

Kingdom of Cambodia

Nation - Religion – King



INTHANOU Association,

HIV/AIDS Hotline,

012 999 008/ 012 999 009, 092 914 111

Progress Report
HIV/AIDS Hotline project
Apr-Jun 2009

Submit to

MOBITEL

UNICEF

Pharmacie Sans Frontier –Comitee International

French Foundation

Sida Info Service

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I. INTRODUCTION

This year is the nine year activity of hotline INTHANOU. Our hotline service receive special offer from Cellcard, (free access of telephone lines for Cellcard member), and financial support from UNICEF, PSF-CI (Global Fund), French Foundation and UNESCO. Due to their support, our hotline can continue our full activity as usual schedule: 09 hours per day (11am -8 pm) and six days per week (Mon-Sat) close on Sunday.

As part of our statistic, data were randomly collected from one third of calls (1/3) and computerize in hotline database during the conversation. The collected data is analyzed through Epi Info program to study about knowledge; attitude and practice of hotline callers' and information of calls. This report presents the following important information during the Second trimester year 2009 on the statistic of calls, caller's profile, information of calls and others activities of the association in this particular time frame.

II. HOTLINE ACTIVITY

A. STATISTIC OF CALL:

During this period, hotline had **75** working days, the data were as below:

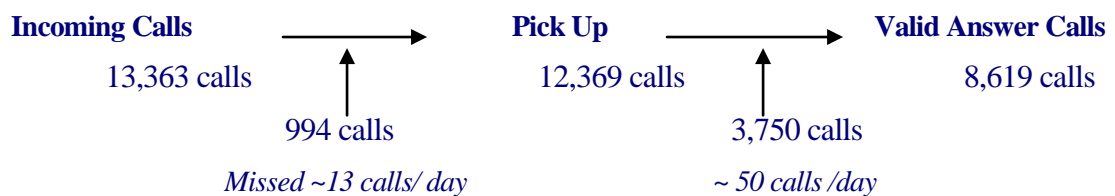
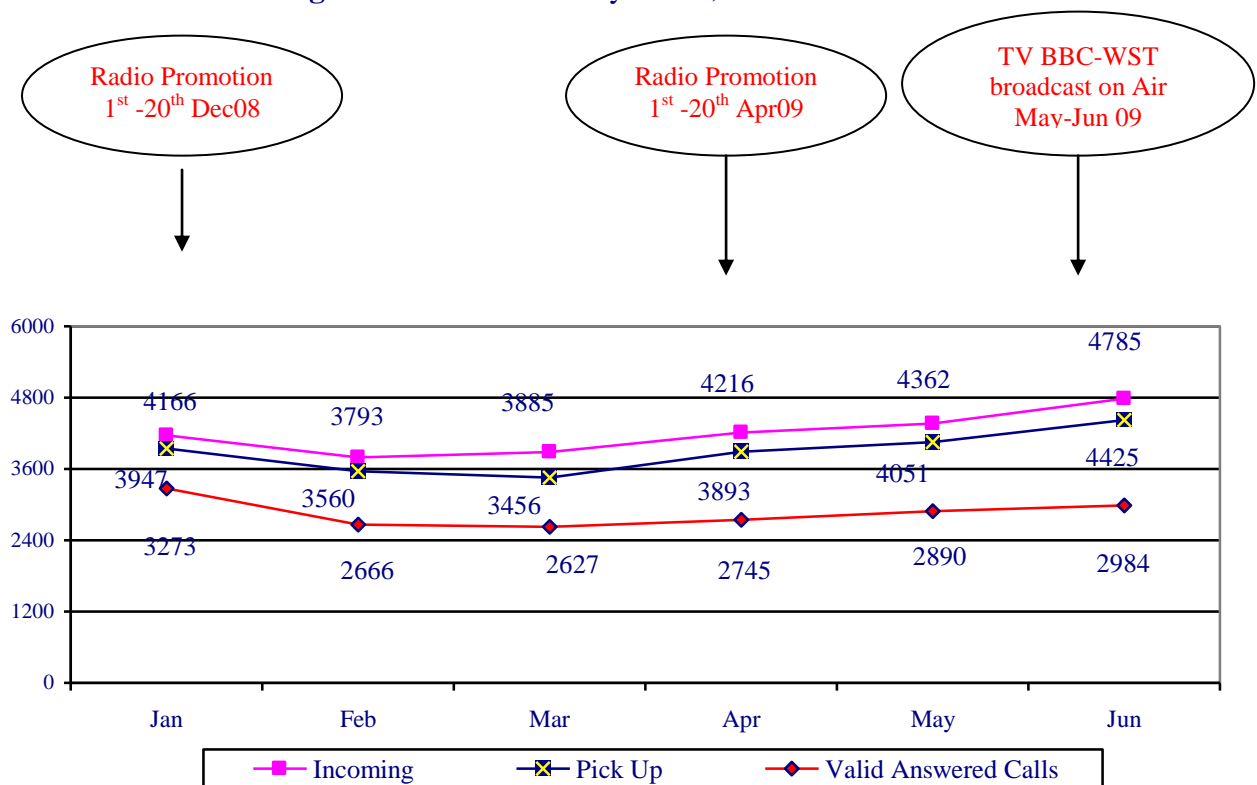


Figure1. Statistic of Call by month, Jan - Jun 2009



Noticeably:

- 92% of total incoming calls were picked up
- Only 70% of picked up calls was a Valid Conversation (Call with conversation and recorded in hotline database)
- Others missed calls cause from: interrupted, testing calls, teasing calls, calls without interest, calls without conversation, run off credit (the paid line 092, it cost 0.03us\$/mn), confusing numbers . These calls were excluded in our database
- Daily average Valid Answered Calls in this period was **115** (vary from 87 to 150 calls)

B. CALLERS PROFILE:

Data were randomly collected from 1/3 of calls. Avoiding any mistake, call form is designed to be opened automatically when the counters arrive on number **3**. Then our counselors can record the caller's profile and information of calls right away during their conversation. The collected data are transferred to Epi Info Software (Version 3.5.1) to analyze.

