

**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,**

**Monday-Saturday**

## **Draft report of INTHANOU**

**HIV/AIDS Hotline project**

**January- March 2010**

**Submitto**

**UNICEF**

**MOBITEL**

**ACTED -PSF**

**FOUNDATION DE FRANCE**

**SIDA INFO SERVICE**

**Family Health International**

**May 2010**

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## I. BACKGROUND:

INTHANOU, a local NGO working on HIV/AIDS in Cambodia has started its first hotline activity since 2000. INTHANOU receive financial support from various donors including Cellcard (offer free access of telephone lines)<sup>1</sup> since the start to date; UNICEF, UNESCO, French Embassy, Sida Info Service, Pharmacien Sans Frontier (2007-2011) and Foundation de France (2009-2011).

## II. HOTLINE ACTIVITY:

### A. WORK METHODOLOGY:

INTHANOU functioning three telephone lines discuss about HIV/AIDS and STIs (02 free lines and one low cost line) nine hours (11am-8pm) per days and six days per week, closed on Sunday. Team of 03 counselors is available in duty of 03 hours to answer the phone.

Our professional Equipment fund by French Embassy help to record data on the statistic of calls and can be used as a tool to monitor the program and training of new counselors. Two Software applications<sup>2</sup>, Aid to Response (A2R) and Medical Service Directories (MSD) support counselors to find information and services refer related with hotline topic.

As part of our statistic, the caller's profile and information of calls is collected right away during talk to learn on knowledge, attitude, and practice of users (analyzed via Epi Info).

### B. HOTLINE RESULT:

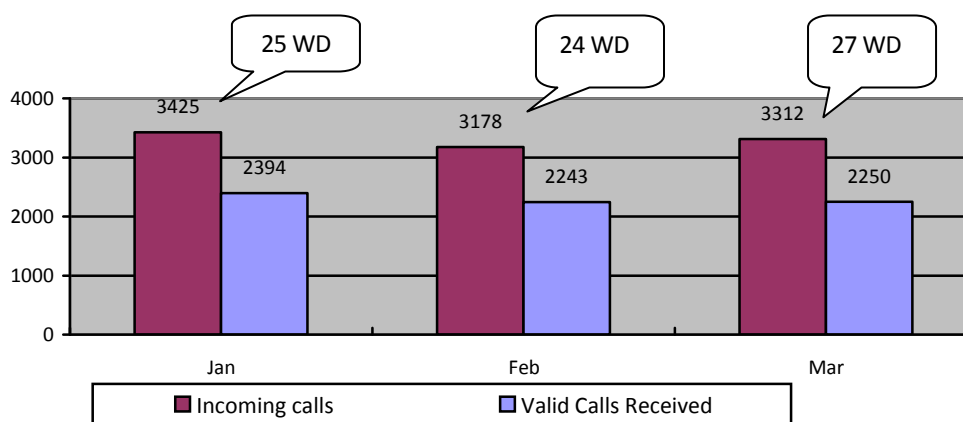
In this period, we had 76 working day and received 9, 915 incoming calls. Of total incoming calls, only 6, 971 calls were valid calls (with dialogue) represent **70%** of incoming calls, however calls with no conversation<sup>3</sup> was not recorded.

Caller's profile and information of calls are analyzed from 1/3 of total Valid Calls, n= **2, 287** calls,

#### B.1. Valid Calls received:

Daily average valid call in this period was 92 (varied from 53 to 127). Number of valid calls received each month is shown in **figure 1**

**Figure1.** Valid Calls received by month, Jan- Mar 2010 (n= 6,971)



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

**Noticeably :**

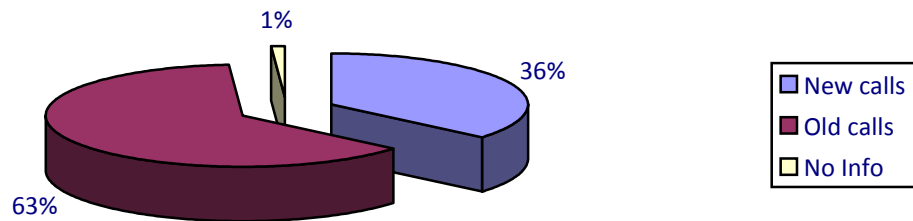
- Normally number of calls increased after weekend or public holiday
- Many issues involve on the decreasing of the number of calls of HIV/AIDS hotline:
  - ⇒ Economic crisis, people worry on losing their jobs and
  - ⇒ Competition of the telephone operators
  - ⇒ Less powerful media communication in this couple years
  - ⇒ Operate new separate line for Birth Spacing in mid 2009 sharing our HIV/AIDS hotline callers ( got around 600 calls/month , 012 999 124, from 12- 8pm , Mon-Fri , fund by PSI)

**B.2. Type of calls:**

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

- 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 information if no available answer for data

**Figure2.** Types of calls, Jan- Mar 2010 (n= 2, 287)



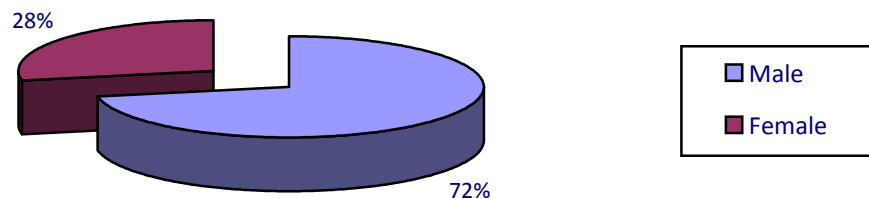
**Remarkably:**

- Radio spot done in Feb 2010 ( 1<sup>st</sup> -20<sup>th</sup> Feb) by Unicef made hotline received new calls
- New called from females (34%) were less than males (37%)

**B.3. Gender of callers:**

In this period, the percentage of female calls hotline is increased compared to previous times. The percentage of female calls was varies from time to time, Figure 3

**Figure3.** Gender break down of callers, Jan – Mar 2010 (n= 2,287)



**Noticeably :**

- Even the number of incoming calls dropped down but called from females is still remarkable
- Most of calls from females are those who used to calls hotline significant that they satisfy with our service as it is easy way for them to communicate

<sup>2</sup> A2R , information collected MSDs services referred collected

<sup>3</sup> Call interrupted, calls disconnected, teasing calls, confusing numbers, testing .....

