FIELD GUIDE

Setting Up a Hotline

POPULATION COMMUNICATION SERVICES

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Preface and Acknowledgments

With representatives in more than 30 countries, Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP) is a pioneer in the field of strategic, research-based communication for behavior change and health promotion. The Bloomberg School of Public Health established CCP in 1988 to focus attention on the central role of communication in health behavior and to provide leadership in the field of behavior change communication. Based on its experience in establishing and providing technical assistance for hotlines around the world, from sophisticated call center-type hotlines to smaller operations, CCP has pooled its knowledge to develop this easy-to-use guide for anyone wanting to establish a hotline, small or large. Proven to be an effective call to action, hotlines are gaining in popularity in many developing countries as telephone technology improves with the introduction of wireless phones.

The information and case studies presented here represent the hard work of a core group of people. In particular we are grateful to Patrick Coleman, Peter Roberts, Lisa Cobb, Patricia Poppe and Marcela Aguilar of CCP for their contributions; and to our colleagues from the Academy for Educational Development (AED), Chamberlain Diala, Elizabeth Thomas, and Berengere de Negri, for sharing their experiences and ideas; Trixie Vargas for sharing her experience with the APROPO Calling in Confidence Telephone Hotline; the South African AIDS Helpline staff for sharing their knowledge and for their first-hand experience in setting up a state-of-the-art hotline and taking calls; and Warren Parker for his vision and dedication to setting up one of the most efficient and effective AIDS hotlines in Africa.

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Introduction

A 17-year-old girl calls the hotline worried she may be pregnant. A hotline counselor learns the girl is not using contraception and her boyfriend does not use condoms regularly. The girl is too scared to talk to her parents about her problem because they don't know she is sexually active. She also is scared to talk to her boyfriend about the possibility of being pregnant, because she is sure he will drop her. When asked why she isn't using another contraceptive, like the pill, she answers that the clinic sisters refuse to give her contraception because they say she is too young to be sexually active. She also says her boyfriend gets angry with her if she asks him to use a condom every time they have sex. The hotline counselor hears the anxiety in the girl's voice and refers her to a nearby youth-friendly clinic, which the caller did not know existed. At the clinic, the girl can talk to someone who will be able to help her after listening to her in a nonjudgmental manner. *(Hotline Counselor, South Africa)*

Why establish a hotline?

Hotlines offer an effective way to provide callers with accurate information, counseling, and referrals to appropriate community-based services or resources. The anonymity of a hotline is a key asset, especially in working with adolescents, because it allows the caller to ask questions that may be difficult or awkward to address in a face-to-face context. The girl in the above example did not have anyone to turn to, and the clinic she contacted refused to help her. By calling the hotline, however, she talked to a telephone counselor without being embarrassed or judged, and received a referral to a youth-friendly clinic where she could get further information about her situation.

Hotlines can be a useful barometer for measuring the impact of public education and media campaigns, and can provide information to guide new interventions. For example, numerous calls from youth about sexually transmitted infections can indicate the need for more dissemination of information on this topic. Hotlines also can be used to clarify information if misconceptions and myths exist about the hotline's topic. In addition, hotlines can provide information to advocate for improved services—for example, callers phoning in to complain about a lack of condoms at clinics.

Approaches to using hotlines differ, but in general they aim to:

- provide accurate and timely information,
- provide an opportunity for dialogue,
- give support to callers by listening to them and counseling them when necessary,
- provide referral information, and
- identify trends in information requests from the audience.

Why use this guide?

This guide can assist you in starting a hotline or improving and expanding an existing one. It can inform your strategic thinking and planning for a hotline and provide the necessary tools and information in an easy, step-by-step approach to set up your hotline. By sharing our experience and providing examples of hotlines in various countries, we hope to help you decide what will work best in your context and inspire you to create a hotline that will best meet the needs of your audience.

Who should use this guide?

This guide is written for directors or managers in government, nongovernmental, or community-based organizations working in health departments, communication organizations, or donor agencies that fund health communication programs such as hotlines.

Chapter One

Deciding If a Hotline is Appropriate for Your Organization

Steps to Take

1. Define a hotline and its purpose
2. Research if a hotline is the right intervention
3. Determine telephone access and acceptability
4. Assess your organization's resources and purpose

Overview

*This chapter describes in **Step 1** what a hotline is, what it can do, and its four main components. **Step 2** discusses how to research the need for a hotline as an appropriate intervention. **Step 3** provides questions for you to determine the acceptability and accessibility of offering a hotline service. **Step 4** helps you decide whether the purpose and resources of your organization are best suited to provide a hotline service.*

Step 1: Define a hotline and its purpose.

A hotline is a specialized telephone service that provides an effective way to listen to and counsel callers, disseminate information, and refer callers to services and resources for further help. Hotlines are used in many countries for a variety of reasons, such as crisis lines or providing information on family planning, reproductive and sexual health, HIV/AIDS, and human rights. Hotlines cannot operate in a vacuum, because they rely on a network of organizations that offer face-to-face counseling, medical services, or access to more information.

Hotlines provide accurate information to many people quickly and anonymously. In offering anonymity, hotlines serve as a source of information that will not embarrass, label, or judge a caller. People are free from appearing uninformed, or, more importantly for youth, being seen in a clinic by friends or family. As Saunders[1] points out, often people need a nonjudgmental, unbiased person to talk to about sensitive subjects.

Also, hotlines can be excellent tracking systems. Hotlines show trends in the way people think, misconceptions they may have, and how they get their information. Tracking information can lend support when evaluating ongoing programs (i.e., if callers report that program

[1] Saunders, S.G., Helquist, M., et. al. (1989). *Extending the role of AIDS hotlines in AIDS prevention programs in developed and developing countries.* Poster presentation, 5th International Conference on AIDS, Montreal, Canada.

materials referred them to the hotline) and in developing new interventions (i.e., providing correct information to callers responding to rumors).

Helquist and Rosenbaum[2] believe hotlines reinforce prevention messages disseminated through other channels, especially the mass media. As opposed to mass communication, hotlines reinforce messages in an interpersonal manner with person-to-person contact via phone lines. It is this interpersonal communication that can provide the basis for people to adopt new behaviors.[3]

As with any intervention, hotlines have limitations. One is the lack of follow-up to verify if callers heeded advice given and adopted new behaviors. Saunders also mentions a lack of continuity and the absence of visual cues as other possible drawbacks. An important aspect of hotlines is the need for an infrastructure where telephones are accessible. This tends to force hotlines to be used only in urban areas, although some programs have successfully expanded to rural areas, especially with the popularity of cellular phones.

Four main components of a hotline

Regardless of size, hotlines have four main components that are inextricably linked, and a weakness in one can adversely affect the others.

1. Telephone technology

Telephone technology varies from country to country. In many developing countries, telephone technology is a growing industry, particularly with the introduction of cellular and satellite phones. The telecommunications infrastructure in your country or region will determine the feasibility of establishing a hotline.

2. Human Resources

Hotlines are about people and service. The people who manage and

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2 Helquist, M.J., Rosenbaum, J. (1993). *Providing anonymous help and support.* In Smith, W. A., Helquist, A.B, et. al. A world against AIDS. Academy for Educational Development, Washington, D.C.

3 Rogers, E.M. (1995) *Diffusion of innovations* (4th ed.). New York: Free Press.

provide the service are key to its success. The number of hotline counselors and supervisors depends on the size of your hotline as well as the hours you intend to offer the service.

3. Training

Training hotline staff in relevant information and telephone counseling skills is crucial. Initial training usually takes at least ten days and refresher training may be necessary. Because training is time consuming and requires a skilled trainer, large national hotlines often have a full-time trainer or use a training organization to perform staff training on a regular basis.

4. Information resources

Hotlines are information resources for the public and must have up-to-date and accurate information on the topic of the hotline. Most hotlines develop a referral list of relevant organizations and services, and an information resource that counselors can access easily while taking a call.

Step 2: Research if a hotline is the right intervention.

The best way to determine if a hotline is the appropriate intervention is to research the identified need and existing services. It is also important to assess your organization's expertise and capacity for setting up a hotline.

Researching the identified need includes collecting statistics on the problem. For example, if you are setting up a hotline for rape survivors, you need to know the number of reported rapes each year, the average age of the victims, where the rapes occur, and other facts. Using the same example, you need to know what services and resources already exist for rape survivors. Your research should highlight the extent of the problem and the need for a hotline service to complement existing services.

Tips for collecting statistics

- Record the number and nature of calls your organization receives over a period of time.
- Review research documents on the topic prepared by other organizations or universities.
- Collect press clippings if the topic is frequently in the media.
- Ask organizations or clinics working in the same field for their statistics. (For example, how many clients they see each day for a particular problem.)
- Talk to clients that use services related to your hotline's topic to determine what those services offer and what they lack.
- Find out if relevant government departments have statistics regarding the problem and how many organizations exist to cope with the problem.
- Collect demographic and social data about the problem that is relevant to your community, region, or country.
- Use the Internet as a research tool.
- Keep and organize your findings to incorporate in your proposal for hotline funding.

APROPO

The Advocacy for Population Programs (APROPO) in Peru established a hotline after data from the Government Department of Health revealed that 4 of every 10 births were by adolescent girls. APROPO researched the issue further and found youth had no access to accurate information on sexuality and reproductive health issues.

APROPO also discovered that health centers generally gave inadequate family planning information about the correct use of contraceptives or possible side effects. As a result, people discontinued using contraceptives. Dissatisfied clients left health centers with many questions unanswered and would not return because a visit cost time and money.

APROPO concluded that a hotline was the best intervention to ensure people had free, quick, and convenient access to accurate family planning and reproductive health information.

Step 3:
Determine telephone access and acceptability.

Telephone access and acceptability will determine whether your hotline will reach specific populations identified as priorities. For example, if you have identified young adults as a priority population, it is useful to know what proportion of them have access to telephones and also explore parallel programs that reach those who do not have access to phones.

The following are useful questions for a feasibility study. Possible sources for answers to the questions include market research companies, phone companies, and the local government's telecommunications department. [4]

- **Q** How many telephones are in the country/region and what is their geographic distribution?
- **Q** What percent of homes and businesses have telephones?
- **Q** What is the distribution of public phones, and are they easy and affordable for people to access?