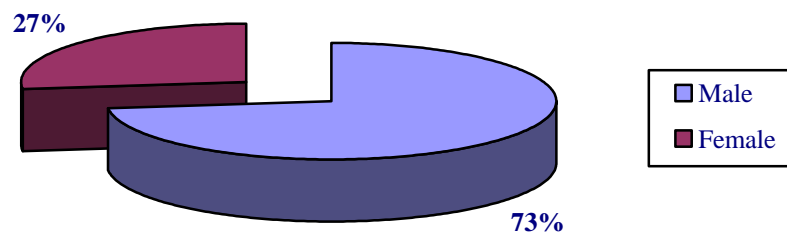
Remarkably:

- The total valid answer in this period were 8,619 calls
- The result show in this report represent from 1/3 of total calls, **n=2,833** calls

B1. Gender of callers:

Of total calls, there were 74% of calls from males and 26% from females. Remarkably, female callers increased accordingly with the total numbers of Valid Answer Calls, figure 2

Figure2. Gender break down of callers, Apr -Jun 2009 (n= 2,833)



Among our callers, we received calls from some specific audiences such as:

Homosexual (*): 1.2% of total male callers:

- Most of them were in the aged group of : 15-24 year old 70% (15-19: 30%, 20-24: 40%)
- 97 % of them are single and 7 % married
- 19% of them called from P. Penh and 77% from provinces
- 67% of them used to called hotline and 33% were new callers
- Among the **new** MsM called hotline :
 - 52% knew hotline from friends ,family, neighbor , colleagues
 - 26% knew hotline from Magazine
 - 15% knew hotline from IEC and NGO network : (increased remarkably)
 - And 4% knew hotline from Radio

Pregnant women ():7.7%** of total female callers.

- Most of them are in the aged group of 20-24 (45%) and 25-29 (23%)
- 5% of them are HIV (+) and 48% not yet test, 50% no information
- 14% of them called from P. Penh and 86% from provinces
- 69% old callers of them used to call hotline and others 30% are new callers

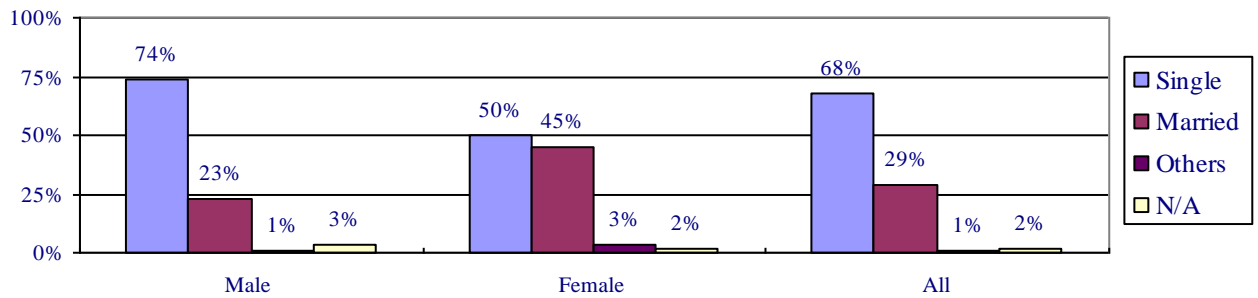
Note:

- Data recorded base on their self report
- Data analyze from 1/3 of total calls:
 1. Total called received from Homosexual 73, analyzed (n=27) *
 2. Total called received from pregnant women 151 calls , analyzed (n=58) **

B2. Family status of callers:

Most of our hotline callers are singles, 67% of total calls. Married women called hotline more than married men, because they are worries about their husband behavior, figure 3.

Figure3. Family status of callers, Apr-Jun 2009 (n= 2,833)



B3. Occupation of callers:

Callers were asked to report about their occupations. They can refuse when they felt not at ease and then data were recorded as no information. The main occupations of callers are different between males and females (Figure 4 & Figure 5).

Figure4. Main occupation of callers, Apr-Jun 2009 (n= 2,833)

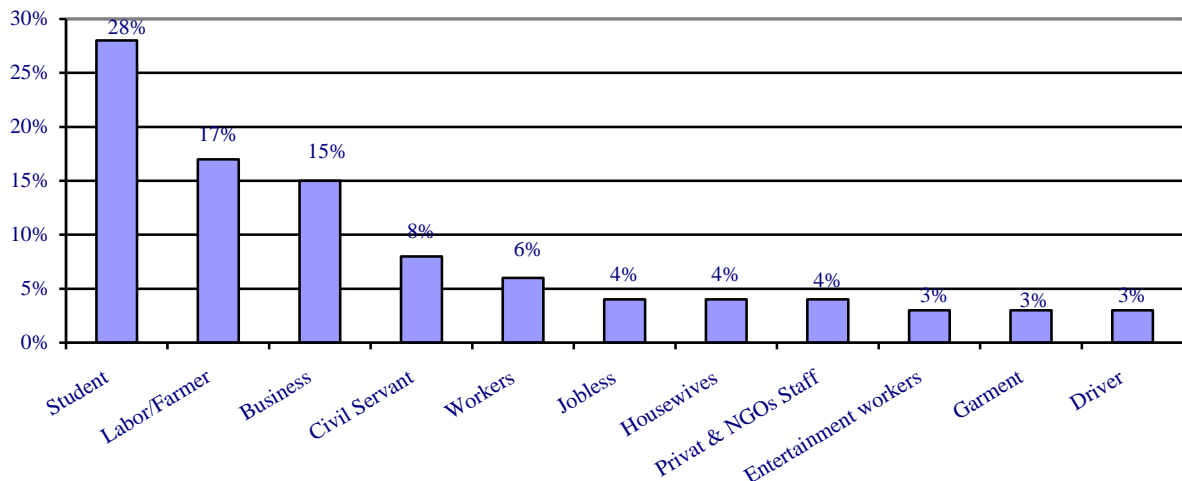


Figure5. Occupation of callers by gender, Apr-Jun 2009 (n= 2,833)

