



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



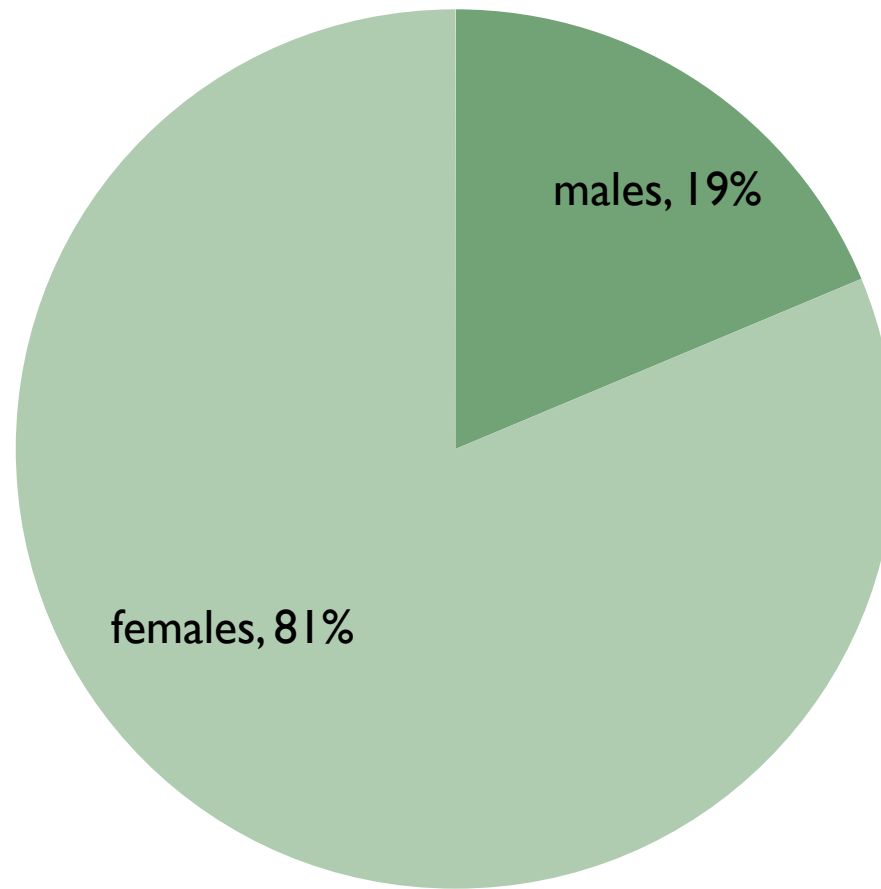
CLIENT CHARACTERISTICS

Client load Dec-Jan 2008

- 551 sexual assault reports
 - 30 attempted rape
 - 521 penetrative rape
- 1260 domestic violence reports

