

**Kingdom of Cambodia**

**Nation - Religion – King**



**INTHANOU Association,**

**HIV/AIDS Hotline,**

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

**11: am – 8:00 pm, Mon-Sat**

## **Report of INTHANOU**

**HIV/AIDS Hotline project**

**Year 2009**

**Submit to**

**UNICEF**

**MOBITEL**

**ACTED -PSF**

**FOUNDATION DE FRANCE**

**SIDA INFO SERVICE**

**Family Health International**

**February 2010**

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## I. BACKGROUND:

INTHANOU, a local NGO working on HIV/AIDS in Cambodia has been functioning so far for ten year with supports from various donors including Cellcard (a private company in Cambodia, MobiTel) offer free access of telephone lines <sup>1</sup> since the start to date; UNICEF, UNESCO, French Embassy, Sida Info Service, Pharmacien Sans Frontier and Foundation of France (start its support in year 2009).

The total cost of hotline in year 2009 was **110, 153.54 US dollars** which are contributed from:

Nb	Donor	Amount in US dollars	%	Noted
1.	Telephone operator	21, 413.34	19%	Telephone cost
2.	UNICEF	28, 932.65	28%	
3.	PSF-CI	30, 808.75	26%	
4.	Foundation of France	24, 694.48	22%	(17, 974 Euro x 1.2 us \$ )
5.	UNESCO	2,400.00	2%	Contributed on re printing T-shirts fee
5.	Gap funding	5,030.00	3%	On the project support cost

## II. HOTLINE ACTIVITY:

### A. WORK METHODOLOGY:

Three phone lines operate nine hours (11am-8pm) per days and six days per week , close on Sunday national Holiday <sup>2</sup>. The two free lines are 012 999 008, 012 999 009 and the one low cost line is 092 914 111. Team of 03 counselors is in duty of 03 hours as a shift to answer the phone.

Hotline has its professional equipment donated by French Embassy, named Call Center System. This equipment facilitates the team to have better work performance as well as monitoring and supervising.

Two Software applications called Aid to Response <sup>3</sup>(A2R) and Medical Service Directories <sup>4</sup> (MSD) had been developed in mid 2005 and update regularly to assist counselors during their conversation . These application fund by PSF-CI and develop by Asia Form A2R can help counselors on searching relevant information related with hotline topics and the MSD facilitate counselors to find the available service each province for their referral.

As part of our statistic, counselors are required to collect data during their conversation through special check list designed. Data were randomly collected in details from one third of calls (1/3) and computerize in a hotline database immediately and analyzed through Epi-info program to learn on knowledge, attitude, and practice of hotline users.

<sup>1</sup> Free for Cellcard users, called from others network are charged as normal rate

<sup>2</sup> Automatic voice mail message will informed callers during off duty period

<sup>3</sup> Necessary information related topic were collected and uploaded in this application

<sup>4</sup> The referral services by categorize and by provinces

## B. HOTLINE RESULT:

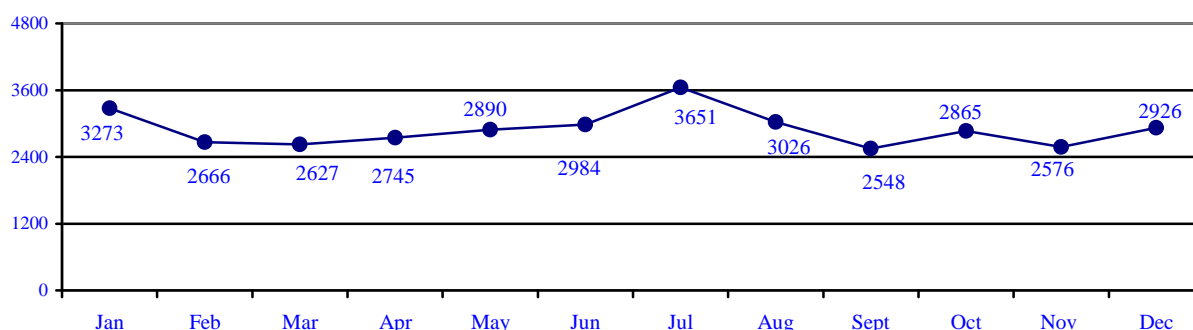
Data will be analyzed and discussed were done among 1/3 of total valid calls:  
Total calls were 34, 777 calls, thus 1/3 of total calls equal **11, 451** calls

### B.1. Number of calls:

Valid number of call from January to December 2009 (302 working days) was 34, 777. Valid call refers to call with conversation between counselors and callers, however calls, which lasted less than 1 minutes, calls with difficult communication (voice was unclear) , calls without interested , calls for teasing calls were considered as invalid calls and it was excluded from our data collection (there were 19, 255 invalid calls equal 35% of total incoming calls).

An average daily valid call in this period was 115 (range from 68 to 169). Number of calls per month is shown in figure 1 below

**Figure1.** Valid Calls received by month, Jan- Dec 2009 (n= 34,777)



#### Note:

Number of call in 2009 decreased 25% compared to last year, but duration of talk decreased only 9%. The drop off number of calls can be explained by:

- Economic crisis that results to job loss, people restriction of spending
- Telephone operator has extended coverage and network, which can cause network jam or difficult connection during the construction period in the year
- Growing of new telephone companies with competitive promotion (provide free number, free calls among network).
- Bad weather: lightening happened more often, and more serious<sup>5</sup> compared to 2008, which made the hotline to be put on standby mode to avoid dangerous effected. Strong rain and storm often interrupted conversation or making it unclear.
- Decrease media promotion of hotline compared to last year
- Having separate line for Reproductive Health ( supported by PSI)

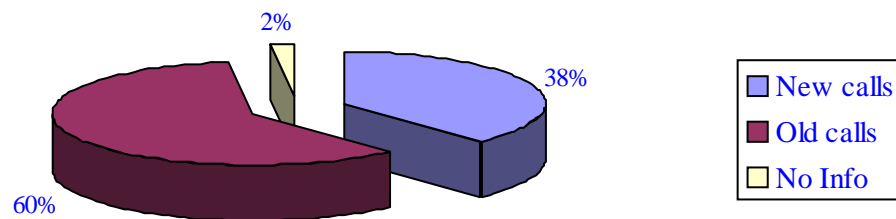
<sup>5</sup> The Government declared the accident from lightening more than double compared to year 2007 (45 cases). The department of weather and forecast warned people for not using their mobile phone during raining  
<http://www.topnews.in/lightning-strikes-kill-113-cambodia-2009-2203426>

## B.2. Type of calls:

Callers were asked to report about their history of using hotline, Figure2. There are two types of callers:

- New calls refer to those who called hotline for their first time
- Old calls refer to those who used hotline more than one time
- No data will record as No information

