

Kingdom of Cambodia

Nation - Religion – King



INTHANOU Association,

HIV/AIDS Hotline,

012 999 008/ 012 999 009/ 092 914 111,

11: 00 am – 8:00 pm,

Monday-Saturday

Trimester Report

HIV/AIDS Hotline project

July - September 2010

Submit to

UNICEF

MOBITEL

ACTED -PSF

FOUNDATION DE FRANCE

SIDA INFO SERVICE

Family Health International

NOVEMBER 2010

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I. BACKGROUND:

INTHANOU, a local NGO started its first hotline activity since 2000. INTHANOU receive financial support from various donors including: UNICEF, UNESCO, French Embassy, Sida Info Service, ACTED Pharmacien Sans Frontiers (2007-2011), Foundation de France (2009-2011) and Telephone Operator ¹ which provide free incoming call of telephone line since the start to date.

II. HOTLINE ACTIVITY:

A. WORK METHODOLOGY:

INTHANOU functioning three telephone lines discussing about HIV/AIDS, STIs and Reproductive Health nine hours per days and six days per week (11am-8pm, Monday to Saturday). Team of **03** counselors is available in duty of **03** hours to answer the phone.

One more specific line was created and operates by group of midwives to discuss about family planning and pregnancy option support by **PSI** Cambodia. This line operates **8** hour per day (12pm - 8pm) and **5** days per week (Monday to Friday) close on weekend.

As part of our statistic, the caller's profile and information of calls is collected right away during talk and then data are transferred to analyze through Epi Info program.

B. HOTLINE RESULT:

In this period, we had **79 working days** and received **8,654** incoming calls (HIV, STI hotline) Of total incoming calls, only **5,408** calls were valid calls (with talk), **89%** of incoming calls; however calls with no conversation are not recorded.

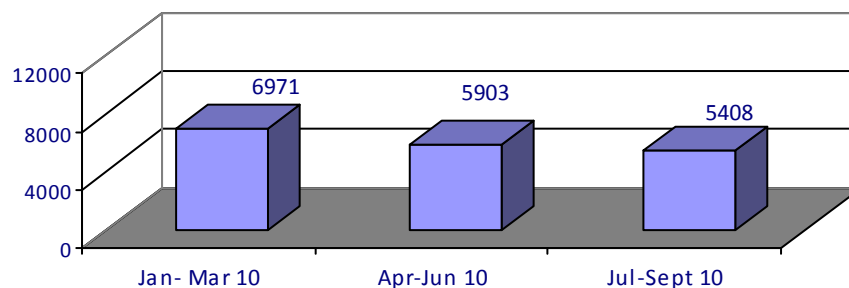
Caller's profile and information of calls are analyzed from 1/3 of total Valid Calls, n= **1,765** calls,

Note: The data showed in this report not include the result from Birth Spacing and Pregnancy Option line (**012 999 124**, 12am-8pm, Mon-Fri, received **2,672** valid calls during **66** working days).

B.1. Valid Calls received:

Average valid call in this period was **68** (varied from 48 to 94). Number of valid calls received each month is shown in **figure 1**

Figure1. Calls received by trimester year 2010 (n= 5,408)



¹ Free incoming calls for the same network, others has to pay as normal rate

Noticeably :

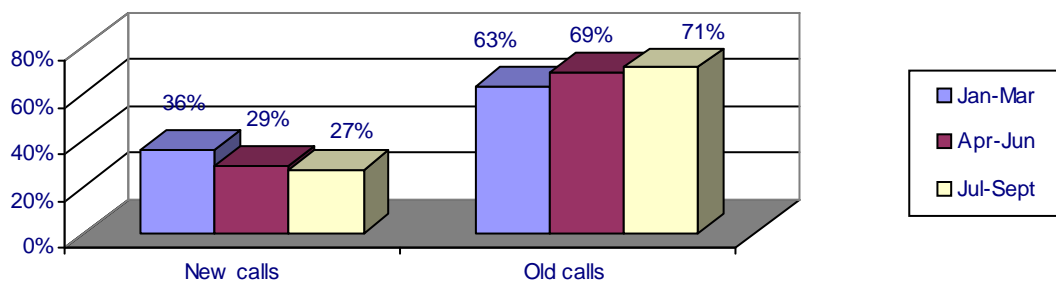
- More calls received in weekday than weekend
- More calls received after holiday than during holiday ²(National Holiday **24** days per year)
- Hotline’s users are shared to new line which is a new brand of INTHANOU ³
- More called during the promotion of telephone company (50% or 100% of bonus credit) as people had more credit in their phone
- While the hotline promotion done, more calls coming as well as more teasing calls

B.2. Type of calls:

Callers were asked to report about their history of calling hotline, **Figure2**. There are 3 types of call:

- New call refer to those who called hotline for their first time
- Old call refer to those who used to call hotline (non limit time)
- No information if no answer or no data

Figure2. Types of calls, by trimester



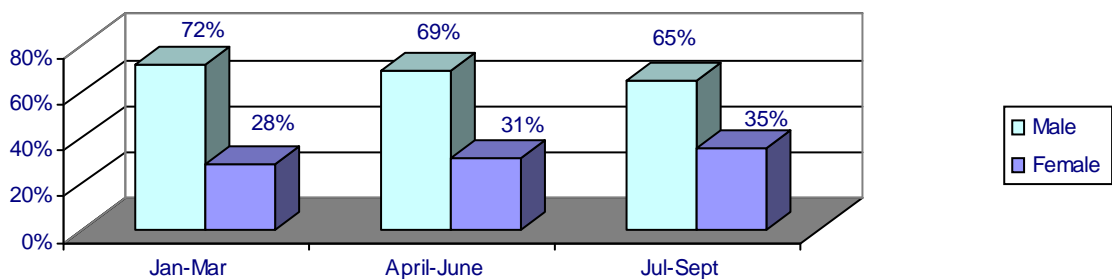
Remarkably:

