2020 Review: OVSA YOUTH HOTLINE

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Next Level Outcomes

Date:

14th December 2020

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Project Overview

The OneVoice South Africa (OVSA) YOUTH HOTLINE was developed in response to the COVID-19 pandemic as an informational resource for adolescents and young people needing information and psychosocial support during this time. The hotline was initially COVID-19 focused, but its scope was quickly expanded to offer support on a range of health issues, including HIV/AIDS, Tuberculosis (TB) and Gender-based Violence (GBV).

One of the Call Centre Agents is a Specialised Infectious Disease Nurse, who was able to bring a wealth of knowledge to the project, and other Call Centre Agents included a Social Worker, and a Lay Counsellor. The OVSA Call Centre Agents are very experienced in engaging on 'age-appropriate' communication and language, which is used to promote effective communication with youth – and to mobilise young people on addressing critical health and lifestyle issues.

The hotline is free and anonymous, two important features of a hotline aimed at youth, many of whom are still in school and do not have access to data or their own phones, and who might feel awkward or afraid when it comes to addressing sensitive health issues.

Research Purpose

This report presents the findings of research conducted into the need for the YOUTH HOTLINE and the extent to which the perceived need is being addressed. Recommendations in light of the findings are also included.

Data Collection

Interviews were conducted with the Programme Manager, the Call Centre Agents and partner NGO, Care Works, which operates a call centre to which YOUTH HOTLINE calls were diverted, outside of OVSA operating hours.

Learner feedback was collected from eight learners by OVSA Facilitators, as part of a separate, independent study, which investigated the impact of the COVID-19 hard lockdown on learners who attended township secondary schools, and the need for a hotline as a means of support. In addition, hotline callers, who gave consent to be contacted for research purposes, were called and asked to provide feedback on the service they had received.

Call monitoring data was collected by the Call Centre Agents and captured in a tool designed for the project. Note that only Call Centre Agents contracted by OVSA, collected monitoring data; Care Works agents were not contracted to do so.

The following data was collected:

- Date and time of call
- Name of the call centre agent who dealt with the call
- Demographic information
- Geographic information
- Reason for the call
- Advice given to the caller
- Additional notes recorded by the call centre agent
- Feedback from the caller on whether their question/s was answered
- How the caller heard about the hotline

Data was collected from 35 of the calls received via the YOUTH HOTLINE, and this data was cleaned, reviewed, and analysed using Microsoft Excel.

Findings

The findings are presented in Figures 1-7 below and in the discussion that follows.

Figure 1: Gender distribution of callers (n=35).

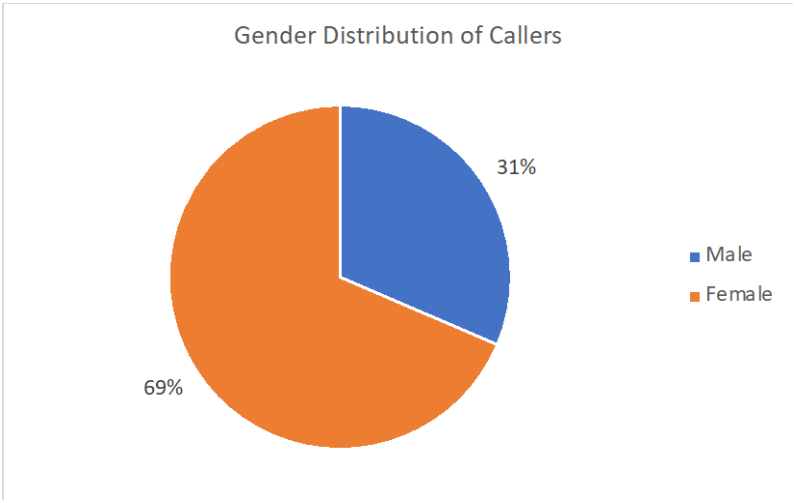
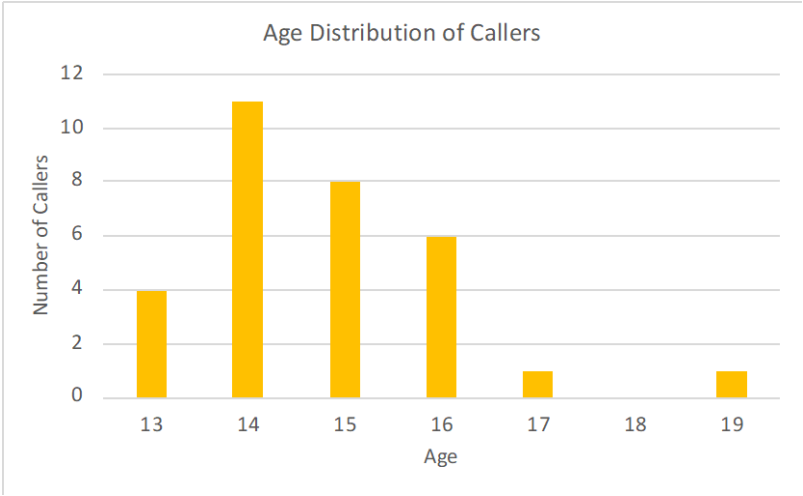