  What are the percentages of age groups of men/women who subscribe to cellular networks?
- **Q** Who has phone service?
- **Q** Is the culture within the country/region of your hotline comfortable or familiar with the idea of talking to an anonymous person about a personal problem?
- **Q** Are there other hotlines operating in the country or region and what is their experience?
- **Q** Have others conducted telephone surveys in your country/region?

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[4] Pan American Health Organization; Caribbean Epidemiology Centre; Academy for Educational Development. AIDS Public Health Communication Project [AIDSCOM] (1990). *AIDS hotlines: A guide to development and implementation in the Caribbean*. Washington, D.C.

Consult the community

Consult relevant community and advocacy groups working with your identified population about the idea of a hotline to determine if it is supported and accepted by the wider community and meets the needs of community members. Some of these community and advocacy groups may also be referral sites, so it is particularly important that they understand and support the hotline, and will respond favorably to appropriate referrals.

Consult your intended audience

It is important to talk directly to your intended audience. Focus group discussions are one way of approaching members of your audience to find out what they think of hotlines and their willingness to use them. Within focus group discussions, you also can explore information-seeking habits, attitudes of the audience, and what facilitates and hinders the audience in seeking information. Through individual in-depth interviews, you also can gather information about how the audience would use the hotline.

Appropriate skills are necessary to conduct this type of research. If your organization does not have experience in performing formative research, get technical assistance from outside your organization.

Step 4: Assess your organization's resources and purpose.

What resources, skills, and expertise does your organization have that make it the best to offer this service? Hold a brainstorming session with your colleagues and ask questions such as those listed below. Document the outcomes for incorporation into your proposal.

- **Q** What is your organization's mission statement? Does a hotline service fit into this mission?
- **Q** Can your organization support a hotline?
- **Q** Can you draw on experts to assist you with setting up the hotline?

- **Q** Is there a network of other services to complement your hotline? For example, if you want to establish a youth sexual and reproductive health hotline, are there youth centers in the community offering face-to-face counseling, pregnancy testing, or STI treatment?
- **Q** Do you have strong working relationships and credibility with other referral services and organizations, such as youth clubs, schools, and clinics?
- **Q** Does your existing staff have the skills and expertise to establish a hotline? If not, are they willing to receive training to build this capacity?
- **Q** Do you have the appropriate management systems to support a hotline, such as financial management, information technology, and human resources management?

Chapter Two

Designing and Structuring a Hotline

Steps to Take

1. Determine the purpose of your hotline
2. Decide on the geographical area your hotline will serve and hours of operation
3. Determine the management structure of your hotline
4. Determine the promotion and evaluation strategies for your hotline
5. Set goals and objectives

Overview

After deciding a hotline is the appropriate intervention, you will need to develop an overall plan. Establish a team of three or four people who will meet regularly to answer questions posed in this chapter and see the plan to completion. ***Step 1*** *will help you determine the purpose of your hotline including your target audience and what type of service you will offer.* ***Step 2*** *will help you decide where to locate your hotline and the geographical area it will cover.* ***Step 3*** *covers the management structure of your hotline, and* ***Step 4*** *touches on promotion and evaluation strategies.* ***Step 5*** *deals with setting goals, objectives, and timeframes, and delegating tasks.*

Step 1: Determine the purpose of your hotline.

Why will your hotline service exist? Will it be a specific HIV/AIDS hotline or will it be a general sexual and reproductive health hotline? As mentioned in Chapter One, your formative research should help you decide by revealing what your community needs. This decision is crucial since it will have an impact on training, resources, and referrals.

Be careful not to make the scope of your hotline too broad, such as a hotline for all health issues. You would either need to train hotline operators to know a little about a lot of health topics or set up a large hotline with counselors that are experts in individual fields. With the latter, you would need a telephone system where calls related to specific health issues are transferred to relevant experts.

Who is your intended audience?

You need to determine who will benefit from the hotline service. The audience may be youth between ages 13 and 20 or people of all ages seeking information, services, and counseling for HIV/AIDS. The audience is linked to the scope of your hotline and will be the basis for your choice of counselors, training curriculum, referrals, and promotional activities.

What type of service will your hotline offer?

Decide if your hotline will offer information and referral, a counseling service, or both. Again, this decision is linked to the purpose and scope of your hotline. For example, most HIV/AIDS hotlines offer both information and counseling services, but a career hotline for youth may offer information only. The type of service your hotline offers will determine the type of skills and training the counselors require.

Will your hotline offer to send information packets to callers?

Some hotlines send pamphlets, posters, booklets, or other information related to the hotline topic to callers. This system reinforces the hotline's messages, but it can be costly. If your hotline receives many calls, you will need to print large quantities of materials and have a system to package and send them. On a large scale, these activities are expensive. An alternative, more cost-effective system is to send information via electronic mail, if your hotline and callers are set up accordingly.

Step 2: Decide on the geographical area your hotline will serve and hours of operation.

Will your hotline be national or regional? Does your audience speak different languages? Are referral sites in the area? Answers to these questions will affect the number of callers and, hence, influence the number of staff required for your hotline.

Will the hotline be centralized or decentralized?

Hotlines that serve a large geographical area are either centralized or decentralized. A centralized hotline has a number that is ideally toll-free and answered in one centralized location. In the case of a decentralized system, a hotline number is shared by different centers

in different parts of the country where the telephone line is switched from one center to another. Or each center within the system promotes its own telephone number locally while offering the same hotline service as other member centers.

Centralized systems are easier to manage and more cost effective. They can standardize training and management systems, provide readily available statistics, handle problems promptly, and avoid competition for funds. In some countries, a decentralized system has the advantage of using counselors that know their community intimately, speak the local language, and can therefore make "tailored" referrals.

Will your hotline have a toll-free number?

Decide if your hotline will have a toll-free, shared, or paid number. With a toll-free number, the organization managing the hotline incurs the cost. A shared number is one in which the caller and the hotline organization each pay half the cost of the call. The caller pays the full cost of the call with a paid number. A toll-free, shared, or paid number will directly affect the budget and sustainability of your hotline.

Check with your local telecommunications company to see what options are available in your country. National hotlines usually use toll-free numbers because national projects promote the telephone number and include funds within the budget to pay the phone bills.

What will be the location of your hotline?

The location of your hotline may depend on its size. Small hotlines are usually located in a room within the organization's offices. Larger hotlines may be set up in a different part of the building or in an entirely different professional call center, where the organization rents space and the telephone system on a monthly basis. For efficient management of your hotline, it is best to have the hotline room in or near your offices.

Other issues to consider regarding location:

- Q Is it easy for staff and volunteers to access with public transportation?
- Q Is it in a safe neighborhood?
- Q Can your organization afford the rent?
- Q Is installation of a telephone line easy?

Office space

EXAMPLES

- *Two years ago, a physician recognized the importance of Nigeria's Youth Empowerment Foundation (YEF) Hotline and donated his old apartment to the YEF to use for their office space.*
- *In Lima, Peru, APROPO's "Telephone Counseling" hotlines use an existing office within their central offices.*
- *In the Philippines, the "Dial-a-Friend" youth hotline uses a stand-alone office away from the organization's headquarters.*

Do you need a multilingual service?

If you are going to offer a multilingual service, decide what languages the hotline counselors will use. Hotlines can deal with numerous languages in different ways. Some hotlines recruit counselors that speak a range of languages and have a telephone system where calls are transferred to the appropriate counselor. Although not ideal, others have set times of the day or week during which counselors that speak specific languages are available.

What hours will your hotline be in operation?

Will it be a 24-hour service or will it have specific hours during the week and weekends? Ideally, you want to provide a hotline service that complements existing services. An analysis of peak calling times will help determine the best hours of service. It may not be cost-effective to offer a 24-hour service if the volume of calls at night or in the morning is low. Hotlines that are not manned 24 hours a day usually have an answering machine to inform callers about the hotline's service hours. Hotlines can also work together to provide callers with coverage 24 hours a day. For example, a youth hotline in South Africa that operated from 12 p.m. to 9 p.m. diverted after-hour calls to a crisis line that operated a 24-hour service.

Step 3:
Determine the management structure of your hotline.

Decide on a management structure best suited to the needs of your hotline. The size of your hotline will influence the number of management staff required. For example, large hotlines typically have a counseling coordinator, a trainer or training partner, and one supervisor for every ten counselors. Smaller hotlines usually have four or five counselors and a supervisor whose role also encompasses that of a counseling coordinator and a trainer.

Decide if the counselors will be volunteers or paid staff members, or both. There is debate whether professional paid staff or voluntary, lay counselors should operate hotlines. Many hotlines combine both paid staff and volunteers. Paid counselors often work office hours and have other office-related tasks besides counseling to justify their salaries. Trained volunteers often work after office hours or overnight.

Besides the savings, the advantage of having volunteers as hotline counselors is that they are usually from the community where the hotline is located and are in touch with community issues and services. From a management point of view, the disadvantages of using volunteer counselors are that the pool of volunteers can fluctuate, ongoing recruitment and training is essential, and without a firm commitment and good incentives, volunteers may be unreliable.

Will your hotline partner with other organizations?

Consider drawing on skills and expertise from other organizations in setting up your hotline. For example, you could partner with a training organization to develop your training curriculum and train your counselors. Alternatively, you could partner with a social marketing organization to promote your hotline. Many different aspects of hotlines provide opportunities for organizations to work together, and donors often prefer this type of collaboration.

Step 4:
Determine the promotion and evaluation strategies for your hotline.

It is important from the start to include plans for promoting and evaluating your hotline. Ongoing evaluation of your hotline service should indicate whether the promotion of your hotline is having an impact on your intended audience.

How will you promote your hotline?

To promote your hotline, you need to determine if the hotline service is part of a larger communication strategy that will promote separate activities, or if your organization alone will be responsible for funding and implementing the hotline. You could consider partnering with another organization with an existing campaign to incorporate your hotline number. Multimedia promotions can be effective, but expensive and not always appropriate for reaching your intended audience.

How will you evaluate your hotline?

Donors want to know how you will measure the success of your hotline. You should be able to provide ongoing quantitative data about your hotline calls and monitor the quality of the service.