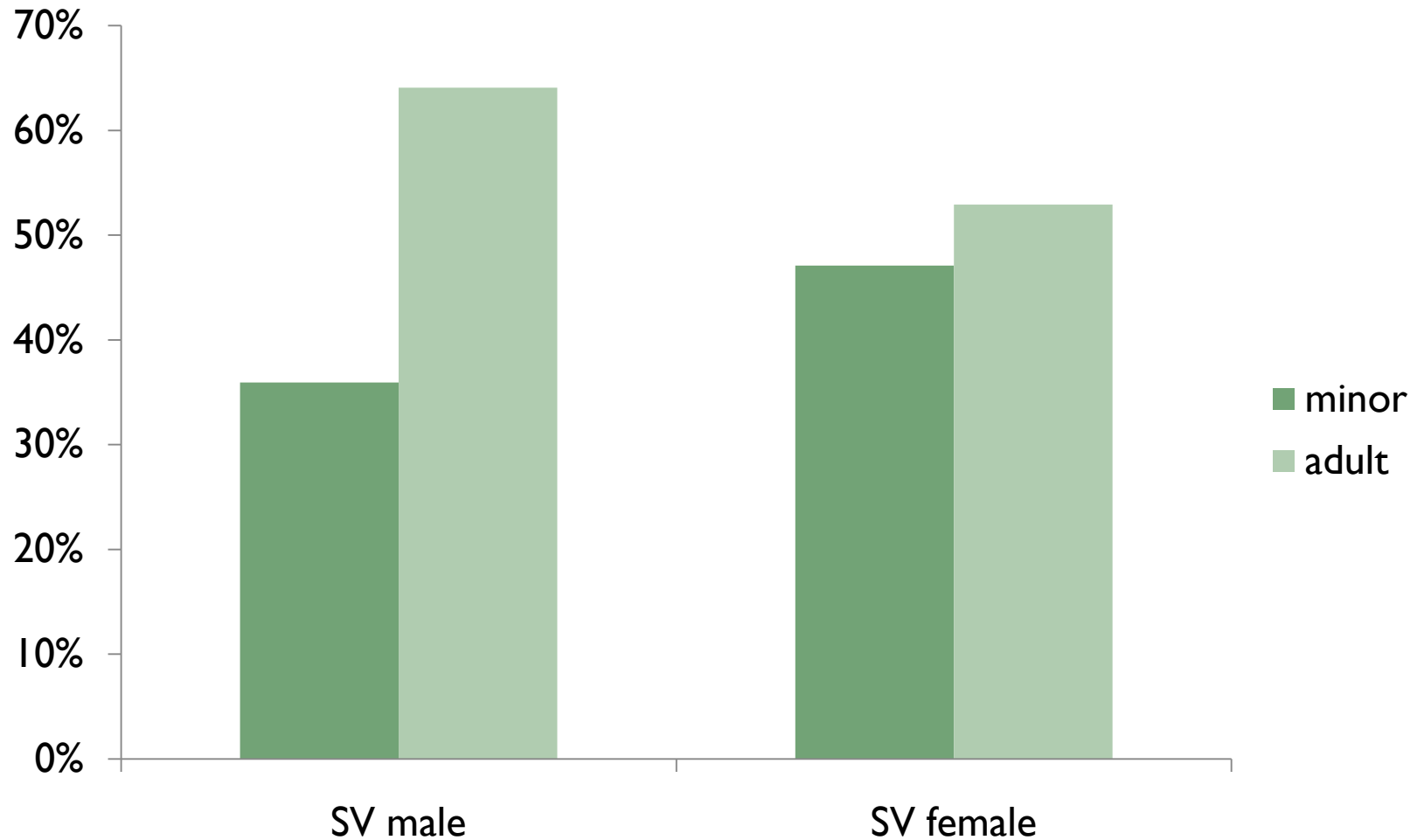
20% of SV clients male

Jan-Dec 2008, n=521



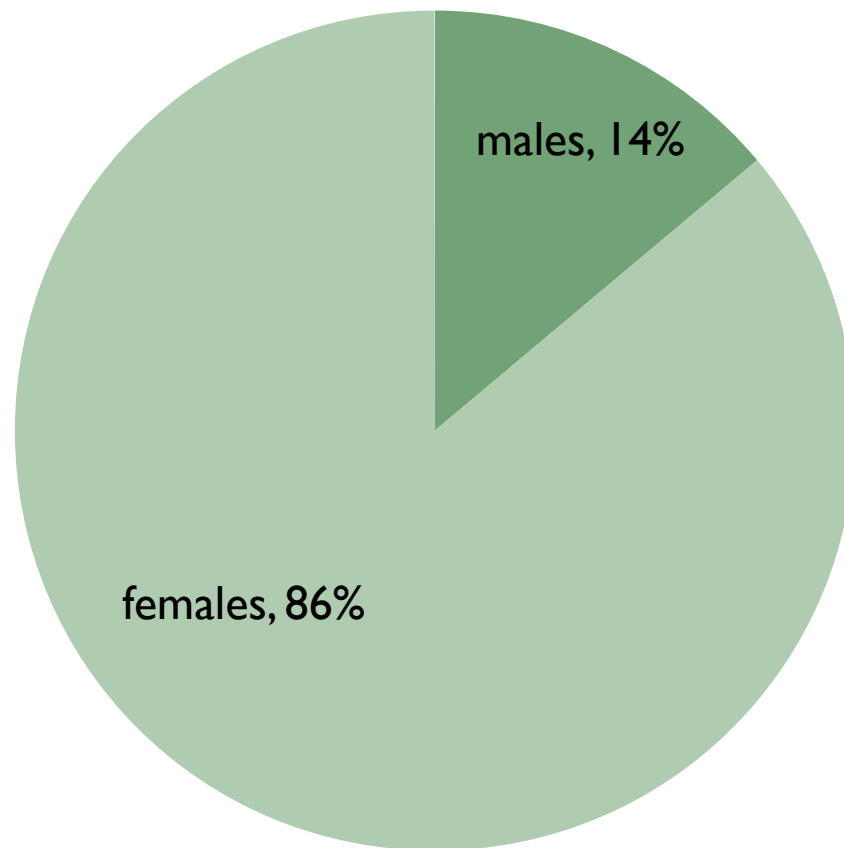