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

**Homosexual:** 131 calls reported that they are homosexual, all of them are MSM, it represents 2.6% of total calls from males. Remarkably :<sup>4</sup>

- 86% of them are males in the aged group < 25 year olds
- 72% of them used to call hotline, and 28% were new calls
- 64% of them called from provinces, only 36% called from P. Penh
- 13% of them did not do HIV test yet, no MSM reported as an HIV positive
- 30% knew hotline through radio, 26% through Friend, 20% through magazine and 10% through NGOs and IEC, no call said they knew hotline from website
- Sometime difficult to identified hidden MSM when they said they talk about their friends or their neighbors, we can identified through their conversation and their slang words and sometime they told us in the second calls
- Question concerned by MSM were related with health issue more than social issue:
  - o **About their health issue:** they were curious on their sexual behavior cause any problem for their health: anus function, future reproductive health or STIs transmission or not? Such as :
    - I had anal sex frequently; can I have kids in the future?
    - My partner forces me to use Viagra, what will happen to me in the future? As now I felt that now I cannot having sex if I did not take Viagra, what's problem?
    - I sometimes swallow my partner's semen, someone told me that it can be at risk for HIV or STIs transmitted as having sexual intercourse, it is right ?
    - I took OK pill 2 tables per day for 2 years ago to get attractive skin, and I felt that my breast seem to be large? What will happen to me such as cancer?
    - Does transgender surgery will have any future problem?
    - I always had bleeding during defecate, it hurt too much, and it is abnormal? I am curious what happened? I had anal sex sometimes with my partner?
    - I often had sore throat and herpes even I met doctors many times but the problem still exist, what should I do? I always swallow my partner's semen as he told me it can make me strong and have more power on sex activity
    - I have sex 2 or 3 time per day, I want to reduce sexual desire, how should I do?
    - I had unprotected sexual intercourse; I just known my partner had many other partners beside of me. I may have contacted with some diseases?
  - o **About social aspect :** they concerned about their family, their social relationship, sex identity disclosure, questions reported by counselors :
    - My family hate me, they feel guilty having the kids like me, now I live with my friend and had my own job for living, they need psycho support
    - My parent ask me to marry as they are old enough and want to prepare my life before they leave, but I don't know how to avoid them and tell them about my feeling, am I wrong ?
    - No people know that I had same sex partners, but I am afraid that my secret will not last for long? How should I do when my girl friend know?
    - I am attracted with many men, are there many people like me called you?
    - I have sexual partner as an rich man, he always support me and my family on financial issue until I am in stable condition, but I have to give him cheerful sexual activities in return, I am afraid that his wife will find out later, so I don't know how should I do? I feel not comfortable to meet his wife.

<sup>4</sup> Data analyzed from 1/3 of total calls from MSM, n=50

**Pregnant women:** 48 calls from women reported that they were pregnant; it represent 2.5% of total calls from women. Among them<sup>5</sup>:

- 62% are in the aged group of 20-24
- 25% did not do HIV test yet , no HIV (+) pregnant women called in this period
- 81% of them called from provinces
- 19% of them were new calls
- 38%, of them knew hotline through Friend/neighbor and relative, 31% knew form Radio and 25% knew from Magazine .....

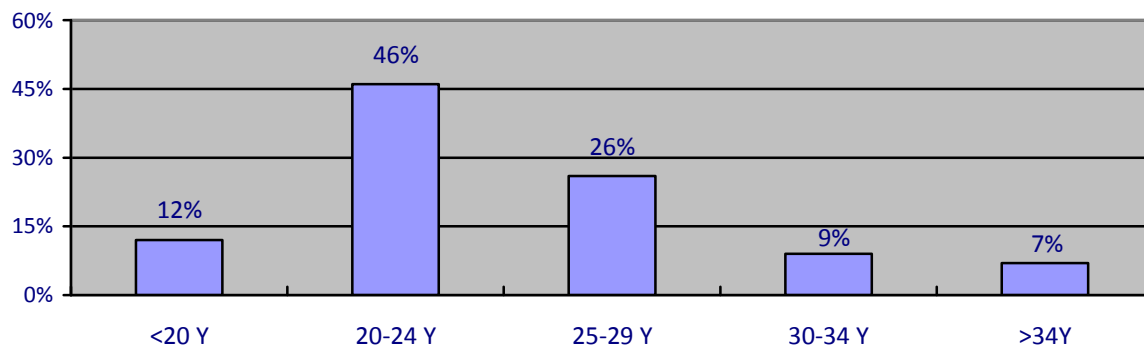
**Drug used**

- In this period , there were only 06 calls reported that they used to use drug
- For the question related with drug: There were few calls asked question related with HIV/AIDS, STIs, 0.1% and drug
- Our team concern that they met with Entertainment workers who talked about their past on using drug when they worked as beer girl or Karaoke
- Those who talked about drug was not talking about drug related with HIV/AIDS, and STIs, they just concerned about their opinion on the impact of drug in their community such as: increased gangsters and others criminal issue
- There were few calls talked about drug related with HIV/AIDS and STIs because of :
  1. Our promotion materials distribute in that target is limited
  2. The message in the materials not focus about this topic and not encourage drug user to call hotline
  3. Drug users who called hotline are those who use drug in the working area or in the entertainment area (bar, club...), but for those who are intensely addicted with drug are not interested to discuss by phone since their mind is not in stable condition, it is hard for us too.
  4. Drug user never say directly by phone because they are afraid that their numbers can be track by authority

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

Callers were asked to state about their aged. The youngest aged was 13 year old and the oldest one was 58 year old. Aged of callers were set in groups, Figure 4

**Figure4.** Aged group of callers, Jan Mar 2010 (n= 2,287)



<sup>5</sup> Analyzed from 1/3 of total calls from pregnant women (n=16)

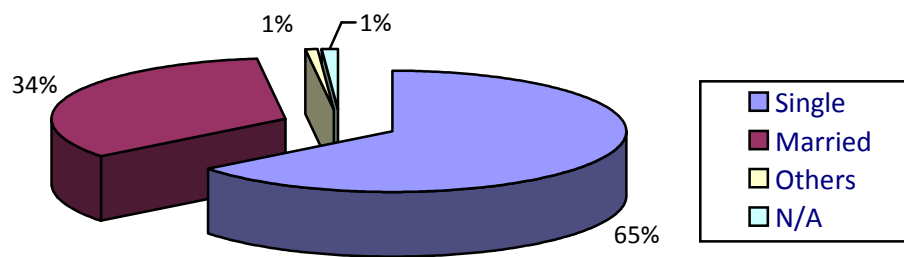
**Noticeably:**

- Called from people aged < 25 year old represented 58% of total calls (approximately the same for male and female)
- Called from people aged < 15 year olds represented 0.1% of total calls (female, 0.2% and male, 0.1%)
- Most of young people knew hotline through their school program, MoEYS