Step 5:
Set goals and objectives.

The goals of your hotline need to reflect the overall purpose of the hotline service and mirror your organization's mission statement. The objectives of your hotline are specific tasks that can be measured within a period of time.

South Africa's National AIDS Helpline

CASE STUDY

Goal

The goal of the South Africa's National AIDS Helpline is to provide a national telephone counseling, information, and referral service for those affected and infected with HIV/AIDS. See Appendix A for a comprehensive case study of the South Africa AIDS Helpline.

Objectives

- *To provide and operate a toll-free AIDS Helpline.*
- *To provide accurate and up-to-date HIV/AIDS information.*
- *To facilitate continuity of care and support by providing accurate referrals.*
- *To make the hotline accessible to all South Africans by providing a multilingual service.*
- *To ensure optimum service delivery by continually reviewing the capacity of the hotline.*
- *To provide a respectful, empathetic, and emotionally supportive counseling environment.*
- *To gather accurate data from the hotline and distribute them to key role players and stakeholders.*
- *To create a working environment enabling hotline staff to provide an efficient and effective service.*
- *To operate the hotline in a transparent manner.*
- *To ensure credibility by networking with role players and stakeholders.*

Who will do what when?

Decide when you want your hotline up and running and work backward from that date, filling in tasks to be completed by whom and when, as in the chart shown below. Hotlines can take anywhere from six months to a year to establish. Less time is unrealistic unless you have funds and staff in place.

FORMS

Task	Time frame	Person responsible
Write proposals and budgets, send to donors, schedule meetings.		
Meet with telecommunication companies, get quotes on different systems (phones, connections, billing cycles).		
Identify hotline location.		
Get quotes for desks, chairs, and computers.		
Order furniture and telephone equipment, set up hotline room.		
Identify training source or develop training curriculum.		
Write job descriptions.		
Advertise hotline positions.		
Interview applicants.		
Develop monitoring and evaluation tools.		
Develop data capture tools.		
Develop information and referral resources.		
Train hotline staff.		
Promote your hotline.		
Hotline up and running.		

Chapter Three

Raising Funds and Working with Donors

Steps to Take

1. Develop a proposal and budget
2. Identify appropriate donors and sponsors
3. Manage the budget and account to donors on routine basis

Overview

Competition for funding is fierce, so the goals and objectives for your hotline must be clear and supported by research to justify its establishment and motivate donors to fund it. Because fundraising is an ongoing process, one person should be responsible for writing the proposal and establishing relationships with donors. This chapter will help you write a proposal and budget for your hotline. ***Step 1*** *outlines information to include in a proposal and lists line items needed in your budget.* ***Step 2*** *involves identifying potential donors for your hotline.* ***Step 3*** *discusses managing the budget and accounting to donors on a regular basis.*

Step 1: Develop a proposal and a budget.

After completing the tasks in the previous chapters, you should have sufficient information to write a comprehensive proposal and budget that you can adapt for different donors and purposes. The line items listed on page 22 are for large hotlines. If you are starting a small, single-line hotline, many of these line items may not be necessary at first.

Proposal Outline

1. Introduce your organization.
   - Describe your organization's history, purpose/mission, and number of staff.
   - Outline current projects and work.
   - Provide information and data on the impact your programs have.

2. Introduce the concept of a hotline and state its objective.
   - Explain why you want to establish a hotline and why your organization should do it.
   - Clearly state the goal you hope to achieve.
   - Use results from your internal assessment to support your reasoning.
3. Introduce the issue you want to address.
   - Explain why you believe a hotline is the right type of intervention.
   - Use statistics, outcomes of community consultations, and all research you performed to support the need for your hotline.
4. Explain how your hotline will operate.
   - Include in your explanation the hotline's structure, staff, training, hours of service, intended audience, location, telephone system, network of referral organizations, promotional activities, monitoring and evaluation systems, and financial management.
5. Explain why it is in the donor's interest to fund your hotline.
   - Show how funding your hotline fits with the donor's goal and objectives.
6. Give a time frame for having the hotline in operation.
   - Provide a realistic start-up date for your hotline by including key tasks and time frames.
7. Give contact details.
   - List the name, title, work, and electronic mail addresses, and phone and fax numbers of the person with whom the donor should correspond.
8. Attach the budget
   - Include a time frame for the costs with monthly and annual breakdowns.

See pages 22 and 23 for examples of different types of hotline budgets.

BUDGET

Expanded Hotline Budget

The detailed budget at right is designed for a large hotline project.

The example on the following page shows a small budget for a hotline project that is part of an existing organization.

Expanded Hotline Budget		
ACTIVITY	**SUB-TOTAL**	**TOTAL**
ESTABLISHMENT OF TELEPHONE HOTLINES		
Hotline phones lines (7 lines)		
Monthly subscription (12 months)		
Personnel costs (one trained counselor per telephone		
Generator (operates Multi-Link phones)		
10 DAY IPC SKILLS TRAINING FOR HOTLINE and Referral site counselors (24 participants)		
Honorarium: 4 persons		
Transportation:		
Perdiem: (20 participants)		
Teabreaks (participants and facilitators)		
Lunch		
Conference Hall		
Supplies/training materials		
Resource materials for practicals		
Banner		
Training manual for trainees and trainers		
Consultants (to assist put the materials together)		
Supplies/reference book development materials		
3 DAY SUPERVISOR TRAINING		
Honorarium: 2 persons		
Transportation:		
Perdiem: (10 participants)		
Teabreaks (participants and facilitators)		
Lunch		
Conference hall		
Supplies/training materials		
Resource materials for practicals		
Training manual for trainees and trainers		
Consultants (to assist put the materials together)		
Supplies/reference book development materials		
HOTLINE LAUNCH		
Rentals, chairs, canopies		
PAS, video coverage		
Refreshments		
Advocacy kit		
T-shirts		
Logistics, distribution of letters etc.		
Media coverage and publicity of launch		
PRODUCTION OF BCC MATERIALS		
Inventory/collate existing IEC materials for staff		
Transportation costs		
Reprint existing booklet on HIV/AIDS (20 pages)		
Obtain/print existing HIV materials for hotline callers		
PROJECT MANAGEMENT		
a. Monitoring activities		
b. Communication/correspondence etc.		
c. Report writing		
TOTAL		
GRAND TOTAL: Dollar Value		

BUDGET

Small Hotline Budget Added to an Existing Organization

	In US Dollars
SALARIES	
Coordinator $300/month x 12 months	$ 3,600.
Subtotal	$ 3,600.
EQUIPMENT AND SUPPLIES	
6 telephone lines @ $833	$ 833.
3 telephones @ $70 each	$ 210.
1 air conditioner @$1,322	$ 1,332.
1 clock @ $20	$ 20.
3 desks and chairs @ $496	$ 496.
1 file cabinet @$139	$ 139.
Subtotal	$ 3,030.
OTHER DIRECT COSTS	
Basic telephone service @ $233 x 12 months	$ 2,796.
Monthly service charge for Internet access @ $25 x 12 months	$ 300.
Office costs (copying, paper, mail) @ $135 x 12 months	$ 1,620.
Promotional materials	$ 1,600.
Subtotal	$ 6,316.
TOTAL	**$12,946.**

Step 2: Identify appropriate donors and sponsors.

To match your hotline to the interests of donors, you need to research what donors may have an interest in your hotline and how funding it will fit into their overall objectives. You also need to determine if donors will fund the entire hotline or just certain aspects of it. For example, you can approach companies involved in telecommunications to fund the technical set-up, and approach donor agencies that want to develop counseling skills in interested people or improve information dissemination. You can also partner with other organizations that have expertise in training or can provide referral sites. Some companies may be able to assist you with in-kind contribution, rather than with financial support.

Expect a number of failed applications and try to get a good mix of non-competitive donors. Some donors may sponsor a particular line item—training costs, for example. Be direct with potential donors about other organizations that fund your hotline and avoid double funding.

Women against violence

CASE STUDY

The National Network of Violence against Women in South Africa wanted to implement a national hotline that would disseminate information about the new Domestic Violence Act. After performing an internal assessment of their capacity to implement such a service, they acknowledged that hotlines were not their area of expertise. Instead they approached Life Line Southern Africa, a telephone counseling organization, to partner with them. At the same time, Soul City, a health communications organization, wanted to establish a hotline dealing with domestic violence and sexual harassment that it could advertise at the end of its television series.

These three organizations pooled their expertise and funding and established the Stop Women Abuse Hotline–one service that could achieve each of their goals. The Department of Justice gave $13,000 to Life Line to support the hotline so it could disseminate information on the new Domestic Violence Act. Life Line's advertising company also promoted the hotline number in a variety of magazines pro-bono. The National Network on Violence against Women developed the referral database and training manual for the hotline with information and funds they had. Soul City advertised the hotline number free of charge at the end of its existing television series.

After the first eight months of the hotline's operation, Life Line held a fundraising breakfast and presented call rate statistics. When the Minister of Justice endorsed the importance of the hotline service, the Stop Women Abuse Hotline received an additional $106,000. Donors included:

1. *Telkom, the local telecommunications service provider that wanted to support a hotline;*
2. *The Standard Bank Foundation that wanted to provide funding for one meaningful project;*

3. The U. S. Agency for International Development (USAID), whose interest was in supporting counseling skills; and

4. The Australian Agency for International Development, which was interested in funding a national women's project with a multifaceted approach.

Although it took more than a year of ongoing coordination among a variety of organizations to establish the hotline, its success is due to the use of the different organizations' expertise and resources.

Guidelines for identifying donors

GUIDELINES

- Investigate donors' interests in funding. Most companies and donor agencies focus on a particular social issue to support.
- Find out how much money donors have to support projects. The amount of money the donor has to spend will help you decide whether to send your full proposal and budget or isolate an aspect for the donor to fund.
- Find out what time of year the donor's board or executive team reviews proposals. Most companies and donor agencies review proposals at set times of the year, and it is important that your proposal meet their deadline.
- Find out the correct person to whom you should send the proposal. Proposals often land on the wrong person's desk and are subsequently misplaced or lost.
- Describe how the donor will benefit by funding your hotline. The donor is likely to support the hotline if the donor can see how the hotline will promote the agency's work.
- Explore whether the donor can provide in-kind support. For example, a local telecommunications company may give a special rate for hotline calls.
- Explore the possibilities of having commercial sponsors advertise your hotline. For example, a pharmaceutical company selling home HIV test kits could put your hotline number on their packages and encourage testers to use the hotline for pretest and posttest counseling. Ensure there will not be a conflict of

interest, such as a pharmaceutical company asking the hotline to promote its product in exchange for funding the hotline.

