



Shout-it-Now HIV Counseling and Testing Built for Scale & Saturation

How to End the Epidemic

Global public health leaders have modeled an approach to ending the HIV/AIDS epidemic, and codified it in a set of goals commonly referred to as **90-90-90**: diagnose 90% of all people with HIV, put 90% of them on treatment, and ensure that 90% of those on treatment achieve and maintain viral suppression. The foundation of this ambitious approach is effective HIV testing services that are able to reach millions of people in urban, peri-urban and rural communities. Shout-It-Now is able to meet this challenge.

Shout-It-Now was founded in 2007 by social scientists, technologists and marketers who set out to reinvent HIV counseling and testing (HCT) in South Africa so that it delivered on clients' primary needs and was more cost effective for funders and government. The result is an innovative community-based mobile HCT approach that blends the best of technology, marketing, public health and business management. Shout-it-Now has consistently met or exceeded its annual HCT targets, operated within its budgets and has built an expertise that makes it uniquely capable of scaling up to saturate the community-based testing needs of the entire country of South Africa.

What Makes Shout-it-Now Unique

Our approach is a highly scalable, process driven HCT service delivered by 14-person teams, and features a mix of technology, marketing and human support that is highly engaging and efficient. The model has been designed to utilize technology to ensure a high client throughput while preserving quality at every step.

- **Mobility & Saturation:** S-N teams set up mobile testing venues with individual counseling tents at high traffic sites (shopping center, park, etc.) and travel in a team vehicle to the site each day until that community has been saturated with HCT services. Our focus is on offering a convenient, fast, free and friendly service to our clients.
- **Edutainment & Risk Assessment:** On site, clients are given the option to participate in an interactive 13minute video-based risk assessment and educational program on an individual laptop, wearing a set of headphones. The video is available in versions dubbed with languages commonly spoken in the areas where we work: English, Setswana, Isitsonga, IsiZulu and Sepedi. We have found, however, that the need for HIV/AIDS education is no longer a primary driver, with 90% of people surveyed able to answer the top 10 questions about HIV.

Key Achievements

700,000

Number of clients tested since 2007, including more than 50,000 learners

4

Number of provinces where we have worked

FY 2015 PEPFAR Results

Does not include DREAMS & other HTS

64,615 clients tested for HIV

6,269 HIV+ clients diagnosed (9.7% HIV prevalence)

88% HIV+ clients successfully linked to care

46% of HIV+ clients given CD4 results via POC testing

- **Biometric Tracking:** Each client's movement through the entire process of S-N's services is tracked. Beginning with registration and continuing through the risk assessment and counseling processes, demographic, risk and serostatus information is collected. The use of biometric technology in routine HCT program monitoring and evaluation greatly improves S-N's ability to deliver a high-quality service in an efficient and confidential manner.
- **Integrated Data System:** The use of biometric client identifiers allows S-N to achieve program efficiencies in all steps of its process. Clients moving through the S-N experience use their biometric identifier at each step in the process, which improves the quality of service they receive. From a program management perspective, the system allows team managers to monitor client flow in real time and adjust resources when needed to ensure that all clients receive the best services possible. Finally, to ensure the highest quality data reporting, our program indicator data is automatically extracted from our integrated database and submitted directly to DHIS to eliminate the risk of errors in data entry by partners as well as double-counting.
- **Linkage to Care:** At the end of each day a list of newly identified HIV+ individuals who have consented to participate in the Linkage to Care program is downloaded to the Call Centre, based in Cape Town. In addition to HIV/TB clients, the list includes clients requiring information and support in accessing further investigations for primary health conditions. The Call Centre is staffed by fully trained S-N counselors who, between them, are fluent in all South African languages. Within 48 hours of an HIV+ diagnosis, a care coordinator from the Call Centre will call clients on the referral list and commence the process of linking them to care. Care coordinators will continue to be in telephonic contact with clients, with weekly calls, until it can be ascertained that they are linked to care – either via enrollment in ART or in wellness programs.

Modular Capabilities

Fast, free and friendly HIV testing is the core service Shout-It-Now delivers via its teams but there are several other health services we have delivered to serve our communities:

- Primary Health Screenings
- TB Screening
- STI Screening
- VMMC Mobilization
- SGBV Assessment

Program Expansions

In 2015 Shout-it-Now was awarded several new projects that have expanded our HCT work:

- **DREAMS PROGRAM** | Provide targeted HCT services to young women and their partners.
- **PEPFAR** | Provide HCT to orphans and vulnerable children (OVC).
- **COMMUNITY GRANT** | Award from the U.S. Ambassador expands and enhances SN's innovative linkage to care program.

Underscoring our efforts is our commitment to our values of Passion, Innovation & Respect. Every month our dedicated and highly efficient teams make it easy for 35,000 people to know their status and take charge of their wellbeing.

For more information about Shout-it-Now [click here.](#)

To see a brief video illustrating Shout-it-Now's service [click here.](#)