



The New Start Story: A Decade of Innovation for Delivery

Preface

The Society for Family Health (SFH), the parent-organisation of the New Start Programme, was established in South Africa in 1993, one of many civil society organisations that were created in the spirit of post-apartheid reconstruction.

SFH is an affiliate of Population Services International (PSI), a global network of social marketing organisations with members in 69 countries.

SFH's original purpose was the social marketing of condoms as a contribution to South Africa's HIV-prevention response, and it has achieved great success in this area of activity. SFH launched the New Start Programme in 2004.

Planning for New Start took place in an atmosphere of cautious hope. In late 2003, the government had conceded that antiretroviral treatment (ART) for people living with HIV would be provided through the public health sector and use of ARVs for the prevention of mother-to-child transmission of HIV (PMTCT) was becoming widely available.

The critical importance of access to HIV counselling and testing services was highlighted by these developments, as both ART and PMTCT depend on individuals knowing their HIV status. SFH stepped up to help meet this need through the New Start programme.

Chapter 1: New Start HIV counselling and testing

The New Start Programme was conceived as an HIV counselling and testing programme that would take testing out of the medical setting and would operate in a way that would encourage more South Africans – especially men – to undergo testing. Above all it would capture the notion that knowing your HIV status enabled you to deal with your health and your future in a purposeful, empowered way.

In the past, receiving an HIV-positive test result was a message of doom. With effective treatment and PMTCT this was no longer the case. And New Start was geared to capture this new mood of optimism.

The name "New Start" and the logo incorporating the rising sun were chosen to symbolise hope and new beginnings. They were actually "borrowed" from another PSI affiliate in Zimbabwe and New Start has since become a PSI franchise that spans several countries, including Botswana, Lesotho, Mali, Namibia, Swaziland, Zambia and Zimbabwe.

Part 1: Discreet testing facilities

Three New Start centres opened their doors in December 2004 in Johannesburg, Cape Town and Durban. The centres were in the heart of their respective cities – but hidden out of sight, high up in high-rise buildings. Their location was a concession to the assumed need to protect service users’ privacy. But location proved to be New Start’s initial weakness. For a few weeks – despite a high profile launch with no lesser champion than actress and HIV/AIDS activist Ashley Judd present in person – staff outnumbered clients at New Start centres.

Part 2: Getting on the beaten track

Within a short period SFH had reworked the New Start approach. They abandoned the notion of a major centre catering to a steady stream of walk-in clients and went mobile, taking the service into busy shopping and transport nodes. These mobile services, run from tents, became increasingly bold in their location. By March 2005 they were positioned firmly in the centre of activity. And far from being deterred by the visibility of the services, people flowed in steadily. “It seemed that the more in your face we were, the better the testing service seemed to work,” recalls New Start’s first employee and Director of SFH, Scott Billy.

By the end of its first year in business, New Start had tested about 16 000 people and plans were underway to set up services in other towns. Over the course of a decade, more than one million HIV tests have been administered by New Start, accompanied by quality counselling and additional services, as required by the individual’s circumstances.

Year	Number of HIV tests
2004 (Dec only)	246
2005	15 750
2006	23 468
2007	43 410
2008	126 735
2009	205 715
2010	232 212
2011	142 735
2012	139 958
2013	107 109
2014*	101 532
Total	1 138 870

(*To end of September)

Part 3: Focusing on families and neighbourhoods

Over the years, the New Start HIV testing programme has evolved (in line with national strategies and policies) to incorporate TB screening and sputum sample collection, CD4 count testing for those who test HIV-positive, information on and referrals for medical male circumcision for men who test negative, and a wide range of other referrals to social and health services.

Teams of lay counsellors currently go door-to-door in residential areas offering members of households the convenience of taking a test in their own homes – and incorporating the other service elements described above, as appropriate. Their approach is proactive – they select an area and work systematically through it, road-by-road and then move on to the next patch and do the same. This method is known within New Start as its *general population model*.

HCT teams also use the *index client model*, where they reach out to the families of individuals who have undergone testing at a local clinic and are HIV-positive. The main purpose of this service is to

ensure that the individual's sexual partner is tested and to assist couples to deal constructively with the results, whether both partners are positive or the partners are discordant.

Couples counselling and testing has become a strong feature of New Start's offering. In August 2014, a short concentrated campaign to promote couples testing resulted in 1 420 couples and 10 576 individuals undergoing testing at mobile sites in the course of the month.

Currently, about 80% of HIV tests performed by New Start are done in homes while 20% take place in mobile testing sites in high-traffic areas of towns.

Chapter 2: New Start and medical male circumcision

In March 2010 the first New Start medical male circumcision (MMC) clinic began operating in Pietermaritzburg. In the course of four years, the number of fixed MMC sites has increased to seven – all operated in partnership with other organisations – and more than 100 000 MMC procedures have been performed.