Occupation	Male	Female
0- N/A	1.70%	0.70%
1-Other	0.10%	0.00%
2-Student	29.80%	23.70%
3-Civil Servant	9.10%	7.10%
4-Business	10.50%	28.40%
5-Garment Factory Worker	2.20%	6.20%
6- Jobless	4.50%	3.80%
7-Housekeeper	0.20%	14.60%
8-Worker	7.40%	1.70%
9-Monk/Nun	1.10%	0.00%
10-Driver	3.50%	0.00%
11-Casino-Rest-Hotel -Snooker Staff	1.80%	2.90%
12-Army	1.30%	0.00%
13-Police	1.00%	0.30%
14-Fishery	0.40%	0.30%
15-Karaoke- Dancing	0.10%	0.00%
16-Massage	0.80%	1.20%
17-Prostitute	0.00%	0.00%
18-Beer Promotion Girl	0.00%	0.10%
19-Deminer	0.00%	0.00%
20-Laborer	20.80%	6.20%
21-Private Staff	2.50%	1.70%
22-NGO Staff	1.10%	1.10%

Noticeably:

- Housewives increased compared to previous time
- Entertainment workers (EW) were increased from 3.2% in previous trimester to 4.2%.
EW represent those who work in : karaoke, massage, hotel, restaurant, beer garden, guest house, snooker, casino, ...etc
- Workers represent for those who use their physical work such as: construction workers, factories workers ...etc

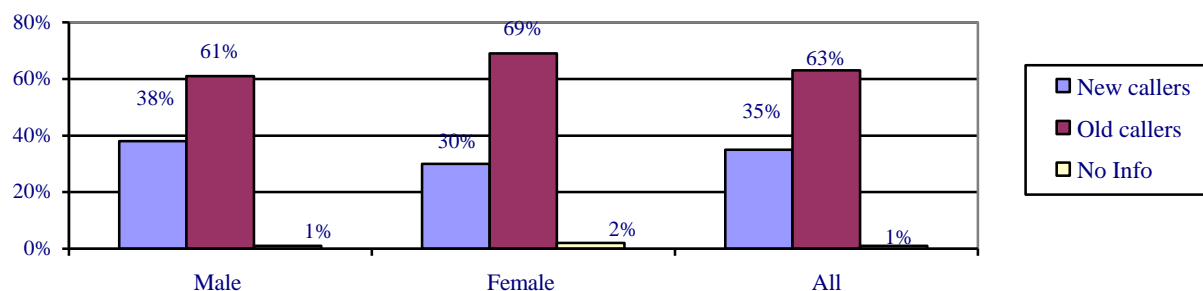
B4. Type of callers:

Callers were asked to report about their history of calling hotline, Figure6.

There are two types of callers:

- New callers refer to those who called hotline for their first time
- Old callers refer to those who used to call hotline

Figure6. Types of callers by gender, Apr-Jun 2009 (n= 2,833)



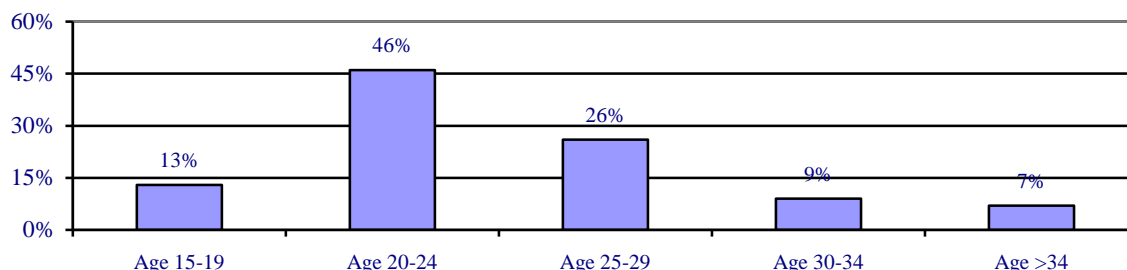
Remarkably:

- New callers increased compared to the previous trimester because of the promotion Radio (in April) and TV (In June)
- Regarding by gender : new female callers were less than male callers

B5. Aged group of callers:

Callers were asked to state about their aged. Aged of callers was set in different groups, **Figure 7**. Noticeably, most of our callers are young people in the aged group of 20 -24: 26% both males and females.

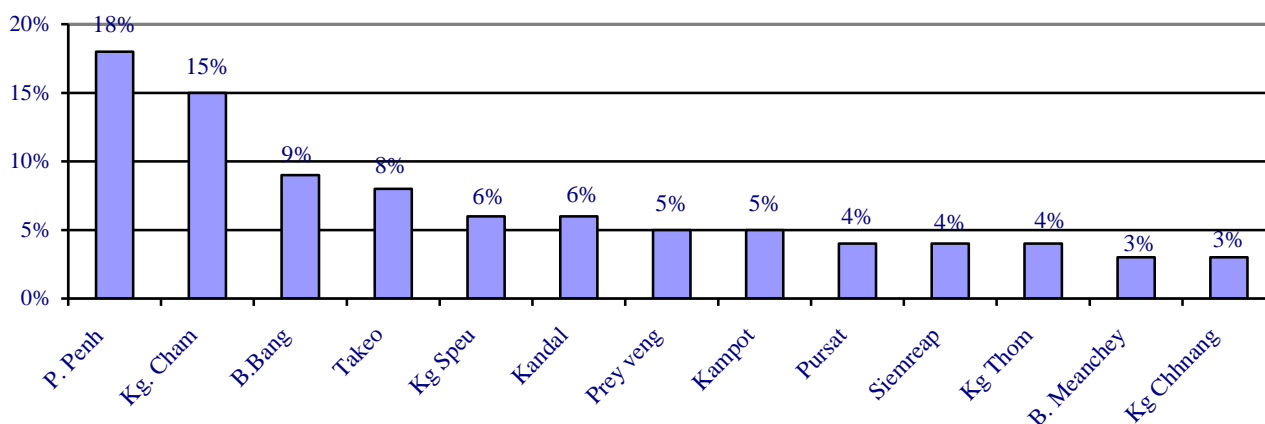
Figure7. Aged group of callers, Apr-Jun 2009 (n= 2,833)