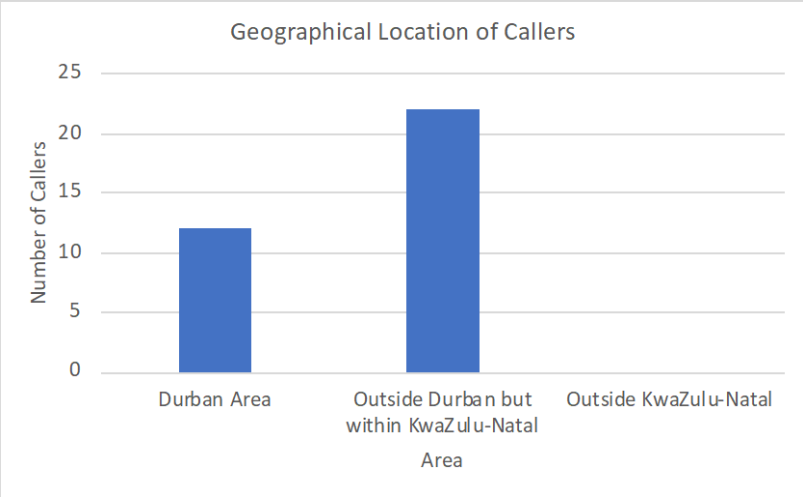
Figure 1 indicates that the majority (69%) of callers that called the hotline were female. The results of the independent study found that girls were likely more badly affected by the lockdown than boys were, given that they were required to help with household chores and thus did not have enough time for schoolwork, and were also at greater risk of sexual and other abuse, often at the hands of male family members.

Figure 2: Age distribution of callers (n=31).



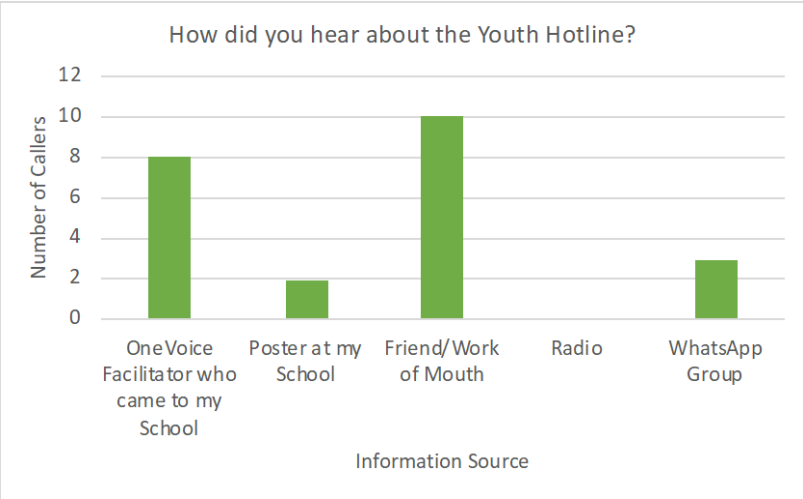
Adolescents aged between 14 and 15 years old made up the highest proportion of callers, which is the age of the learners with which OVSA facilitators work, as well as the age group targeted during the marketing of the hotline service on community radio.