**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-Mar 2010 (n= 2,287)



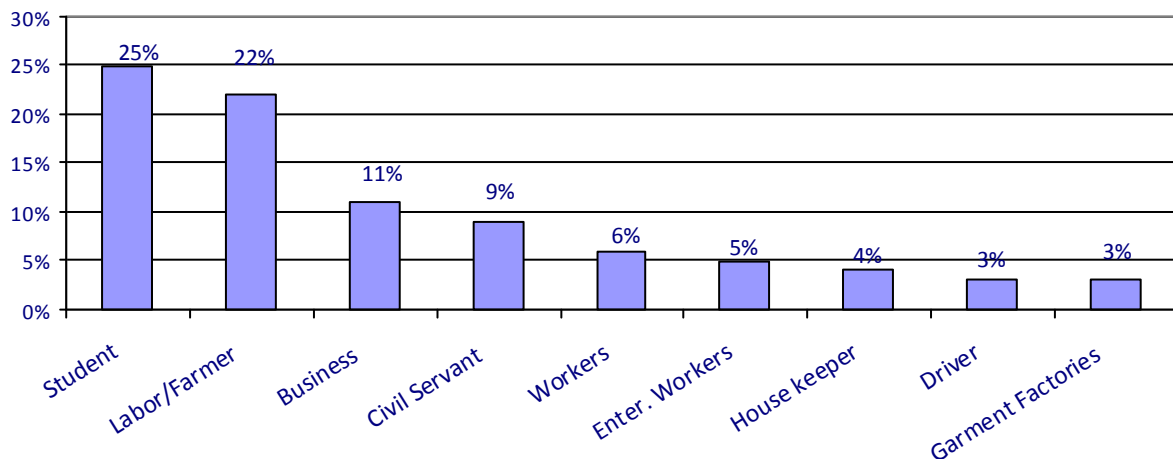
**Noticeably :**

- Called from single male (54 %) were less than single females (69%),
- Married men were worried about their past sexual behavior and want to discuss through anonymous service about how their worrying feeling, and show their willingness to do test but still afraid of the result

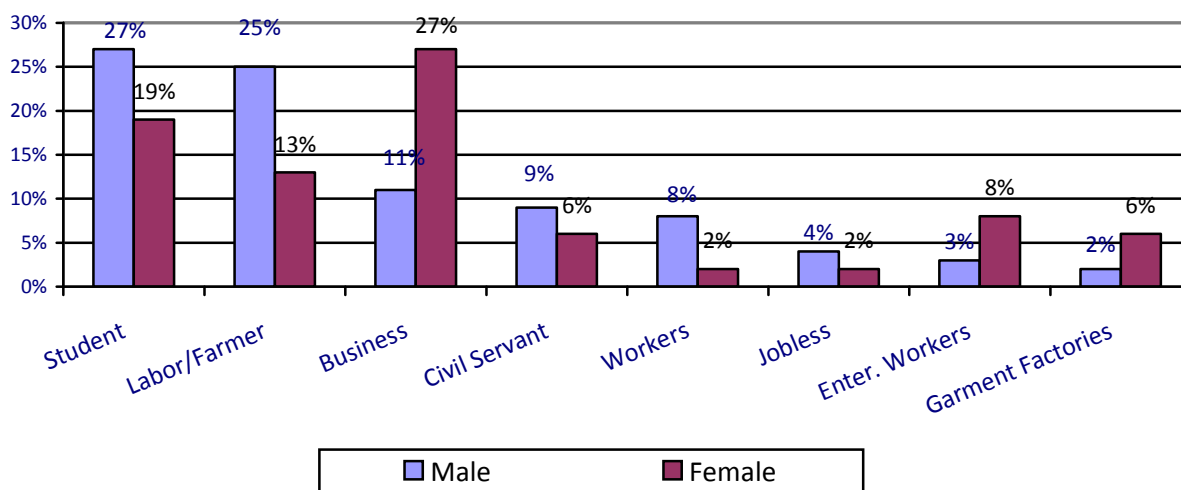
**B.6. Occupation of callers:**

Callers were asked to state about their current jobs. Privacy of users is really much appreciated. It is strictly considered 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, Jan Mar 2010 (n= 2,287)



**Figure6, a** Main occupation of by gender, Jan Mar 2010 (male, n= 1,638, female, n=649)



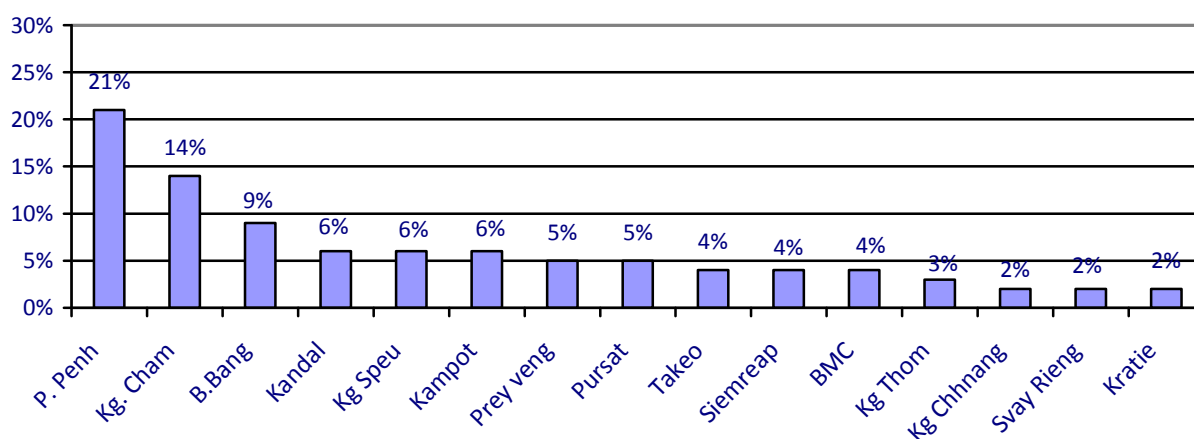
**Noticeably :**

- Most of female called hotline are those who has their own business in market , they had free time more than women in other field
- Closed down the factories made called from that area dropped
- Labor/ farmer hugely increased in this couple of months because of the telephone network and telephone facilities largely extend in rural area, reported by callers.
- Workers here represent those who worked by using their physical body and manual labour in the field such as construction sites, wooden sites, sea port workers, rubber field, ....etc
- Entertainment workers included those who work in the casino, hotels, restaurants, beer promotion, beer gardens, karaoke, clubs, massages, bar, snooker clubs, guest houses. In our cultural concept, these jobs are not classified as a good job and further more during this period most of the entertainment places were closed by the government to protect sex trafficking. So the self report is hard to state unless they trust us.
- 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, **Figure7**. According to the result show called from provinces were more than in Phnom Penh city, 79%

**Figure7.** Origin of calls, Jan Mar 2010 (n= 2,287)



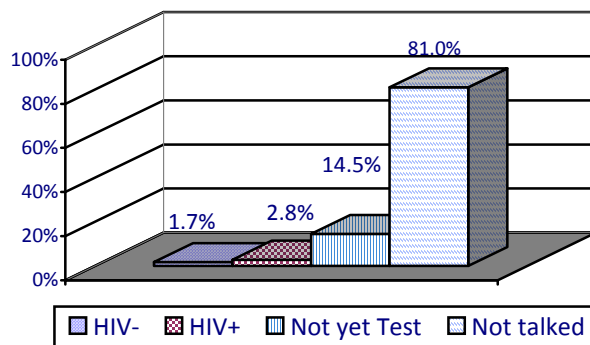
**Noticeably :**

People in rural are limited on accessing information than people in urban area. Thus while the telephone network and telephone facility enlarge to countryside, hotline service is the best and easy way for them to access information as they don't need to waste their time and their money for transportation. It is contribute to poverty reduction of Government strategy.

