

Kingdom of Cambodia
Nation - Religion – King



INTHANOU Association
HIV/AIDS Hotline project

Progress Report
January-December
2006

February 2007

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Introduction

Under the support from MobiTel, UNICEF and French Embassy, INTHANOU continue its activities as a hotline and become a vital service as source of information on HIV/AIDS/STDs and Reproductive Health to users. Year 2006, is the seventh year of our hotline activity. This year Inthanou modernized the telephone equipment funded by French Embassy from a mobile phone to a call center.

Hotline has 3 phone lines (012 999 008, 012 999 009 and 092 914 111) available from 11 am until 8 pm everyday exclude Sunday. Telephones are answered by counselors who are medical professional and have experiences on HIV/AIDS/STDs and Reproductive Health. Hotline counseling is done in a very confidential, anonymous and interactive between counselors and callers. As part of our statistic each counselor is required to collect information of calls and filled the calling sheet which is then computerized and analysis by using Epi Info software.

The report presents the following important information:

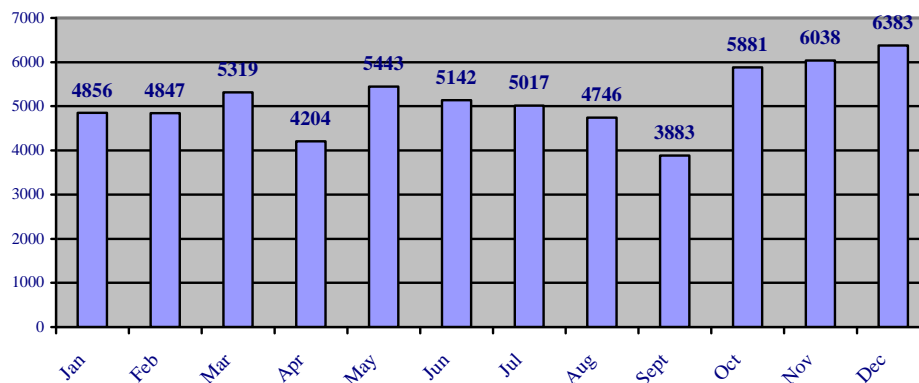
- Caller's profile
- Information of calls for January December 2006
- Progression of the Website
- Achievement of the Association in this particular time frame

A. CALLER'S PROFILE

A1. Number of call received:

- Total number of calls received for year 2006: **61517 calls** (Figure1) including **49,501** male callers and **12,069** female callers. This numbers related with the total duration of talked. As when the conversation took long time the telephone lines were jammed. Of total calls, 55% were new calls.
- Some callers talked in group, so the total number of callers was **61716 callers**, which 199 callers talked in group
- 187 callers reported that they were MSM (the present numbers may under estimated as we recorded only for those who reported by themselves)

Figure1. Number of calls received each month (Jan-Dec 2006)



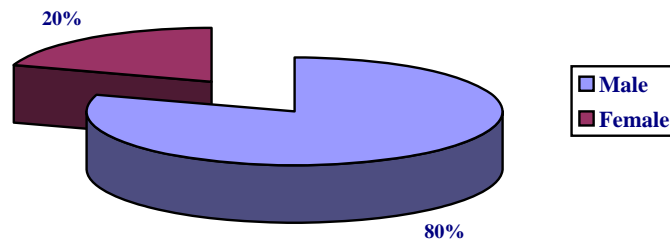
It is noted that:

- The number of calls received during this period was slightly dropped in April and September, since the hotline closed 3 days for Khmer New Year in April while in September we had an evaluation on the customer's satisfaction which the interviewers conversed with 400 callers to express their feeling with hotline after they talked with counselors, it kept the lines busy and in addition at that time we stated our new equipment.

A2. Gender break down of caller:

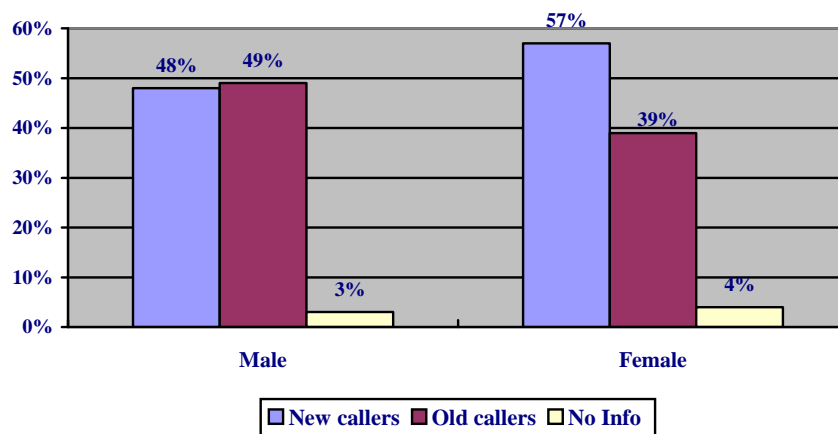
Male callers represented 80% of calls and female callers were 20% of calls (Figure2).