**Figure2.** Types of calls, Jan-Dec 2009 (n= 11,451)



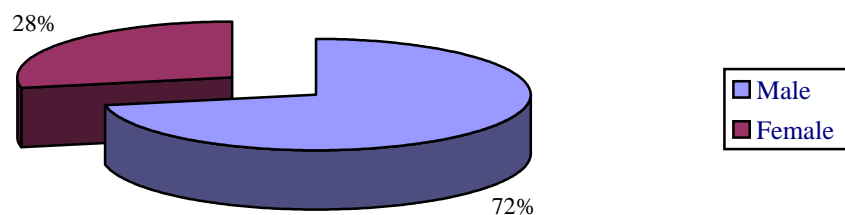
Remarkably: even the total numbers of incoming calls decreased but :

- The percentage of new calls in year 2009 increased 2% than year 2008 (36%)
- The continued use of hotline among old callers indicated as their satisfaction toward hotline services
- New female callers were less than male callers

## B.3. Gender of callers:

In this period, the percentage of female calls hotline is increased compared to the two previous trimesters. The percentage of female calls varies from time to time. Thus of total Valid Calls, there were 72% called from males and 28% called from females, Figure 3

**Figure3.** Gender break down of callers, Jan Dec 2009 ((n= 11,451)



### Note:

Even the number of incoming calls decreased, but calls from females increased compared to previous year (2007: 22%, 2008: 25%)

There were some special audiences called hotline during this period, (data collected base on their self report, not asking from every callers) such as:

**Homosexual:** 362 calls reported that they are homosexual including 18 calls from lesbian and 342 calls from MSM.

MSM represented 1.3% of total calls from male. Most of them are <sup>6</sup> :

- In the aged group < 25 year olds, 70%
- Single : 93 % and 6 % are married ( bi sexual)
- Old callers : 63% and 33% were new callers
- Called from province 77% , P. Penh 23%
- Didn't want to talk on HIV test: 68.30 % , 31% not test yet, 1.7% HIV Positive
- Known hotline via : Friend 34%, Radio : 22%, Magazine : 20% , TV :10%

**Pregnant women:** 422 calls from women reported that they were pregnant; it represent 6% of total calls from women. Most of them are <sup>7</sup> :

- In the aged group of 20-29 : 86%
- Not doing HIV test yet : 41.5%, HIV (+) : 2.2%
- Call from provinces : 85%
- Used to calls hotline : 69% and 30% were new callers
- Business women : 38% and House wives : 36%
- Known hotline through :
  - 49% from friend/neighbor, relative ...
  - 29% from Magazine
  - 14% from Radio
  - 6% from TV
  - 2% from IEC materials - NGOs

### **Drug use**

- In this period , there were 41 calls reported that they used to use drug including 35 calls from males and 6 calls from females
- Most of them aged between 20-24 , 64%
- **For the question related with drug:** There were few calls asked question related with HIV/AIDS, asked by callers, 0.2% ( 20 calls) We noted that :
  - If the question asked by their relatives, neighbor or friends, they were concerned about their worrying of the growing up of young people who used drug in society and they reported about these group were at risk of HIV, STIs infection as they had sexual intercourse in group, they had un controlled status, they did something illegal .....
  - For question asked by people who used drug <sup>8</sup>, they were worried about their future status ( if they cannot stay away with drug in the future....) most of them are people work in the entertainment places or those who like to go to bar /night club

### **B.4. Aged group of callers:**

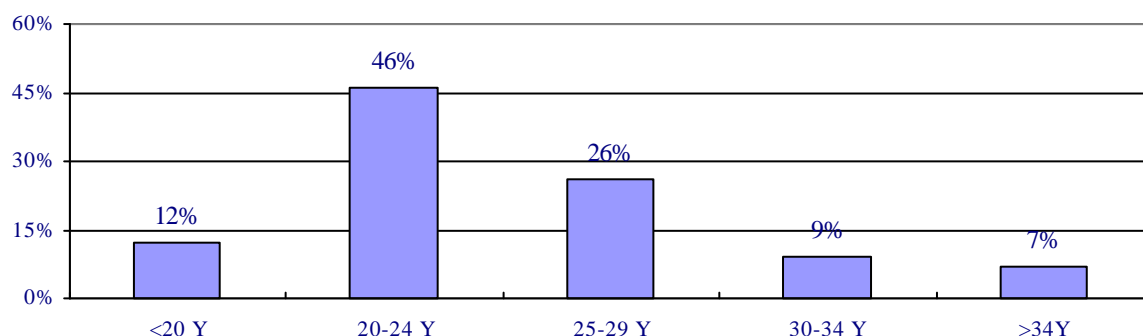
<sup>6</sup> Data analyzed from 1/3 (n= 120 calls) of total calls from MSM

<sup>7</sup> Data analyzed from 1/3 (n=183) of total calls from pregnant women

<sup>8</sup> Most of them are people work in the entertainment places, or the clients of bar / club

Callers were asked to state about their aged. . The youngest aged was 12 year old and the oldest one was 62 year old. Aged of callers were set in groups, Figure 4

**Figure4.** Aged group of callers by gender, Jan Dec 2009 (n= 11, 451)



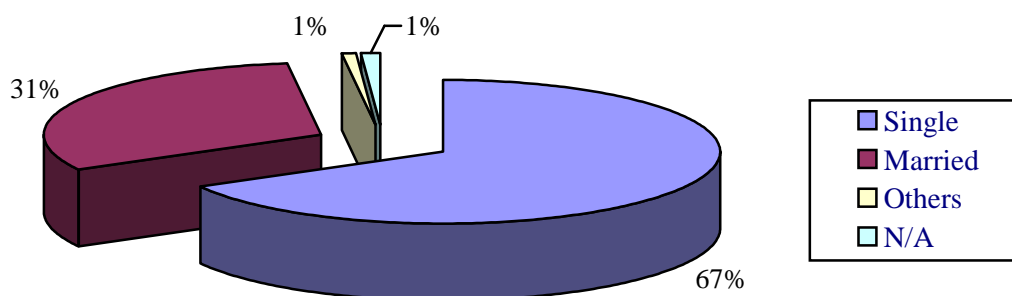
**Noticeably:**

- Called from people aged under 25 year old represented 58% of total calls (quite the same for both male and female)
- Called from people aged under 15 year olds represented 0.1% of total calls (female, 0.2% more than male, 0.1%)

**B.5. Family status of callers:**

Most of our calls were from single callers, it represented 67 % of total calls and 31% were from married callers, data show in Figure5