Part 1: The Orange Farm Experience

SFH participated in the early phases of the first MMC clinic in South Africa – Bophelo Pele in Orange Farm, Gauteng – in collaboration with National Agency for AIDS Research (ANRS) and Progressus Research. This was soon after three ground-breaking trials in Orange Farm, Kenya and Uganda had established that MMC was effective in protecting males from HIV infection.

In 2008, Progressus set out to test whether the MMC results achieved in the "ideal" situation of a clinical trial could be achieved in "real life" in the wider community. SFH invested seed funding in the project and undertook social mobilisation and marketing for the project as well as counselling and testing of individuals interested in undergoing MMC. Progressus fulfilled the role of clinical partner while the French Centre for Epidemiological Research and Public Health provided additional research expertise. The study concluded that quality roll-out of MMC was feasible in low-income setting and could be swiftly and safely achieved.

Part 2: MMC under the New Start banner

Even as the Orange Farm partnership progressed, SFH realised that the New Start brand and reputation could be put to good use in popularising MMC and making it more accessible in selected communities. Negotiations for funding and facilities got underway.

The Centers for Disease Control and Prevention in the United States made funding available from PEPFAR for the first New Start MMC service and the KwaZulu-Natal Department of Health offered accommodation in the Boom Street Community Health Centre in Pietermaritzburg. The first New Start MMC service commenced on 15 March 2010, with suitably experienced staff undertaking the mobilisation, counselling and medical service elements.

Generating a demand in the community for MMC services is always a major activity in any site. Not only is MMC a relatively new option in the HIV prevention field, but it is an irreversible measure that usually involves surgery (and a degree of pain). Furthermore, in many regions there are entrenched traditions involving non-medical male circumcision and young men (and, in some instances, their parents) are generally being asked to make a choice between tradition and healthcare.

New Start invests considerable effort in face-to-face marketing of MMC services through periodic campaigns and its door-to-door HCT service. The programme has dedicated teams responsible for education and recruitment of MMC clients.

Part 3: Creating demand, expanding sites

After two years, with increased funding from CDC, additional MMC sites were opened in Witbank, Soweto, Tsakane, Bloemfontein, Umlazi and Durban. Given the nature of the service, New Start sought to secure accommodation in medical facilities and forged partnerships in order to offer high-quality clinical services to communities.

New Start's MMC clinical partners differ from site to site and include: the Perinatal HIV Research Unit and Thathenda Health Care. In many instances, provincial health departments have provided space in existing hospitals and health centres for New Start MMC sites. Recently New Start has developed its own network of doctors to perform MMC at its facilities.

Year	Number of sites	Number of circumcisions
2010	1	4 171
2011	1	4 530
2012	6	24 145
2013	7	35 301
2014*	7	32 252
Total		100 399

*To end of September

Chapter 3: Lessons from the past, prospects for the future

Over the years, SFH's New Start programme has steadily increased the volume of HCT and MMC services it provides. More than one million HIV tests have been done and 100 000 individuals circumcised. New Start has a reputation for client-friendly, good quality services provided free of charge. A high proportion of its MMC clients are referred by other satisfied clients.

The programme has retained its funding partners and been able to increase the size of its grants at critical points in its development. Its relationships with the national Department of Health and provincial departments are positive and New Start is a regular participant in consultative meetings convened by government.

Features of the New Start Programme that have contributed to its success include:

- *Moving with the times:* New Start is constantly transforming in response to new scientific evidence, evolving national strategy and emerging areas of opportunity. The HCT package it offers today, for example, is a much more complete product than the one it offered in 2004.
- *Putting the client at the centre of service-provision:* New Start has repeatedly adjusted its delivery systems in order to accommodate its clients, make services more accessible, and more attuned to their circumstances.
- *Accessibility of services:* We have learnt that accessibility of services – which saves clients time, energy and money – is not a minor detail of service planning. It can be the deal-breaker in terms of uptake of HIV-prevention services.
- *Quality of services:* New Start places a high premium on the quality of the services it offers and has proved that free healthcare can be offered economically and efficiently, without sacrificing essential standards of service.
- *Working through partnerships and franchises:* the New Start programme has been a home not only for its own staff but for its partners, who are effectively franchise-holders of this valuable social brand. New Start could not have expanded as rapidly and maintained as a high a quality of service if SFH had insisted on "owning" the programme exclusively.

- *Protecting and leveraging a brand that has integrity:* New Start has been willing to share its brand, but has taken great care to ensure that it is not compromised. Partners have been carefully selected. A common programme of training extends across the entire network of sites, no matter which partner is in charge of the site. The programme is carefully managed to ensure coherence and standard quality.

Outlining the plans for developments scheduled for 2015, Scott Billy says: “As we speak, we are doing market research into opportunities for the social marketing of new products through our franchising model. We are particularly interested expanding into new areas, including the provision of contraceptive services and products, and extending the frontiers of HIV testing. We expect to be in a position to share our research and proposals based on it early in 2015.”