- Send your proposal to a pre-determined list of possible donors. Call one week later to schedule a meeting so you can answer the donors' questions and establish a personal relationship.

Step 3:
Manage the budget and account to donors on a routine basis.

Securing money can take months and often requires ongoing negotiations with donors. Once you have the money to start your hotline, financial management and fundraising are a continuous process. If you routinely account for how you spend the donor's money and provide the donor with progress reports, results, and impact information, you are likely to continue receiving money from that donor.

Some donors or companies have strict reporting formats that you must follow, others do not. It is advisable to keep your donors aware of the hotline's progress on a routine basis. Site visits or statistics on the volume and type of calls are ways to keep donors informed. If you have good monitoring and evaluation systems in place, progress reports are easy to elicit because measuring indicators will be constant.

Chapter Four

Recruiting Hotline Staff

Steps to Take

1. Decide on the type and number of staff required
2. Write job descriptions
3. Decide on criteria of persons for various jobs
4. Advertise the positions
5. Shortlist, interview, and offer jobs to applicants
6. Write contracts

Overview

*The success of any hotline depends on the people managing and servicing it. This chapter details how to recruit the right people, paid or volunteer, for the right positions. In **Step 1**, you will decide on the type and number of staff required for your hotline. **Step 2** outlines each person's job description. **Step 3** guides your decisions regarding criteria for the people for each job. **Step 4** suggests how to advertise positions. After receiving applications and deciding which candidates to interview, **Step 5** provides interview questions and guides your decision about whom to offer jobs. **Step 6** discusses different employment issues the contract should include.*

Step 1: Decide on the type and number of staff you require.

If you are starting a new hotline, you will need a coordinator or team leader and a group of counselors. As the hotline expands, you can increase the number of managers and counselors to fill positions listed below.

Hotline Director

The director manages the hotline and is responsible for strategic planning, vision, and leadership. The director also is responsible for raising funds and leveraging resources for the hotline and promoting it. Larger organizations may have a separate fundraiser position.

Counseling Coordinator

The counseling coordinator is responsible for managing the budget, recruiting and managing staff, and developing the roster. The counseling coordinator ensures that staff members receive training, and hotline materials and resources are up to date. The coordinator

also is responsible for writing monthly reports and distributing them to relevant stakeholders, networking with referral sites, and planning promotional activities. Smaller hotlines may combine the position of director and counseling coordinator.

Trainer

A full-time trainer is needed for large hotlines with counselors that require ongoing training and for new recruits needing initial training. Most small hotlines rely on other organizations to train counselors or use someone who has other responsibilities within their own organization to train counselors.

Supervisor

The staffing ratio is usually one supervisor for every ten counselors. The supervisor must supervise, support, and motivate a team of hotline counselors. The supervisor provides counselors with up-to-date and accurate information, and manages the counseling schedule. A supervisor also writes monthly reports, summarizes team statistics, attends management meetings, and fills in for the counseling coordinator when the latter is not available.

Counselors

The number of counselors depends on the size of the hotline. Hotlines can start with a core of four or five counselors and then recruit more as necessary. Hotline counselors should provide quality telephone counseling and accurate, up-to-date information to callers. When necessary, counselors refer callers to appropriate resources or services. During calls, counselors collect data about the call and caller for statistical purposes. The counselors work shifts scheduled by their supervisor and attend regular debriefing sessions.

Step 2:
Write job descriptions.

Job descriptions are necessary for both employees and volunteers because it is important that everyone knows what is expected of them, their conditions of work, and to whom they report. The team designing the hotline should agree on the answers to the following questions about job descriptions:

- What do we want the person to do?
- How do we want the person to do it?
- When do we want the person to do it?
- Who will supervise the person?
- What will the person's salary be?
- What benefits (if any) will the person receive?
- What kind of work schedule will the person have?

Step 3:
Decide on criteria of persons for various jobs.

Use the following questions to determine the criteria applicants need for each job. Then refer to the examples to match job descriptions with criteria. Consider these criteria carefully because they will set the standard for the caliber of applicants you are seeking. Examining the criteria will help you write advertisements for the jobs.

- What is their work history?
- What experience do they have in the hotline topic?
- Should they be professionals (i.e., nurses, social workers, psychologists)?
- What specific skills must they have?
- What languages must they speak?
- Should they have computer skills and with what software?

See page 32 for examples of jobs and criteria for hiring.

TIP

Listening & Helping

The priority criteria when recruiting hotline counselors should be listening, communication, and helping skills. Counselors can learn the content or technical aspects of their work on the job.

Step 4: Advertise the positions.

Ensure that appropriate media receive advertisements of positions to attract relevant candidates. Advertisements should include the job criteria, name and information for a person to contact, and a closing date.

Answering the following questions will help you place your ads in the appropriate media.

Do you want to attract local or national candidates?

Local newsletters or notice boards are options for attracting local applicants. Advertising through umbrella organizations can help in national searches. The Internet is useful for attracting national candidates (though subsequent additional costs for travel, telecommunication, and possible relocation assistance may be high).

What is your budget for advertising?

Your budget will determine where and for how long you advertise positions.

In what language(s) do you want the advertisements?

The language in which the ad is written, along with the language requirements of applicants, will determine where you advertise.

What media would potential candidates use to look for jobs?

Place ads in media that potential candidates can access.

Job Descriptions & Criteria for Hiring

EXAMPLES

COUNSELOR:

Job Description	Job Criteria
◗ Provide quality telephone counseling to the intended hotline audience. ◗ Provide accurate, up-to-date information to callers on the hotline issue. ◗ Refer callers to appropriate resources. ◗ Collect accurate data about calls and callers. ◗ Work shifts scheduled by supervisor. ◗ Attend regular supervision and debriefing sessions.	◗ Must be a trained counselor with a minimum of two years' experience; be able to speak required language(s); be open-minded regarding different cultures, religions, and sexuality; and be open to learning. ◗ Must have knowledge of hotline issue. ◗ Must have knowledge of referral services. ◗ Must be computer literate and a meticulous record keeper. ◗ Must be punctual, reliable, and able to work varying shifts. ◗ Must be committed and motivated to learning and improving skills.

SUPERVISOR:

Job Description	Job Criteria
◗ Supervise, support, and motivate team of hotline counselors. ◗ Evaluate individual counselor's performance. ◗ Provide counselors with up-to-date, accurate information. ◗ Manage the team's counseling roster. ◗ Write monthly reports on the team's progress and summarize statistics. ◗ Make recommendations for changes to improve service. ◗ Attend management meetings. ◗ Deal with crises within team or hotline.	◗ Must be a professional social worker or psychologist; have a minimum of three years supervisory experience; have good interpersonal, motivational, and facilitation skills; be comfortable working with different people; and understandgroup dynamics. ◗ Must be able to set realistic objectives for counselors and have good evaluation skills. ◗ Must have knowledge of hotline issue. ◗ Must have strong organizational skills. ◗ Must have good writing and analytical skills and be computer literate. ◗ Must be committed and reliable. ◗ Must have problem solving, crisis, and conflict management skills.

COUNSELING COORDINATOR:

Job Description	Job Criteria
◗ Assist manager with recruiting new staff. ◗ Ensure staff has training and up-to-date training manual. ◗ Monitor and evaluate hotline service. ◗ Evaluate supervisors' performance. ◗ Research new information relevant to hotline; ensure staff can access it. ◗ Ensure referral directory is up to date. ◗ Write monthly reports and compile hotline statistics. ◗ Deal with any hotline crises. ◗ Develop hotline roster.	◗ Prefer recruitment experience. ◗ Should have experience with training skills. ◗ Must have experience using evaluation skills. ◗ Must be able to set realistic objectives for supervisors and be able to evaluate supervisors. ◗ Must have knowledge of hotline issue and research skills. ◗ Must have knowledge of services in community to assist callers. ◗ Must have good writing, analytical, and graphic computer skills to translate hotline data into useful information. ◗ Must have problem solving, crisis and conflict management skills. ◗ Must have strong organizational skills.

E-mail Ad sent to all HIV/AIDS organizations in South Africa

EXAMPLE

"Life Line Southern Africa operates the national AIDS Helpline (0800 012 322). This hotline provides support, counseling, and nationwide referral, and is currently recruiting 40 HIV/AIDS telephone counselors. Preference will be given to multilingual candidates with at least two years' HIV/AIDS counseling experience. Prospective candidates must be able to work various shifts and be computer literate. Please send your resumé to: The National Director, Life Line Southern Africa, PO Box 3661, Pinegowrie, 2123 or FAX to: (011) 781-2715, or e-mail to national_aids@lifeline.org.za. Closing date for applications is 12 March 2000."

Step 5: Shortlist, interview, and offer jobs to applicants.

From the resumés you receive, shortlist those closest to matching your job requirements. Write letters to the other applicants letting them know they did not get the position and thanking them for their interest. Screen and interview volunteer applicants as well, to ensure they meet the criteria for those positions.

Appoint an administrator to schedule the interviews, allowing approximately 30 to 45 minutes per candidate. Because interviewing is time consuming, make sure there is enough time to complete all interviews. Have more than one person conduct the interviews so one person can ask questions and another can take detailed notes. Having more than one interviewer also allows for a broader perspective of the candidate. *See page 36 for a sample interview form.*

Write questions for whomever you select to conduct the interviews. The questions should elicit information about the candidate and his or her personality in relation to the job. The questions should also be an opportunity to let the applicant know about the culture of your organization. Following are sample questions for interviewing hotline counselors. Before beginning the interview, remember to introduce yourself and the other interviewees.