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

When the conversation related on their doubtfulness of HIV status or their sexual behavior, callers were asked to report about their history of doing HIV test, the result show in **figure8a, figure 8b,**

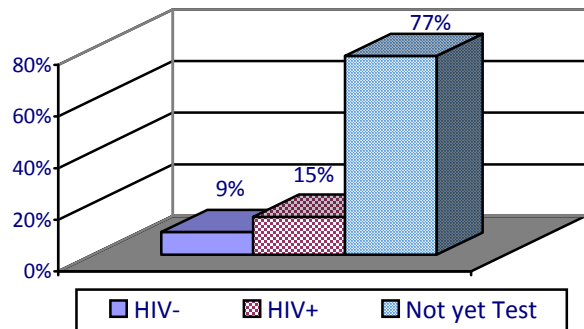
**Figure 8,a** HIV status among total calls, Jan-Mar 2010 (n= 2,287)



**Of total calls:**

Only 19 % talked about their HIV status, included : 1.70 % have HIV (-) , 2.80 % have HIV (+)<sup>6</sup> and 14.50 % did not do HIV test yet

**Figure 8,b** HIV status among those who reported , Jan-Mar 2010 (n= 434)



1. **Among those (19%)** who talked about their HIV status: 8.80% HIV (-), 14.70% HIV (+), and 77% not yet test.

- 2. **Among HIV (+) who called hotline:**
  - ⇒ 77% received ART, the others just known the result, they need time to accept it and counseling to comfort
  - ⇒ 70% are old callers, present their pleasure with our service
  - ⇒ Most of them knew hotline through friends (28%) and Magazine (23%)
  - ⇒ Most of them called from provinces, 84%

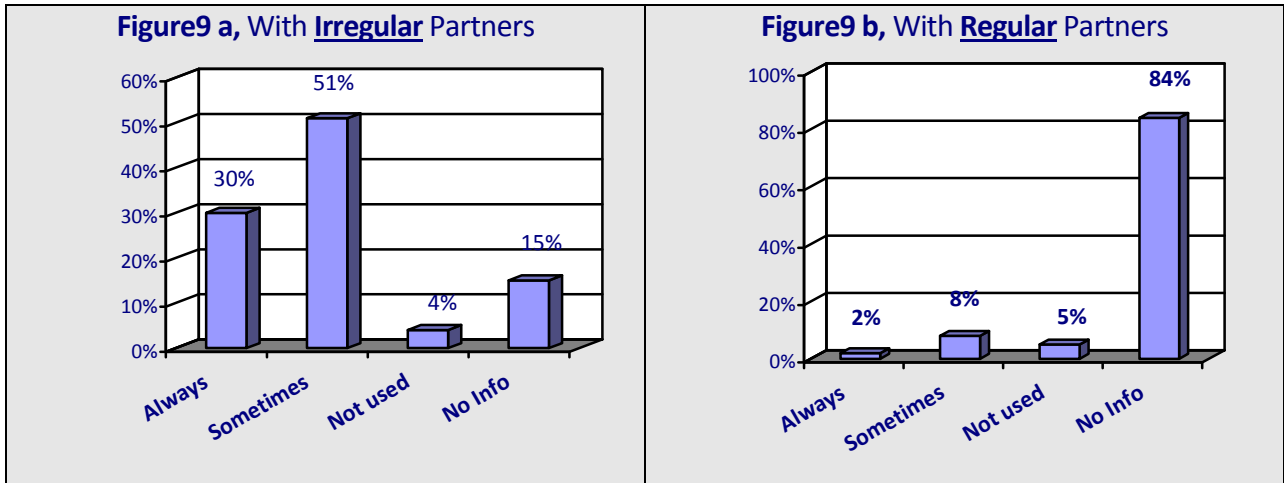
**B.9. Sexual behavior and condom practice of male callers:**

When the conversation was related with caller's sexual behavior, they were asked to report about their condom practice in the past 6 months. The report was based on their willingness. The extra marital partners included regular partners (sweat heart, girl friend, mistress...) and irregular partners (the occasional partners)

Only 24% of total calls reported about their condom practice. Most of them are males, 77% As report of condom practice from female was little compared to male, thus we present only the condom practice of group of male callers who reported, **figure9**

<sup>6</sup> HIV Prevalence rate of PLWA in Cambodia 0.7% of total population aged 15-49 ( year 2006)

**Figure9.** Condom practice of **male** callers with their extra marital partners, Jan-Mar 2010 (n= 384)



**Remarkably :**

- Data were collected among high risk group ( having active sexual activities ) , those who had active sexual practice , thus the result on the mistake of unprotected sexual behavior were high
- 98% of male callers who reported on their sexual practice (n=384) had extra marital partners, 80% are singles males
- Most of the problem on unprotect sexual intercourse were: under un control situation, trust partners, having sex with closed friends, ejaculation outside to protect unwanted baby

**B.10. INFORMATION OF CALLS**

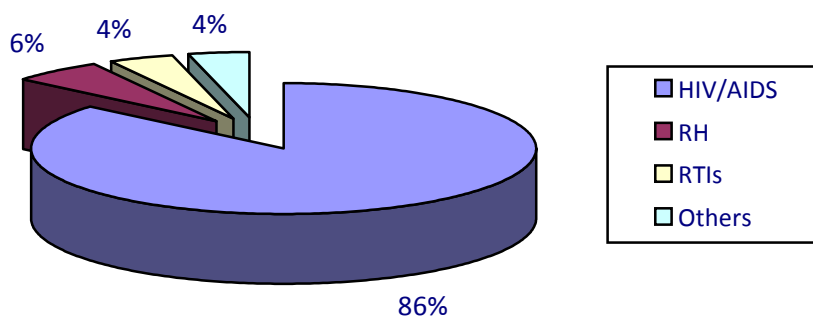
The data in this report were analyzed from data random of total calls 6, 971, thus 1/3 of calls represent (n=2,287).