Figure2. Gender break down of callers Jan-Dec 2006 (n= 61,517)



Concerning on case of calls, most of female were new callers (57%) compared with male callers which only 48 % (Figure3). New female callers increased in the last two trimesters during the new campaign done by Unicef (Posters and Pocket Calendar) and special radio spot of BBC-WST (Sept-Dec 2006)

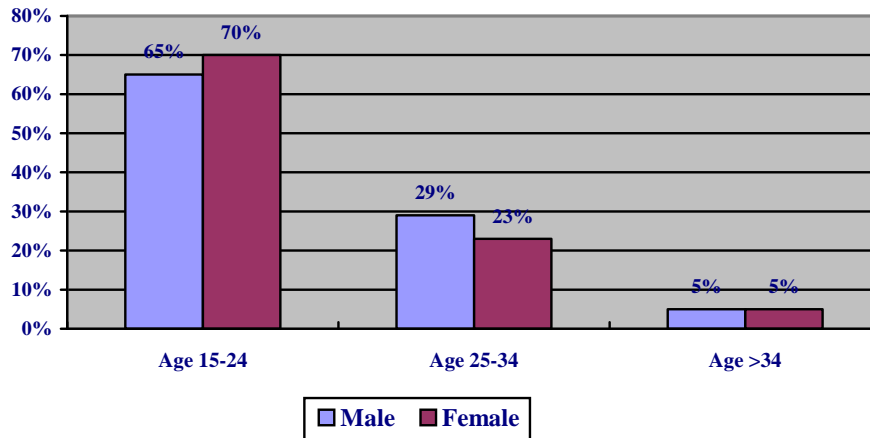
Figure3. Gender break down of callers by case in Jan -Dec 2006 (n= 61,517)



A3. Group Age of callers:

According to the result, most of callers both male and female were in the aged group Between 15 to 24 years (Figure4)

Figure4. Group age of callers Jan-Dec 2006 (n=61,517)



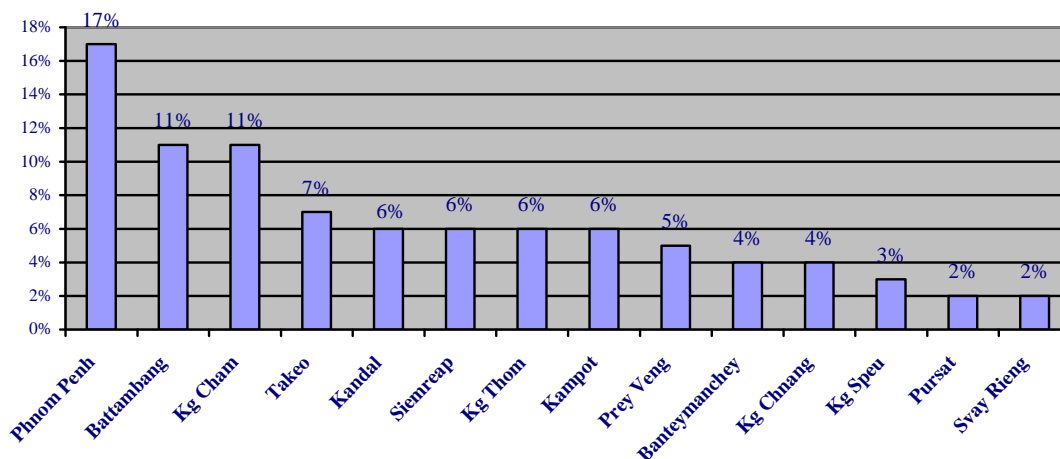
It is noted that most of callers are young people. Nowadays, young people are very fashionable with mobile phone. So they like to use it to communicate each others.

For hotline, they said they wish to use this service as it is a confidential, anonymous service and they can asked any queries concerned with their private matter, in addition they got the answer immediately.

A4. Distribution of calls by Phnom Penh and provinces:

The places where callers called to the hotline were varied from province to province. High number of calls was from the capital city and other populous provinces. This figure was change every trimester. (Figure 5)

Figure5. Origin of calls in Jan Dec 2006 (n=61,517)

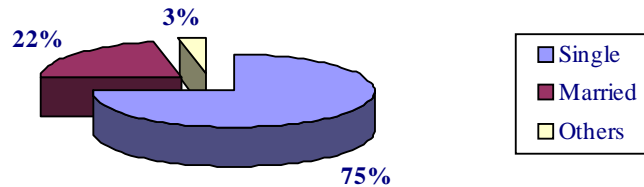


The nationwide service allow callers from everywhere of the country access the hotline even it were small calls from some areas. Calls from the provinces represented 83% of total calls. It was higher compared to last year (77%). It is significant that hotline have been reach to people in the country side.