SV age distribution, by gender

Jan-Dec 2008, n=521



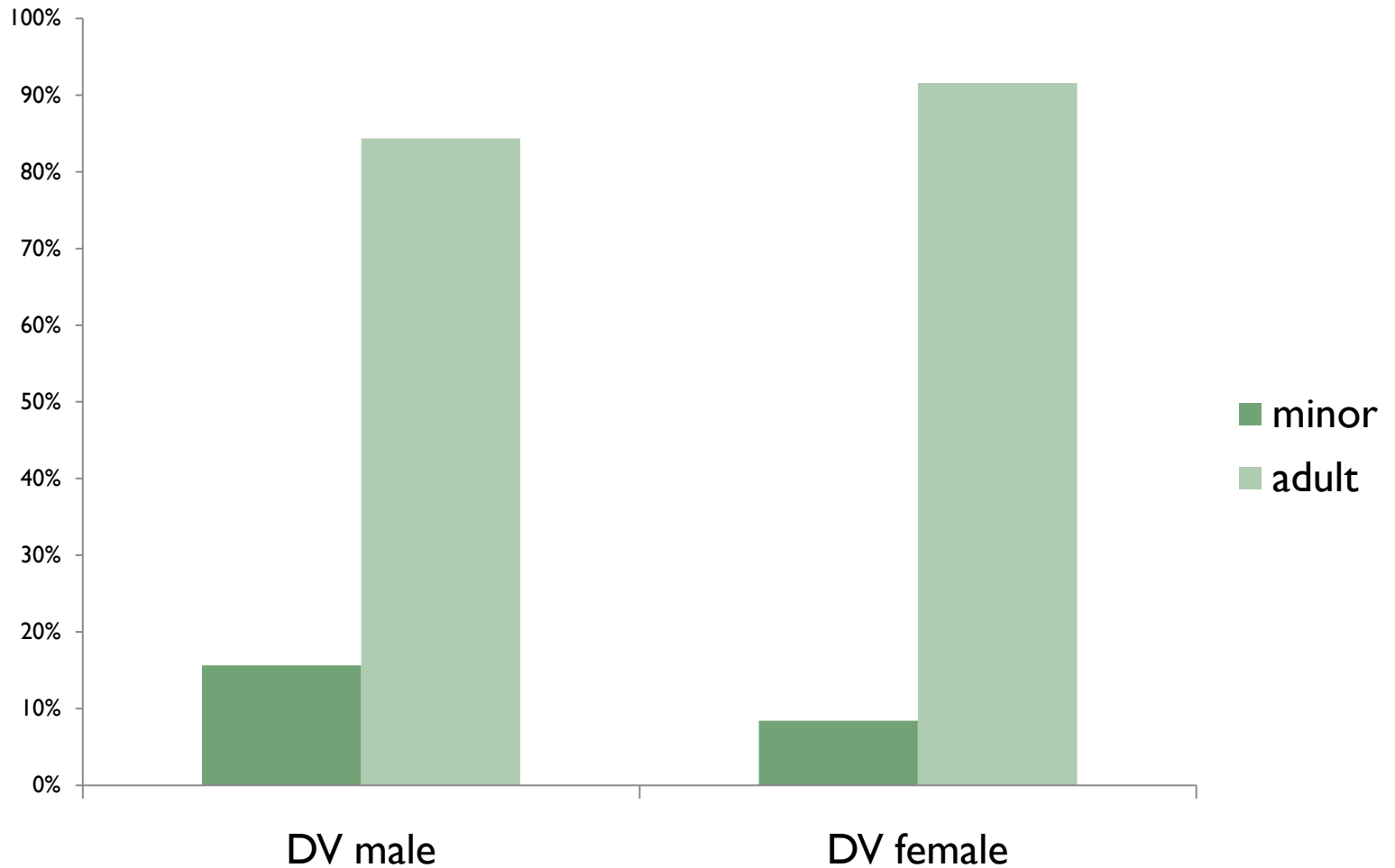
14% of all DV clients male