**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 domain and the third topic is not recorded. Of total calls, 28% asked more than one topic.

Beside of HIV/AIDS, people concerned on Sexual Transmitted Infection and Reproductive Health questions. **Figure 10**

**Figure10.** Main Subjects asked by callers, Jan-Mar 2010 (n=2,287)



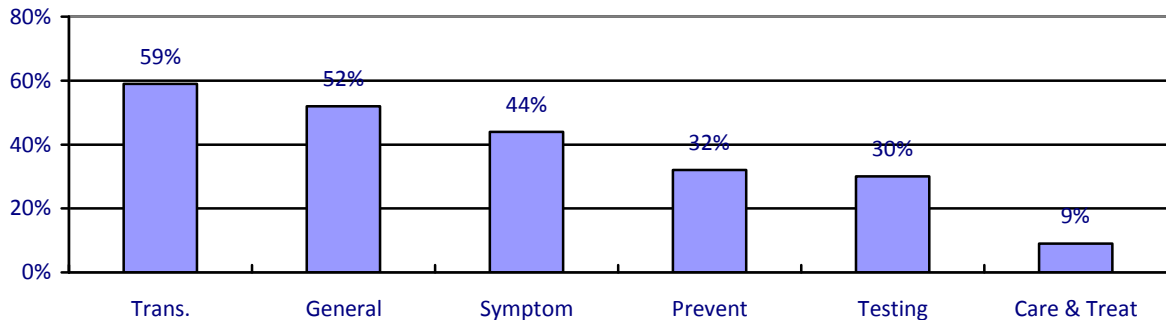
**Noticeable:**

- Male and female were interested in different topics
- Female interested on STIs (5%) and Reproductive Health,11% than male, 4%
- Question related on Reproductive Health were less than previous time because of the new separate line on Birth spacing started its activity in mid 2009

**1.1. For HIV/AIDS question (n=1,973)**

This data is collected from multiple answers, thus the result in the chart is more than a hundred percent. Following the result, the most frequent concerned of callers were HIV/AIDS transmission risk, 59% (multiple answer)

**Figure11.** Main questions on HIV/AIDS, Jan-Mar 2010 (n=1,973)

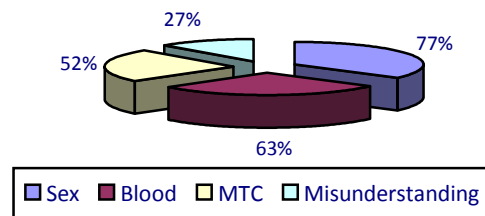


**Noticeably:**

**Question on transmission:** (Multiple answers),  
**Figure 11.a.**

In this period, beside of Transmission through Sex the question asked on the transmission from Mother to child (52%) is increased as well as the transmission through blood (63%). They asked on how do they know or make sure that the universal precaution is done perfectly? They concerned about the growing of beauty saloons and dental clinics.....

**Figure11.a.** Question on HIV transmission, Jan Mar 2010 , (n= 1, 174)



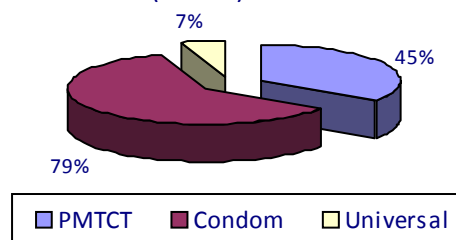
**For question on HIV/AIDS related with drug only**

There are 03 calls asked about question related with drug. Since data analyzed from 1/3 of total calls, thus 3 calls multiple by 3 equal 9 calls.

There were few calls talked directly on this topic, it may hide under the question on transmission through blood or sharing shape materials as this group are afraid that their phone numbers will be track out and the authority can find them easily, reported by the team.

**Question on prevention:** ( Multiple answers)  
Question on how to prevent the baby from HIV transmission seem to be more concerned than before , **figure 11.b**

**Figure11.b.** Question on HIV Prevention, Jan Mar 2010 (n= 627)



**Question on HIV testing:** (Multiple answers). Most of question related with testing , **figure 11,c**

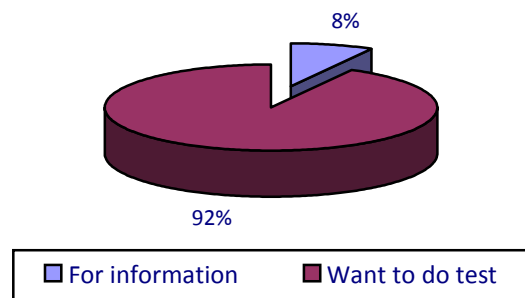
- 8% asked for HIV testing information
- 92% want to discuss on their intention to do HIV test ( 30% female and 70% male )

They had different reasons : (n=542)

- ⇒ 81 % their risky behavior,
- ⇒ 12 % test before married,
- ⇒ 5 % test before having a baby

Noticeably: The purpose on doing HIV test before married and before having a baby increased more than previous period

**Figure11.c.** Question on testing, Jan Mar 2010 (n= 590)

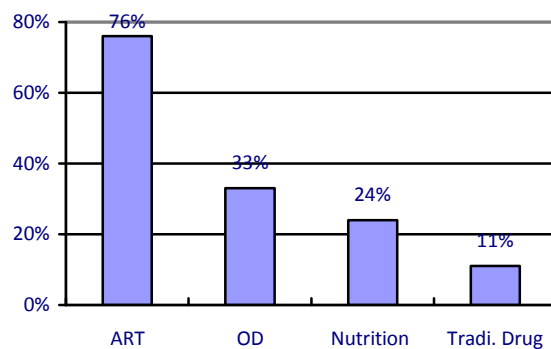


**Question on care & treatment:** **Figure 11.d**

( Multiple answers)

Callers concerned on diverse questions such as: how to eat and live with healthy, how long their can live after using ARV, the action of ARV in the body, the interaction of ARV, when will the researcher found out the cure medicine the others opportunistic disease, hygiene, skin care....,

**Figure11.d.** Question on Care and Treatment asked by callers, Jan Mar 2010 (n= 178)



**For question on AIDS symptom , (n=867)**

People were 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 with nothing and always feel of something happened in their bodies (worry well callers), they expresses that about uncertain feeling made them panic. Those people called hotline often, they use hotline as a source for information and they said they cannot sleep well if they felt better after they discuss with our counselors