- New calls decreased compared to previous quarter (27%)
- New called from males (29 %) more than females (23%), opposite than previous quarter

B.3. Gender of callers:

The percentage of female calls hotline increased from time to time, **Figure 3**

Figure3. Gender break down of callers, by trimester



Noticeably: Female called increased from and most of them were young female aged 20-24. The situation seem to change compared to several year in the past , female always shy to talk about something related with sex

² Hotline service close 10 days of holiday per year

³ Start in third quarter of 2009

There were some special audiences called hotline during this period, such as:

Homosexual: 96 calls reported as homosexual; among them 94 calls are Men who have sex with men (MSM). It represents 2.7 % of total calls (3,499 calls) from male. Remarkably :

- **Most of MSM** (analyzed from 1/3 of total calls from MSM ,n=30):
 - Are young males in the aged group of less than 25 year olds, 47%
 - Are new callers , 60% of total calls from MSM
 - Known hotline numbers via individual communication such as: peer/ friends (40%), 30% by radio, 10% by IEC. Remarkably, MSM knew hotline via Radio and IEC/NGO increased than Q2, no call talked about internet as last quarter
 - 34% of them reported as not having HIV test , no MSM reported as HIV (+)
 - 47% called from P. Penh and 53% from provinces (Kg Speu was the highest in this period)
- **Question concerned by MSM** was related with health issue, sexuality and other social issue.
 - **For health issue:**
 - Some were curious about the way of HIV and STI transmission, comparing with their sexual behavior anal sex and oral sex with or without swallow partner's semen.
 - Some concerned about their future reproductive health as they used oral hormone (family planning pill 2 tables per days, not normal dose) in the purpose of having big breast and smoothly skin
 - some were curious about STIs symptom related with oral sex as they had sore in their mouth and sore throat frequently, having frequent pain in their anal
 - **Sexuality:** how to cheer up their partners? How to do if his partners forced him to have anal sex or oral sex, want to try to do anal sex as their friend , scare of bleeding after having anal , use family planning pill 2 tables per day to reduce sexual desired, get the wrong idea that semen will help them to have strong libido, or powerful sexual desired, or smoothly skin
 - **For psychological issue:** they talked about their family conflict , have feeling with males friend and jealous with his girl friend, some young males talked about sexual abuse, scare of family know about their sexual identity, some hidden feeling made them depress cannot live in peace, have good job and good fortune but I have an abnormal feeling made me feel not at ease (interest with men only) I am afraid that my colleague will know , so I sometimes invite some female colleague to go out to hide the reality, reported by counselors

Pregnant women: 63 calls from women reported that they were pregnant; it represent 3% of total calls from women. Among them (n=26, 1/3 of total calls from pregnant women)

- 65% are in the aged group of 20-24 , more call from young pregnant women than before
- 73% are old callers
- 88% of them called from provinces
- 31% knew hotline from Radio, 42% Magazine, 19% through individual communication (friend, peer, neighbor and relative), 4 % by IEC materials

Noticeably: During discussion, information about the benefit of early pregnancy check up, the important of knowing their HIV status to prevent their babies on time were always delivered. Pregnant women who had problem of vaginal discharge were encourage to go to check up to prevent their babies from STI transmission

Drug used : 2 calls from male reported as used to use drug

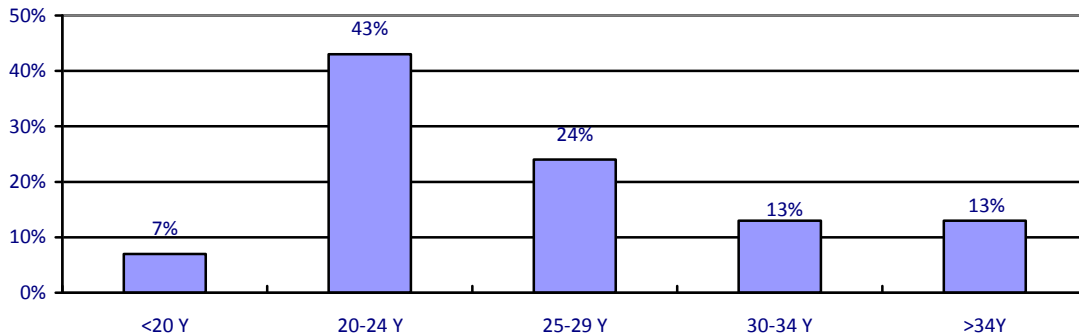
- For those who are terribly addicted with drug, cannot manage to discuss by phone as their mind were in uncontrolled situation
- Calls concerned about drug may hide under the question on sharing shape materials which represent 2.3 % of question on HIV/AIDS

B.4. Aged group of callers:

Callers were asked to state about their aged. The youngest aged was **12** years old and the oldest one

was **52** year old. Aged of callers were set in groups, **Figure 4**

Figure4. Aged group of callers, July- Sept 2010 (n= 1,765)



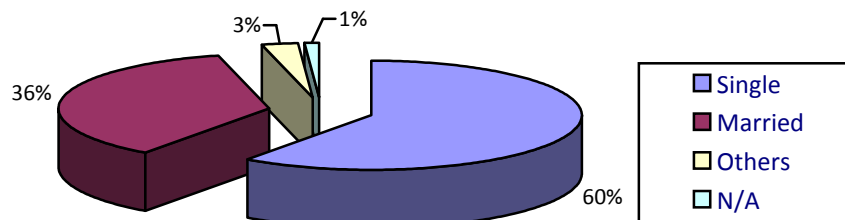
Noticeably:

- Called from young people aged under 25 year old represented 50% of total calls (girls 55% boys, 48%)
- Most of young people reported that they had more phone numbers (new network) , young people love to have something new as

B.5. Family status of callers:

Calls received from various status of people .Most of our callers are single, **Figure5**

Figure5. Family status of callers, July- Sept 2010 (n= 1,765)



Noticeably :

- Called from single males (67 %) more than single female (48%),
- Singe male had their personal top secret related with sexual activities to discuss more than women

B.6. Occupation of callers:

Callers were asked to state about their current jobs. Privacy of users is really much appreciated. It is strictly considered about cultural context of different target audiences. Data were collected as no information when no answer. Main occupations of callers are different between males and females, **Figure6a, Figure6b,**

Figure6a. Main occupation of callers, July- Sept 2010 (n= 1,765)

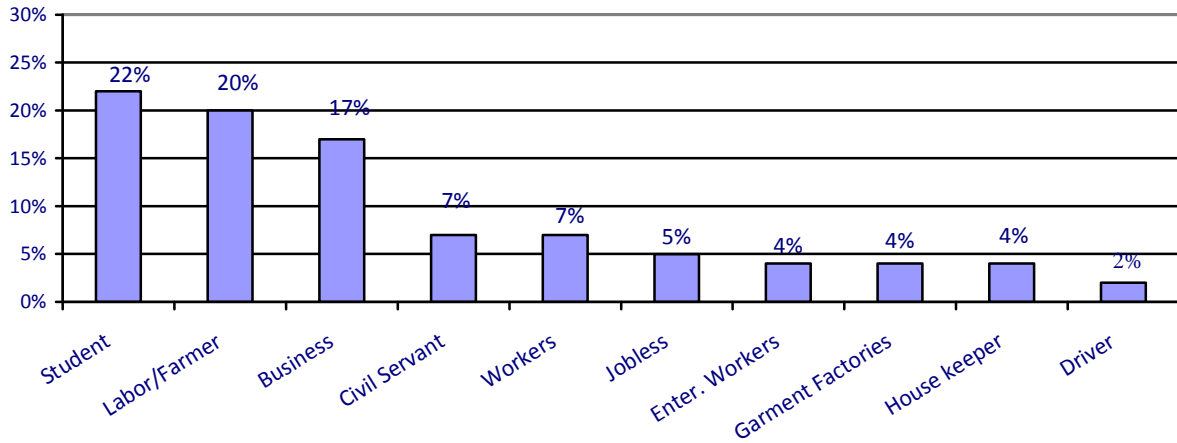
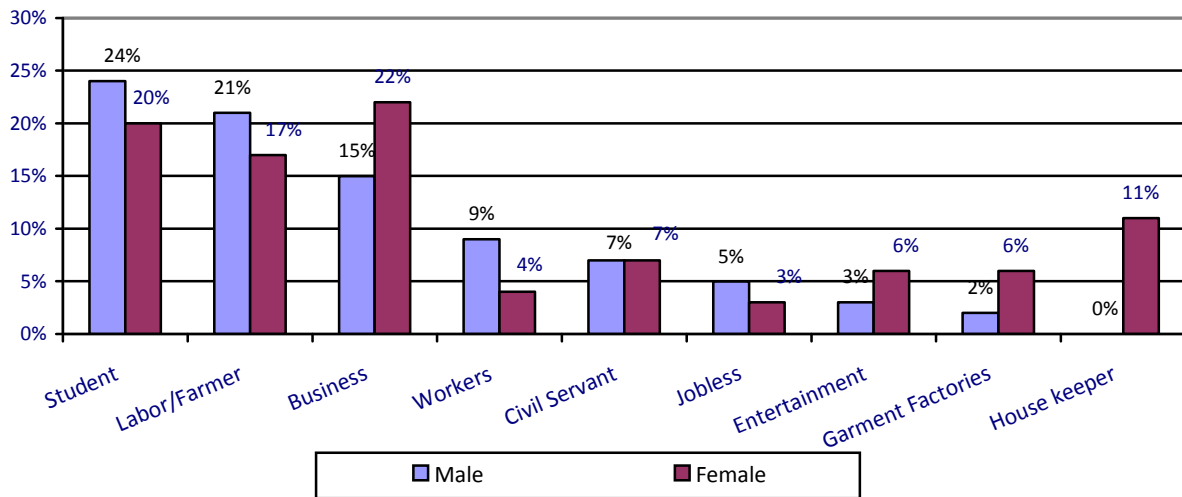


Figure6, b Main occupation of by gender, July- Sept 2010 (male, n= 1,140; female, n= 625)



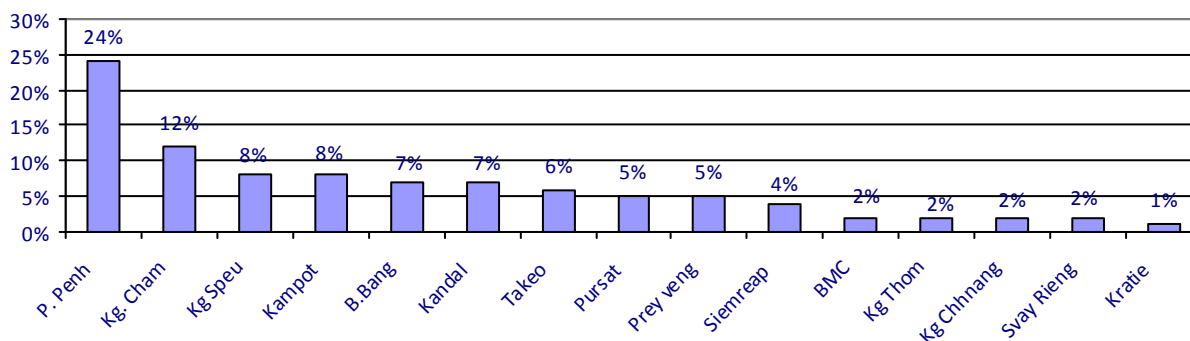
Noticeably :