A5. Marital status of callers:

Single callers represented 75% of total callers while others 22% were married and very little callers were divorced and widows or widowers (Figure 6)

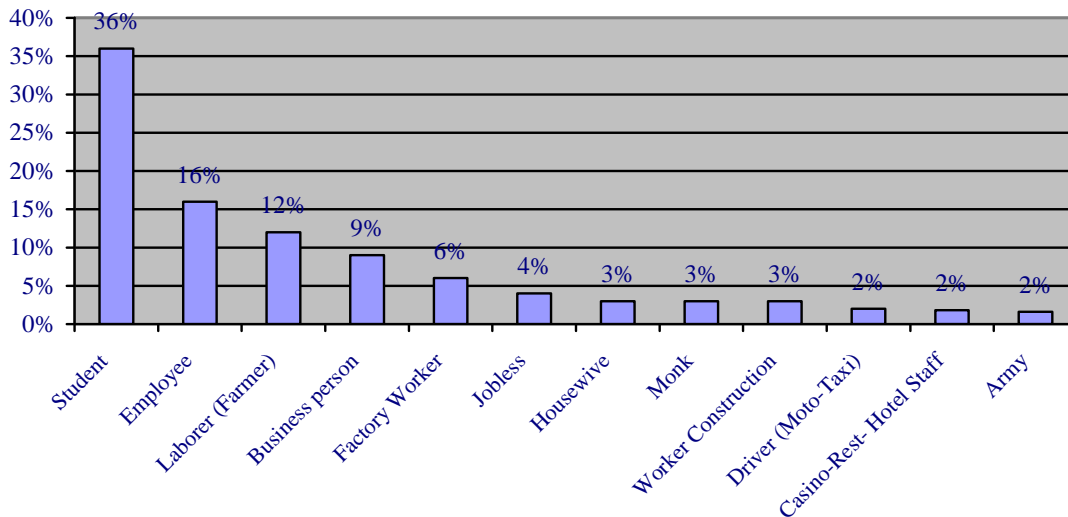
Figure6. Marital status of callers January December 2006 (n=61,517)



A6. Occupation of callers:

Callers were asked to state about their occupations during talked; while they did not mention the data were collected as no information. Callers were from different professions such as:

Figure7. Main occupation of callers Jan Dec 2006 (n=61,517)



It is noted that:

- The free of charge service permit people who have low income to access to the information (even they did not have credit in their phone they still can access the hotline numbers)
- The hotline is interested with large population as the numbers of different jobs were increased.
- Some occupations are very sensitive to talk such as sex worker, beer promotion girl, dancing girl, massage girl, karaoke. As sometimes callers feel not at ease to declare about their real job. So this figure may be under estimated, because it was based on their self-report.

A7. Pregnancy status of callers:

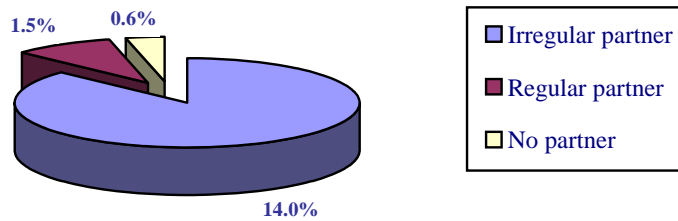
This year 2006, 2 % of total female callers, reported that they were pregnant. This figure increase compared to last year (1.5%). Some pregnant women concerned on their willingness to do HIV test as they worried about the transmission of HIV to their babies.

A8. Sexual Behavior:

A8.1 Partners (Extra marital partners):

For those who talked about sexual practice were asked about their extra marital partner’s relationship in the past 6 months. The report of partners was based on their willingness. (Figure8)

Figure8. Extra marital sex partners of male callers Jan Dec 2006 (n: 35,613)



The common relationship of extra marital status was with irregular partners, which mean people usually had sex with casual partners.