B6. Origin of calls:

Calls were from everywhere of the country but it was small in some area, **Figure 8**. Most of our callers called from provinces, 82%. The provinces that not mention in the chart were less than 2%

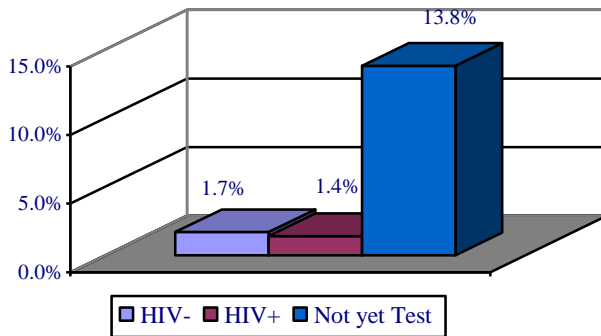
Figure8. Origin of calls, Apr-Jun 2009 (n= 2,833)



B7. HIV status of callers:

When the conversation related on HIV status, callers were asked to report about their HIV testing result, to assist the conversation direct to their real needed **figure9, a**.

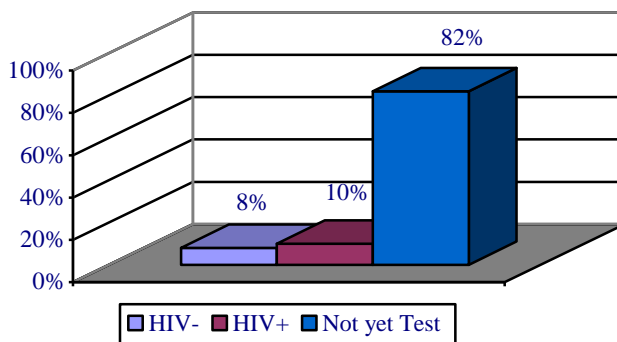
Figure9,a HIV status of caller among total calls, Apr-Jun 2009(n=2,833)



In this period ,of total calls:

- 83% did not talk about their status
- Only 17 % of total calls talk about their status , including :
 - 13.80 % Not yet test (want to do it)
 - 1.70 % have HIV (-)
 - 1.40 % have HIV(+)

Figure9,b HIV status among those who talked , Apr-Jun 2009(n=478)



Among those who talked about their HIV status, Figure 9,b (17 % , n=478):

- 8% HIV (+) ; 10% HIV (-)
- 46 % of them are new calls
- Among them :women : 29%, Men : 71%
- Among PLWA who called hotline :
 - 44% received ART and 56% not yet
 - 36% knew hotline via friend, 33% via Magazine, 10% from Radio and 5% from TV, others 5% from NGOs &IEC materials , N/I : 10%
 - 5% called from P.P, 95% from provinces

B8. Sexual behavior of callers and condom practice:

When the conversation was related with the sexual behavior, callers were asked to report about their sexual behavior in the past 6 months. This report was based on their willingness. Only 21% of total calls talked about their condom practice, among them 11% females and 89% males, the result show the percentage of female reported about condom used is increasing compared to previous time.

As the report of female sexual behavior and condom practice was too small, so we show the report of male callers only.

Condom practice of male callers with their extra marital partner, Figure 10

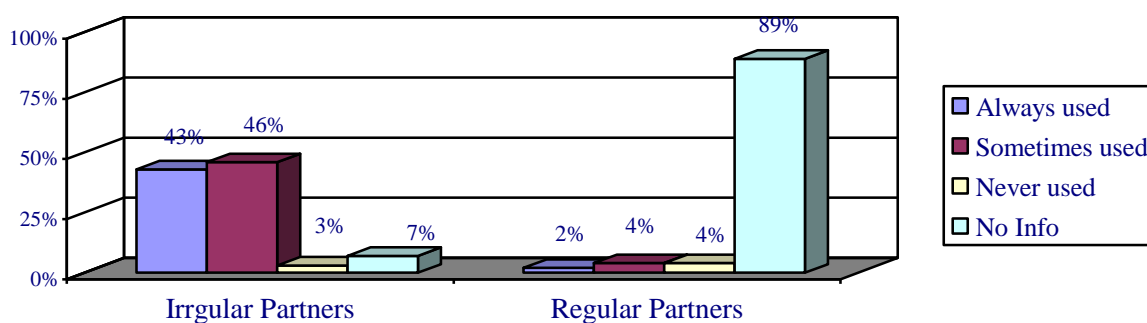
The reports of condom practice were about always, sometimes or never used with their extra marital partners. There are two types of extra marital partners (non husband or wife):

- Regular partner : sweat heart, girl friend, mistress that they met regularly
- Irregular partner: the occasional partners

Among **male callers** (n=293) who talked about their condom practice:

- 89% reported about their condom practice with irregular partners
- 10% reported about their condom practice with regular partners
- Only 1% talked about their condom practice with their spouse

Figure10. Condom practice of **male** callers with their extra marital partners,
Apr-Jun 2009 (n=293)



Remarkably among them:

- This data were collected from high risk group, who had multiple partners. Their unfaithful behavior, improper used condom made them feel unsecured and fear of having transmitted by HIV from day to day. They said, finally they decided to call and discuss with hotline counselors better than staying quiet. That why the result not showing high percentage of good condom practices as general population. Among that group we have seen that 16% of them are married men and 82% are single men.
- Normally talking about condom practice is a sensitive topic, that why only few people report about their behavior. Even some of them are more curious but they still felt ashamed or not confident. Among total callers we have seen that only 26% of total male callers and 9% of total female callers talking about this issue.
- Through the conversation, we noted that people were careless on using condom with their regular partners (sweet heart, mistress, girl friend ...), the use condom in the purpose of protecting unwanted baby not for the prevention of others sexual transmitted disease, because of trustfulness.
- Among male callers who report about their condom practice, 19% said they used it not properly or had accident such as :
 - Used more than one condom (over worried)
 - Used one condom more than one time: because of not prepared/ have only one condom in the pocket
 - Used condom during ejaculation period only : Put on condom when they felt that the ejaculation will com out (protect unwanted baby)
 - Condom broken (not properly tear it off, add some oil not water base)
 - Condom slipped off (added too much lubricant or some oils)

C. INFORMATION OF CALLS

The data present in this report were analyzed from data random 1/3 of total calls.

- Total Valid Answer Calls: **8,619**
- Data random: (n= **2,833**)

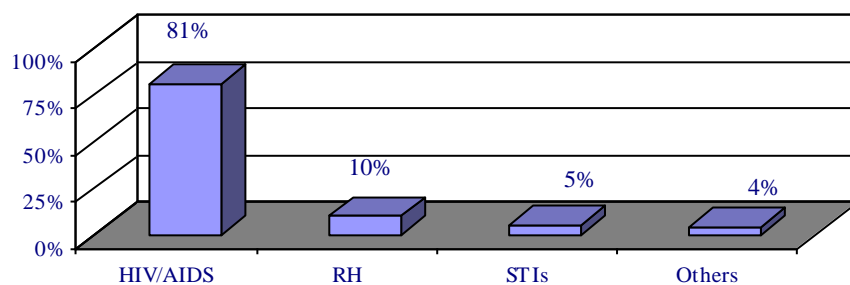
C1. Subject of call:

Callers can ask more than one question or one topic if needed. The main topic was collected as a first, then the second topic was recorded as a second and the third topic is not recorded.

The major subjects concerned were different between males and females. Female were concerned on Reproductive Health information than male callers, **Figure 11**

In this trimester, 28% of total calls asked more than one topic. Female concerned more than one topic than male (31% female, 26% male). The most concerned in the second topic were about Reproductive Health question 14% and RTIs questions 9%.

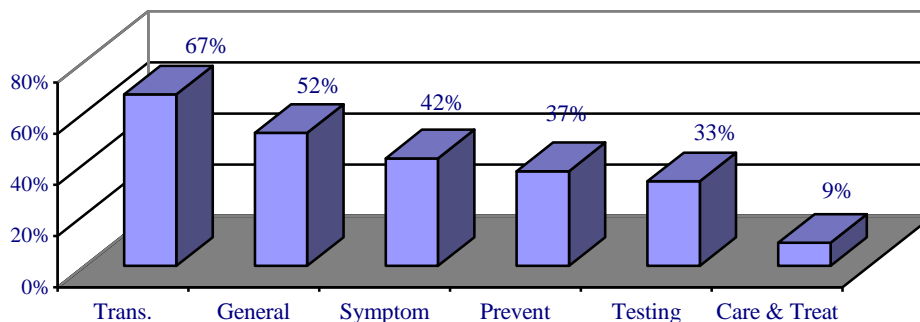
Figure11. Major Subjects asked by callers, Apr-Jun 2009 (n=2,833)



C1.1. for HIV/AIDS question (n=2,297)

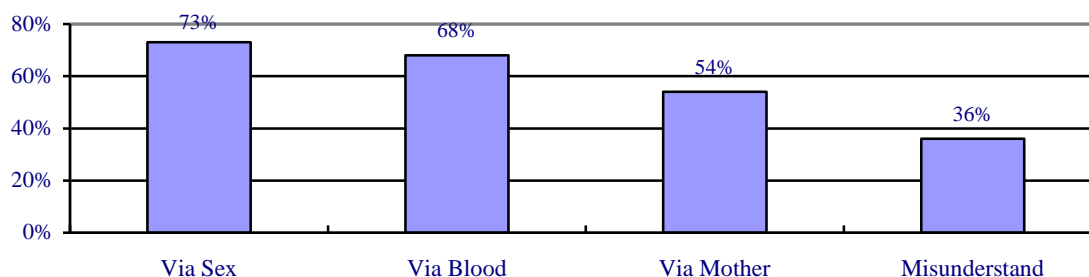
The most frequent questions on HIV/AIDS they were focus on the transmission risk, 67%, **Figure12.**

Figure12. Main questions on HIV/AIDS, Apr-Jun 2009 (n=2,297)



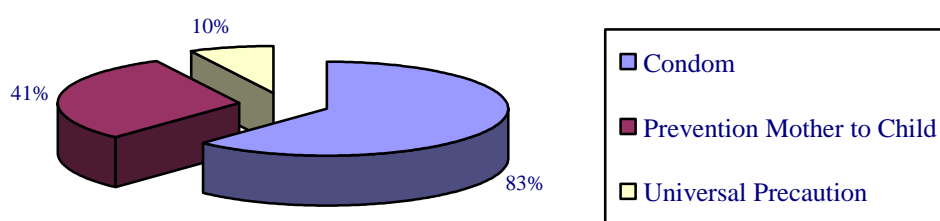
C1.1.1. For HIV transmission questions (n=1,051): People were concerned on the transmission through sex than others ways. Some callers called to discuss about their misunderstand which made them being anxious such as : the transmission via food 10%, toilette 9%, social contact 9%, animal or insect etc, **Figure 12.**

Figure12.1. Main questions on HIV transmission, Apr-Jun 2009 (n=1,051)