- Normally those who has their own business had free time more than others
- Workers here represent for those who use their physical body and manual labour such as construction sites, wooden sites, sea port workers, rubber field,etc
- Entertainment Worker (EW) included those who work in the casino, hotels, restaurants, beer promotion, beer gardens, karaoke, clubs, massages, bar, snooker clubs, guest houses.
- We noted that calls from men who work in the entertainment places seem to increase and some of them talked about selling sex
- Jobs which are less than 2% are not presented in the chart

B.7. Origin of calls:

Calls were from everywhere of the country even it was small in some area. According to the result show that most of calls were from provinces more than Phnom Penh city, **Figure7.**

Figure7. Origin of calls, July- Sept 2010 (n= 1,765)



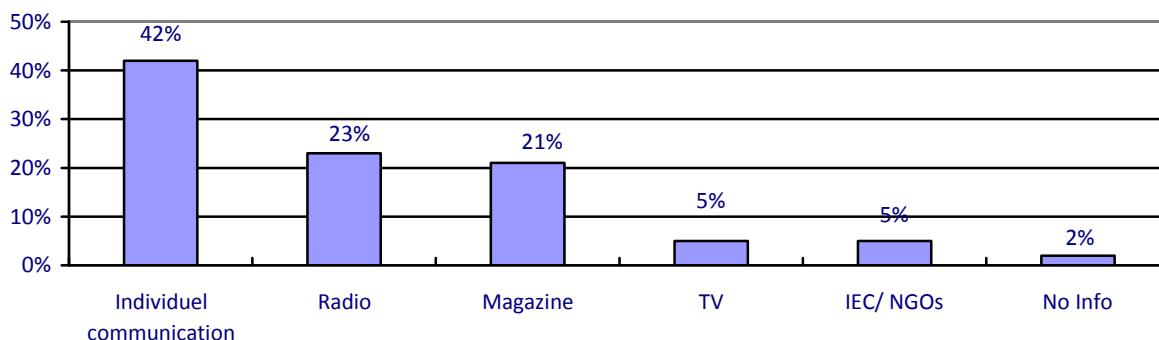
Noticeably :

People in rural are limited on accessing information than people in urban area. Growing of telephone network and facilities (phone device is cheap new phone cost 17 US\$, used phone cost 10 US\$) and public phone booths are largely grow in rural area) to the countryside help them to access information easily through our hotline service easily, callers said they dial our numbers when they had problem.

B. 8. Source New callers knew hotline numbers:

Callers were asked to report about the source made them aware on calling hotline. The result were changed from time to time up to the promotion done during the period, **figure 8**

Figure8. Source New callers knew hotline, Jul-Sept 2010 (n= 473)



Remarkably : Among **new** callers reported on source made them called hotline :

- Source from individual always high than others source. Individual represent peer, friends, relative/neighbor...etc
- Source from radio remain high as Unicef radio spots was on air 20 day in August (1st-21st)
- Source from Magazine is still remarkable even we did it long time ago, PLWA talked about SEAD magazine seem to be notable
- Source from IEC Materials and NGOs increased in this couple of years (last year 2%)

B.9. HIV status of callers:

When the conversation related on the doubtful feeling of HIV or their sexual behavior, callers were asked about their history of HIV test, some callers are not confident to talk. Caller's privacy are much respected, they can refuse if they did not want to, **figure9a, figure 9b,**

Figure 9,a HIV status among total calls, July- Sept 10 ,n=1,765

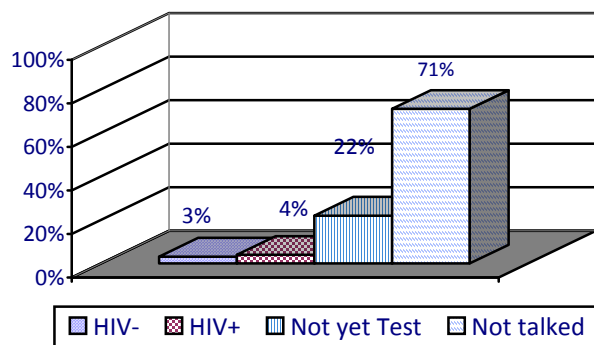
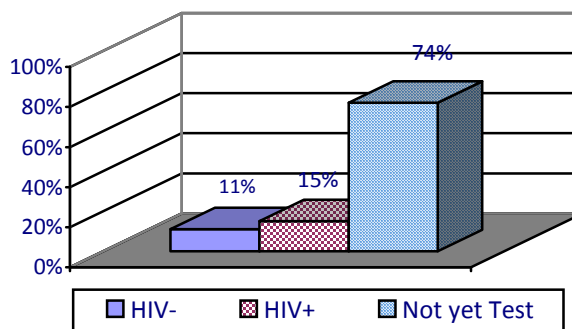


Figure 9,b HIV status among those who reported , Jul-Sept 2010 (n= 515)



Of total calls:

- 71% of calls don't want to answer about their HIV status even they are in doubt, only 29 % reported about their HIV status, increased more than previous quarter (21%)
- 22 % did not do HIV test yet
- 3.2 % have HIV (-)
- 4.40 % have HIV (+), among them 60% used to calls hotline, 34% knew hotline via individual communication (friend/peer ,neighbor and relative) , 19% from Radio, 18% from Magazine and 12% from NGO sand IEC