A8.2 Condom practice:

Callers who talked about partners were asked on their practices of condom. We mention on the way they used condom with their irregular and regular partners. The reports were about: always use, sometimes use or never use of condom. (Figure9 and Figure10)

Figure9. Condom practice of male callers with irregular partners Jan Dec 2006 (n: 4,840)

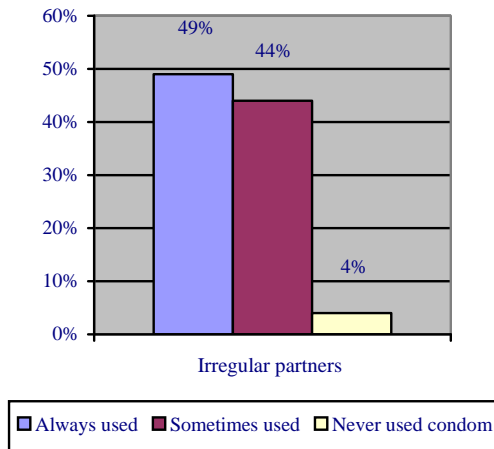
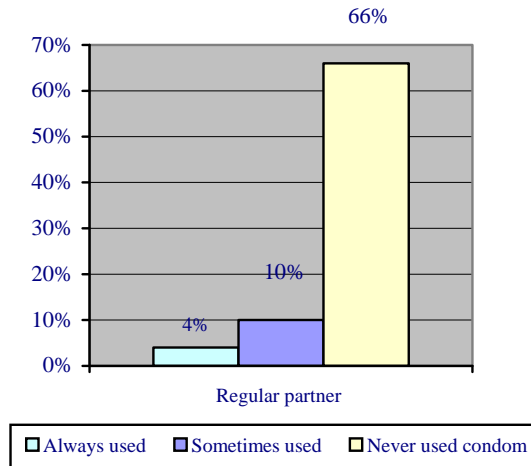


Figure10. Condom practice of male callers with regular partners Jan Dec 2006 (n: 555)

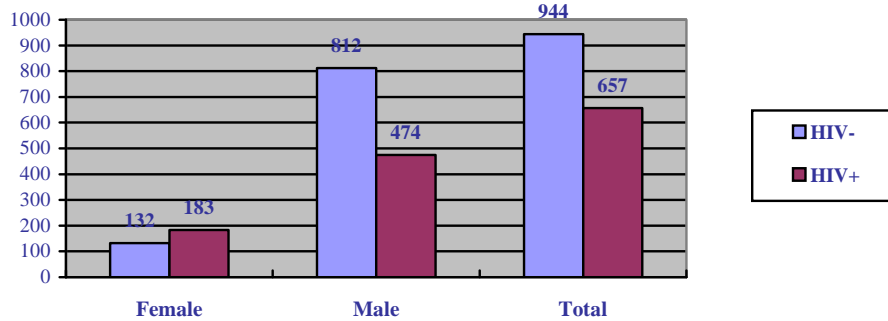


It is noted that people were only aware on using condom with their irregular partners, but they seemed to neglect on prevention with their regular partners.

A9. HIV status of callers:

Concerning on HIV status of callers, the data were collected while the conversation was related with this issue. The report based on their self-report. So this figure may be under estimated (Figure11)

Figure11. Number of callers reported about their HIV status Jan Dec 2006

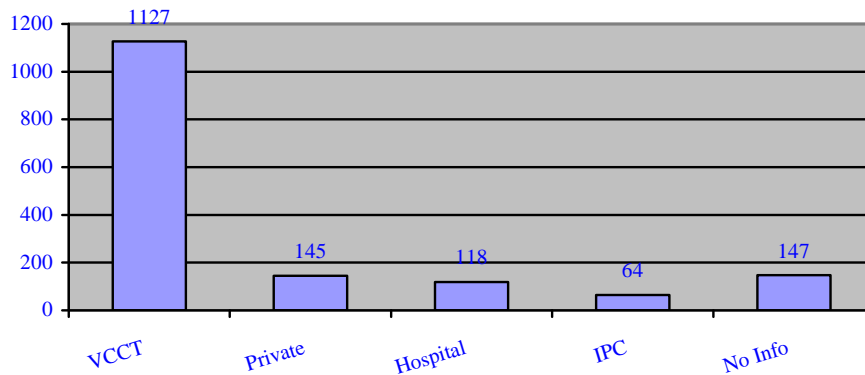


It is noted that female callers concerned on their willingness to do test as they were not confident about their husbands/ partners truthfulness.

A10. Place for HIV test reported by callers:

For those who ever had HIV tested, were asked to report about the places where they did test (Figure12).