C.1.1.2. For HIV prevention question (n=843): The priority concern about HIV prevention was on the prevention by using condom. People more concerned on the quality of condom used e.g: how far condom can protect them. The second concerned were on the prevention of HIV transmission from mother to child and the last one were the question on the Universal Precaution, Figure 12.2

Figure12.2. Main questions on HIV/AIDS Prevention, Apr- Jun 2009 (n=843)

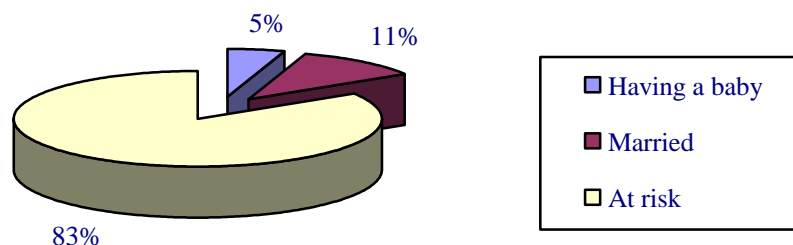


C.1.1.3. For HIV testing question:

- **9%** of called asked about the information of HIV test. They need to know about the window period, the specificity of test, type of test, HIV test procedure
- **91%** of those who talk about HIV testing questions were discussed about testing and show their willingness on going to do HIV test. They said about their reason that why they want to do test, **figure 12.3**. After the conversation, they were informed about the available nearest Testing Centers and that they can choose and go whenever they want.

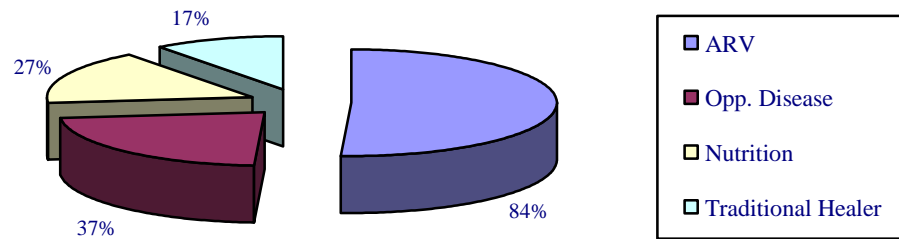
According to the result show our callers more concerned about their HIV status than before (*They want to do test because of their at risk behavior 83%*)

Figure12.3. Reason made people want to do HIV test, Apr-Jun 2009 (n=682)



C.1.1.4. For HIV Care & Treatment: People were curious about how to take care their relative who have HIV positive, what kind of food they should avoid, what kind of special hygiene they needed, what type of opportunistic disease they will get, why their relative still healthy and they passed way immediately after being sick only two weeks, why my neighbor had HIV (+) and he is too thin but he can work and have long life than mine? How long people can live when they have ART, etc.. **Figure12.4.**

Figure12.4. Main question on HIV Care and Treatment, Apr-Jun 2009 (n=203)

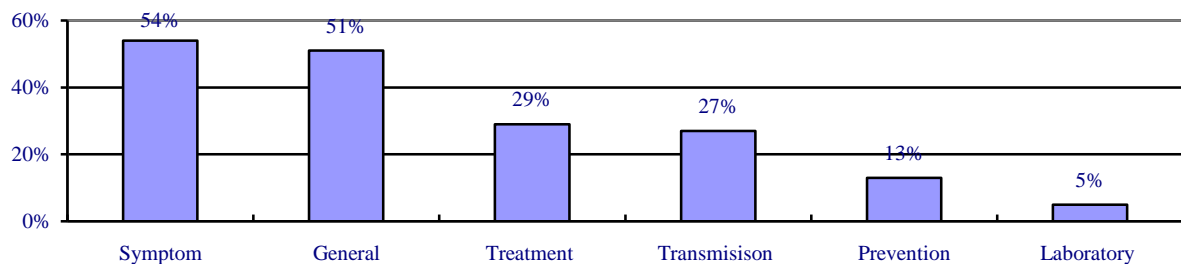


C.1.1.5. For question related with AIDS symptom People were aware on the symptom of AIDS because it is a main purpose made them calling hotline. They were fear with only minor health problem such as: skin rash, diarrhea, fever, cough, insomnia, lost weigh ...etc The uncertainty feeling made people feel not at east to live peacefully.

C. 1.2. Sexual Transmitted Infection (STIs):

5% of total calls called to seek for STIs information as their first concern (increased 2% more than previous trimester, 3%) Remarkably, STIs’s symptom and transmission risk were the main questions concerned by callers than others, Figure 13

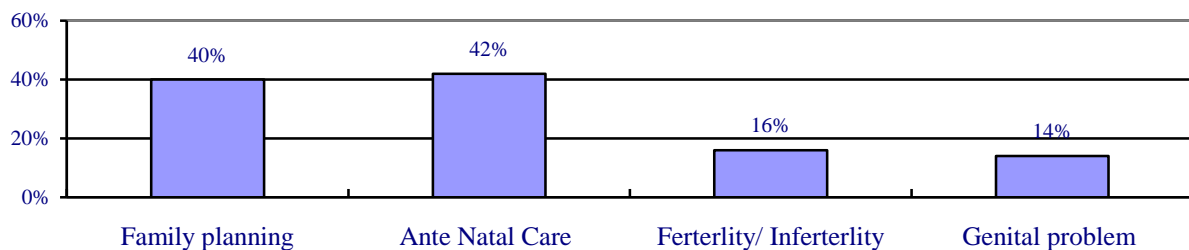
Figure13. Main questions about STIs, Apr-Jun 2009 (n= 129)



C1.3 Reproductive Health (RH):

10% of total calls seek for Reproductive Health’s information in their main purpose. (figure15)

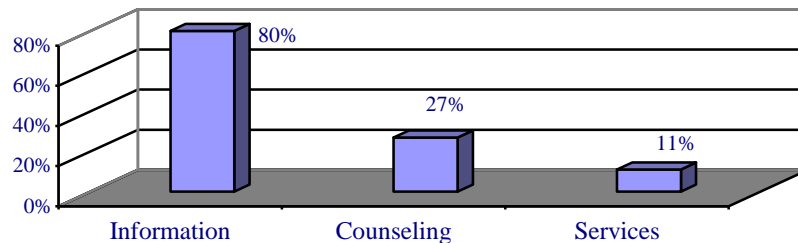
Figure15. Main question about Reproductive Health, Apr-Jun 2009 (n= 284)



C2. Type of Question:

Callers called hotline for different purpose including: asking for information, asking for services and some need counseling along with the conversation. **figure16.** It is a multiple answer that counselors can choose more than one topic according to the question concern by callers.