Among those (29%) who talked about their HIV status:

- 74% not yet test
- 11% HIV (-),
- 15% HIV (+),

B.10. Sexual behavior and condom practice of male callers:

When the conversation related with sexual behavior, callers were asked about their condom practice in the past 6 months. The report was based on their willingness. Only 23% reported about their condom practice. Most of them are males (75%). Report of condom practice from female was little compared to male callers, so we present only the condom practice of male callers only, **figure10**

Figure10. Condom practice of male callers with their extra marital partners, Jul-Sept 2010 (n= 302)

Figure10 a, With Irregular Partners

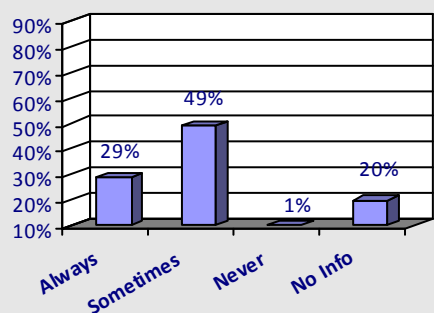
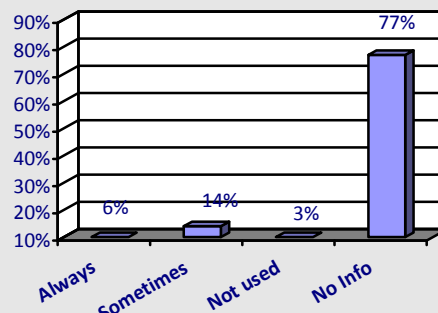


Figure10 b, With Regular Partners



Remarkably :

- Most of hotline callers were those who had active sexual activities that why the report of not using condom regularly higher than total population. They are most at risk target
- Most of the reasons made them having mistake of unprotected sexual intercourse were alcohol during party or special event which lead to continue to find partners
- People always ignore about using condom with regular partners because of trust

B.11. Information of Calls

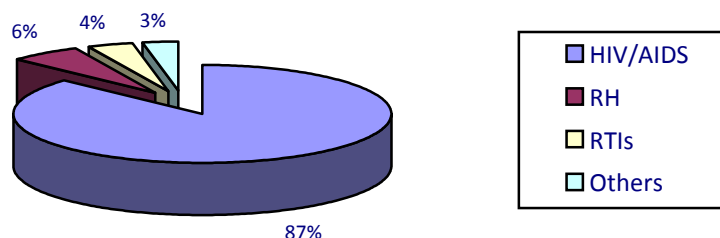
The results were analyzed from data random 1/3 of total calls 5,408. It represent (n=1,765).

1. Main Subject of call:

Callers can ask more than one question or one topic if needed. The main topic was collected as a first domain, the next was recorded as a second domain (30%) and the third topic is not recorded.

Beside of HIV/AIDS, callers asked about Sexual Transmitted Infection (STI) and Reproductive Health (RH) queries, **Figure 11**

Figure11. Main Subjects asked by callers, July- Sept 2010 (n= 1,765)



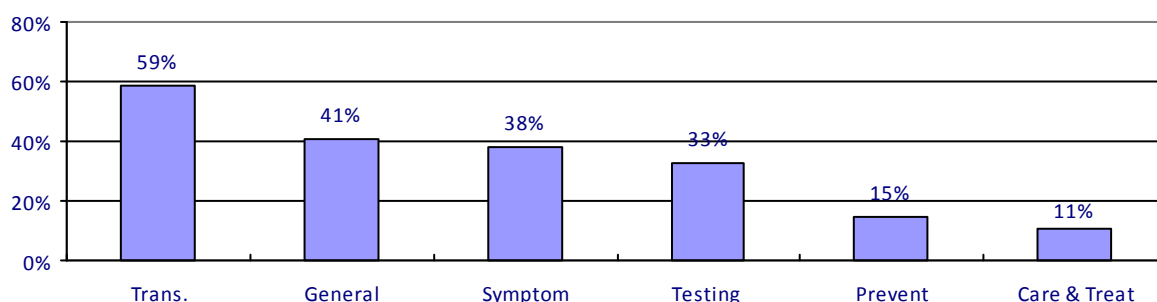
Noticeable:

- Males and females were interested in different topics,
- People interested on STIs as (female 18%, male 14%) and Repro. Health (Female 15%, male 8%) as their second questions
- Male interested on STI (14%) and Repro. Health (8%)
- Question related on Reproductive Health were less than previous time because of our clients were share to birth spacing hotline, new brand of hotline INTHANOU

1.1. For HIV/AIDS question (n=1,532)

Data collection was done immediately during conversation. As people asked more than one question, thus the multiple answers of check list made the result in the chart show more than one hundred percent, **figure 12**

Figure12. Main questions on HIV/AIDS, Jul-Sept 2010 (n=1,532)



Noticeably:

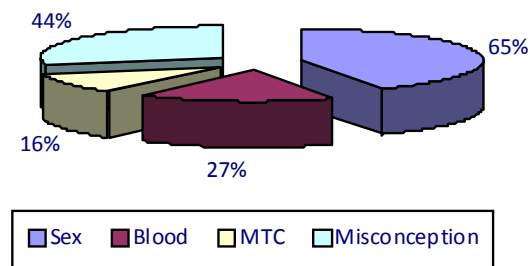
Question on transmission: (59% of total calls talk about HIV/AIDS),

Figure 12.a. calls concerned on transmission via sex were largely than other questions.