**Figure5.** Family status of callers, Jan Dec 2009 (n= 11, 451)



**Noticeably :**

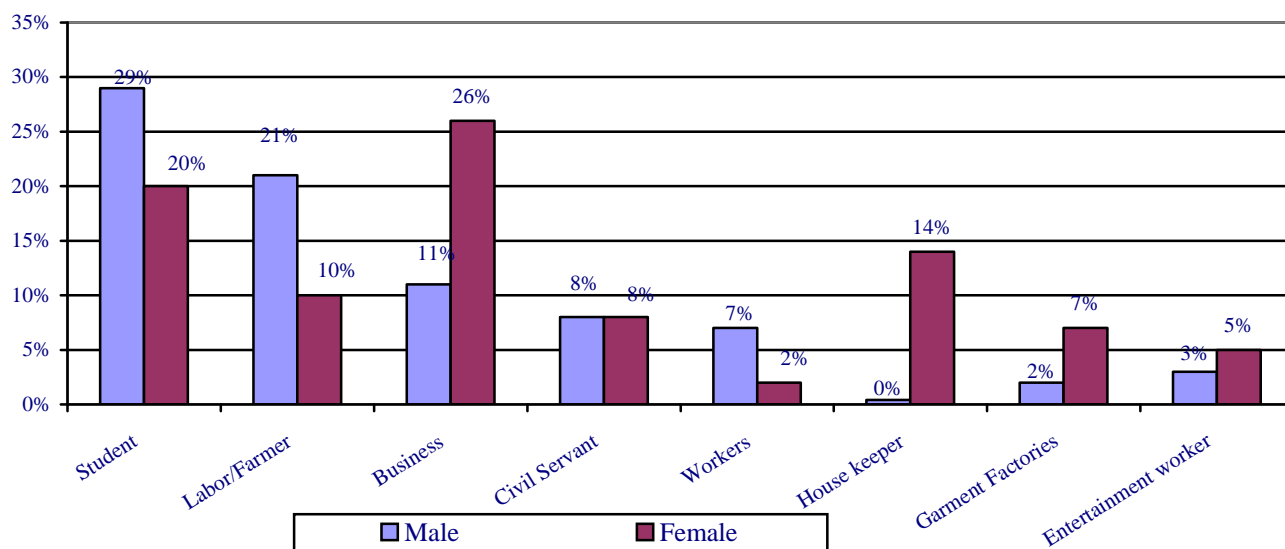
- Called from single male (71%) were high than single females (54%), because of their young males always had active on sexual intercourse or having many partners
- Called from married women (43%) were higher than married men (26%) as most of them worry about their husbands behavior ( always go out at night)

**B.6. Occupation of callers**

Callers were asked to state about their current jobs. Privacy of users is very much appreciated

thus the answer is base on their willingness; they can refuse if they did not want. It is strictly considered cultural context of different target audiences. Data were collected as no information when no answer. Main occupations of callers are different between male and female callers, **Figure6**

**Figure6.** Main occupation of callers by gender, Jan Dec 2009 (n= 11, 451)



Noticeably:

- More closing down garment factories made callers from that area dropped down
- Workers here represent for those who worked by using their physical body (excluded garment factories<sup>9</sup>) such as: construction workers, wooden workers, sea port workers, rubber plantation, workers in any fields ...etc) and for those who use their own manual labor
- Entertainment workers<sup>10</sup> are included: those who work in the casinos, hotels, restaurants, beer promotion, beer gardens, karaoke clubs, massages, dancing, snooker clubs, guest houses and brothels. In our cultural conception these jobs are not classify as a good job and in addition during this couple period most of the entertainment places were closed by the government. So the self report about these jobs was less than the reality.
- Jobs were less than 2% are not presented in the chart

### B.7. Origin of calls:

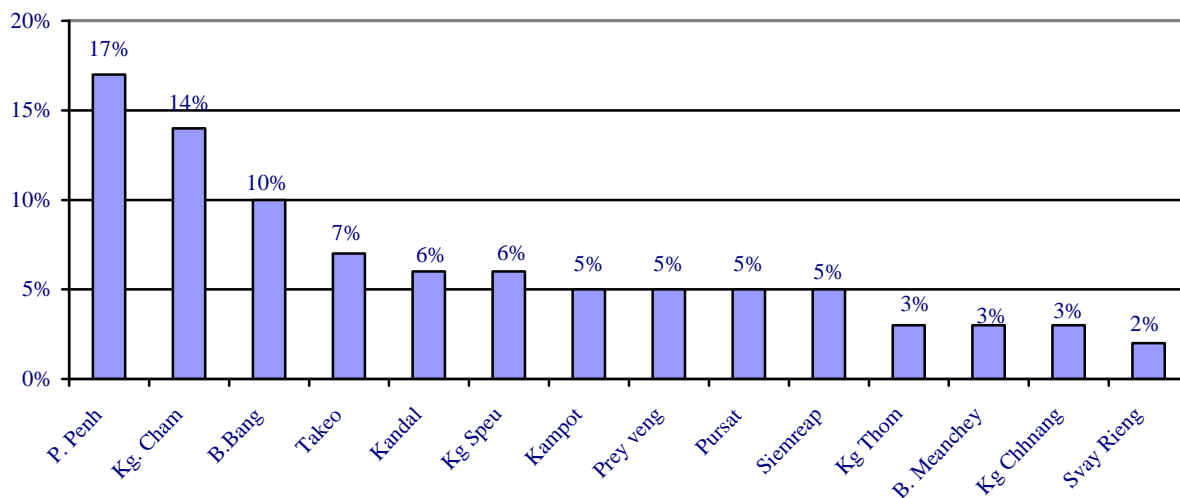
Calls were from everywhere of the country even it was small in some area, **Figure7**

<sup>9</sup> Garment factories workers are targets for Unicef

<sup>10</sup> Women work in the Entertainment workers is the target of PSF ( called ACTED –PSF)

According to the result show called from provinces increased, 83%

**Figure7.** Origin of calls, Jan Dec 2009 (n= 11,451)



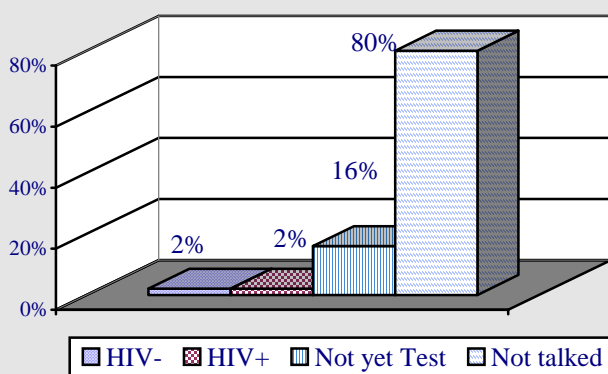
**Note :**

- Called from provinces, 83% increased than the previous year 2008 (80%), because of the enlarge telephone network and telephone facilities to rural area
- Radio promotion contributed to increased called from provinces
- The provinces which not mention in the chart were less than 1%

