort to garner support from Ministry of Health in terms of faculty and approvals for the training, and to discuss participant selection criteria and process. This meeting set the tone for the broader stakeholder meeting (attended by 10 people) held the following day, with the Ministry of Health, independent doctors and nurses with an interest in providing services to victims of sexual gender-based violence and NGOs (MSF – Holland). The following key decisions on facilitation were taken at this broader stakeholder meeting:

- Facilitation: training will be co-facilitated between SVRI and Ministry of Health
- Training format: 10 day training either two consecutive weeks or split into two separate weeks
- Participants: maximum 40 constituted of multisectoral teams, but with health bias, from all provinces
- Venue: Harare
- Training material: SVRI will provide basic materials; with amended materials / annexures provided by Zimbabwean counterparts
- Budget: SVRI, through funding from the Ford Foundation will finance the training with local printing done and paid for by the Ministry of Health

¹ Challenges include: staffing (staff shortages, training), operating hours (office hours, week days only), financing (clients pay US\$10 per consultation) and follow up consultations (only 1 in 5 return)

Who Participated?

Participants were made up of multidisciplinary teams drawn from all provinces of Zimbabwe. Teams constituted professionals from health (medical doctors, professional nurses and social workers), police and legal sectors (Table 1).²

Table 1: Participants by province and sector

Province	Sector				Total
	Health	Police	Legal	Social Work	
Harare	5	2	0	1	8
Gwanda	2	1	1	0	4
Bulawayo	7	3	1	0	11
Masvingo	2	1	1	0	4
Mutare	3	1	1	0	5
Chinhoyi	3	1	1	0	5
Bindura	3	1	1	0	5
Hwange	0	1	1	0	2
Resource Persons	1	0	0	0	1
Total	26	11	7	1	45

Selection Process and Criteria

I like the way the course was organised and especially the fact that it included different professions that are involved at different levels in sexual assault cases but they previously didn't realise that they actually work hand in hand (together) though in different offices/areas. (Course Participant, July 2009)

Participants were selected from different provinces and areas to cover as far as possible the whole country. Areas that had active units as well as practitioners and officers dealing with sexual assault cases were prioritised.

Course Selection Criteria

Sector	Criteria
Health	<ul style="list-style-type: none"> a medical doctor or professional nurse; actively managing survivors of rape/sexual assault in the public health sector; providing training on the management of rape/sexual assault for health care providers; involved in policy development at a senior level of government within the health sector.
Justice	<ul style="list-style-type: none"> should either be a prosecutor / district attorney (i.e. somebody working for a government agency); somebody who trains prosecutors.
Police	<ul style="list-style-type: none"> senior member of the police service manages family/child portfolio or a similar portfolio within country actively involved in the investigation of rape, or incest cases
Psychosocial Services	<ul style="list-style-type: none"> a social worker who works with the abused i.e. children and/or adults counsellor who provides either trauma / HIV counselling for rape survivors

² The SVRI in association with the AIDS & TB Directorate, Zimbabwe Ministry of Health was responsible for coordinating the selection of candidates. Ministry of Health was responsible for ensuring that relevant candidates are nominated.

Faculty

The presentations were well researched and were broken down well for everybody to understand, the doctors and nurses could grasp the legal side of it, the lawyers, police and counsellors understood the medical side too. (Course Participant, July 2009)

The training programme was co-facilitated by the Sexual Violence Research Initiative and the AIDS & TB Directorate, Ministry of Health, Zimbabwe. Faculty included a multi-disciplinary team of experts in the field of medico-legal responses to sexual violence. In addition to SVRI staff, the South African team included the following professionals: Dr Neil McKerrow, Specialist Paediatrician, Pietermaritzburg, South Africa; Nicola Christofides, School of Public Health, University of Witwatersrand, Johannesburg. The Zimbabwe team was represented by Ms Anna Machiha, STI Programme Officer, AIDS & TB Directorate, Ministry of Health, Zimbabwe; Dr Veldah Mushangwe, Parirenyatwa Hospital, University of Zimbabwe; Mr Jonathan Murombedzi, Area Public Prosecutor, Harare, Zimbabwe; Ms Michelle Palmer, Mental Health Officer, Médecins Sans Frontières, Zimbabwe; Dr Albert Mupambo, Harare City Health, Zimbabwe; Mrs S Shamu, Forensic Laboratory, Harare, Zimbabwe; Mr Francis Mutema, Zimbabwe Republic Police; Ms Elizabeth Pender and Dr Sathya Doraiswamy, UNFPA, Zimbabwe.