Figure 3: Geographical location of callers (n=34).



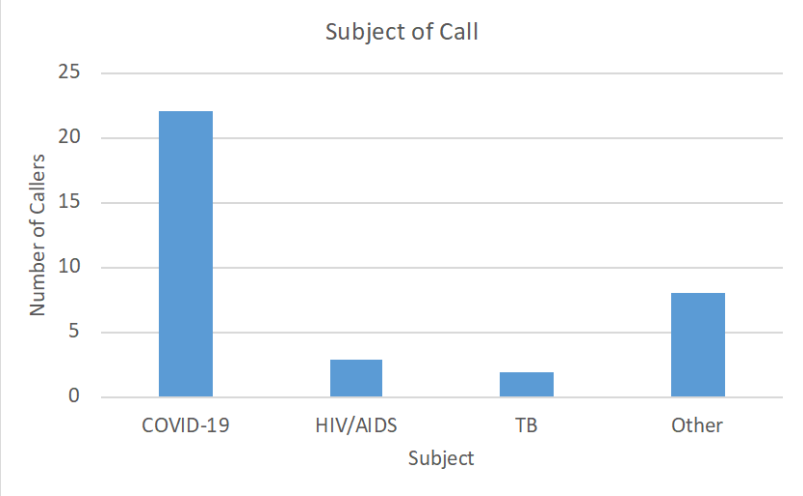
The majority of callers were located outside Durban and within KwaZulu-Natal, and there were no callers from outside of the province. This is expected at this stage of the project, as marketing has not yet been undertaken further afield and focussed largely on making the service available to school learners and local school communities.

Figure 4: How did you hear about the YOUTH HOTLINE? (n=23).



As expected, a large proportion of callers had heard about the YOUTH HOTLINE from the OVSA Facilitator working in their school, however, almost half of callers noted that they had heard about the hotline from a friend or through word of mouth. This is encouraging as it suggests that young people are talking about the hotline and its benefits.

Figure 5: Subject of call (n=35).



Most of the calls that came through to the OVSA hotline were related to COVID-19, which was the main focus of the hotline and the biggest concern for the majority of callers.

Many of the callers expressed their fear of the virus and wanted to find out where it had come from, what the symptoms were and where they could get tested. There were also questions as to whether COVID-19 was painful and whether there was any treatment available. There were two callers that asked specifically about COVID-19 being 'in the air' and asked for an explanation of what this meant.

The calls that related to HIV/AIDS and TB were mainly centred around concerns of being infected with COVID-19 at the same time as having HIV or TB. These callers had questions about the differences between the viruses and what would happen if one was already infected with HIV or TB, and then contracted COVID-19 as well. One caller had an HIV/AIDS-specific question, wanting to know what the difference between HIV and AIDS was.

Calls that fell into the 'other' category covered a range of topics. There were a number of calls regarding feminine health concerns, which included menstruation irregularity, and a question concerning when to take a pregnancy test (in the morning or afternoon) and how to determine whether the test was positive or negative. Another caller called with concerns about the possibility of having an STI as she had a number of worrying symptoms. This caller was referred to the nearest clinic for treatment.

The calls were further categorised into call types, in order to identify the type of information and/or support that callers were looking for, as presented in Figure 6.

Figure 6: Type of call (n=35).