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

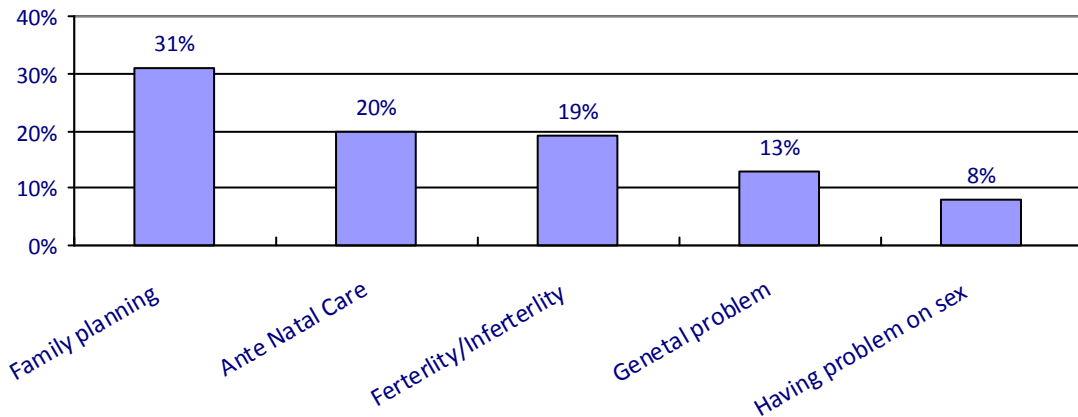
Some caller concerned on :

- ⇒ AIDS vaccine
- ⇒ Drug to cure AIDS
- ⇒ HIV virus biological information
- ⇒ Origin of HIV virus, where it come from?
- ⇒ Statistic of HIV
- ⇒ Some strategy to fight against HIV /AIDS
- ⇒ Why we need to do Candle light day
- ⇒ World AIDS Day meaning
- ⇒ How long does HIV positive can live under ARV treatment?
- ⇒ When the baby infected by HIV from birth, how long they can live?

## 1.2. For Reproductive Health Question:

Beside of HIV/ AIDS question, **6%** 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- Mar 2010 (n= 144)



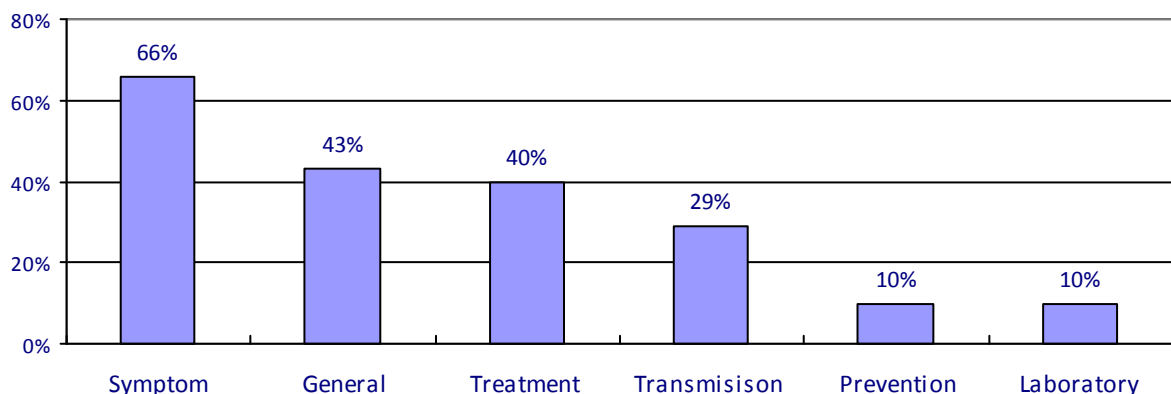
**Noticeably :**

- Some family planning was the most frequent queries such as: PLWA couple still want to know about some family planning even they received counseling from ART sites that advice them to use condom. At that time, it our role to talk about positive prevention
- Method such as: surgical infertility, IUD, Implanon , Jadel, the side effect of family planning long term and short term....
- Fertility period were the most frequent questions asked by young people
- Early pregnancy check up campaign by UNICEF, contributed to raise people awareness on topic, callers reported
- Questions on sex were queries related on the libido reducing, early ejaculation, no sexual feeling, cannot do sexual intercourse .....

**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-Mar 2010 (n= 90)



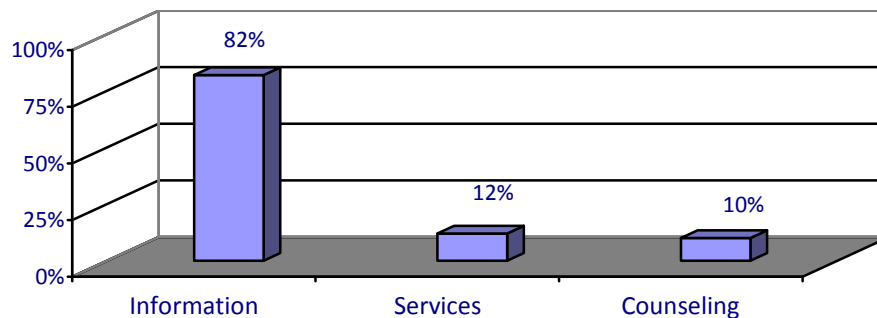
**Noticeably :**

- STIs symptom is the main topic asked by callers , they were concerned on syphilis and gonorrhoea than others STIs, does STIs can be totally cured or not ( eradicate)
- Some people need the explanation about their misperception such as STIs will become AIDS, STIs can not cure, STIs can transmitted through vaginal sex only, why wart only attacked me not my partners ?
- Question related with laboratory were asked by some callers as they were not quite sure why after treatment the test result still exist , how long the lab can detect after they got STIs transmitted, why the doctor told me that my father had syphilis in his ankle since he is too old nearly 70 year old , I am not quite believe ?

**2. Type of Question:**

Normally callers called for different purpose. Some called to seek for information, some need to find any services and some need discussion (counseling). **figure14.** In this part counselors collect information in the check list with multiple choice, thus the result can be over 100%.