Noticeably,

- ⇒ Not proper protection of sexual intercourse were the most topic to discuss than others
- ⇒ Question related with transmission through blood were related with the universal precaution of the instrument use in beauty saloons, dental clinics and some calls talked about sharing shape materials by mention on how long the virus can survive in the environment
- ⇒ Calls asked about transmission from Mother to child were increased remarkably and most of them were called from rural area

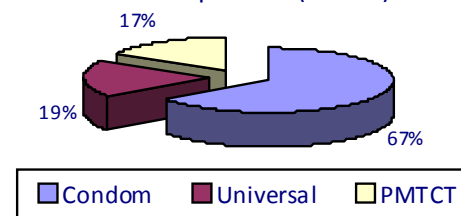
Figure12.a. Question on HIV transmission, Jul-Sept 2010 , (n= 969)



Question on prevention: (Multiple answers)
People want to discuss about sexual prevention more than others question, **figure 12.b**

Noticeably : the question concerned on HIV prevention through sex increased as well as the questions on sex transmission

Figure12.b. Question on HIV Prevention, Jul-Sept 2010 (n= 233)

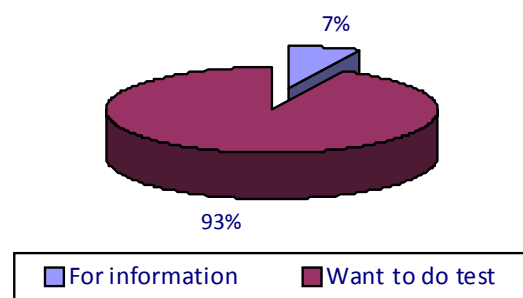


Question on HIV testing: (33% of total calls talked about HIV/AIDS). Among them (**figure 12,c**) :

- 7% asked for HIV testing information or HIV testing process (window period, test antigen, different result of HIV test, test concordance ...etc)
- 93% want to discuss on their intention to do HIV test (35% female and 65% male). They had different reasons : (n=472)
 - ⇒ risky behavior, 85 %
 - ⇒ Plan to have a baby, 6 %
 - ⇒ Plan to married, 8 %

Noticeably: Callers were worrying on their HIV status and show their willingness on going to do HIV test more than before, signified they have more concerned about their responsibilities than before.

Figure12.c. Question on testing, Jul-Sept 2010 (n= 472)

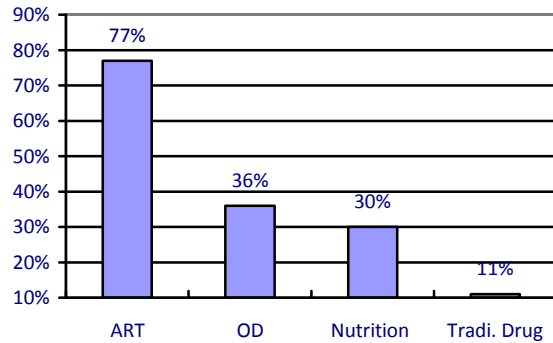


Question on care & treatment: (11% of total calls talked about HIV/AIDS, n=172) Figure 12.d

Noticeably question concerned on ART is high but people not talking about ART but they discussed every issue around ARV such as :

- Shortage of nutrition under ART treatment
- Post Exposure Prophylaxis after condom break
- Worries about moving to new ART place
- Worried on the discrimination in work place
- Worried about losing jobs ,
- Worried about their income
- Worried about the future of their kids

Figure12.d. Question on Care and Treatment , Jul-Sept 2010 (n= 172)



For question on AIDS symptom , (n=867)

It is still the same, as people concerned on the main symptom which will help them to identify their HIV status without doing test. Most of them had done some risk actions in the past, some callers were too worries, uncertain feeling made them panic, that why many people decide to do HIV to eliminate doubtfulness feeling.

For question on AIDS in General , (n=1,036)

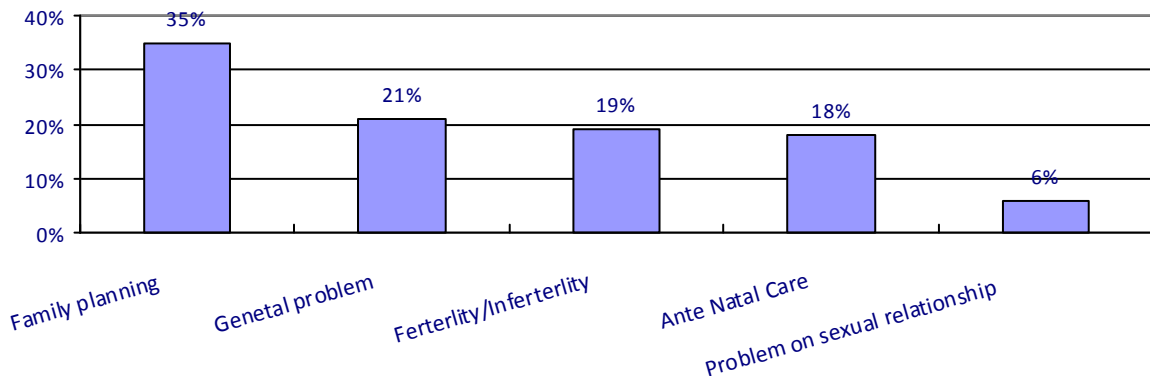
callers concerned on :

- ⇒ AIDS vaccine, research, statistic
- ⇒ HIV virus biological information
- ⇒ The growth of HIV in the human body
- ⇒ Strategy to fight against HIV
- ⇒ Life expectancy of PLWA / children
- ⇒ AIDS in the world
- ⇒ AIDS awareness campaign

1.2. For Reproductive Health Question:

Of total calls, only 6% called to seek for Reproductive Health's (RH) information as their main purpose. Among RH topic there were several of questions, multiple choices made the percentage over 100%, figure13

Figure13. Main question about Reproductive Health, Jul-Sept 2010 (n= 125)