Figure 12: Places where people did HIV test Jan Dec 2006



According to the conversation, it is noted that:

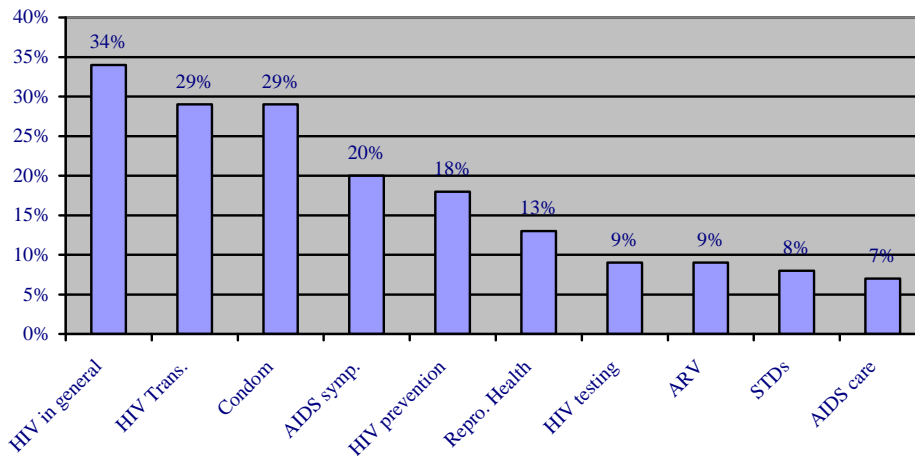
- People have trusted and wished to do test at VCCT services if compared to previous time, they concerned on the benefit they got from VCCT (counseling and referring)
- Some callers were uncertain with the private laboratory about the negative result

B. INFORMATION OF CALLS

B1. Major Subject of call:

The subject asked by callers had been collected by counselors during conversation. Normally, callers can ask more than one question during talked. (Figure13)

Figure13. Major Subjects of call asked in Jan Dec 2006 (n= 61,517)



It is noted that even the education program on HIV/AIDS is done, but people still need information and clarification. According to the result showed:

- **For HIV transmission:** Most of questions concerned on transmission risked through sex (40%) as they were uncertain on their sexual practice. Some callers confused that having sexual intercourse without ejaculation is a safe method, while several callers misunderstood that only vaginal sex was at risk.

About transmission of HIV from Mother to child (19%) most of callers believed that all the babies of positive mothers were affected during fecundation. Then after a PMTCT program was broadcast through TV or Radio, they were surprised and called hotline for clarification.

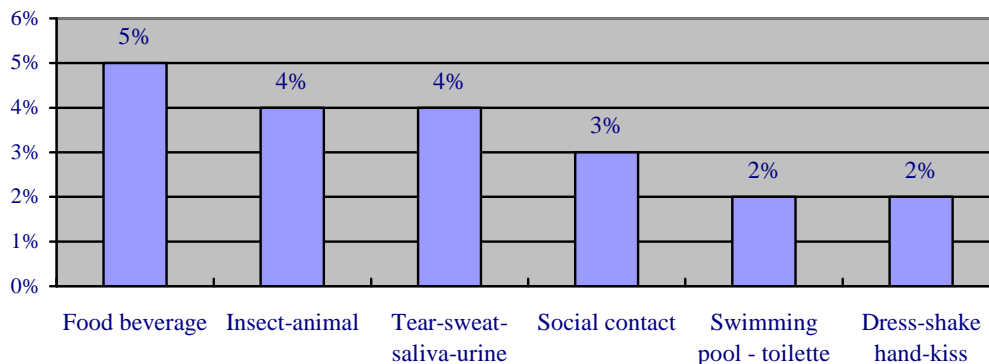
- **For HIV in general refer to question on :** HIV biology, history of HIV/AIDS, vaccination, origin of HIV, duration between each stage of AIDS, life expectancy of the virus, life expectancy of the patient, the statistic national and international, etc...
- **HIV prevention:** Most of male callers concerned on condom used more than other way of prevention, as they were feared that their attitude of condom were not correct, and some were afraid that condom contains HIV. Few callers concerned on the universal precaution, prevention method of HIV, and blood safety etc...
- **HIV testing:** People seemed to be more interested on their HIV status and being more responsible for their sexual behavior than previous time. Most of young couples expressed their purpose to do HIV test before married (They mentioned on the spot of BBC-WST: young couple)

- **Reproductive Health:** The problem concerned on puberty, menstruation, vaginal discharge, birth control, gynecology, fecundation and sterilization etc.... Some women called from the country side concerned about using traditional drug for their vaginal discharge because they were shy to see doctor. Lack of information can make them were at risk of HIV and STD transmission if her husband has multiple partners.