Zimbabwe Training Programme

The Zimbabwe training programme drew content from both the Zimbabwe and South African national curricula. The training emphasizes a holistic approach to care and the central importance of meeting the basic health care needs of survivors in prevention of potential harms of sexual assault by providing treatment to prevent pregnancy and sexually transmitted infections being acquired from the assault, and to support and assist in navigating its emotional impact. It also highlights the valuable role in collecting evidence to assist the process of securing justice for sexual assault survivors.

In merging and creating a locally relevant curriculum for Zimbabwe, a number of adaptations were made to the South Africa sections of the curriculum to ensure they were relevant to the local setting. More specifically, adaptations were made to the following sections of the original training programme: Circumstances, contexts and magnitude of sexual assault in Zimbabwe; Social construction of gender; Counselling and counselling skills; Sexual Offences and the Law in Zimbabwe; Criminal Justice & Legal System in Zimbabwe; Providing expert testimony; Policies & Guidelines for caring for survivors of sexual violence in Zimbabwe; Documentation and forms; Clinical management of pregnancy, infectious diseases and prevention of HIV after sexual assault; Adherence; Criminal investigation of sexual violence in Zimbabwe; What constitutes medical evidence in sexual assault and how it is analysed; Monitoring and Evaluation, data capturing tools.

The training methodology for this course drew on adult education principles: critical reflection, small group work, case studies, role plays and videos. The aim of this methodology was to build skills and empower participants to think through clinical and legal problems rather than just imparting knowledge.

For more details of the training programme see Appendix B.

Participant Feedback and Thoughts

At the end of the training, participants were afforded the opportunity to make inputs on the course and their experience over the 10 day training. In particular, participants were asked for their suggestions on how they think the course could be strengthened and any additional comments they may have about the course.

Comments focused on frequency of training; candidate selection and importance of pre training country visits, as highlighted by the following quotes:

The course needs to be carried out at least twice per year and it should be decentralised to provinces. Other provinces sent Victim Friendly Officers from stations instead of sending Provincial Coordinators so that they will further lecture to stations. (Course Participant, July 2009)

Facilitators to have a preparatory meeting prior to training session and agree on roles and responsibilities and expectations. (Course Participant, July 2009)

These responses support the ultimate aim of the Ford project, which is to provide technical assistance to countries to develop capacity within countries to adapt the curriculum and provide ongoing training and support, and ultimately develop a locally appropriate rape service. Learning from this experience, and experiences elsewhere, selection of candidates is essential, and training participants, particularly in the first level of in-country and regional trainings must have the necessary influence at policy level to enable them to support the roll-out of the training and the objectives overall project.

It is important for in country curriculum adaptations that all facilitators have a briefing prior to the training. The Zimbabwe experience has exposed this as very critical in ensuring that all presentations meet expected standards. This calls for visits to countries prior to future trainings and submission of adapted presentations prior to training for assessment.

Future Plans and Way Forward

To further strengthen rape services in Zimbabwe, the team's post training plans are to:

- set up a resource centre at the Adult Rape Clinic (ARC)
- conduct training through out the country to improve and establish services for survivors of sexual assault and rape
- conduct a situation analysis to establish what the extent of the problem is in the country, what services are available, who provide services and how services are sustained
- establish satellite services in other provinces similar to ARC at Parirenyatwa Hospital
- adapt the South African training curriculum to a Zimbabwean focused curriculum

These plans will be implemented with technical support from the SVRI through funding from the Ford Foundation.

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Appendix A: List of Training Participants