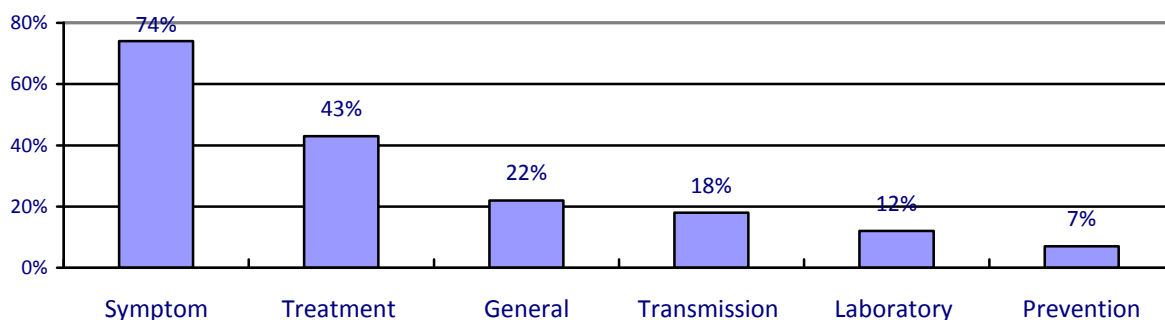
Noticeably :

- Calls to seek for RH information dropped down because of our clients share to specific line (received 700-800 calls per month) , new lines were fully campaign through Media for whole three months
- Most of young people want to discuss about the fertility period that they should avoid for unwanted baby
- Questions on sex were related on: libido reduced, how is the longest or the shortest of sexual intercourse, how many time to have sex per week is good? How to cheer up partners...

1.3. Sexual Transmitted Infection (STIs):

Of total calls, only 4% asked for RTIs/ STIs information as their first concern. Remarkably, STIs's symptom and transmission risk were the main questions concerned by callers, **Figure 14**

Figure14. Main questions about STIs/ RTIs, Jul-Sept 2010 (n= 76)



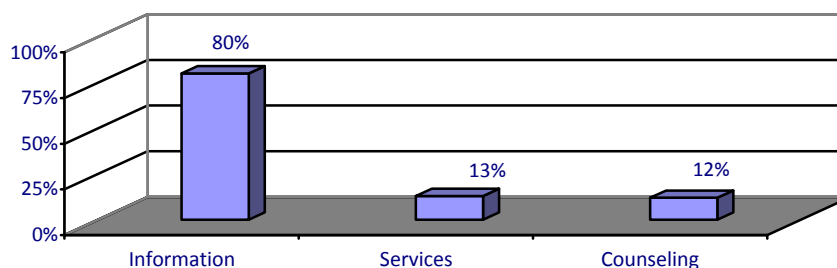
Noticeably :

- STIs symptom and treatment are the main topic asked by callers because it was the main point that made them curious and call hotline
- Most of people asked about STIs are in the aged group of 20-25 : 48%
- Male asked more than female (51%, female: 49%)
- Question related with laboratory were: how long the labo can detect the virus? They were not quite sure why after treatment the test result still exist (Syphilis ...) ?

2. Type of Question:

Normally callers called for different purpose. Data are collected as multiple answer, thus the result can more than 100%, **figure15.**

Figure15. Type of question asked by callers, Jul-Sept 2010 (n= 1,765)



Noticeably :

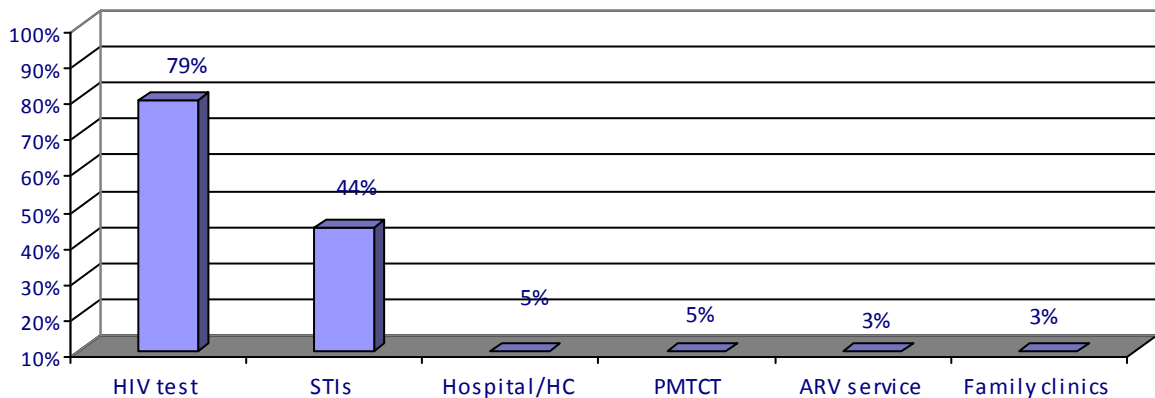
- Calls to seek for information and interrupted calls spent less period than others purpose
- Calls to seek for counseling last for long period most of them are female
- Some callers need to go to service after the conversation

3. Referral services provided by counselors:

Normally the answers were followed by caller's queries. In some necessary cases, after the conversation the counselors realized that their clients need to go to medical or social services. Then they give the information about some nearest available services and then callers can choose by themselves.