B2. Misunderstanding on HIV transmission:

Although the knowledge of people on HIV/AIDS and STDs is high, but there were some levels of their understanding. (Figure14)

Figure14. Misunderstanding on HIV transmission among callers Jan-Dec 2006 (n= 61,517)

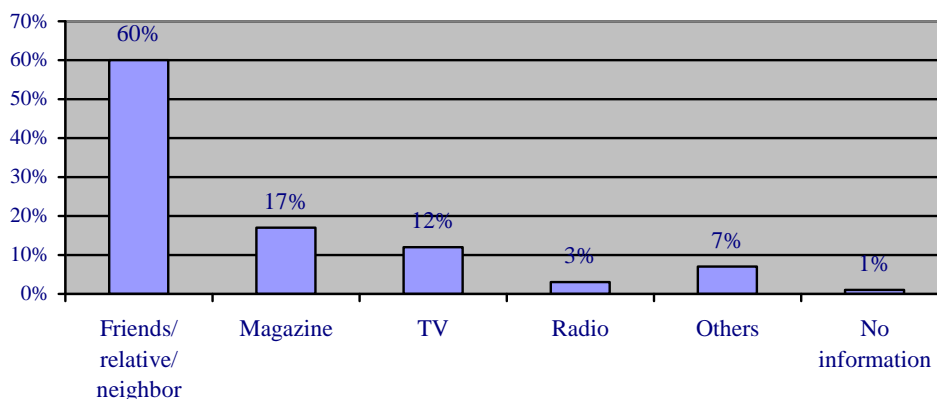


People were still anxious about the way of HIV transmission. Misunderstanding or over-worried may lead to the discrimination against PLWA.

B3. Source callers knew hotline numbers:

Callers were asked to state the sources that make them aware of the hotline. Callers knew the hotline numbers through different sources. (Figure15)

Figure15. Source callers reported how they knew hotline in Jan Dec 2006 (n=61,517)



It is noted that:

- Callers knew hotline number through friends, relative, neighbor were high

compared to others sources. It means personal communication is a very good and confidential way. This source is an indirect answer as we collected whatever they said.

- There were no TV promotion during this year, so the percentage of people knew Hotline through TV was decrease compared to previous year. Normally TV spot had big impact with very spectacular result compared to others way. The numbers of calls were increased while TV spot was broadcasting and most of calls were new callers (number of calls received raise until more than 250 calls per day)
- Even our promotion through "Popular Magazine" was done only once a month but it will have long term consequence and remind people about the hotline caused they kept it to read
- Other printed IEC materials represented such as: leaflet, booklet, flyer, poster, T-shirt, key holder, sticker, NGOs partners, pocket calendars, Mobitel, poster etc ...

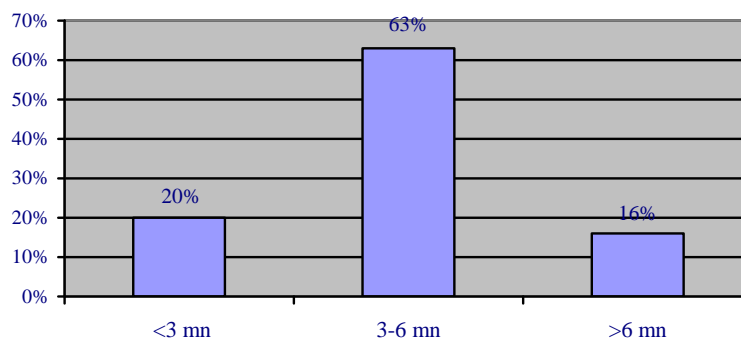
B4. Duration of talk:

- Duration of talk varied with a wide range of time. The maximum time was 48 minutes. The common duration was 3-6 minutes (63%), 20% of call talked less than 3 minutes and 16% of calls lasted for 7 minutes. The total duration of conversation in this hold year was 276,531 minutes.

It is noted that:

- The length of conversation was various from one to another and vary from question to question.
- The duration of talk with female callers was long if compared with male callers as women always had their specific personal queries and they also needed long explanation (Figure 16)

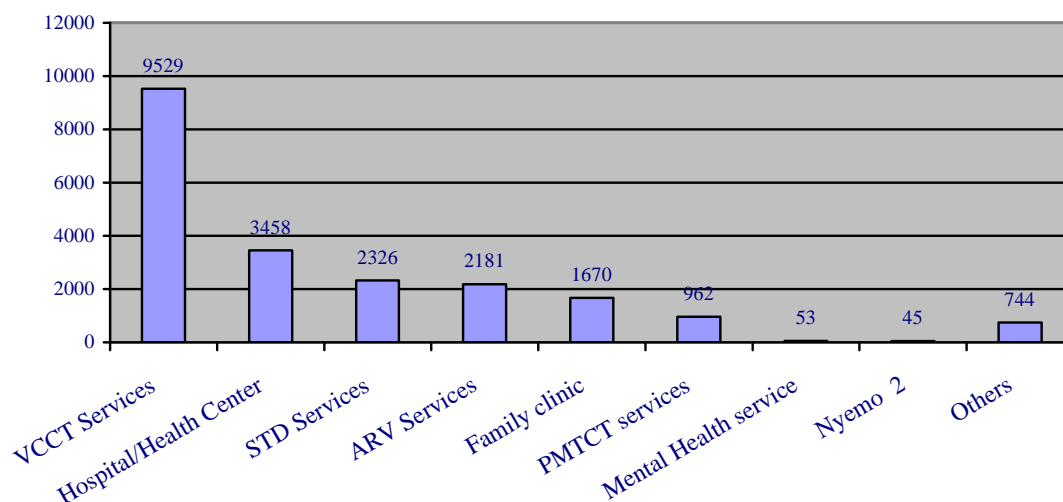
Figure 16: Duration of talk during Jan Dec 2006 (n=61,517)