Jan-Dec 2008, n=1260



DV age distribution, by gender

Jan-Dec 2008, n=1260

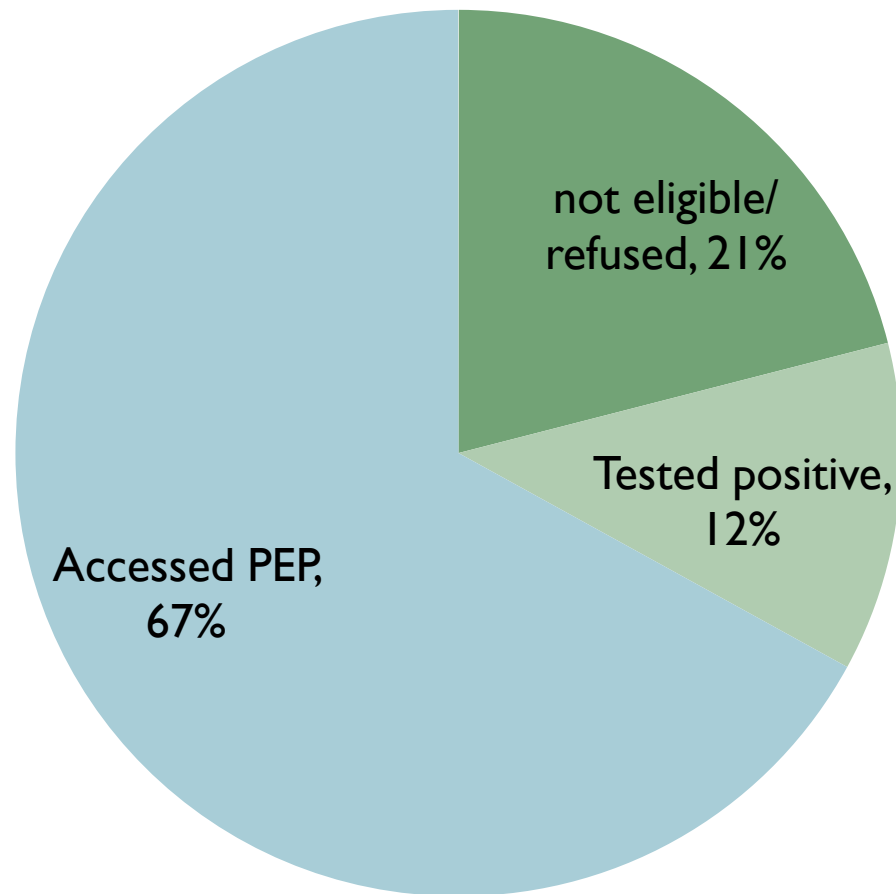




PROGRAM OUTCOMES