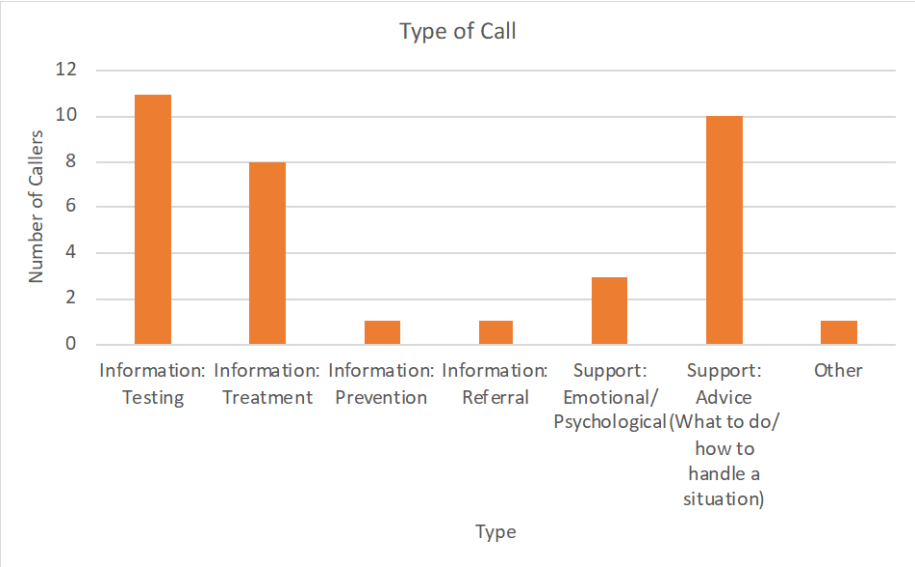


Figure 6 indicates that a large proportion of callers requested testing and treatment information, mainly in relation to COVID-19. The reason for 28% of calls was to seek support in the form of advice on what to do or how to handle a particular situation. At the end of October there were concerns across the country that the government would revert to stricter lockdown measures, which resulted in a sharp increase in callers asking whether the country was going back into a Level 5 lockdown.

There were also a number of calls from learners that were worried about missing school and falling behind, and wanted to know when they would be able to go back. This was in line with the findings of the independent review with which OVSA was involved, which found that learners were concerned about passing the year, as their home environments were not suitable for quiet study and lacked the support they received from their teachers at school.

The calls regarding emotional and/or psychological support included questions about the foster care grant, and a request for information about finding a support group for children that were being abused at home. There was one caller that wanted to be referred to a Social Worker in her specific residential area. The hotline agent used the OVSA Resource Tool and Network to obtain a name and contact number and was able to provide referral information to the caller in a follow-up call.

There was one caller ('other') that phoned to ask whether there were alternative times that she could phone because she is at school during the hotline operating hours. It was explained that calls falling outside of OVSA hours, would be directly diverted to Care Works for support. It was also noted that the hours of operation would now be reviewed to see if there are alternative means and times that learners in school can access the service.

Figure 7: Did you get what you were looking for from your call today? (n=29).

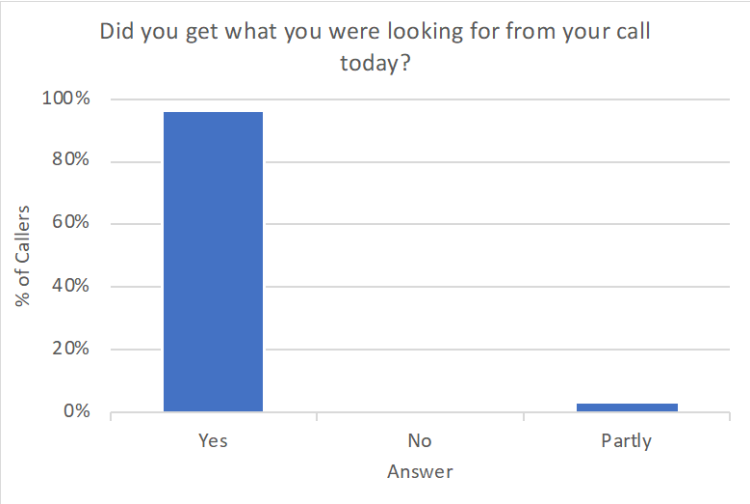


Figure 7 demonstrates that almost all callers were satisfied with the information and/or support received from the hotline at the end of their call. (The caller that was 'partly' satisfied was the caller who requested referral information for a Social Worker in her specific area and was assisted in this regard in a follow-up call.)