Even calls to seek for services is only **12%**, **figure 15** but after the conversation **38%** of total calls need the information of where to go to the services according to their problem. The services told by counselors were details in **figure 16**

Figure16. Services referred by hotline counselors, Jul-Sept 2010 (n= 663)



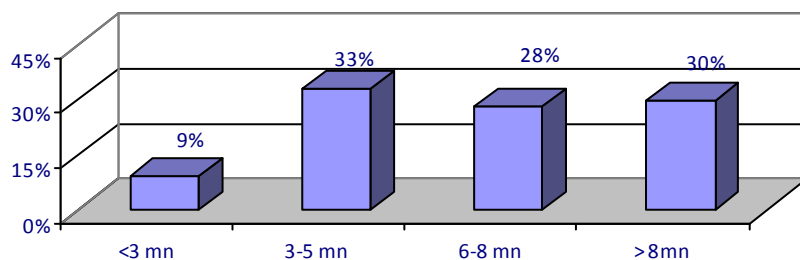
Noticeably :

- Most of the service referred were HIV testing means most of caller's problem were related with HIV transmission suspected, uncertain status, unsecured sexual practice
- Callers needed STI check up increased remarkably
- Callers need PMTCT services are also increased (only 3% in previous period)
- Service referred of Family clinics, MCH and PMTCT sometimes are related each others

4. Duration of conversation:

The duration of conversation was automatically recorded. The length of conversation varies from question to question. The total duration of conversation was 37,726 minutes. The longest period of talk was 52 minutes. The duration of conversation was set in different groups, **figure 17**

Figure17. Duration of conversation, Jul-Sept 2010 (n= 1,765)



Remarkably:

- The conversation which took less than 3 minutes were calls to seek for information, Interrupted calls, called to confirm, calls during their busy time
- Regarding by gender, women more likely talked longer than men
- The average duration of conversation in this period was 7 minutes

III. OTHER ACTIVITIES OF HOTLINE

1. Website:

INTHANOU website address is www.inthanou.org (the domain name and web hosting⁴). Our website contributes to promote hotline INTHANOU wisely, national and international for fund raising. So our partners or individual can have a convenient to access.

2. Monitoring and supervision:

2.1. Monthly meeting: (internal monitoring)

Monthly meeting were done regularly once per month during the 2nd or the 3rd weekend of the month (Saturday morning). The monthly meeting is the only opportunities for the team to sit together and discussed or sharing information/ sharing some difficulty they faced during their working period or having any comment or making any decision related with the project. Monthly meeting is used as work monitoring in our association. In this period the monthly meeting was held on 3rd July, 28th August and 18th September 2010.

2.2 Self monitoring: Counselors can monitor their achievement through quick report system of our database

2.3. Monitoring by manager :

- Monitor activity of the telephone: Telephone activity supervisor is monitor by supervisor system to insure that all incoming calls was pick up
- Monitor the quality of answering: some cases were randomly done for double listening to control the quality of answering. There were **63 cases (21 cases per month)** were randomly done for co listening. Normally the monitoring is done without informed.

2.4. Monitoring by donor (external monitoring) :

- **Technical issue :** donors monitor the program regularly via the monthly report
- **Financial issue :** the financial report were sent to every donors every month regular, thus the budget transfer will be done after the report submitted

3. Promotion:

- **Media : 03** Radio spots prepared to promote hotline fund by UNICEF were on air
- **Magazine:** once issue per month funded by ACTED –PSF, UNICEF and FHI
 1. Magazine **for young people one** issue per month regularly,
 2. Magazine **dedicated for PLWA** produced by SEAD, one issue per quarter
- **Newsletter:** one newsletter was developed under technical and financial from UNICEF focus on young people who calls hotline (Appendix A) by using the data in the first semester of 2010. The aim of newsletter is to share important data from to relevant development partners, donors, governments, NGOs, national program and others stake holders.
- **IEC Materials:** Additional budget provided by UNICEF to cover the gap of re printing fee of hotline materials and circulated to different target group (Appendix B), number of each IEC printing under UNICEF budget is in the table below:

⁴ Need to pay every year to keep it functioning, year 2010 support by UNICEF

No	Name of Material	UNICEF	FHI	Total	Others note
1	Poster	2000	0	2000	In the process of distribution
2	Sticker	2000	0	2000	In the process of distribution
3	Flyer	0	15000	15000	In the process of distribution
4	T-shirt	1700	2500	4200	In the process of distribution
5	Key chaine	2500	2500	5000	Still in the process of printing cause of printing house's mistake

4. Informatics work:

- **MSD** : Update 30 friendly family clinics for MSM , source from NCHADS
- **A2R** : MSM guide support by UNESCO were uploaded

5. Staff Capacity building:

- No training done during this period

6.Constraint:

- **Business Competition of the telephone company:** has strong impact to our program as we lost some user of our network (Same network get free incoming calls)
- **Global financial crisis** : Callers reported that they reduced the frequently of top up credit, noticeably during promotion period, (received 50%-100% bonus of their credit top up) we received more calls
- **Lack of regular power full** and media during this couple years made the business competition had weakness (No TV spot done as some couple year)
- **Problem of weather forecast** : Heavy raining, lightening during working hours frequently happened in this period made people afraid of using mobile phone

IV. CONCLUSION:

The number of total calls were nearly the same as during this period but we received more calls from women (**35%**), new calls from MSM **PLWA** (from 188 calls in Q1 to 238 in Q2), and some target who are group at risk such as MSM (more new MSM calls increased from 28% to 50% of total MSM calls); EW (not increased number but increased new calls from them).

Shorten of powerful media promotion (TV spot compared to year 2004-2006) to promote hotline along with the business competition of telephone network give big impact to our hotline activity. The radio promotion seems to not giving any huge result as previous time. New proper communication strategy needs to be developed to support the hotline. The small survey among our users will be done around 10 day in next trimester to estimate the situation of our users.

We would like to express our gratitude for the national program, national AIDS Authority, our donors, our partners for their support and good collaboration, and our team for their strong commitment.

Phnom Penh, 20th November 2010,
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