	Last Name	First Name	Title	Organisation	Province
1	Ngwenya	Khulekani	Mr	ZRP VFU	Gwanda
2	Dube	Patrobs	Mr	Bulawayo Regional Court Public Prosecutor	Bulawayo
3	Tlou	Johannes	Mr	Gwanda Magistrate Court Public Prosecutor	Gwanda
4	Khumalo	Palmer S	Mr	Hwange Magistrate Court Public Prosecutor	Hwange
5	Kamata	Melani	Ms	ZRP VFU	Bulawayo
6	Zigoni	Simion	Mr	Masvingo Provincial Hospital	Masvingo
7	Butizha	Rudo	Ms	ZRP PHQ VFU	Mutare
8	Matsikidze	Janerose	Mrs	Mutare Magistrates Court Public Prosecutor	Mutare
9	Gowera	Blessing	Mr	United Bulawayo Hospital, Bulawayo	Bulawayo
10	Raki	Susan	Ms	ZRP Chemagamba VFU	Chinhoyi
11	Ziruma	Asaph	Dr	Parirenyatwa Hospital	Harare
12	Bishi	Reuben	Dr	Parirenyatwa Hospital	Harare
13	Mugani	Chipo	Mrs	Harare Hospital, Social Work Dept	Harare
14	Ngwenya	Prosperity	Ms	ZRP Mzilikazi Bulawayo	Bulawayo
15	Mkosana	Margrate	Ms	Mpilo Central Hospital, Bulawayo	Bulawayo
16	Chinete	Lydia	Ms	Adult Rape Clinic, ZRP Harare	Harare
17	Mudzviti	Evelyn	Ms	Adult Rape Clinic, Parirenyatwa Hospital	Harare
18	Nyika	Prisca	Ms	Chinhoyi Provincial Hospital	Chinhoyi
19	Jazi	Rudo	Ms	Mutare Provincial Hospital	Mutare
20	Makurumidze	Vidah	Ms	Mutare Provincial Hospital	Mutare
21	Rambanapasi	Harrison	Dr	United Bulawayo Hospital	Bulawayo
22	Pfumojena	Simbarashe	Dr	Mutare Provincial Hospital	Mutare
23	Mushuku	Tariro	Dr	Chinhoyi Provincial Hospital	Chinhoyi
24	Muchenga	Emmanuel	Mr	Bindura Magistrates Court Public Prosecutor	Bindura
25	Chorwadza	Crespen	Mr	Bindura Provincial Hospital	Bindura
26	Matsilele	Robert	Mr	ZRP VFU	Hwange
27	Dube	Njabulo	Dr	St Lukes Hospital	Bulawayo
28	Hlatywayo	Lawrence	Dr	Bindura Provincial Hospital	Bindura
29	Mubako	Hazel	Dr	Parirenyatwa Hospital	Harare
30	Mukome	Charles K	Dr	Chinhoyi Provincial Hospital	Chinhoyi
31	Muchini	Innocent	Ms	Chinhoyi Magistrates Office Public Prosecutor	Chinhoyi
32	Ngwenya	Abednigo	Mr	St Lukes' Hospital	Bulawayo
33	Washaya	Docus	Ms	St Lukes' Hospital	Bulawayo
34	Dube	Buitshepo	Ms	Gwanda Hospital	Gwanda
35	Phiri	Jesca	Ms	Gwanda Hospital	Gwanda
36	Mupambo	AC	Dr	Harare City Health Dept	Harare
37	Chipembere	R	Mr	Ministry of Justice	Masvingo
38	Rabson	Justice J	Mr	ZRP Masvingo PHQ	Masvingo
39	Turuza	J	Ms	Bindura Provincial Hospital	Bindura
40	Munyanyi	Barbara R	Ms	ZRP Mash Central PHQ	Bindura
41	Javangwe	Daphne	Ms	ZRP Bulawayo Central PHQ	Bulawayo
42	Maphosa	Partson	Dr	Mpilo Hospital	Bulawayo
43	Machiha	Anna	Ms	Ministry of Health	Harare
44	Mundondo	Bothwell	Mr	Masvingo Provincial Hospital	Masvingo
45	Makwezwa	C	Ms	Ministry of Health, Admin Assistant	Harare

Appendix B: Training Time Table

Day 1: 20 July 2009

Time	Unit	Faculty
08:30 – 10:30	Course introduction, house rules, programme	Mohau + Velda
10:30 – 10:45	Tea	
10:45 – 12:30	Circumstances, contexts & magnitude of sexual assault in Zimbabwe	S Doraiswamy – Zim Nicola Christofides
12:30 – 13:15	Lunch	
13:15 – 15:30	The social construction of gender; Barriers and consequences to reporting rape	Elizabeth Pender – Zim Nicola Christofides
15:30 – 15:45	Tea	
15:45 – 17:30	Health consequences	Velda Mushangwe – Zim Nicola Christofides

Day 2: 21 July 2009

Time	Unit	Faculty
08:30 – 10:30	Introduction to sexual rights	Nicola Christofides
10:30 – 10:45	Tea	
10:45 – 12:30	Sexual rights and sexual minorities	Nicola Christofides
12:30 – 13:15	Lunch	
13:15 – 15:30	Introduction to counselling	Michelle – Zim
15:30 – 15:45	Tea	
15:45 – 17:30	Counselling skills	Michelle – Zim

Day 3: 22 July 2009

Time	Unit	Faculty
08:30 – 10:30	Initial approach to the survivor	Nicola Christofides
10:30 – 10:45	Tea	
10:45 – 12:30	History taking and obtaining consent	Nicola Christofides
12:30 – 13:15	Lunch	
13:15 – 15:30	Introduction to the Law	Pros. Murombedzi – Zim
15:30 – 15:45	Tea	
15:45 – 17:30	Sexual Offences and the Law	Pros. Murombedzi – Zim