B5. Referral service given by Inthanou to callers:

Along with providing information, 34 % of total calls were referred to the social and medical service according to their problem concerned. Most of the services referred were public health facilities of government or NGOs (Figure 17)

Figure 17: Distribution of referral given by Inthanou to callers Jan Dec 2006 (n=61, 517)



According to the conversation, we learnt that:

- Callers were interested on finding the VCCT sites in over the country more than previous year (They expressed their willingness on doing test after seeing TV spot of BBC-WST and PSI)
- For those who complained about their health problem our counselors provides them counseling and referred them to see doctors. Most of callers seem to be suspicious on having HIV positive, even their queries related on chronic diarrhea, skin disease, chronic caught, serious tired, lost weight and chronic fever and etc.... But at last they said they were fear about AIDS and did not want to do HIV test, so we encouraged them on solving the problem step by step.
- Most of callers though that a PMTCT program seems to be a new thing, so they called hotline to ask for information and some interested on the PMTCT sites after they heard the announcement through Radio and TV spot of BBC-WST
- Family clinics were referred while callers concerned on the problem of fertility , vaginal discharge, or family planning (RHAC, Clinic Marie Stops ...etc)
- STD services, referred for those who express their problem related with STDs. In these cases we let them know about the ad vantage and disadvantages of STDs in the future and we encourage them to find the treatment as soon as possible with their partner to avoid the complication in the future, then talking about their behavior change.
- For Nyemo, referred for those who are females and had problem fit callers concerned on the problem related with mothers and children , or some need for vocational training, or
- Others service including: Home Care, Psychology services, Emergency phone service, Orphanages, Red Cross etc...

C. PROGRESS OF WEBSITE

Inthanou website is in bilingual English and Khmer. The contents in the web site had: the achievement of hotline, basic information on HIV/AIDS/STIs and Reproductive Health, most frequently questions asked by hotline callers, sharing real life of hotline callers, quiz, information about MSM, particularly it has place for users to ask questions through e-mail and users will get the answer the next day after.

Lack of special person who is responsible for updating web content and special promotion made the progress of the web site slow.

The progresses of the web site in this particular period were as below:

1. Number of users:

Total number of visitors by 31st December 2006 was 4155. The number of users' access our website was increased in the last trimester of the year 2006 because we distributed a promotion material through internet and game shops in Phnom Penh by using Sida Info Service additional budget to print out the material.

2. Updated website:

- Change web hosting plan
- Linked with other interesting website
- Updated service sites both in Khmer (Unicode) and English :
 - Update VCCT sites from 109 sites to 134 sites
 - Update ARV sites from 12 sites to 40 sites
 - Update PMTCT sites from 25 sites to 59 sites

3. Answer Question from internet:

- There were 71 questions were asked through internet. The questions were replied the day after. The numbers of questions increased if compare to previous year. Most of users who asked question through internet seem to be not confident about the anonymity and confidentiality of the hotline, so after they contacted with the counselors they choose to use hotline beside of asking question through internet (talking is clearer than writing, as it is difficult to express all the feeling, callers said). So our clients become the callers through hotline.

D. OTHER ACTIVITIES OF INTANOU ASSOCIATION

D1. Upgrade telephone equipment:

The new telephone equipment called "Call Center" ACATEL Omni PCX financed by the French Embassy was setting up in August 2006 and used in September 2006. The new system increased hotline's capacity on receiving, managing calls and upgrading work methodology. The installation was done under the control of technician from Sida Info Service (Hotline in France) and Inthanou's IT officer.

D2. Celebration of 30,000th call and Inaugurate new telephone equipment

On World AIDS days, 1st December 2006, Unicef and Inthanou were celebrated the 300,000th call of the hotline and inaugurated the equipment funded by French Embassy at Inthanou's premises under the present of His Excellency Dr Mam Bun Heng (Secretary of state, Ministry of Health), Mr Jacque Morcos (Attaché Cooperation, French Embassy), Mr Rodney Hatfield (Unicef Representative), Mr Douglas Garnier (UN Resident), Mrs Bettina Maas (UNFPA), Mrs Janne Bett (UNAIDS), Inthanou's Board of Directors, Inthanou's partners and journalists. More over the articles of the celebration was released to the presses in four languages: Khmer, French, English and Chinese

D3. Evaluation of customer satisfaction and quality of hotline

Under financial support of Unicef, the hotline was evaluated on two options, on the customers satisfaction and the quality of the hotline. The evaluation was done by Indochina Research.