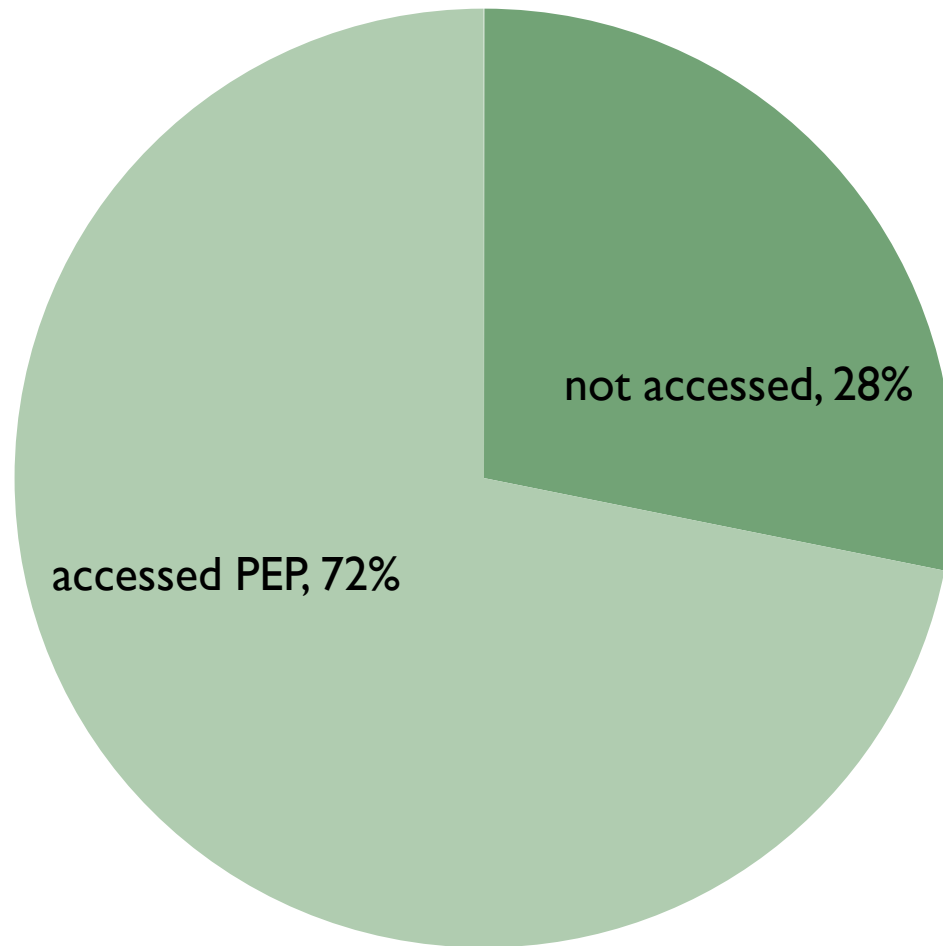
67% of all survivors accepted PEP

Dec-Jan 2008, n=521

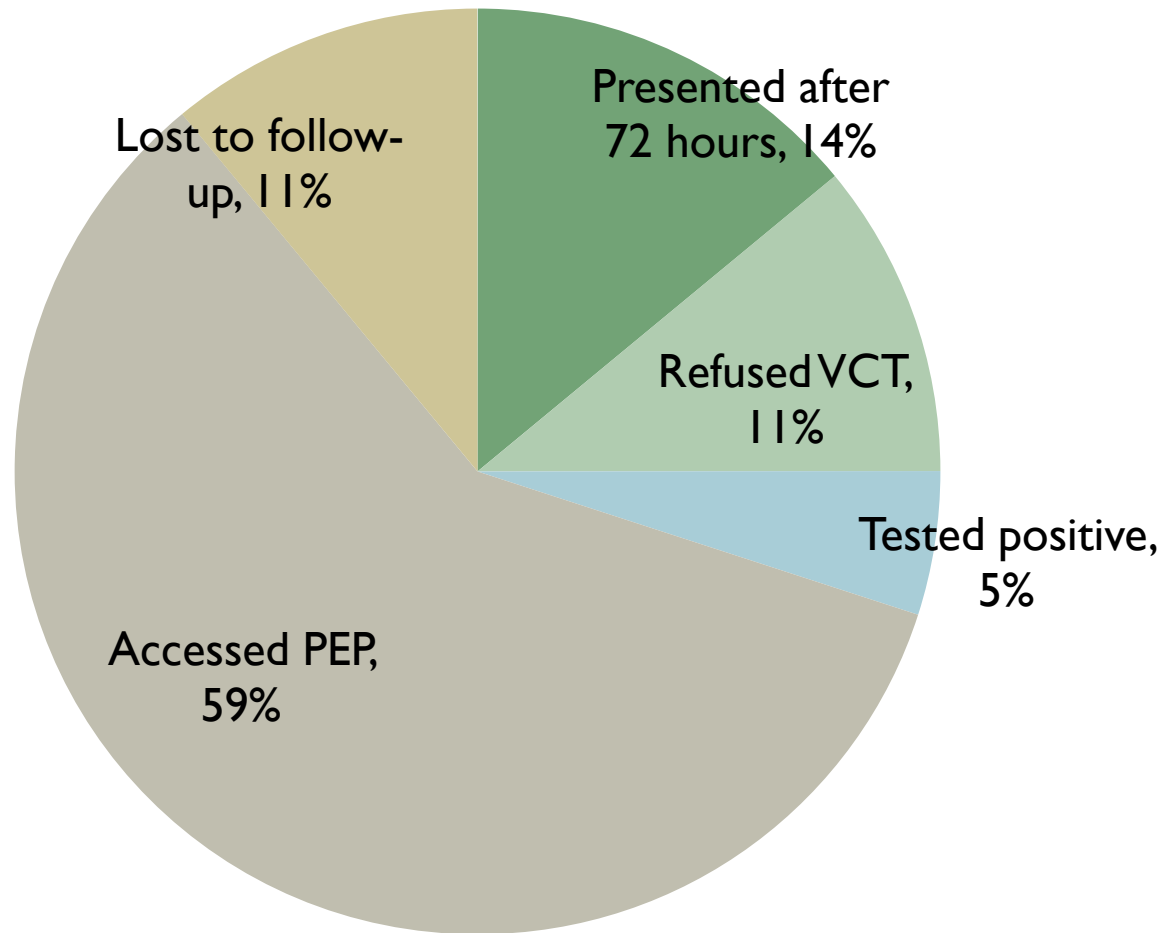