**B.8. HIV status of callers:**

When the conversation related on HIV status, or their fear callers were asked to report about their HIV testing to support the conversation **figure8a**, and **figure 8b**

**Figure 8,a** HIV status among total calls, Jan-Dec 2009 (n=11,451)

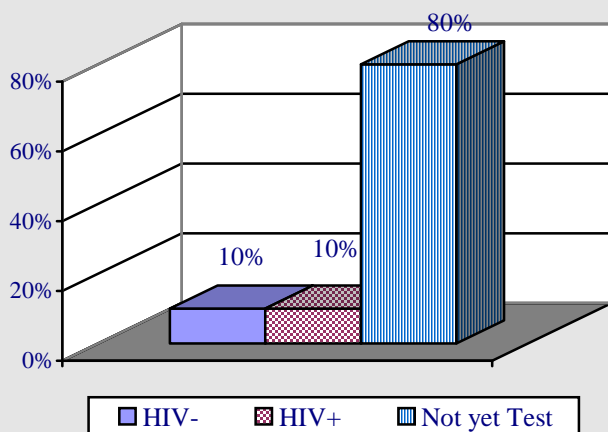


**Of total calls:**

- Only 20% <sup>11</sup> talked about their HIV status, included :
  - ⇒ 2 % have HIV (-)
  - ⇒ 2 % have HIV (+), (male 1.8%, female 2.5%)
  - ⇒ 16 % not yet test

<sup>11</sup> More than last year (2008, 13%)

**Figure 8,b** HIV status among those who reported , Jan-Dec 2009 (n=2,256)



- **Among those** ( 20% of total calls) who talked about their HIV status :

- ⇒ 10% HIV (-)
- ⇒ 10% HIV (+) , increased
- ⇒ 80% not yet test

- **Among PLWA** who called hotline :

- 55% received ART <sup>12</sup>,
- 35% females, 65% males
- 45% new calls , 55% old calls
- 89% called from provinces,
- 38% knew hotline from friends/ neighbor/ relative, 24% from Radio, 18% from Magazine, 6% from TV, others 5% from NGOs & IEC materials , 8% no info

### B.9. Sexual behavior and condom practice of male callers

When the conversation was related with their sexual behavior, callers were asked to report about their condom practice in the past 6 months. The report was based on their willingness.

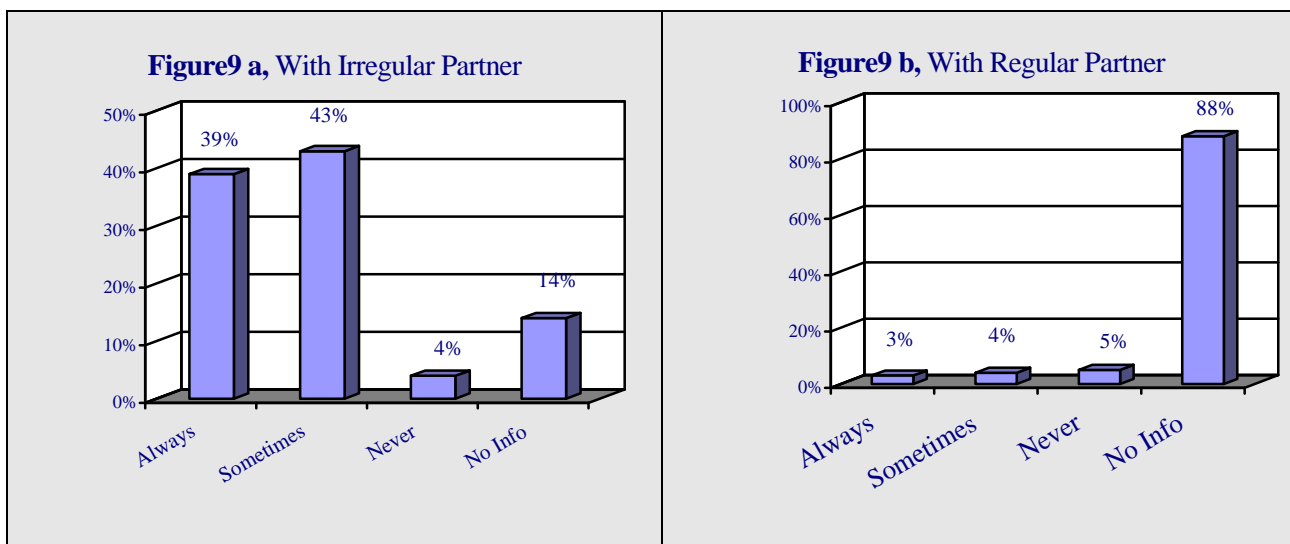
The extra marital partners (non husband or wife) are included:

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

Of total calls, only 23% report about their condom practice, most of them are males, 86%.

Thus we report only the condom practice of male callers with their extra marital partners, **figure9**

**Figure9.** Condom practice of **male** callers with their extra marital partners, Jan-Dec 2009 (n=2237)



<sup>12</sup> Those who are not received ART cause they 've just known the result

## Remarkably :

- Only 23% of total calls, talked about their condom practice (86% males, 14% females)
- We noted that among that male high risk group :
  - ⇒ 81% are singles males ( had many girl friends / often change partners )
  - ⇒ 21% said they have problem on using condom ( broken, slip off, not familiar)
  - ⇒ 86% had irregular partners (only 40% of them used condom regularly)
  - ⇒ 12% had regular partners ( only 3% of them always used condom )
  - ⇒ They used condom with regular partners to prevent unwanted pregnancy, not for prevention of HIV or STIs

## B.10. INFORMATION OF CALLS

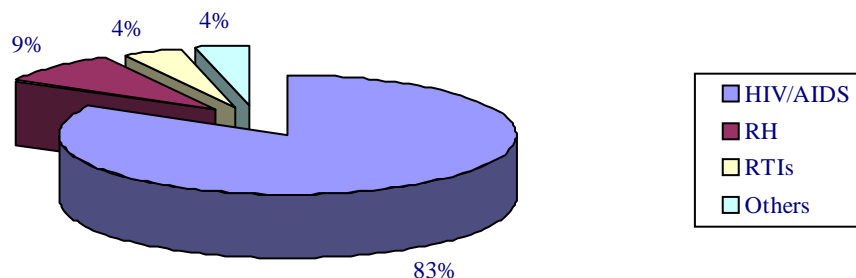
The data present in this report were analyzed from data random 1/3 of total calls, (n=11,451)