HIV/AIDS and counseling skills

1. What training do you have in counseling and HIV/AIDS?
2. What counseling experience do you have (telephone, face-to-face, HIV/AIDS)?
3. Give us an example of your most difficult counseling situation and how you dealt with it.
4. How comfortable are you talking about sexual issues, body parts, and sexual practices?
5. In what languages are you comfortable counseling? (If possible, have someone on staff speak with candidate in the language.)
6. Have you performed telephone counseling? How did you deal with abusive/hoax calls?

HIV/AIDS counseling scenarios

Ask the potential candidate to read one of the following scenarios and tell you how they would deal with it. These scenarios should reveal the candidate's HIV/AIDS knowledge, counseling approach, and attitudes toward the caller.

SCENARIO 1: A male caller says he regularly has unprotected sex with numerous partners. The signs and symptoms he reports during the past month include a cold, fatigue, sores on his penis. He thinks he may be HIV positive and wants you to confirm it or not.

SCENARIO 2: A 13-year-old female caller wants to know where she can get treatment for a sexually transmitted infection and how she can get condoms. She has difficulty getting her boyfriends to wear condoms and wants your advice on how she can get her partners to use condoms every time they have sex.

Personal issues

1. What motivates you to work in the HIV/AIDS field?
2. How do you feel about working with vulnerable groups, such as homosexuals, sex workers, or people who are HIV positive?
3. What situations make you feel stressed?
4. How do you deal with stress?
5. Have you had any recent bereavement or trauma in your life? How are you dealing with it?

6. Does your lifestyle allow you to work shifts?
7. Would you need to relocate if you had a job with the hotline?
8. What is the earliest date you can begin work?

Administrative skills

What computer skills do you have?

Brief the applicant about the hotline:

1. Location of the hotline
2. Hours of work
3. Salary and benefits
4. Training
5. Job description

Allow time for the candidate to ask questions.

Evaluate Candidates

It is useful to make a list for the interviewers so they simply can check off points and make notes as they interview each candidate. A table listing the important criteria for the job, cross-referencing all the candidates with a 1-to-5 rating for each candidate is helpful (see example below). All interviewers should complete their own forms immediately after each interview, adding any comments. Add the numbers after all interviews are complete. Top numbers should correspond to favored candidates, though occasionally other criteria come into play (i.e., superlative counseling skills might outweigh lack of computer skills, which can be taught).

After you have interviewed all candidates, make your choices and call those people to offer them a position. Inform the interviewed candidates that did not get the positions.

Candidate	Simon	Paul	Patricia	Ann
Counseling experience	5	3	5	2
HIV/AIDS knowledge	5	3	5	2
Communication skills	5	3	4	3
Language skills	1	2	3	2
Computer skills	5	3	5	1

Rating: 1=excellent to 5=poor

FORMS

Interview Form

Applicant Name			
Address			
Telephone number			
Date			
Name of counselor			
Age			
Gender			
Academic qualifications			
Languages			
Training and experience			
HIV/AIDS information			
Counseling			
Telephone counseling			
Skills at handling scenarios	Poor	Good	Excellent
Computer skills	Poor	Good	Excellent
Personals issues			
Ability to cope with stress	Poor	Good	Excellent
Recent trauma or bereavement	Yes	No	
Attitude toward working with marginalized people	Poor	Good	Excellent
Ability to work shifts	Yes	No	
Need to relocate	Yes	No	
Available start date			
Other comments			

Volunteer applicants

For screening volunteers, the following questions may be useful:[5]

1. Why do you want to work for this hotline?
2. What do you feel you have to offer to the hotline?
3. Have you worked with other volunteer organizations? Which ones? How long were you active? If no longer active, why did you stop?
4. What are your hobbies and interests?
5. How do you think your best friend would describe you? How would others describe you?
6. How would you respond to the following situations?
   - A 15-year-old girl wants an abortion.
   - An angry man calls and demands you tell his wife to get an HIV test.
   - A young man calls and says he thinks he may have a sexually transmitted infection. He explains his symptoms and wants you to give him a diagnosis over the phone.
   - A man calls and says he is homosexual. He is crying because his boyfriend broke up with him.
7. How much time per week are you available?
8. How did you hear about the hotline and what prompted you to offer your services now?

Step 6: Write contracts.

Contracts are binding documents to ensure people working for the hotline understand their terms of employment or voluntary work. In most cases, a human resource person writes up employment contracts, which should be completed within a month of appointing staff and must comply with local labor laws. If necessary, consult a labor lawyer. The contract should include:

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[5] Pan American Health Organization; Caribbean Epidemiology Centre; Academy for Educational Development. AIDS Public Health Communication Project [AIDSCOM] (1990). *AIDS hotlines: A guide to development and implementation in the Caribbean*. Washington, D.C.

- The date the person starts work
- The probation period
- The period of the contract, which often coincides with funding cycles
- The person's salary and benefits
- The hours of work
- Leave, sick leave, and maternity leave conditions
- Disciplinary or grievance procedures
- Rules and regulations of the organization
- Termination of employment

If the employee agrees to the conditions stated in the contract, he/she must sign it. File this information in a confidential place and keep a record of issues such as promotions, leave, or disciplinary procedures, should they occur.

If you are recruiting volunteers, you will not need an official contract. Instead you could write up a volunteer agreement like the one below.

FORMS

Volunteer Agreement [6]

Name of Hotline

I _____offer my volunteer services to the (Name of Hotline) for the duration of at least six months.

As a hotline volunteer, I understand I must cover one three-hour shift per week and attend monthly meetings for further education and evaluation of the service. As a volunteer, I understand I must abide by all rules of confidentiality regarding callers and fellow volunteers.

I understand I am a volunteer under the supervision of the hotline coordinator and that I must abide by the policies of (*name of organization).* Under extenuating circumstances, either party reserves the right to renegotiate the terms of this agreement.

Signed_____ **Date** _____
(Volunteer)

Signed_____ **Date**_____
(Hotline coordinator)

[6] Pan American Health Organization; Caribbean Epidemiology Centre; Academy for Educational Development. AIDS Public Health Communication Project [AIDSCOM] (1990). *AIDS Hotlines: A guide to development and implementation in the Caribbean.* Washington, D.C.

Chapter Five

Training Hotline Staff

Steps to Take

1. Develop a standard curriculum
2. Ensure you have the necessary items to train the hotline staff
3. Implement a probation period
4. Ensure ongoing training
5. Develop your hotline roster

Overview

Training counselors and supervisors is crucial to the quality of the hotline service. An external organization or a trainer on your staff can train your counselors. Either way it is important that the training is standardized and ongoing. If training internally, ***Step 1*** *suggests how to develop a standard hotline curriculum.* ***Step 2*** *describes organizational items needed for training (i.e., venue, training materials, and evaluation tools).* ***Step 3*** *explains the reason for having a probation period.* ***Step 4*** *emphasizes the need for ongoing training of hotline staff.* ***Step 5*** *outlines how to develop a hotline roster.*

Step 1:
Develop a standard curriculum.

Hotline training manuals usually include information about the relevant topic and counseling skills. If the purpose of your hotline is to give information, hotline operators still need good telephone and communication skills. Developing a training manual, therefore, is important because it standardizes training to ensure everyone gives the same information to callers.

Organizations working in the same field may already have training and information materials that you can use to compile your training manual. Make sure you receive permission to use the material and acknowledge the sources of information. Or you may conduct your own research to write a manual that suits your specific needs.

Training manuals for hotlines typically include the following:

- Information about the hotline's issue (i.e., rape, breastfeeding, HIV/AIDS)
- Introduction to hotlines
- Counseling
  - Telephone versus face-to-face counseling
  - Telephone counseling skills
  - Crisis counseling skills

- Dealing with difficult or hoax calls
- Dealing with myths and false information
- Setting limits

- Hotline procedures
  - Confidentiality
  - Record keeping
  - Referrals
- Use of hotline resources (i.e., telephone system, computers, information guides)

The length of the training course will depend on the skills of the staff. If, for example, you have skilled counselors, your training course may focus mainly on information and referrals. But if your staff needs training in basic counseling skills as well as information, you will need to adapt your training course accordingly. Hotline training courses usually last 10 to 15 days.

It is important to test the manual during your first training course, because you will need to incorporate changes or additions before printing the final copy.

AIDS Helpline South Africa

CASE STUDY

The National AIDS Helpline in South Africa transformed its service from a decentralized system to a centralized one. During this transition, the need for a standardized training manual became clear as hotline counselors from different counseling centers had different training. Some received three days of HIV/AIDS information only, while others received two weeks of HIV/AIDS information and counseling skills.

With technical assistance from CCP and the Academy for Educational Development, the South African AIDS Helpline developed a 10-day training course that included HIV/AIDS information and counseling skills. Designed for those with HIV/AIDS counseling experience, the course used a variety of training methods, such as group work, lectures by staff and guest speakers, videos, and role-playing scenarios.

The content of the manual came from existing HIV/AIDS materials and training manuals, and the latest HIV/AIDS information came from the Internet. The manual included trainer instructions and

information as well as handouts for participants. It took six months to complete the first draft. The contents included the following:

Module 1: HIV/AIDS Information

Course overview and icebreaker
Worldview and culture
HIV/AIDS epidemiology and contextual analysis
Sexually transmitted infections
HIV transmission and the immune system
Sexuality and safer sex
Pediatric AIDS
Women and AIDS
HIV testing
HIV/AIDS research and treatment
Home-based care
Legal and ethical issues
Working with different resources

Module 2: Counseling

Introduction to hotline counseling
Self-awareness
Understanding counseling
Telephone counseling
Difficult counseling situations
HIV/AIDS counseling for women and children
HIV pretest counseling
HIV posttest counseling
Death and grieving
Crisis counseling
Stress and burnout
Role playing and closure

See Appendix B for an example of a session South Africa's National AIDS Helpline training manual.

Dial-a-Friend in the Philippines

CASE STUDY

In the Philippines, Dial-A-Friend began with four telephone lines operated by four trained full-time counselors and two relief counselors, all with previous counseling experience.

The Population Center Foundation of the Philippines (PCF) organized a five-day training for both the hotline counselors and those selected from agencies in the referral network. The training covered telephone counseling techniques, case management, value clarification, adolescent health development, and confidentiality.