The callers that could be reached for comment during data collection reiterated that their questions were answered during their calls, and that they were happy with the service and support that they had received. These callers all rated the hotline service five out of five. Callers commented that they felt safe to discuss their concerns over the phone, and did not feel scared because, as one learner noted, "the [hotline agent] was very nice and patient with me".

A learner from one of the OVSA schools explained to his Facilitator that he had had a fruitful conversation with a friendly Hotline consultant (the Nurse), who had answered all his questions. He advised that he would call again the next time he had questions.

The Need for Support

The increase in GBV during the COVID-19 pandemic is an example of an additional source of stress for young people, who are already dealing with numerous social issues on a daily basis, such as poverty, criminality and access to clean water and sanitation. Many young people in the target group live in cramped conditions, which exacerbated these issues during the lockdown and necessitated the need for additional support.

A Call Centre Agent, who is also a lay counsellor, indicated that many adolescents that are sexually active, are afraid to ask questions because they feel embarrassed and are often worried that they will be judged by family members or nurses at their local clinics. She explained that *"they just need someone to talk to"* and indicated that many callers stuttered on the line at the beginning of a call before they felt comfortable to talk openly about their concerns.

Another agent explained that in her experience young people needed the individual attention offered by a hotline, as many of their questions were very personal and not necessarily applicable if discussed in a group setting. For example, there was a caller that wanted to know about an 'HIV injection' that she had heard about. She was misinformed and the HPV vaccine was explained to her, as it was likely she had mistaken 'HIV' for 'HPV'.

Niche Service

All OVSA projects are centred around dialogues with young people on health and lifestyle issues, and the organisation and its staff have developed a deep understanding of the needs of young South Africans, especially adolescents, and the challenges they face. The development of the YOUTH HOTLINE drew on this extensive experience.

Whilst there are other hotlines available in South Africa, they are not aimed at young people, and adolescents in particular. For example, Lifeline is aimed at adults and Childline caters for children. OVSA has particular experience in working with adolescents and its staff are trained in communication with this group, specifically.

The hotline is positioned as a credible source of information in an environment where misinformation is rife and there is a high degree of fear and uncertainty. As with all OVSA projects, the aim is to provide young people with the right information and support in order to enable them to make the right decisions for their own lives.

Operating Hours

The hotline operates from 11am until 1pm three days a week (Tuesday, Wednesday and Thursday). Calls are diverted to the Care Works hotline outside of these times. The operating hours fall during school hours and the feedback received from call centre staff, Care Works and some of the callers (see Figure 6) was that these hours are not suitable for the majority of the target group.

It is recommended that calls are accepted later in the day, and preferably in the early evenings, after school hours and when young people are more likely to have an opportunity to borrow a family or household member's phone, as phones are scarce resources for many people – or they are allowed to use the OVSA Facilitator's phone during school hours – as this phone is loaded with extra data in support of work-related activities.