**Figure14.** Type of question asked by callers, Jan- Mar (n=2,287)



**Noticeably :**

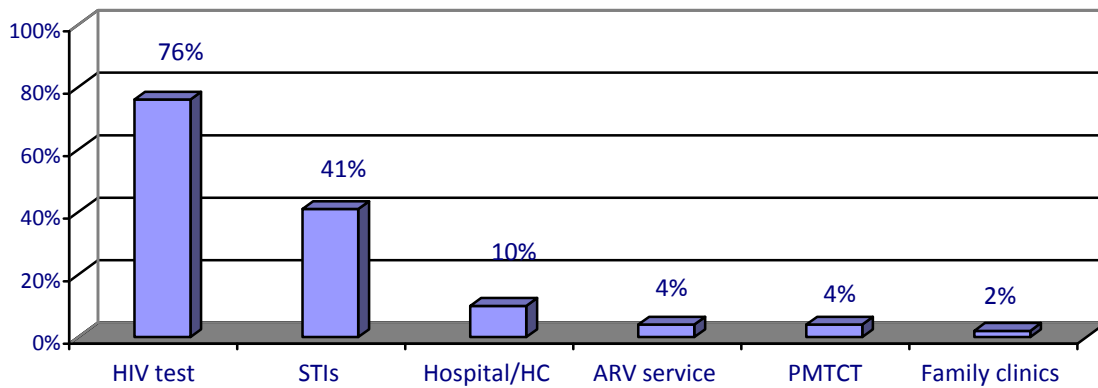
- Normally calls to seek for information lasted for short period than others purpose
- Calls to seek for counseling happened for those who were worrying about their HIV status, or their STIs problem, health problem related with their family disputed, and some people need psychological support even they don't have HIV positive, but they feel to talk with someone or to make sure about their doubtful feeling .....
- Calls to seek for the services directly was small compared to others purpose, and some were 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, the counselors realized that their callers need to go to medical or social services after the conversation. Thus the counselors referred them to the appropriate nearest places, and then they can choose by themselves and go whenever they can.

Most of the services referred were the public health facilities of government 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-Mar 2010 (n= 841)**



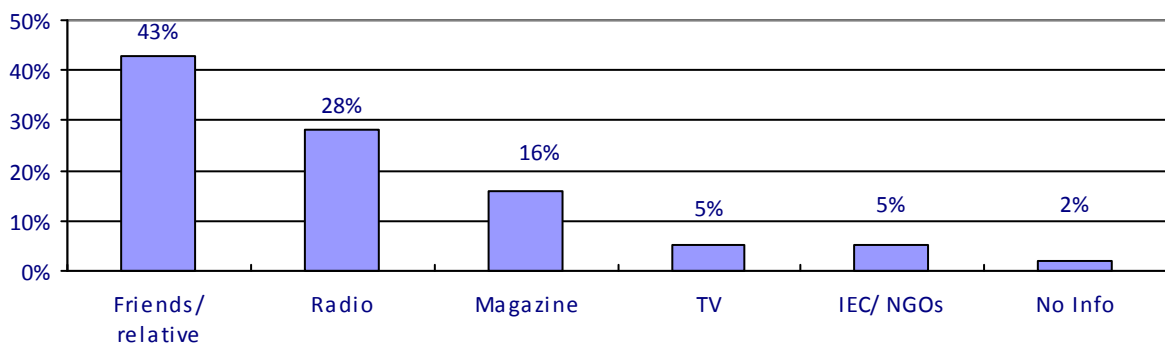
**Noticeably :**

- Most of the service referred were HIV testing place when callers discussed about their uncertain status , doubtful feeling , unsecured sexual behavior
- Callers needed STI check up increased remarkably
- Topic of campaign was influent with caller's queries and service's referred
- Early pregnancy check up campaign of UNICEF made people aware on asking about doing HIV test before pregnancy , and question about PMTCT which percentage of calls refer to HIV testing increased

**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-Mar 2010 (n= 4,387)**



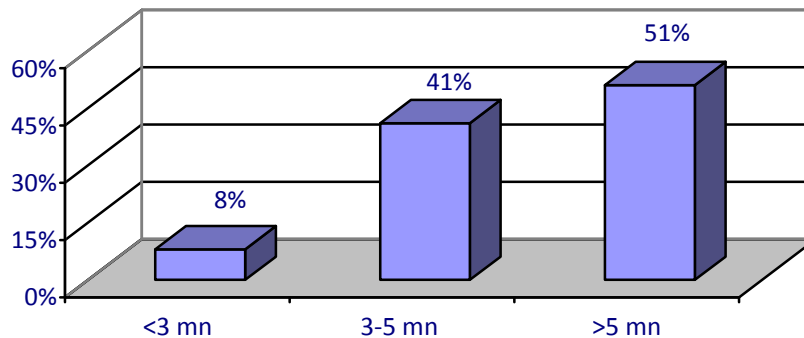
**Remarkably :** Among **new** callers reported on source made them called hotline :

- Source from friend is the highest compared to others
- Source from Radio increased because of promotion done in February ( from 1-20<sup>th</sup> )
- Source from Magazine is still the popular source for young people , PLWA talked about SEAD seem to be remarkable
- Source from IEC Materials and NGOs increased in this couple of years

## 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 41,818 minutes. The longest duration of talk was 41 minutes. The duration of conversation were set in different groups, **figure 19**

**Figure19.** Duration of conversation, Jan-Mar 2010 (n=2, 287)



### Remarkably:

- The conversation which took less than 3 mn were 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 talk longer than men ( e.g female talked more than 5 mn was 60 %, male only 48 % )
- The average duration of conversation in this period was 6 minutes,

## 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>7</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. In this period we upload our yearly report 2009 in our web page.

### 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 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 9<sup>th</sup> Jan, 6<sup>th</sup> Feb and 13<sup>th</sup> Mar 2010.

<sup>7</sup> Need to be paid every year to keep it functioning, year 2010 support by UNICEF

## 2.2 Self monitoring:

Counselors can monitor their achievement **by themselves via** our quick report system

## 2.3. Monitoring by manager : through supervisor system

- Monitor activity of the telephone line by our IT officer **that** can solve any problem occurred on time e.g the telephone stuck , call not go to agent
- Monitor the quality of answering: in this period **63 cases (21 cases per month)** were randomly done for double –listening to insure the quality of answering. The manager will find out which information needed, and can monitor the quality of answering. In case any problem happened, she can alert and assist immediately, in some case the feedback were bring to discuss during monthly meeting for improvement. The monitoring is done without informed

## 2.4. Monitoring by donor (external monitoring) :

- **Technical issue** : donors monitor the program regularly via the monthly report or the data result submitted every moth or trimester to follow the achievement of the hotline and assist on the technical assistance if needed
- **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:

During this period hotline numbers were promoted through:

### - Media :

- Radio spots was done to promote hotline fund by UNICEF ( 1-20<sup>th</sup> Feb 2010)
- UNICEF plan to produce 3 new radio spots to promote hotline with three different themes in the next trimester

### - Magazine:

1. Magazine for young people ( Popular and Apsara) one issue per month regularly, funded by ACTED – PSF and FHI
2. Magazine dedicated for PLWA produced by SEAD, one issue per quarter funded by UNICEF
3. Magazine target Entertainment workers , Smart Girl ( will be published in April 2010, supported by FHI