To upgrade skills and avoid burnout, PCF organized weekly counselors' meetings to discuss difficult cases and share experiences. PCF also invited resource people to conduct monthly case management meetings on special topics. As part of their ongoing training, hotline counselors visited agencies in the referral network to learn about their services. [7]

Step 2: Ensure you have the necessary items to train the hotline staff.

After completing the training manual, decide on the location of the training. Locate a venue appropriate in size and facilities for training (i.e., tables and chairs, kitchen, bathrooms, electrical outlets). Gather or buy the necessary equipment (i.e., flip charts, markers, overhead projector, video recorder) and make sure each participant and trainee will have all necessary materials (i.e., training manual, stationery, name tags). Book guest speakers in advance. Develop daily course evaluation forms; keep a daily attendance list. Organize breaks and refreshments. Appoint someone to be available throughout the training to handle last minute problems or tasks.

The hotline staff also may require training on the telephone system and computer, depending on the type of systems installed. Telephone and computer system training should take place for a couple days after the content training.

Checklist for training

CHECKLIST

- ☐ Venue *(make sure size and facilities are appropriate)*
- ☐ Training materials
- ☐ Training manual
- ☐ Training equipment
- ☐ Stationery

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7 Rimon II, J.G.; Treiman, K.A.; Kincaid, D.L.; et al. (1991). *Promoting sexual responsibility in the Philippines through music: An enter-educate approach.* Occasional Paper Series. Number 3.

- ☐ Name tags
- ☐ Refreshments
- ☐ Transportation money for trainees
- ☐ Per diem costs
- ☐ Breaks and meals
- ☐ Group agreement on rules and behavior

How to avoid training pitfalls

- ***What if a trainee is sick?***
  Have a first-aid kit on hand and someone available to get a person to a doctor, if necessary.
- ***What if trainees arrive late because they live far away?***
  It is not too disruptive if it happens occasionally. But if most trainees live far from the training venue and are regularly late, consider accommodating them in a nearby hotel.
- ***What if there is not enough cash when necessary***?
  Make sure before training starts to budget for cash you will need for transportation, per diems, or refreshments and add a contingency for unforeseen expenses.
- ***What if guest speakers do not arrive for their session?***
  Switch training sessions until the speaker arrives or have another person cover that session.
- ***What if trainees are absent?***
  Find out the reason for their absenteeism, and either ask them to attend another training session at a later date or ask if they will be able to catch up while adhering to the remaining schedule.
- ***What if trainees are uncomfortable with some training content*** *(i.e., discussing specific body parts)**?***
  Be sensitive to their cultural or religious norms. If a topic becomes too uncomfortable for trainees, acknowledge it and discuss with them how best to approach the topic.
- ***What if trainees do not like the refreshments?***
  Have a group discussion to decide what is within your budget that people like.

Step 3: Implement a probation period.

Once the counselors are trained, allow for a two- or three-month probation period to give them a chance to implement what they know. During this time, closely monitor counselors to ensure their performance is what you expect and that they are coping in their new work environment. It is also important for supervisors to give counselors ongoing support and encouragement in this initial period when they may be nervous about taking calls, using forms or computers, or working in a shared space.

The supervisory staff should use this period to listen to the counselors and to be open to suggestions they may have for changes, such as to the roster or data collected. Counselors are the ears of the project and have good insight into how things are progressing.

After the probation period, counselors should be able to handle calls on their own and know how to use resources available to them. In the event a counselor is not performing to satisfaction or is not coping with incoming calls, that person may need additional training or you may need to terminate his/her contract. If you follow the steps in the recruitment process, however, this should not happen too often.

Certification

It is optional whether you give certificates to counselors that successfully complete training and probation. However, counselors do appreciate receiving certificates and they can be important motivational tools.

See page 46 for an example of a certificate.

EXAMPLE

Certificate of Training

This certifies that

_____

has successfully completed the training program requirements for

Faculty Trainer for HIV/AIDS Telephone Hotline

ACHIEVEMENT ✶ EXCELLENCE ✶ HONOR ✶ SERVICE

_____

Awarded on this ***22nd*** day of ***June 2001***

_____

Step 5:
Develop your hotline roster.

Ongoing training is particularly important for hotlines dealing with health or social issues, because information may change frequently and need updating. Such issues may include new legislation on rape, pregnancy termination, or new HIV/AIDS treatments. All hotline staff should have ongoing training in their scope of work either as a separate activity on the roster or within routine supervision or debriefing sessions. Ongoing training improves telephone and counseling skills and teaches counselors how to deal with prank, abusive, or difficult callers. This type of training should occur at least once a month for regular staff and every six to eight weeks for volunteers.

Step 4:
Ensure ongoing training.

A hotline roster is a schedule of counselors' working hours. It is usually made on a monthly basis and often takes several attempts before a workable schedule is devised. Small hotlines with one telephone line, a group of 20 volunteer counselors, and limited operation hours will have a simple roster, where each counselor works a certain number of hours per month.

The larger the hotline, the more complicated the roster. For example, a hotline that has six lines, 30 full-time counselors, and is operational 10 hours a day requires careful planning to develop a roster. Try to place all paid counselors on duty during peak hours and use volunteers at maximum capacity at that time also. Have few paid counselors on duty during quiet times and factor in vacation and sick days.

Tips for developing a roster

- Record the time of day callers phone in to determine peak hours.
- Record the number of calls per day to determine the volume and the busiest days.
- Know the number of counselors, paid and volunteer, who are available each month.
- Know the hours of operation to schedule paid and volunteer counselors accordingly. (For instance, volunteers may work after hours or on weekends.)
- Determine the number of hours counselors are to work in a month, factoring in vacation and sick leave.
- Schedule lunch and breaks so someone is always available to answer the phone.
- Decide when counselors will receive ongoing training.

With this information, you can develop a roster that best matches the activity of your hotline. A well-managed roster should ensure that counselors do not suffer burnout or boredom and that your hotline can manage the peak periods.

Chapter Six

Supervising and Debriefing Hotline Staff

Steps to Take

1. Understand supervision
2. Decide on the structure and frequency of supervision
3. Debrief and motivate your counselors

Overview

*Hotlines can be stressful environments, especially those dealing with emotionally charged issues. Most hotlines have some form of supervision and debriefing systems in place to ensure the well-being of their counselors. The content and structure of supervision may vary, but **Step 1** shows that administration, education, and support are three components that all types of supervision should incorporate. **Step 2** discusses ways to set up appropriate structures of supervision and how frequently it should take place. **Step 3** describes the debriefing process and various incentives and ways to motivate counselors to prevent attrition and build teamwork.*

Step 1: Understand supervision.

Supervision is a management tool used to ensure that your hotline counselors have the necessary support, skills, and resources to do their job efficiently and effectively. To achieve this, hotline supervisors must attend to the administrative, emotional, and educational needs of each counselor.

Administration

It is a mistake to underestimate the administrative role of a hotline supervisor. Compiling statistics, writing reports, assisting with time management, and completing performance appraisals are all part of ongoing monitoring and evaluation of the hotline. A supervisor with good administrative skills ensures uniformity in the quality and quantity of work and allows the counseling coordinator time to network and promote the hotline.

Emotional support

Emotional support is crucial to your counselors' well-being and ultimately to the quality of your hotline service. Support usually involves dealing with work-related stress and/or personal issues. Taking high volumes of emotional calls day after day inevitably affects counselors. To cope in this environment, counselors must have an outlet to talk about their feelings and a chance to discuss difficult calls. It is important for supervisors to help counselors develop a level of self-awareness and confidence so they do not take caller's issues personally.

Education

The educational component of supervision usually deals with quick answers to questions that counselors need while on duty or after their shift. For example, a caller may want to know the difference between HIV and AIDS. If the counselor does not know the answer, the supervisor should be available to provide this information and should, subsequently, make this information available to all counselors. Similarly, supervisors should provide information about new referrals and resources for callers. A hotline supervisor also should assess the training needs of counselors and inform the counseling coordinator or trainer of gaps in counselors' knowledge or skills.

Step 2: Decide on the structure and frequency of supervision.

Group supervision

Supervisors usually hold group supervision sessions once a month with their teams. Sessions last an hour or more, depending on the size of the group, and should incorporate administration, education, and support aspects mentioned above. Group supervision gives counselors a chance to discuss difficult calls received during the month and suggest various ways to deal with them. Role-playing can be a useful approach to practice handling difficult calls.

Individual supervision

Counselors also must be able to schedule individual time with their supervisor, on an as-needed basis, if they have a problem they do not want to discuss in a group. Hotline supervisors must have sufficient counseling skills and experience to help a counselor in distress and refer them for professional help, if necessary.

Buddy system

For additional support, some hotlines have buddy systems in which counselors support each other. The buddy system often evolves informally, but some hotlines appoint buddies. The system encourages counselors to use their peers for support and enhances team spirit since counselors begin to know, trust, and rely on each other. The buddy system also offers counselors an opportunity to talk about things with their peers, rather than their supervisor who performs the work appraisals.

Online supervision

Online supervision can be done by listening in on calls if your telephone system has that capability, or by sitting next to a counselor during a call. This type of supervision should be supportive and can be a monitoring tool for supervisors to assist with difficult calls or help counselors with any other problems they may have. It is also an oversight tool that allows supervisors to see that counselors use standardized answers, give correct information and referrals, and are not using the line for personal reasons.

Step 3:
Debrief and motivate your counselors.

Debriefing, which usually occurs immediately after a shift, is mainly supportive and not as formal as supervision. By taking place after a shift, counselors can discuss their feelings about any upsetting calls and supervisors can deal immediately with any problems prior to the counselors' next shift.

Debriefing system in place

CASE STUDY

On our hotline, we have debriefing meetings that our supervisor facilitates at the end of each shift. Debriefing is very important to me. I get a chance to talk about calls that have upset me or made me angry. It also gives me an opportunity to hear what type of calls other counselors get and how they deal with them. Sometimes I'm not sure if I gave a caller the correct information, so I usually check this during our debriefing sessions as well. I like having debriefing sessions right after a shift because it means that I can go home after having let off steam and I will be ready for my next shift.

(Full-time hotline counselor – South Africa)

Contrast the above with the following.