Figure16. Type of question asked by callers, Apr-Jun 2009 (n= 2,833)

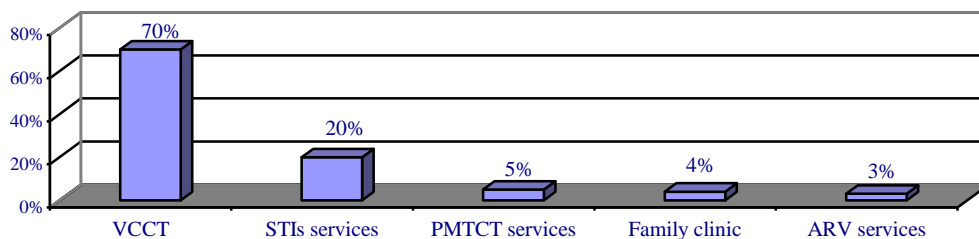


C3. Referral services provided by counselors:

Normally the answers are following with caller’s queries. In some necessary cases callers were referred to medical or social health facilities according to their problem, for example: STI clinics, Testing center, PMTCT services, ART service, TB, Hospital or mental health consultation etc.

In this period, **37%** of total calls were referred to different medical and social services according to their problem, figure17

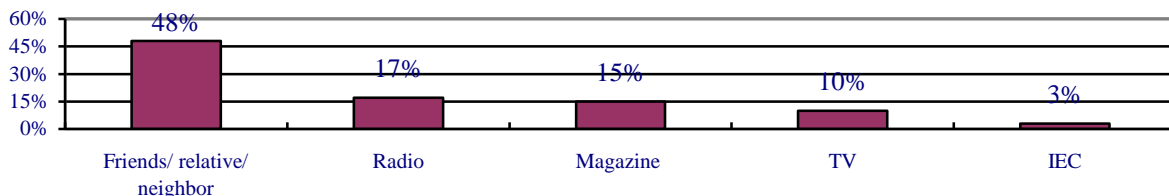
Figure17. Services referred by hotline counselors, Apr-Jun 2009 (n= 1062)



C4. Source new callers knew hotline numbers:

Callers were asked to report about the source made them known our hotline numbers. The result showed different from time of time according to the promotion done during that period, figure 18.

Figure18. Source New callers knew hotline, Apr-Jun 2009 (n= 1004)



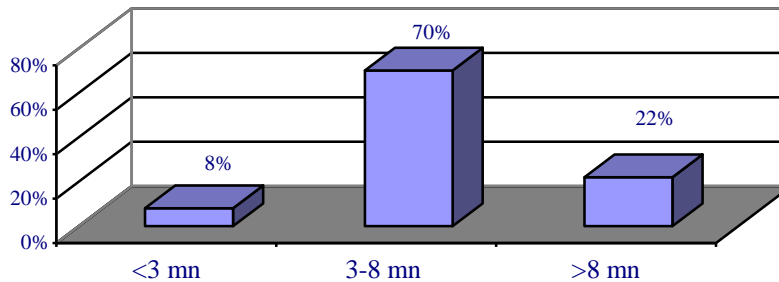
Noticeably in this period:

- **Source from friends** : always in the top compared to other sources significant that personal communication is spread too fast like an rumor
- **Source from IEC Materials** is increased since our partners used hotline INTHANOU as a references in their program or included in their IEC materials
- **Source from Magazine** is still acceptable and can reach to the specific target (MsM, Entertainment Workers, Young people....)
- **Source from Radio** is high, because the media promotion started again on 1st-20th Apr 2009 sponsor by Unicef

C5. Duration of conversation:

The duration of conversation was automatically recorded. The length of conversation varies from question to question. The total duration of conversation in this period was **50,964** minutes. The longest duration of talk was 47 minutes. The duration of conversation were set in different groups, figure 19

Figure19. Duration of conversation, Apr-Jun 2009 (n= 2,833)



Remarkably:

- Most of the conversation which took less than 3 minutes were the disconnected calls , calls to seek for information, called which need *yes-no answer*, called out off subject , called with run off batteries, called with run off credit,
- Regarding by gender, female callers always took long duration of talk than male callers and their conversation always various topic or queries than males, (>8mn :40% for female callers)
- Even the number of calls decreased but the duration for each conversation took longer than previous time. The conversation more than 8 minutes increased 2% than previous period was 20%.

III. OTHER ACTIVITIES

1. Website:

INTHANOU website address is www.inthanou.org .Our website contributes to promote hotline INTHANOU in case someone doesn't know our hotline service and want to contact us they can search and learn about our activity via our web page. Because of our website we can make our partnership in oversea to get more funding and reach more donors and partners. Furthermore we upload our trimester report in our web regularly. We pay for the domain name and web hosting every year to keep it accessible.

In Year 2009, the budget support the domain name and web hosting sponsored by Foundation de France (Marc Foundation).

2. Monitoring:

2.1. Monthly meeting:

Monthly meeting were done regularly once per month during the weekend (Saturday morning) and the schedule were on 25th Apr, 09th May, 20th Jun 2009. It is the opportunities for the team to sit together to discuss and sharing information, knowledge and some special issue occurred during their working period. Furthermore, it is time that we can discuss about something new or something we want to create related with our program. It is also the occasion for the association to present the progress and the result of the hotline activities. Monthly meeting is used as work monitoring in our association.