Language Barrier

There were concerns about the language barrier, where the Call Centre Agent was English-speaking and the callers spoke isiZulu. Care Works indicated that the number of non-English speakers that struggle to communicate in English at a basic level is often underestimated, and that it is important that callers are able to express themselves in their home language, especially given the topics that are being covered. On the other hand, the Nurse is providing very sensitive, specialist health-specific information (without a learner having to access a clinic) – and feedback relating to her was good. Having said this, it would be good to see if it might be possible to bring on board a Zulu-speaking nurse as well – or find a creative way to get the health-related question to the OVSA specialist Nurse, and have answers translated and shared with learners (possibly via the Youth Advisory Board – YAB) in the future. A Call Centre Agent, who also works as a Facilitator in OVSA's schools, also noted that some learners mentioned that they did not want to call the hotline because they thought they would have to communicate in English. She explained that there were both English and isiZulu speakers available to take their calls and encouraged them to call.

In KwaZulu-Natal, the language spoken by the majority of the population is isiZulu, but with the Lesotho, Swaziland and Mozambican borders close by and the high volume of immigrants coming into South Africa, Sotho, Swati and Portuguese are other languages likely to be spoken.

Care Works reported that most of the YOUTH HOTLINE calls that were diverted to their call centre service were placed by young people that could not communicate in English and who reverted to their local language almost immediately. (The Care Works hotline covers all official South African languages).

OVSA's YOUTH HOTLINE is still new and in a pilot phase, but this feedback is important in terms of planning for expansion.

Marketing and Sustainability

A spin off from this project is a focus on Community Radio as a communication tool and extension element of the YOUTH HOTLINE. While many adolescents do not have their own cell phones, most of them have access to a radio, either in their homes or at places they spend time within the community. The vision is for all OVSA Facilitators to receive call centre training and for each Facilitator to be linked to a Community Radio Station to broadcast about the hotline, and other projects, once a week. This is a sustainability measure both for the hotline and for OVSA as a whole, as with communication measures in place, projects would be able to continue if there is a second wave of COVID-19.

OVSA had a meeting with Inanda FM just before they closed in December, and the initial feedback from this meeting is very positive. OVSA is awaiting sign-off from the station Manager and then time slots will be allocated to commence with this outreach activity. It is envisaged that OVSA will receive a 30 to 45-minute slot, during which they will deliver 20 to30-minute condensed version of OVSA's Life Skills and Enterprise Development workshops, followed by a 10 to 15 minutes Q & A session, where young people can call in.

Resources for Support

The OVSA team compiled a database of contacts for referrals for cases that require additional support. Additional research on the services available within communities is recommended as clinics do not offer the same services across the board, some have just a nurse available whilst others are able to take blood, perform pap smears and the like. In addition, the expansion of the Hotline to callers outside KwaZulu-Natal will mean that further research will be required to establish who the relevant contacts are in other provinces and communities in which OVSA does not ordinarily work.

Recommendations

The recommendations made in light of the findings are presented in Table 1.

Table 1: Focus areas and detailed recommendations.

Focus Area	Recommendations
Operating hours	It is recommended that the YOUTH HOTLINE operating hours be extended or changed, in order that callers are able to call outside of normal school hours – or an OVSA phone is made available during school hours
isiZulu speaking call centre agents	It is recommended that all Call Centre Agents are able to speak isiZulu, even if they are not first language speakers.
Marketing	If more funding becomes available, additional marketing that can reach larger audiences, such as Community Radio Stations, is recommended, in order to increase the volume of calls received.
Alternative contact methods	Alternative contact methods if not continuing with Care Works, could include sending a please call me message or a request for a call back via WhatsApp.

Additional support database	While a database of contact numbers was compiled, additional research in this regard is recommended.

Conclusion

The need for the YOUTH HOTLINE was evidenced by both the Call Centre Agents and the feedback from callers themselves. OVSA is well positioned to address the informational and psychosocial needs of the vulnerable adolescents and young people in the target group. The technical challenges associated with starting a service of this nature have been largely overcome in the initial period of project implementation, and opportunities for improvement have been identified. The hotline is now at a stage where it is ready to scale, for which it requires additional funding. This funding should be allocated to specialist and additional isiZulu-speaking call centre agents, extended operating hours or alternative contact services , as well as marketing campaigns, all of which will improve OVSA's ability to address the needs of the target group.