THOHOYANDOU VICTIM EMPOWERMENT PROGRAMME

Victim Advocacy to Improve Follow-up Care
TVEP

- CBO serving a rural population in the Vhembe District of Limpopo Province, South Africa

- Links community to health facilities to provides comprehensive care to GBV survivors

- High client volume
  - 120 DV clients per month
  - 45 SV clients per month
The TVEP Model

COMPREHENSIVE RESPONSE TO VIOLENCE
**TVEP trauma centers**

- 24-hour trauma centers located in
  - District hospital
  - Regional hospital (now TCC)

- **Staffing**
  - Trauma center manager (working hours)
  - Professional trauma counselor (working hours)
  - *Victim advocate* (24 hours)
  - General assistant volunteer (24 hours)
Management at Trauma Center

- Coordinate medico-legal process
  - Ensure doctor, nurse, police present for exam
  - Pre-test, post-test counseling
  - Take samples for lab processing
  - Photocopy medico-legal Form (J-88) and statement

- Provide for client comfort
  - Provided “care package” & comfort toy
  - Month’s supply of nutritional supplement
  - Bus tickets for follow-up care
  - Bath and informational booklet provided

- Safe-house on-site
  - Refer for professional counseling, when indicated
Prophylaxis Services

- **PEP:**
  - All 28 days given at initial visit

- **Emergency contraception**
  - 2 tabs stat; 2 tabs after 12 hours

- **STI prophylaxis**
  - Stat doses

- **Anti-emetics**
Home visits by VA

- VA manages case from initial contact throughout process—“buddy system”

- Conduct home visits after disclosure
  - At 3 days for all survivors receiving PEP
  - Within 2 weeks for all others

- Provide psychosocial support and legal advice
  - Prepare survivor for court, keep updated
  - Attend hearings when required
Follow-up care

- Given TVEP bus tickets to return to the hospital
  - HIV re-testing
  - Trauma counseling

- Monitors case through justice system
  - Challenge DPP/SAPS when indicated
CLIENT CHARACTERISTICS
Client load Dec-Jan 2008

- 551 sexual assault reports
  - 30 attempted rape
  - 521 penetrative rape

- 1260 domestic violence reports
20% of SV clients male
Jan-Dec 2008, n=521

- Males: 19%
- Females: 81%
SV age distribution, by gender
Jan-Dec 2008, n=521
14% of all DV clients male
Jan-Dec 2008, n=1260
DV age distribution, by gender
Jan-Dec 2008, n=1260

DV male
DV female

minor
adult
PROGRAM OUTCOMES
67% of all survivors accepted PEP
Dec-Jan 2008, n=521
Higher acceptance rates among men
Dec-Jan 2008, n=103

- accessed PEP, 72%
- not accessed, 28%
Overall reporting comparable to other intensive SGBV/PEP interventions

- Accessed PEP, 59%
- Presented after 72 hours, 14%
- Refused VCT, 11%
- Tested positive, 5%
- Lost to follow-up, 11%

Source: Liverpool VCT; Nairobi Kenya (2003)
66% completed full course of PEP (Jan-Dec 2008, n=521)
Similar completion rates among men
Jan-Dec 2008

- Accessed PEP: 74
- Completed PEP: 47, 64%
Higher than other studies

- 51% adherence rate in Kenya, Liverpool VCT
  - During 2003 intensive research study
  - Adherence declined after institutionalized as program
Lower rates of follow-up testing, but recording challenges
(April 2007- September 2008)
Conclusions

- VA system appears to improve PEP adherence
  - Preliminary evidence on reduced attrition rates

- Challenges in maintaining VA system
  - Case overload, 10 VAs for 45-60 new cases per month
  - Average case turn-around 14 months
  - Capturing and analysis of data
  - Costly model

- Holding stakeholders accountable to their own polices
  - *Civil society oversight imperative!*
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