### 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, 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**

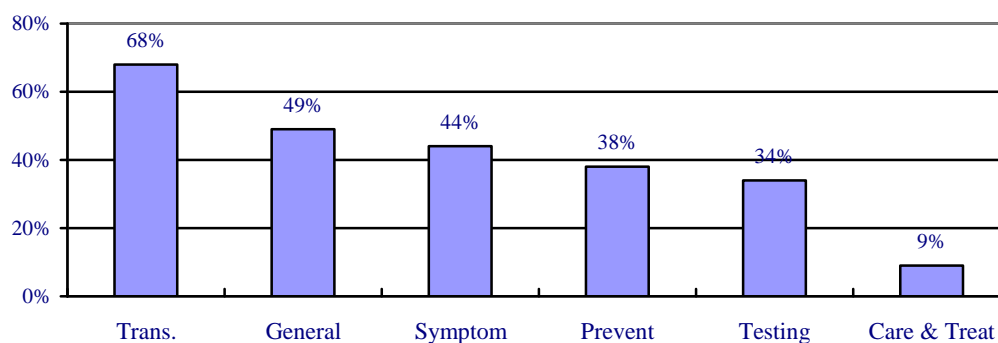
**Figure10.** Main Subjects asked by callers, Jan-Dec 2009 (n=11,451)



### 1.1. For HIV/AIDS question (n=9,485)

This data is collected from multiple answers. Thus the result in the chart is more than 100% percent. Following the result, the most frequent concerned of callers were HIV/AIDS transmission risk, 68% (multiple answer)

**Figure11.** Main questions on HIV/AIDS, Jan-Dec 2009 (n=9,485)

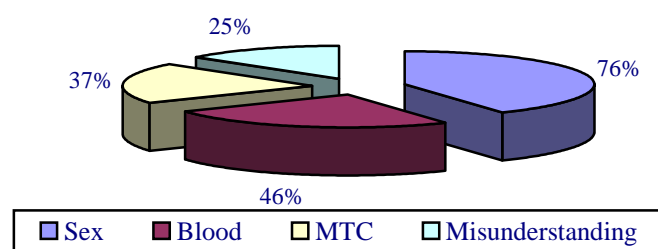


**Noticeably:**

Question on transmission :  
( Multiple answers)

This topic was high concerned by callers as it is the main point made people call hotline. They seek for information to evaluate their risky behavior or to confirm their misunderstand information (e.g. afraid of swimming pool, public toilet, restaurant, buffet, people who make food, people who stay in the hospital ...) **Figure 11.a.**

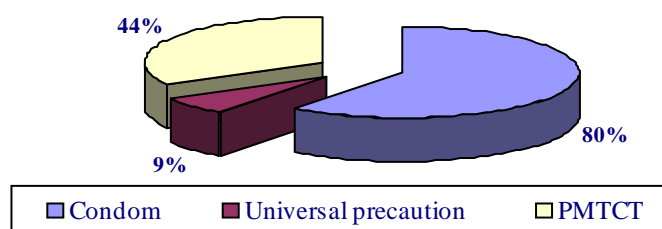
**Figure11.a.** Question on HIV transmission , Jan Dec 2009 (n=6,429)



Question on prevention :  
( Multiple answers)

Varies from one to another one such as: most of the questions were on condom used as they want to make sure how much condom can protect, the universal precaution and the prevention program of HIV transmission from Mother to Child, (people seem to be more concerned than before ) **Figure 11.b**

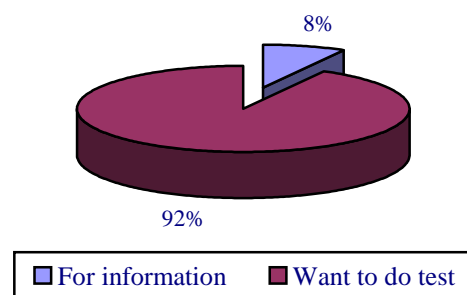
**Figure11.b.** Question on HIV Prevention asked by callers, Jan - Dec 2009 (n= 6,376)



Question on HIV testing : ( Multiple answers)

- 8% asked for HIV testing information
- 92% want to discuss about their willingness to do HIV test. So after discussion, callers were told about the available nearest places in their region. Callers can choose whatever they like and when ever they want. There were different reason : 85% doing test cause from their risky behavior, 10% test before married, 4% test before having a baby, **Figure 11.c**

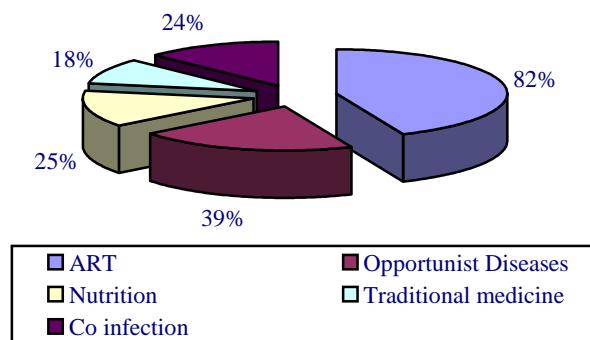
**Figure11.c.** Question on testing , Jan Dec 2009 (n= 2,940)



Question on care & treatment:  
( Multiple answers)

They concerned on diverse questions on HIV care and treatment. Some callers asked for themselves and some asked for another person. Those questions were on: ARV side effect, life expectancy of PLWA if they had ART, the action of ARV in the body, the interaction of ARV with others drug and so on. Other questions were on the opportunist disease, nutrition, health care skin disease, diarrhea, fever, headache, some food and some traditional healer, **Figure 11.d.**

**Figure11.d.** Question on Care and Treatment asked by callers, Jan Dec 2009 (n= 225)



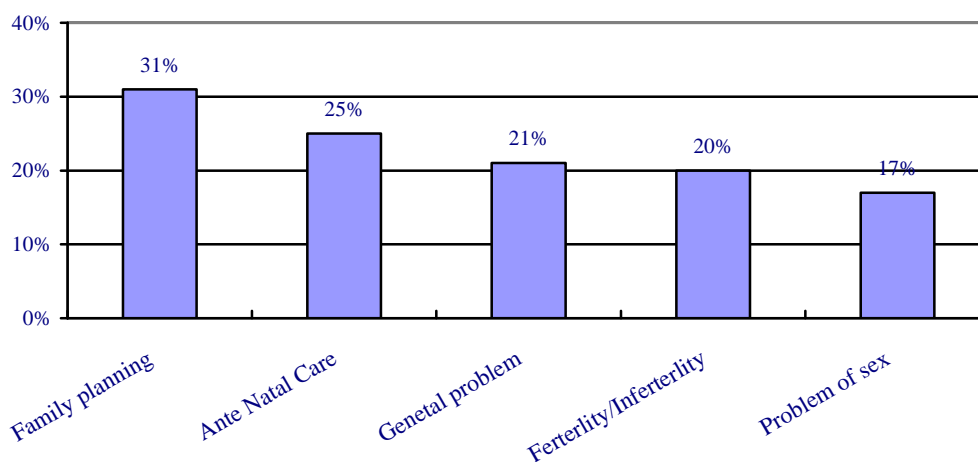
\*\*\* For question on AIDS symptom , People were concerned on the main symptom of AIDS which will help them to identify their HIV status without doing test ( most of them had at risk in the past ) , some were the worries well callers ( too worries), they expresses that the uncertain feeling made them panic and feel not at east to live peacefully. Those people called hotline often, they use hotline as source for information and they said they cannot sleep well if they did not talk and clear with our counselors.