Higher acceptance rates among men

Dec-Jan 2008, n=103

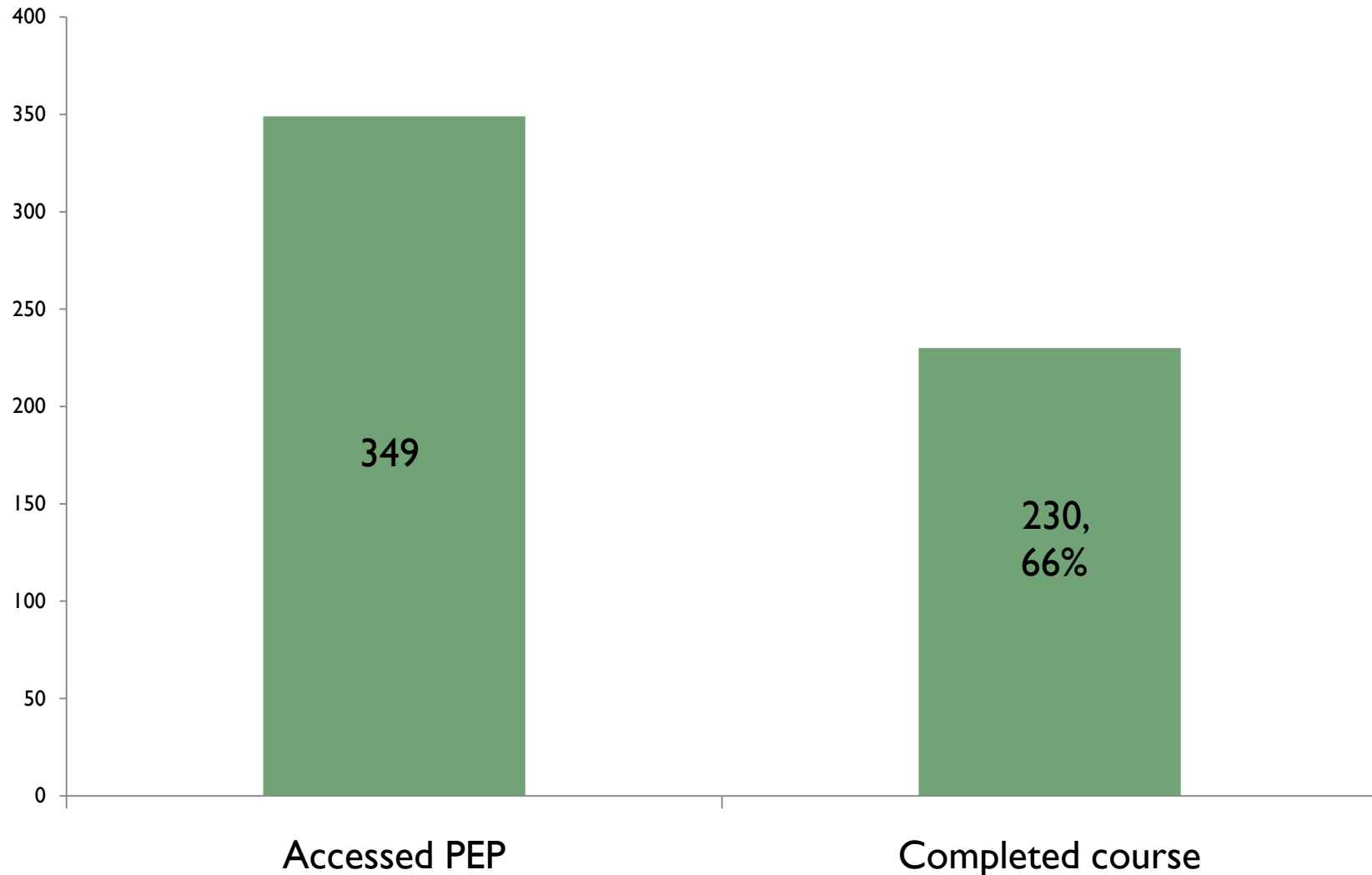


Overall reporting comparable