No debriefing system in place

CASE STUDY

A counselor working on an AIDS hotline for people living with HIV received a call from a male who said he was HIV positive and wanted to kill himself. Before the counselor had a chance to respond, she heard a gunshot and the line went dead. Whether or not it was a genuine call, the counselor will never know; but it was traumatic and distressing. The counselor was alone on duty and there was no debriefing system in place. After that call, the counselor decided only to do face-to-face counseling, because she believed she might get a similar call again. If this counselor had the proper support structures in place, she could feel less traumatized by the incident and may still be a hotline counselor.

(Full-time hotline counselor – South Africa)

Motivating your counselors

Whether your counselors are volunteers or paid employees, motivation and incentives are important to create teamwork and a positive working environment. Motivation is not always about money; it is more often about people being able to learn and grow in their work, to feel appreciated, and to know they are doing a good and worthwhile job.

Tips for motivating your counselors

TIPS

- Provide promotional opportunities within your hotline structure. Not all counselors want to be supervisors or team leaders, but for those who have the desire and the potential, opportunities need to be available.
- Ensure counselors perceive the rules and regulations of your organization as supportive instead of punitive. This perception typifies the management style of your hotline. Counselors managed in an authoritarian manner often are fearful of asking questions; their motivation is fear as opposed to encouragement.
- Incorporate counselors into decision-making processes where relevant. Not only does this give counselors a sense of importance, it is important to involve them in decisions that directly affect their work.
- Give counselors a sense of achievement. Develop a system of work reviews where the supervisor assesses each counselor and the counseling coordinator every six months. Set objectives and acknowledge achievements during the reviews.

- Recognize both paid and volunteer counselors help others through the hotline by presenting them with something (i.e., a certificate for months or years worked on the hotline).
- Give counselors a sense of responsibility. Asking counselors to perform other types of duties indicates your trust in them as responsible, reliable members of the organization.
- Create a culture of respect for individuals within your organization. A respectful culture also typifies the management style. A counseling coordinator who treats her staff with respect will encourage the same in others. Respect for others is an underlying value in any counseling context and should translate into the working environment as well.
- Express appreciation when a job is done well. Positive feedback is important for counselors to feel they are doing a good job.
- Monitor the counselor's workload. Make sure enough counselors are on duty at peak hours and fewer counselors are on when there are down times. Too little or too much work can result in counselors feeling unmotivated.
- Ensure staff development by providing training courses on particular skills and inviting guest speakers to talk on relevant topics.
- Make light refreshments available on an intermittent basis.

Chapter Seven

Developing Referrals and Information Resources

Steps to Take

1. Develop your referral database
2. Train your staff in referrals
3. Maintain the referral list
4. Develop your information resources

Overview

A referral list and a counselor information resource are two essential items you need for your hotline. These resources are usually manuals or files, but computer-based resources are becoming more prevalent because of their immediate availability. ***Step 1*** *helps you develop your referral list and shows different ways to present the information.* ***Step 2*** *emphasizes the importance of keeping the referral list up to date.* ***Step 3*** *discusses training your hotline staff about how to refer callers, use available referral sources, and implement systems to record referral information in a database.* ***Step 4*** *presents ways to keep your hotline's information resource updated and readily available to counselors.*

Step 1: Develop your referral database.

Developing your hotline referral list is time consuming, but not difficult. The counseling coordinator usually develops it and checks the information. In the case of a large hotline, a couple of counselors or volunteers can be responsible for this task. Follow the steps below to create a referral list best suited to your hotline.

- Gather existing referral lists. Start with the list of organizations that you network with regularly, then ask other organizations for their lists and relevant contacts. In some countries, a coordinating body such as the national AIDS committee may already have a list of all the AIDS organizations and activities in your country.
- Prioritize your comprehensive list to include those most relevant for your service. A referral list should be a manageable size so it is quick and easy for counselors to access.
- Decide what information you want for each organization, such as:
  - Name of organization, phone number, e-mail address, postal address, hours of service, cost of service, and services offered by the organization.

- Check each organization's contact details by phoning them to make sure the information is correct. Ensure the organization agrees to be a referral site for your hotline.
- Decide how to present and organize the referral list so it is easy for counselors to use. For example, if you have a national hotline and your referral list is in a manual or file, you can organize the information alphabetically per region. Alternatively, you can arrange it by type of organization (i.e., AIDS, government, welfare) or by type of service (i.e., counseling, legal). *(See page 39 for an example of an entry in a referral directory.)* If you decide to list referrals on the computer, have someone familiar with computer programs and databases advise you on how best to organize the information. Computerized referral lists make it easy and fast to access and update information for large hotlines with a high volume of calls and information. It is imperative, however, to have a hard copy of your referral list in case the computer is not operable.
- Update the referral list at least monthly.

Step 2: Train your staff in referrals.

Staff members need to know the different type of referrals, their role in maintaining the referral list, and when to refer a caller for services. Someone should be responsible for visiting local referral sites to assess the quality of their services and establish a working relationship with them.

Knowing your referral sites

Counselors should find out where the caller lives to make a referral within the caller's vicinity. Most counselors working with a local hotline know the suburbs or communities in the area and relevant local services. For a national hotline, referrals are more complex because counselors need to know referral sites countrywide. During training, counselors should learn about national and regional services and where to refer callers. The hotline room should also have a map.

So they can tell callers what to expect, counselors need to have a broad overview of different referral sites, the variety of their services, and their costs, if any. Counselors should also know the quality of service offered by the referral site and if the site offers specialized services, such as youth-friendly providers.

EXAMPLE

#102 AIDS Education & Training[8]

Acronym:	AET	
Contact Person:	Ms Sharon White	
Street Address:	100 A 2nd Ave Mellville	
Postal Address:	P O Box 812 Auckland Park 2006	
Phone Number (s):	011 726 1495 / 011 902 4913 / 011 482 2003	
Fax Number:	011 726 8673	
Other Contacts:	Susan Hyde	
General Description:	Educational	Workplace Policy Issues
Activities:	Train Health Profession Awareness (plays) Train non-prof. Workers Lifeskills	Consulting Condom Distribution Media
Founded In:	1992	
Staffing:	Paid Professional Full-time: 2 Paid Professional Part-time: 2 Paid Non-professional Full-time: 2	
Funding:	Fees for products, services	
Conferences, Seminars:	Educator Workshop (18 Attendees) Counselor Workshop (18 Attendees) Counselor Workshop (20 Attendees)	
Target Group(s):	Occupational health staff Peer educators Program coordinators & trainers	
Literature:	Talk about AIDS Flipchart	
Language Groups:	Afrikanns Sizulu Xhosa Northern Sotho	English Setswana Southern Sotho Venda
Networking:	Johannesburg Community AIDS Center	

8 South Africa Department of Health, HIV/AIDS Directorate. AIDS *Resource referral directory* (1999).

When to refer

Counselors must understand the limitations of a hotline service. Knowing when to refer a caller can be difficult, yet it is an important skill to develop. If your hotline offers counseling, use it for crisis situations or immediate support. Following that, the counselor can make a referral if ongoing, face-to-face counseling is appropriate. A counselor can give basic information over the phone, but if a caller wants extensive detailed information, the counselor should refer the caller to the appropriate service.

Problems arise when counselors push the boundaries of their training. On a health hotline, for example, it is dangerous and irresponsible for a counselor to give a medical diagnosis or prescribe treatment. In this case, callers should receive a referral to the appropriate medical professional or service. During online supervision and debriefing sessions, supervisors should be able to determine if counselors are going beyond their scope of work and help them stay within their job responsibilities.

Step 3: Maintain the referral list.

Your referral list must be up to date at all times. Callers will tell you if you have given them an incorrect number or if an organization you referred them to no longer exists, no longer offers a particular service, or moved. Hotline counselors need to include corrected or expanded information when they identify gaps in the referral list.

To keep the referral list up to date, a system needs to be in place to attend to the changes. Counselors can write the corrected or expanded referral information in a book or e-mail the information to the person in charge of a computerized referral list. However you choose to keep your list or database updated, only one person should be responsible for managing the information.

Step 4:
Develop your information resources.

Callers routinely use hotlines as an information resource. Therefore, information that counselors give must be accurate, up to date, and easy to access. Most hotlines develop a basic resource guide that contains summarized information on relevant topics and answers to common questions. A quick and easy way to develop your information resource guide is to take key points on each topic from your training manual and put them into a file or booklet that counselors can access during calls. Computerize the resource guide if your hotline has that capability.

EXAMPLES

Common Questions & Answers in Breastfeeding

Below are sample questions from the cue card of a breastfeeding hotline in Russia developed to ensure that their counselors gave consistently accurate information.

Q WHY IS BREASTFEEDING GOOD FOR A BABY?

Breastfeeding is good for a baby for many reasons. Breastfeeding deepens the bond between mother and child, it gives the child valuable immunities, and it is always the best source of nutrition a baby can have, even when the mother is not perfectly nourished herself.

Q WHAT IS "INTENSIVE BREASTFEEDING?"

Intensive breastfeeding is what some people call exclusive breast feeding. It means that a mother feeds her child only breastmilk, and that she feeds him any time he wants to be fed. This is the best thing for a baby for the first six months of his life.

Q HOW LONG SHOULD I BREASTFEED?

Experts recommend that women breastfeed their babies for two years. It is most important to breastfeed a baby for the first six months of his life, however. Even after this first six months, when a baby begins to eat other foods, breastmilk remains a vital part of his nutrition.

Q SHOULD I FEED ON A ROUTINE OR ON DEMAND?

Babies, like children and grown ups, should eat when they are hungry. Infants have very small stomachs, and they need to eat every two to three hours. Watch your baby for signs that he needs to eat, rather than watching the clock. You cannot spoil a baby by feeding him when he wants to eat.

Q WHEN SHOULD I INTRODUCE SUPPLEMENTAL FOOD?

Food in addition to breast milk should be introduced when a baby is six months old. Before that time, breast milk provides all the nutrition a baby needs. Breast milk also supplies all of the fluid and vitamins babies need for healthy growth. A baby who is breastfeeding whenever he is hungry does not need water or juice. In fact, these things can contain germs that will make the baby sick.

Q WHAT SUPPLEMENTAL FOOD SHOULD I GIVE?