\*\*\* For question on HIV/AIDS related with drug only 0.2% (n= 20 calls), data analyzed from 1/3 of total calls, (20 calls x 3 = 60 calls)

### 1.2. For Reproductive Health Question:

Beside of HIV/ AIDS question, 9% of total calls asked for Reproductive Health's information as their main purpose, **figure12**. Normally they can talk more than one topic. In fact RH, HIV and STIs always related each others.

**Figure12.** Main question about Reproductive Health, Jan- Dec 2009 (n= 1,066)



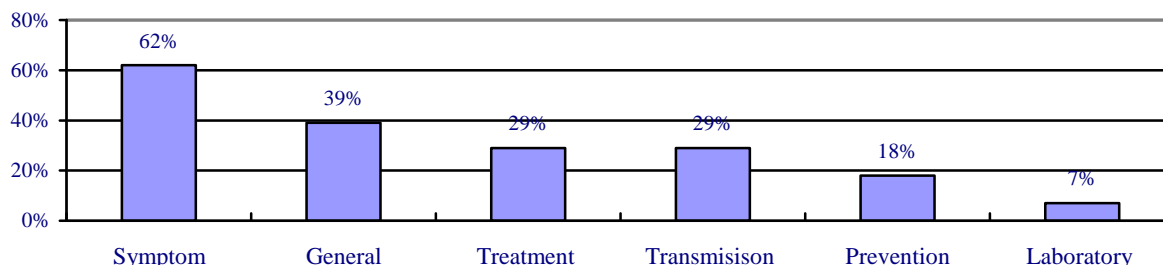
#### Noticeably :

- Female concerned about RH information more than male (female 52%, male 48%),
- Family planning was the most frequent questions on RH. In some cases questions are linking with HIV/AIDS such as: PLWA who had partners want to use family planning pill, young people, want to know about the side effect of family palning long term and short term....
- Fertility period were the most frequent questions asked by young people because they were afraid of having unwanted baby. They use condom during unsafe period only. It means their purpose of using condom was prevent unwanted pregnancy
- The early pregnancy check up campaign of UNICEF, contributed to raise people attention on this topics ( ante natal care) , callers reported

### 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 than others, **Figure 13**

**Figure13.** Main questions about STIs/ RTIs, Jan-Dec 2009 (n= 483)



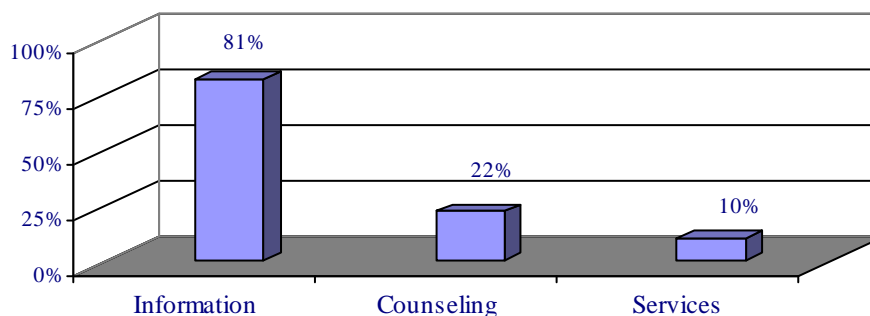
#### Noticeably :

- STIS symptom is the main topic question asked by callers as it is a main purpose made them called hotline
- Some people want to make sure if it can be totally cured or not ( eradicate)
- Some people misunderstand why their partner need to be check up since he/she don't have any symptom ( they are not believe )
- Some callers confused that STIs can be transmitted from public toilettes /pool
- No calls asked about STIs related with drug

### 2. Type of Question:

Normally callers called hotline for different purpose. Some called to seek for information, some need to find any services and some need counseling along with the conversation. **figure14.** It is a multiple answer that counselors can choose more than one topic according to the question concerned by callers.

**Figure14.** Type of question asked by callers, Jan- Dec 2009 (n=11,451)



#### Noticeably :

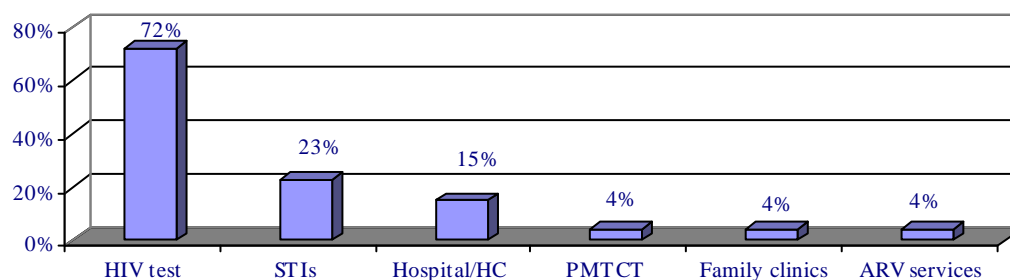
- Most of calls to seek for information always took short conversation than others purpose
- Calls to seek for counseling for those who were worrying and need to discuss for their problem related, their fear , their uncertain feeling and their misunderstanding
- Calls to seek for the services directly is fewer than others purpose, but some needed the services 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 callers need to go to medical or social services. Thus the counselors told them the appropriate nearest places, and then they can choose and go whenever they can.

Most of the services referred were the public health facilities and NGOs. In this period, **37%** of total calls were referred to different services, even the percentage of calls asked for services only 10%, **figure15** (multiple answers)

**Figure15.** Services referred by hotline counselors, Jan-Dec 2009 (n= 4,221)



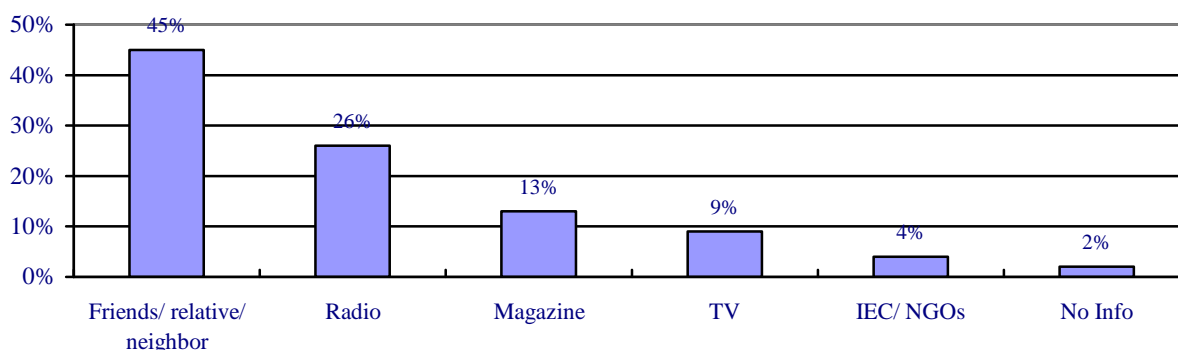
#### Noticeably :