### - IEC Materials:

- **Run off** materials to distribute during this period, but some partners still have hotline materials. The printing process plan to do on the third trimester ( we still lack some budget for IEC printing )
- **Included hotline numbers in the materials of partners such as :**
  - **FHI** : Smart Girl and Mstyle printing materials, referral booklet, Mstyle website
  - **PSI** : Male clients referral card of PSI to help peer educator used during their education activities in the entertainment places
  - **ACTED- PSF** : IEC materials
  - **HACC** : HIV/AIDS Coordinating Committee , included it in their documentation video , still negotiation
  - **UNICEF's** Year Planner 2010 and booklets
  - **Ministry of Education Youth and Sport** 's Year Planner 2010
  - **Parliamentary hand book** on HIV / AIDS Law
  - **International Justice Mission ( IJM)** booklet

#### 4. Staff Capacity building:

There was some training we participated in this period:

- Training course for our IT is still in on going for the second term
- Participated Communication skill training with FHI , 3<sup>rd</sup> -4<sup>th</sup> FHI
- Participate M & E training with FHI
- 10 Question & Answer on HIV law were done to raise the awareness of the counselors team on the HIV Law issue
- Plan to continue training on MSM hotline counseling with the expert from FHI Regional in Bangkok on 8<sup>th</sup>-9<sup>th</sup> May 2001 ( 2 full days of Saturday and Sunday ) ,

#### Update Medical Service Directories by free land consultant

To insure the quality of referring, Medical Service Directories had been update by the free land consultants. The official consultant had been hired to update the service directories under the financial and technical support from ACTED – PSF. The work achievement was finished end of March, see in **Appendix A**. The new services are included and some services are excluded from the list, because of their ending project. The final data were included in our system (MSD) by IT officer, expect available to use on April 2010.

#### 5. Constraint:

- **Lack of power full media promotion** in these couple years<sup>8</sup> , the TV spots of partners is less and less compared to year 2004-2006
- **Global financial crisis** : losing jobs effect to family income, people were strictly on spending ( reduce time to top up their credit )
- **Competition among telephone network** : the promotion period of telephone network have strong influence to our program, young people reported that they use free sim card with free credit bonus until the end , than they throw it away
- **Telephone network problem** : Sometimes it is difficult to access across network<sup>9</sup> , reported by callers
- **Problem of weather forecast** : often lightening attacked during un usual heavy raining made people afraid on using their phone and our service also put on stand by mode while the raining occurred during working schedule, for security reason
- **Difficult clients**: some clients called hotline for no reason (called repeat and dropped), drunken people, called for joking, testing calls, called without talking ...etc. Thus the real clients cannot access at that time and it was also disturb our work. Therefore , it made our incoming calls and call with conversation massively different numbers between incoming and valid calls were wisely different<sup>10</sup>
- **Equipment**: Malfunction of the equipment made calls interrupted<sup>11</sup>

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<sup>8</sup> Hotline did not have its own media promotion but we depend to media spots of donors and partners

<sup>9</sup> Need to call 2 or 3 times

<sup>10</sup> Call with no conversation is not recorded

<sup>11</sup> Telephone not ringing, Transfer from one to another one disconnected

#### IV. CONCLUSION:

Noticeably, even the number of incoming calls dropped but we received more calls from PLWA (from 120 to 188 calls per trimester), MSM (increased from 1% to 2.6% of total calls from male), EW (even the number of EW not increased but we received more new calls from them) and new people in rural. New call express their gratitude that our service is meaningful for them to access information and find address of any services if needed , they were appreciate the psychological support from our service that they can not find the similar service in anywhere else (they mention about the anonymous and confidentiality). Some of PLWA were happy to allow us to take their story as a case of lesson learns.

In term of technical issue our update referral services, Appendix A, did by consultant help our team to upgrade their abilities on referring those who have problem to the appropriate services according to their need, especially the service related with hotline topics.

Good collaboration from donors and partners (include hotline numbers in their program and their IEC materials) help hotline to reach more at risk target and can prove of good work circle as we can provide feedback and impact to each others.

But shorten of powerful media promotion (compared to the media promotion in 2004-2006), the reality situation of Cambodia marketing of mobile phone, the situation of people's income are very touched to make hotline reach the high incoming calls as previous year.

Therefore, even hotline is a good service for everybody but the powerful and regular media promotion are very important to remind old callers and attract the interested of new calls. New media spot should be developed<sup>12</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). Hopefully the new Radio Spot produce by UNICEF will help hotline to get more calls.

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

Phnom Penh, 14<sup>th</sup> June 2010,  
Prepared by:

Dr Monyl LOUN  
Director of INTHANOU  
HIV/AIDS Hotline

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<sup>12</sup> Old media spot may less attractive, mentioned by unicef

**ANNEX A:**

**Number of Services in each province**

Provinces name	ARV	CPN+	Drug	Family Clinic	HBC	Mental Health	MSM	OI and MMM	Orphanage	PMTCT	STD	Palliative Care	VCCT
បន្ទាយមានជ័យ	4	1	3		5	5	2	4	16	10	10		16
បាត់ដំបង	5	1	2	2	13	17	2	5	25	30	16	1	16
កំពត	2	1			4	3		2	3	6	13		6
កណ្តាល	2	1	1	1	6	1	1	2	23	24	24		15
កំពង់ចាម	4	1	1	4	26	2	1	6	7	22	35	1	27
កំពង់ឆ្នាំង	1	1			5	1	1	1	9	4	10		4
កំពង់ស្ពឺ	2	1		1	8	2	1	3	14	20	12		8
កំពង់ធំ	1	1		1	2	7		1	15	14	8		6
កោះកុង	2	1	1	1	1			2	4	10	8		3
ក្រចេះ	1	1			1	1		1	4	4	6		6
មណ្ឌលគីរី						1			4	2	4		1
ឧត្តមានជ័យ	1	1				1		1	4	4	5		3
ប៉ៃលិន	1	1			1	1	1	1	2	2	4		3
ភ្នំពេញ	11	1	8	9	9	7	18	8	31	21	19	2	37
ព្រះវិហារ	1	1			1	1		1	5	1	4		2
ព្រៃវែង	3	1			5	3	1	3	6	11	16	1	15
ពោធិ៍សាត់	1	1			3	3	1	1	10	7	6		9
រតនគិរី						1			5	3	4		2
សៀមរាប	4	1	2	3	5	3	3	3	17	10	14		17
ព្រះសីហនុ	1	1		1	1	1	1	1	8	3	5		4
ស្ទឹងត្រែង	1	1				1		1	1	6	4		2
ស្វាយរៀង	2	1	5	1	3	3		2	5	22	10		8
តាកែវ	3	1		1	5	2		3	7	21	16		19
កែប						1			2	1	3		1
<b>Total</b>	<b>53</b>	<b>21</b>	<b>23</b>	<b>25</b>	<b>104</b>	<b>68</b>	<b>33</b>	<b>52</b>	<b>227</b>	<b>258</b>	<b>256</b>	<b>5</b>	<b>230</b>