Day 4: 23 July 2009

Time	Unit	Faculty
08:30 – 10:30	Introduction to the criminal justice system	Pros. Murombedzi – Zim
10:30 – 10:45	Tea	
10:45 – 12:00	The Zimbabwean legal system	Pros. Murombedzi – Zim
12:00 – 12:30	Giving expert testimony	Pros. Murombedzi – Zim
12:30 – 13:15	Lunch	
13:15 – 15:30	Overview of Policies and Management Guidelines for Sexual Violence	Anna Machiha – Zim
15:30 – 15:45	Tea	
15:45 – 17:30	Best practices in documentation	Velda Mushangwe – Zim

Day 5: 24 July 2009

Time	Unit	Faculty
08:30 – 09:00	Pregnancy	Albert Mupambo – Zim
09:00 – 09:30	Infectious diseases	Albert Mupambo – Zim
09:30 – 10:30	Prevention and treatment of HIV after sexual assault	Albert Mupambo – Zim
10:30 – 10:45	Tea	
10:45 – 12:30	HIV: Thinking through adherence	Velda Mushangwe - Zim Mohau Makhosane
12:30 – 13:15	Lunch	
13:15 – 17:30	Evidence Collection – the investigation of sexual violence in Zimbabwe Best Practices in Evidence Collection – What evidence can be processed by the Forensic Lab in Zimbabwe?	F Mutema – Zim S Shamu – Zim

Day 6: 27 July 2009

Time	Unit	Faculty
08:30 – 09:30	Examination of the adult survivor	Mohau Makhosane
09:30 – 10:30	Adult Genital Anatomy	Mohau Makhosane
10:30 – 10:45	Tea	
10:45 – 11:30	Normal Genito-Anal Variations	Mohau Makhosane
11:30 – 12:00	Special Exam Techniques Non-genital injuries	Mohau Makhosane
12:00 – 12:30	Exam Tips	Mohau Makhosane
12:30 – 13:15	Lunch	
13:15 – 14:00	Special considerations - exam of survivors	Mohau Makhosane
14:00 – 15:30	Non-genital Injuries in rape	Mohau Makhosane
15:30 – 15:45	Tea	
15:45 – 16:45	Non-genital Injuries	Mohau Makhosane
16:45 – 17:30	Non-genital injuries: Assessment exercise	Mohau Makhosane

Day 7: 28 July 2009

Time	Unit	Faculty
08:30 – 10:30	Introduction to sexual assault in children	Neil McKerrow
10:30 – 10:45	Tea	
10:45 – 12:30	Examination of the child	Neil McKerrow
12:30 – 13:15	Lunch	
13:15 – 14:00	Interpretation of clinical findings in children	Neil McKerrow
14:00 – 15:30	Child Physical Abuse	Neil McKerrow
15:30 – 15:45	Tea	
15:45 – 17:30	Collection of forensic evidence Steps in the collection of evidence	Mohau Makhosane

Day 8: 29 July 2009

Time	Unit	Faculty
08:30 – 10:30	Introduction and background to mental health	Rachel Jewkes
10:30 – 10:45	Tea	
10:45 – 12:30	Mental health: Approach to treating the survivor	Rachel Jewkes
12:30 – 13:15	Lunch	
13:15 – 15:30	Mental health skills exercises	Rachel Jewkes
15:30 – 15:45	Tea	
15:45 – 17:30	Mental health: Providing brief interventions	Rachel Jewkes

Day 9: 30 July 2009

Time	Unit	Faculty
08:30 – 10:30	After the initial consultation	Rachel Jewkes
10:30 – 10:45	Tea	
10:45 – 11:45	Follow up care	Rachel Jewkes
11:45 – 12:30	Introduction to vicarious trauma	
12:30 – 13:15	Lunch	
13:15 – 14:30	Understanding vicarious trauma and counter transference	Rachel Jewkes
14:30 – 15:30	Introduction to monitoring and evaluation	Rachel Jewkes / Mohau Makhosane
15:30 – 15:45	Tea	
15:45 – 17:30	Monitoring and evaluation	Rachel Jewkes / Mohau Makhosane

Day 10: 31 July 2009

Time	Unit	Faculty
08:30 – 10:30	Mock Trial	Pros Murombedzi Rachel Jewkes
10:30 – 10:45	Tea	
10:45 – 12:00	M & E in Zimbabwe, Data Capturing Tool	Anna Machiha
12:00 – 12:30	Feedback & Closure	
12:30 – 13:15	Lunch	
	Departure	