- Most of the service referred were testing center when callers discussed about their uncertain status, doubtful feeling, unsecured sexual behavior
- Callers needed STI check up increased than previous year ( 2008, 12% )
- Media topics were involving with caller's queries and service's referred. Early pregnancy check up campaign made people concerned that they should do HIV test before having baby, that why the percentage of referral to Health Center or Hospital were high

### 4. Source new callers knew hotline numbers:

Callers were asked to report about the source made them aware on calling hotline. The result were different from new calls and old calls and varies from time to time up to the promotion done during the period, **figure 16**

**Figure16.** Source New callers knew hotline, Jan-Dec 2009 (n= 4,387)



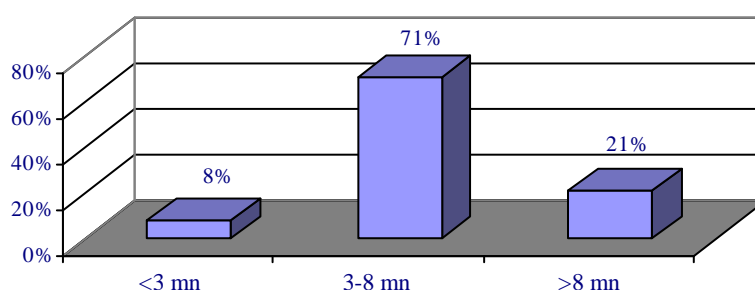
**Remarkably :** Among new callers reported on source made them called hotline :

- Radio is the most source after friends, it is increased along the result of calls from provinces, because this year UNICEF help on support Radio air time fee
- Magazine is still the popular source for young people and women
- Materials reported by callers were Poster (27%), flyer/ leaflet (22%), Key (19%), book/booklet (19%), bracelet 7%, T-shirt : 4% ( lower than others materials)
- Normally, sources from materials did not show the spectacular impact as others but it give the long term result

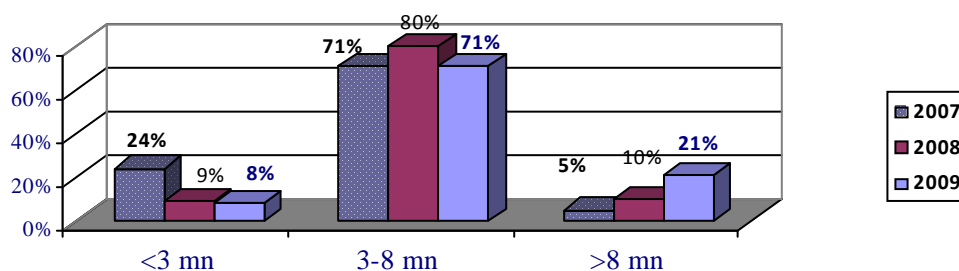
### 5. Duration of conversation:

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 204,557 minutes. The longest duration of talk was 50 minutes. The duration of conversation were set in different groups, **figure 19**

**Figure19.** Duration of conversation, Jan-Dec 2009 (n= 11,451)



**Figure20.** Duration of conversation, compared with year 2007, 2008, 2009



**Remarkably:**

- The conversation which took less than 3 mn was: calls to seek for information, calls interrupted, called out of subject, called during their busy time (business people, or house wives) .....
- Regarding by gender, women more likely to talked long than men ( e.g female talked more than 8mn was 29%, male only 19% )
- The decreasing of duration of talk per year and number of calls per year were decreased differently (number of calls per annum decrease 25%, duration of talked decreased 9%)
- The length of talk more than 8 minutes in 2009 was 21%, increased in double than 2008 (10%)
- The average duration of talk in 2009 was 6 minutes, longer compared to 2008 (5mn)

### III. OTHER ACTIVITIES OF HOTLINE

#### 1. Website:

INTHANOU website address is [www.inthanou.org](http://www.inthanou.org) (the domain name and web hosting<sup>13</sup>). Our website contributes to promote hotline INTHANOU wisely, national and international. We have uploaded our trimester report in our web page regularly, so our partners or individual can have a convenient to access.

Our website had problem on Domain and Web hosting from the original its last. The total number of visitors by 31<sup>st</sup> December 2009 was: **6,955 users**.

In this period we upload our report in our web page:

- Update page of hotline donor
- Upload report trimester
- Re arrange page to upload report
- Re done , report upload : report yearly 2006, 2007,2008

#### 2. Monitoring and supervising:

##### 2.1. Monthly meeting: (internal monitoring)

Monthly meeting were done regularly once per month during the 1<sup>st</sup> or the 2<sup>nd</sup> Saturday 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. Furthermore, it is time that we can share among the team others news 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 Self monitoring:

Counselors can monitor their achievement per day, per week via our report system

##### 2.3. Monitoring by manager :

- Monitor activity of the telephone line by our IT officer can solve problem on time
- Monitor the quality of answering in this period **273** cases were co-listening. something happened or any feedback were announced during monthly meeting for the improvement

**2.4. Monitoring by donor (external monitoring)** donor visit once per month regularly for any technical or financial issues ( ACTED-PSF)

#### 3. Promotion:

During this period hotline numbers were promoted through:

- **Magazine:**
  - Popular Magazine one issue per month regularly, funded by ACTED - PSF
  - Magazine “Together” targeting PLWA produced by SEAD, one issue per quarter paid by UNICEF. This magazine target PLWA and their family

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<sup>13</sup> Need to be paid every year to keep it functioning, year 2009 fund by Foundation of France

- **Media promotion:** Inthanou did not have its own TV or Radio spot for advertising the hotline numbers. In Year 2009, hotlines were promoted through media of partners (TV or Radio spots of BBC-WST). The Radio spot of BBC-WST were re broadcasted under financial support from UNICEF once every trimester and the TV spot was done by BBC-WST. However number of media campaign was decreased, which could impact on the number of calls <sup>14</sup>
- **Materials:** INTHANOU printed materials were update and reprinted, then the logo of the Foundation de France was included in the new printed materials (T-shirt, Flyer, Magazine). The reprinting fee supported by UNICEF and UNESCO. The materials were distributed through donor and partner's network targeting women, young people, Entertainment worker, MSM and PLWA. The material reprinting year 2009 is in Annex A, list of distribution is in Annex B
- Including hotline number in the materials of partners: our numbers were included in some materials of partners such as **PSI** (referral card of partners), **Task**, **UNESCO**, **UNICEF**, Ministry of Education, Youth and Sport (**MoEYS**), M style program MSM and smart girl ( Entertainment worker) of **FHI**...