2.2 Hotline monitoring:

- **Self monitoring:** Counselor can monitor their achievement via our quick report system (hotline database)
- **Monitoring by manager** via supervisor system of the Call Center
 - Monitor on the availability of the phone (incoming, answering , waiting calls)
 - 72 cases were co-listening to monitored the quality of answering
- **Monitoring by donor:** donor visit once per month regularly, technical or financial

3. Promotion:

During this period hotline numbers were promoted through:

- **Magazine:**
 - Popular Magazine one issue per month regularly, funded by PSF-CI
 - Magazine “Together” targeting PLWA produced by SEAD, one issue per quarter paid by UNICEF
- **The media:**
 - Radio spot encourage women on seeking HIV/AIDs, STIs information via hotline was on air in 1st-20th Apr 2009 funded by Unicef
 - TV spots of BBC-WST linking with Inthanou Hotline numbers are on air for 3 months Jun-Jul-Aug 2009 via TV 5 and CTN channel
- **Promotion materials :**
 - Hotline promotion materials were re printed under financial support from Unicef. Those materials were T-shirt, Key holders, sticker, and flyers. Those materials are on the process of distributing via women clinic, and partners which have their target as MARP. Further more at this moment we have contact with Angkor Beer Company to circulate our materials in order to encourage them to access HIV/AIDs and STI information via our anonymous hotline service.
 - UNESCO provide financial support to reprinting T-shirt cover (the gap from total T-shirt requested) T-shirt reprinting Beside of Unicef we received budget from **UNESCO** to print T-shirts which are amount gap from unicef budget
 - The reprinting T-shirt add one more donor logo “Marc Foundation” who is our new donor support our hotline for 3 year from Jan 2009 to Dec 2011, the new donor is located in France

4. Limitation

There are some problems which effect to our activity and we are unable to manage:

- **Electricity:** Circuit interrupted is the main problem which made our telephone disconnected a little bite until the generator operated. Normally we cannot set up the generator automatically functioning
- **Telephone network :** Problem of telephone network made the difficulty to access
- **Telephone equipment :** Jammed is less than previous time and we have the new spared in case of problem
- **Weather:** Our telephone system was accidentally interrupted whiles the flash comes down near our place during heavy raining, it was thunderclap. Thus our team was afraid and requested to standby telephones while it is storming or raining with thunder and lightning

5. Others activities:

- Discussed with Sida Info Service for their advice on enlarging the program and got their advice for linking the new line with our system by separated the group line (Group 1: *HIV/AIDS, STIs hotline*; Group 2: *FP hotline*). By using this way the two groups can be monitored and we will receive the report of call management from both groups
- The contract with PSI for FP hotline is signed. The hotline start in mid Aug 09
- Preparing office spacious for new team of Family Planning hotline
- Upgrade internet allowance capacity using PSI budget (add more staffs)
- Prepared list of new equipment needed for new project with PSI
- FHI approach us to show their willingness on providing financial support our hotline focusing on the MsM issue. The discussion is in the process as FHI come to do assessment of the association. We need to discuss in deep as well as their criteria and indicator needed, as we want keep our service for general population that everybody can access without discrimination (not hotline for MsM, not hotline for PLWA)
- Collected Frequent Question Asked by MsM for FHI as requested
- Internal audit done by Unicef financial officer
- Join National Annual share holder review meeting prepared by NAA 2nd -3rd Apr 09
- Joined candle light day organized by HACC and NAA
- Participated workshop organized by PSF-CI on the topic of “*Together of health to empower women working in the entertainment Establishment*”
- Participated with the dissemination of new research finding among men at high risk of HIV with sweat heart done by PSI
- Distribution hotline promotion materials to partners to work directly to Most at risk population such as : young people, Women work in the Entertainment places, MsM, and drug users
- Participated workshop done by FHI on the IEC orientation targeting smart girl and Mstyle (MsM)
- Participated workshop on sharing lesson learned from PSF-CI on OI/ARV Pharmacy project, project ended and handover to SEAD
- Request MobiTel to put Cellcard logo in our materials to make our message become shorter as its new prefix increased (012,092,017, 089, and 077) more and more made difficulty for leaving message. So revised our message in the Call Center system (Welcoming and closing message) and in Flyer and magazine. The message revised is: this service is free for Cellcard member plus Cellcard logo and we make a note for Cellcard member at the end of the text. Request accepted.
- Requested Unicef to use remaining budget for printing more materials, requested accepted and they asked to revise the distribution list

IV. Conclusion

During this second trimester of year 2009, that our incoming calls are increasing (figure 1, page 3) after the media promotion (radio) started in December 2008 , and the new wave started in Apr 09 and at the same time the TV spot of BBC-WST linking with hotline numbers are broadcasted for 3 months Jun-Aug 09 via 2 TV channels. But we have noted that Radio promotion absorb callers from provinces than city.

The distribution of hotline materials also contributed to attract specific target even it is not showing much amazing result but it is very much helpful.

Normally when the media promotion is done we always receive two types of calls first from true clients and second from fake clients (joking and testing calls). This problem cause the different numbers from incoming calls and Valid Answer Calls (Calls with conversation). New callers might still not confident that our service is anonymous, which Radio station I should turn on, callers asked. So after they talked with our team they become our regular callers for every problem.

During this period, we received more MsM (self identifies) 1.2% of total male callers (last period 1%), and we noted that the MsM hidden may difficult to reach if they don't want to show off. Our database is recorded base on the willingness of callers, they can refuse if they feel not comfortable to reply, and normally we should respect their right.

So we think on having basis training on MsM issue related with HIV/AIDS to have enough knowledge and more understandable with MsM issue.

Hopefully our anonymous hotline service is contributed to support others HIV/AIDS, STIs programs of partners and can have a good work circle on referring with NGOs partners.

Phnom Penh, 12th Aug 2009,
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