to other intensive SGBV/ PEP interventions



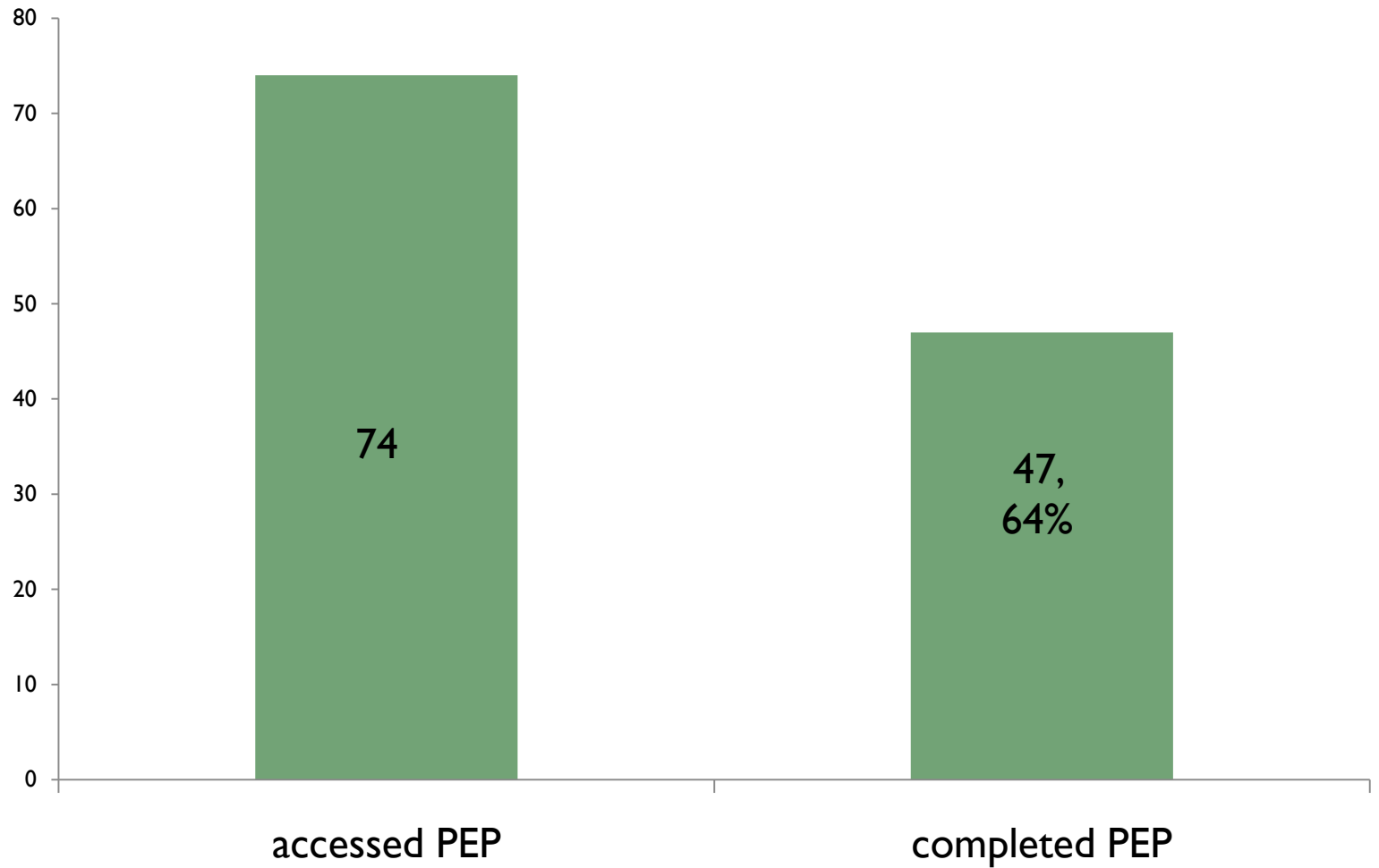
Source: Liverpool VCT; Nairobi Kenya (2003)