#### 4. New partners: Year 2009, Inthanou has two new partners:

- **PSI:** Launched a new project 'Women health-hotline counseling on birth spacing' in collaboration (technical and financial) with PSI. The new number 012 999 124, is available from Monday to Friday (12pm-8pm), operated by a new team
- **FHI:** Integrate Mstyle project (Men who have sex with Men) in collaboration with Family Health International (FHI) in technical and financial. The agreement signed in Dec 2009

#### 5. Capacity building:

**Training :** Year 2009, our team had joined two trainings :

- Training on psychological counseling by Trans cultural Psychology Organization (**TPO**) funded by UNICEF. This training provided counselors with skill in dealing with psychology issue raised by callers, and help counselor on how to deal with difficult clients; stress management and preventing burn out.
- Training on HIV/AIDS, STI counseling target MSM provided by expertise from FHI regional office in Bangkok. This course give the team on well understanding in details about MSM, how to deal with difficult MSM callers , how to manage for worried well clients and the continuing course were schedule for year 2010
- Our IT was joined the special course to have more knowledge on updating our webpage on the flash animation issue

#### **Update information in AID to Response and Referral Directories :**

- To insure the quality of hotline and to assist counselor with standard information provide according to the national policy and guideline, Inthanou has developed an application called AID to Response and update it regularly

<sup>14</sup> Number of calls increased and new calls learnt hotline from TV was 14% during the promotion period 3<sup>rd</sup> trimester of 2009

- To insure the quality of referring, Medical Service Directories had been categorized by services and origin to be use internally as a web application. These services were update regularly through information from donors or partners. The official free land consultant had been hired to update all the service directories under the financial support from ACTED – PSF.

#### 6. Constraint:

- **Global financial crisis** : people lose their job , effect to family income, they were restrict on spending
- **Electricity**: Circuit interrupted which made our telephone/ system disconnected sometimes until the generator operated <sup>15</sup>
- **Telephone network** : Problem of network made trouble on accessing hotline
- **Competition among new telephone companies** : the inauguration promotion of new companies have huge influent to our hotline usage ( inactive numbers<sup>16</sup>)
- **Equipment**: Malfunction of the equipment made hotline service interrupted<sup>17</sup>
- **Difficult clients**: sometimes we face with difficult clients who called hotline for no reason: called and interrupted many times, drunken people, called for joking, any testing calls, called without talking ...etc. Thus the real clients cannot access at that time and it was also disturb our work. Sometimes it took one or two hours for this problem , so numbers between incoming and valid calls were wisely different <sup>18</sup>
- **Weather**: Telephones were put on standby mode while it was dangerous storming or raining<sup>19</sup> for security reason

#### IV. CONCLUSION:

During year 2009, we have seen the number of Valid Calls received decreased 25 % compared to year 2008 but the duration of conversation was not similarly decreased, only 9%. This different decreasing caused by the long duration of talk increased <sup>20</sup> and the average duration of conversation per year also increased (6 minutes) compared to year 2008 (5 minutes) .

Regarding by target, we noted that we received more interested from different target MSM (increased from 1% to 1.3% of total male callers), People at risk talked about their HIV status (from 13% in 2008 to 20% in 2009)

Old callers continue using hotline (60% of total calls) continued to use hotline services when needed, and they also played role to share hotline numbers to their relatives and peers (45% of new calls learnt about the hotline service through friends or relative).

As shown above, hotline numbers are used as a reference in IEC materials or events of partners: NGOs, donors, ministries, and IOs. Number of partners who used hotline as referral for their participants to seek further information has increased in 2009, UNESCO, FHI, PSI, SEAD, Ministry of Education Youth and Sport, several NGOs requested to include hotline in their IEC and training materials for the participants.

As discussed above, even the association remains a strong organization in the field of information on HIV/AIDS, STI, RH and referral or network but we still met some challenges that could have

<sup>15</sup> When it last for more than 20 minutes, the UPS cannot support.

<sup>16</sup> No credit, inactive numbers

<sup>17</sup> When many calls come at the same time

<sup>18</sup> Call with no conversation is not recorded

<sup>19</sup> Afraid of lightening

<sup>20</sup> Conversation > 8 minutes increased from 10% in 2008 to 21% in 2009

impacted on the number of calls. Limited of the promotion particularly through mass media and competition among private phone companies have strong impacts on the number of hotline usage.

Thus the only intervention to support the hotline is immediate media promotion (new media spot should be developed <sup>21</sup> and broadcast via popular TV/Radio channel (Nationwide coverage area and popular audience) in a popular schedule (Sentinel Survey 2009, Media and HIV of BBC-WST)

We wish that our anonymous and confidential service of hotline can contribute to support others HIV/AIDS, STIs programs of partners and can have a good work circle on referring to the public health facilities and NGOs partners.

We would like to express our thankfulness for the national program, our donors, partners and our team work for their support and their strong collaboration and their commitment.

Phnom Penh, 28<sup>th</sup> February 2010,  
Prepared by:

Dr Monyl LOUN  
Director of INTHANOU  
HIV/AIDS Hotline

**ANNEX A: Materials re printing version 2009**



<sup>21</sup> Old media spot may less attractive, mentioned by unicef

**ANNEX B:** List of IEC distribution year 2009

No	Organization	Target
1	HACC ( HIV/AIDS Coordinating Committee)	General population
2	ACTED - PSF	Entertainment Worker
3	Angkor Beer Company	Beer promotion Girl
4	RHAC ( Reproductive Health Association Cambodia)	Women / young people
5	WDA (Garment Factories Workers)	Factories Workers
6	PHD (People Health Development Association)	Young people
7	UNESCO	Young people
8	Khmer Youth Association (KYA)	Young people
9	Khmer Development of Freedom Organization (KDFO )	EW & MSM
10	ARV users Association (AUA)	PLWA
11	Korsang	Drug user
12	Ministry of Education Youth and Sport	Young in & out of school
13	Men Health Cambodia (MHC)	MSM
14	Men Health Social Service (MHSS)	MSM
15	Cooperation for Social Service & Development (CSSD )	EW & MSM
16	UNICEF Office Phnom Penh	Young people
17	Kanha Organization	MSM
18	Khemara Organization	EW & MSM
19	Cambodia Women People for Development (CWPD)	Women
20	Mit Samlang, Friends ( Local NGOs)	Young people / Drug
21	Mobitel	For their information about our promotion
22	Keep in office	For other additional requested