For the customer satisfaction, the evaluators interviewed with 400 callers to asking on their feeling with the hotline. For the second option, the team of doctors who had experiences and worked as Inthanou's partners were invited to join and evaluate the quality of hotline in two options medical and psychological aspect.

The result showed high level of customer satisfaction, basically were quite positive (nearly 90 % of them said they were very satisfied with the hotline counselors), and the quality of hotline presented the medical competence and the values of the counselor's advice come out very well.

“There is a high level of customer satisfaction, basically independently of customers' gender, age, occupation or provenience. The methodology forced on the research by the situation has undoubtedly created a favourable bias in the answers (reinforcing the traditional Khmer and SE-Asian politeness bias); nevertheless the size and consistency of the customers' positive response cannot be doubted.

The high customer satisfaction is mirrored by the good marks counsellors get in the psychological and medical evaluations. In particular, their medical competence and the quality of their advice come out very well. And on the whole they seem to meet satisfactorily the communicational/ psychological requirements inherent to their job”.

D4. Publication- Promotion:

- Promotion materials:

. Posters and pocket calendars 2007:

Most of Inthanou callers were males (80%), thus to encourage women access on the information and services related on HIV/AIDS/STDs through hotline, Unicef developed a set of 5 posters to promote hotline numbers among women. 500, 000 posters was print out and circulated to different institutions, ministries, women clinics of RHAC and HACC members (around 90 local organizations). In addition, the article about this campaign was released to the press in English and Khmer.



More over the 250,000 pocket calendars 2007 with similar samples were printed out and distributed through NAA and HACC networking.

. Rubber bracelets:



30,000 beautiful rubber bracelets attached with hotline numbers were produced by Unicef and circulated mostly among garment factory workers. There are four colors: red, white, blue and yellow. The objective of this promotion was to encourage the garment factory workers access to information on HIV/AIDS/STDs prevention and services via hotline, a confidential, free of charge and anonymous service.

- Publication:

- An article of Poster Campaign targeting women was published in the press both in Khmer and English
- An article on the celebration of the 300,000th call on World AIDS Day in the press in Khmer, English, French and Chinese
- An article about Inthanou hotline published in Unicef website http://www.unicef.org/emailarticle/infobycountry/cambodia_35197.rhtml and UNAIDS global web site <http://www.unaids.org/en/MediaCentre/PressMaterials/FeatureStory/2006092>
- Publish in special magazine for Garment Factory Worker named “Value of Women”
- Radio spot of BBC-WST promoted hotline for young women and broadcasting for 4 weeks. As the result we received more new calls from the provinces said that they knew hotline numbers through Radio.

D5. Donors:

- Mobitel : Provide free access of telephone lines
- UNICEF and French Embassy : Provided technical and Financial support
- Sida Info Service (SIS) HIV/AIDS hotline in France: Provide technical assistance on training and data management. This year SIS provided additional budget for reprinting material to promote website
- Global Fund Round V : Sub-Sub Recipient of PSF-CI for 9 months approved and possible with possible extension up to 2011 (2006-2010)

E. Conclusion:

Although there is an impressive decline of HIV prevalence from 3% in 1997 to 1.9 % in 2003, but the prevalent rate is still high in the region. So the prevention measures are still the best way to bring the prevalence rate down.

Hotline INTHANOU is playing an important role as the single HIV/AIDS hotline in Cambodia to provide confidential and anonymous information related to HIV/AIDS, sexually transmitted infections and reproductive health and access to medical and social services. INTHANOU has achieved its successful work on attracting callers from 30 calls per day since the beginning to around 250 calls in year 2006. Most of the hotline callers are young people (75%) aged between 15 to 24 years old.

According to a recent evaluation carried out by Indochina Research Ltd, customer satisfaction with the hotline is very high, and the quality of counseling presented the medical competence and the values of the counselor's advice come out very well.

As a confidential and anonymous hotline counseling, Inthanou should be standing for the future as a confidential and anonymous source of HIV and STDs information to users. INTHANOU is looking forward for others donors to support the hotline activity beside of Global Fund, French Embassy and Unicef for the next coming year.

Finally, Inthanou expresses our deep thankfulness to main donors MobiTel, UNICEF and French Embassy for their long-term support to the hotline and also demonstrate our appreciation to Government, UN agencies, other institutions, NGOs, IOs, for their warm collaboration and assistance.