66% completed full course of PEP (Jan-Dec 2008, n=521)



Similar completion rates among men

Jan-Dec 2008



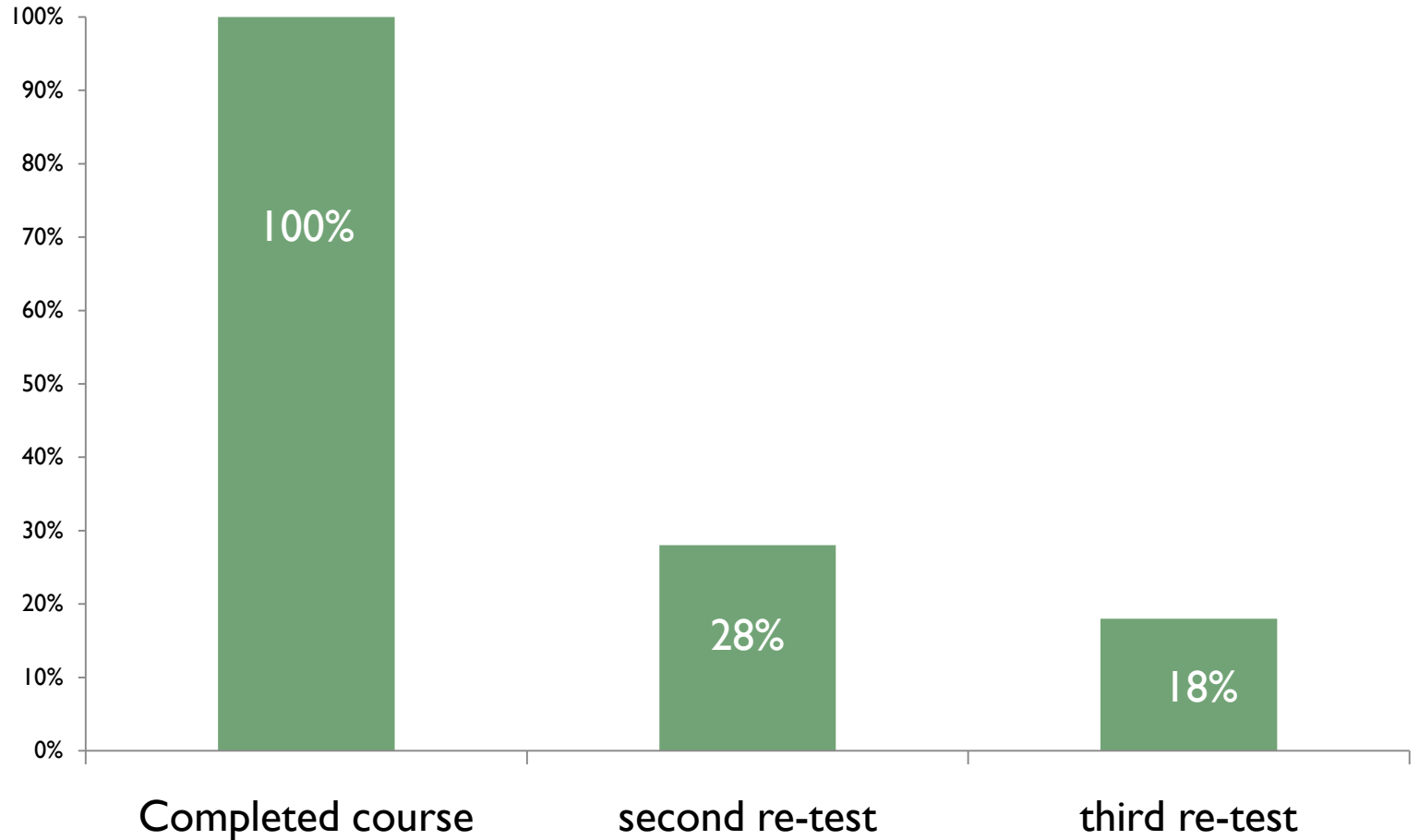
Higher than other studies



- 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!**

Acknowledgements



- Swedish- Norwegian HIV/AIDS Team in Africa

- Population Council