When a child is six months old, you can begin to introduce mashed up food to the baby's diet. Give the food after the baby has breastfed, so that the food does not take the place of more nutritious breast milk. Before six months, a baby does not need supplemental foods.

Q SHOULD I GIVE MY BABY WATER?

If your baby is less than six months old, and you are feeding him on demand, he does not need to drink water. He should drink breast milk, instead. Milk is made up of mostly water, and so when your baby is thirsty, what he really wants is your milk.

In addition to having access to basic information, it is important that counselors stay abreast of news about the hotline's topic. One way to keep counselors up to date is to assign a staff member to collect relevant press clippings from daily newspapers or to hire a press clipping service to file press clippings or pin them on a notice board for counselors to read. Another way is to subscribe to local and international journals so counselors will know the latest trends and developments about your hotline issue. Also, if your counselors have access to the Internet, develop a list of recommended websites they can access for information or subscribe to a listserve to receive information on a regular basis.

Managing the information resource is usually the counseling coordinator's responsibility. Large hotlines sometimes employ an information officer to coordinate information gathering and dissemination. Small hotlines typically have core information in a file or manual; larger hotlines with computers and Internet access put the information online.

Information resources for callers

Callers frequently want more information on a particular topic after talking to a hotline counselor. In these instances, refer callers to organizations with such information, develop a packet of information to mail out, or create a website for callers to access.

loveLife hotline in South Africa

CASE STUDY

The loveLife hotline for youth in South Africa developed a booklet for youth containing information on sexuality, contraceptives, HIV/AIDS, and life skills. Though the booklet was a good way to disseminate information, loveLife underestimated the labor involved in stuffing and addressing each envelope and the cost of printing and mailing the booklet. In lieu of the booklet, loveLife subsequently created a website with the same information. The website is more cost-effective, though it excludes callers without access to computers.

Useful referral feedback

Complaints, such as the two below, contain useful information for counselors to record. Counselors need to know such information for future referrals and can use it for advocacy efforts when the relevant government department or organization needs to take action.

Complaint #1: *An 18-year-old caller, Thabo, from Welkom complained that the staff at the River Clinic refused to give him condoms.* (AIDS Helpline counselor, South Africa).

Complaint #2: *A male caller from Klerksdorp complained that the staff at Tshepong Hospital refused to check his blood for HIV, saying he was not sick enough to have the test.*

(AIDS Helpline counselor, South Africa).

Chapter Eight

Setting Up a Telephone System and Hotline Room

Steps to Take

1. Identify the needs of your system
2. Visit telecommunications companies
3. Design the hotline counseling room and order equipment

Overview

Hotline telephone systems vary from a simple, one-line telephone service to sophisticated switchboards and call centers that handle numerous calls simultaneously. The system you choose for your hotline depends on the capabilities of your telecommunications company, the number of people you want to reach, your funds, and the demand for your service. ***Step 1*** *talks about identifying and writing a description of your system's needs.* ***Step 2*** *discusses the process of meeting with different telecommunications companies to learn about various options and their costs.* ***Step 3*** *includes considerations for designing the hotline room and installing phone lines.*

Step 1: Identify the needs of your system.

Using guidelines from Chapter 2, write a brief description of your telecommunications needs, including your budget and time frame. Make copies of your system needs to give to telecommunications specialists you meet, such as technicians, salesmen, and customer services managers. Since each person will focus on different aspects of your hotline, providing them with a copy of your needs will help avoid misunderstandings.

Guidelines for describing the needs of your system

GUIDELINES

- *Introduce your organization.*
- *Explain the purpose of your hotline.*
- *Explain the structure of your hotline.*
- *Explain how you want your hotline system set up. For instance:*
  - *Do you want a dedicated line or will the hotline number be part of the office telephone system?*
  - *Do you want more than one line? If so, how many?*

- *Do you want a switchboard?*
- *Do you want music or messages to play while the caller is on hold?*
- *Do you want to be able to queue calls so counselors can complete current calls while keeping new callers on hold?*
- *Do you want caller identification?*
- *Do you want telephones with receivers or headsets? (The latter are more comfortable, but more expensive.)*
- *Will your computers be able to access the Internet?*

- *Outline your time frame*
- *Give an indication of what your budget is.*

Choosing your hotline number

Your hotline number should be catchy and easy to remember. Repeat a few numbers, for example, 0800 150 150. The hotline team should think of promotional activities when choosing the number because it should be easy to represent in print materials, on radio, television, and outdoor media. Negotiate the number you want with your telecommunications company to ensure the number does not already exist or is too similar to a competing service. Also, make sure the number will cover the geographical area you intend to reach.

AIDS hotline, Burkina Faso

CASE STUDY

An AIDS Hotline in Ouagadougou, Burkina Faso, chose 11-20 as their hotline number. This is a toll-free number and because it is short, it is easy to remember and print on a variety of materials. However, only people in Ouagadougou could use this number. When the hotline considered expanding to a national service, the organization discovered that the number needed to change to six digits because of the telecommunication system in the country. This meant developing new materials and promotional activities. Choose a number that is easy to promote and that you can keep for a long time.

Step 2:
Visit telecommunications companies.

Most developing countries have only one or two telecommunications providers. If there are more telecommunications companies in your country, select two or three to visit. Make an appointment for your team to meet with the relevant people to discuss your needs. Determine from the outset the specific department and the appropriate people in the company with whom to meet.

After the initial meeting with each company, request quotes and a description of how the telephone system will work. The description should be in laymen's terms or in the form of a diagram so you can understand how the technology works and be able to ask questions about it. Find out what each company can offer and if they provide any discount for a nongovernmental organization.

Try to get an opinion about the system you are considering from someone knowledgeable about telephone systems that is not part of your team or the telecommunications company. If the system is an expensive one, encourage your funders to be part of the decision-making process. Take time making this decision; be sure to weigh all factors. Because the telephone system you choose is the main feature of your hotline, it will need to last several years.

Nigeria's YEF hotline

CASE STUDY

Nigeria's YEF Hotline bypassed NITEL (the national Nigerian telephone company) because of its reputation for slow and unreliable service. YEF chose to partner with a new, private telephone company, Multi-Links, that was efficient and reliable in terms of installation and service, and offered more flexibility, lower costs, and the ability to upgrade the telephone system. Multi-Links offered YEF a unique system that allowed counselors to plug a phone into any electrical outlet and be able to connect to the hotline. This allowed team leaders to take the telephone home after office hours and still take calls, in

effect, giving YEF a 24-hour service. This is an example of an organization that did thorough research into what different telephone companies could offer them to best meet their needs.

Step 3: Design the hotline counseling room and order equipment.

When choosing your hotline telephone system, keep in mind the hotline counseling room so you can plan the installation of the telephone lines accordingly. The hotline room must be large enough to accommodate the number of counselors on duty per shift. Many hotlines with more than one counselor on duty per shift put partitions between desks so counselors can handle calls privately without distraction or disruptions. Other hotlines use a format where counselors sit facing each other so they can provide hand and eye cues to colleagues who are handling a difficult call.

Determine the number of desks, chairs, and computers you need. If possible, choose strong, comfortable chairs with adjustable seats, since many different people will sit in them for hours at a time. Decide where to place the furniture. Try different configurations of furniture before you finalize where the telephone and electrical outlets will go. Make sure the room has a sufficient electricity supply to handle the equipment. Use shelves to store books, newsletters, and leaflets, and a pin board to leave messages for counselors. Place a map on the wall so counselors will be familiar with the geographical location of callers. If the hotline has a computer system, the servers or main computers should be in a separate room that is clean, dust free, and temperature controlled. Get several quotes for the furniture and equipment and order those within your budget.

After purchasing the equipment, install electrical and telephone lines first. Then paint the hotline room and arrange the furniture and computers, since these can get damaged while workmen are in and out of the room.

Chapter Nine

Developing a Data Capture Tool

Steps to Take

1. Decide what data to collect
2. Develop your data capture tool
3. Test your data capture tool
4. Use data as a management tool

Overview

*All hotlines need a system for recording information about the number and types of calls and callers. In **Step 1** you will decide what information you want to collect. **Step 2** talks about collecting information by completing forms manually or using computer databases. **Step 3** explains why you must test your data capture tool for a period of time. **Step 4** shows you how to use data as a management tool to monitor and evaluate your service and its impact.*

Step 1: Decide what data to collect.

Determine why you want to collect certain data and how you will use the data, so you do not collect unnecessary information. The following questions will help you decide what data to collect:

- **Q** What do we want to know about the calls?
- **Q** What do we want to know about the callers?
- **Q** Why do we want to know this information?
- **Q** How will we use this information?
- **Q** Who else will use this information?

Most hotlines collect the following information:

Profile of callers:

- Age
- Gender
- Language of the caller
- Where the caller is calling from

Call information:

- Date and time of call
- Type of call
- Reason(s) for calling
- How the caller knew about the hotline number
- Whether the caller received a referral

If other partners (such as donors or communication campaign managers) plan to use your data for research purposes, include them in designing the data capture tool. They may want additional information.

You may want to set up a system to collect a core set of data consistently that also allows for short-term data collection for specific research. For example, if the hotline number is advertised on billboards, television, and in newspapers for a three-month period, the advertisers may want to know which of the three media was most successful in making people remember the number. For the three months, your hotline operators could ask every fifth caller how they heard about the hotline.

Step 2: Develop your data capture tool.

The tool your hotline uses to capture data can either be a manual or computerized form. If you choose the manual method, create an easy-to-use form for counselors to complete during each call. At the end of each day, the supervisor is responsible for filing these forms. At the end of each month the counseling coordinator should count these forms and compile a report reflecting the results.

Creating a computerized data capture sheet and database is more complicated, time consuming, and expensive initially. However, you can retrieve more detailed information compared to a manual system. To develop a computerized data capture system, hire a software programmer who can write a program to suit your needs. Screens should be easy to use with tick boxes and drop-down menus so counselors can take a call and fill in the form at the same time.

In addition to knowing what data you want to collect, you also need to know what reports to generate from the data. For example, if you are collecting data about the age, gender, and geographical location of callers, you may want to know the breakdown of male and female callers according to those criteria.

Data Capture

Comparison of Manual and Computer Methods

Manual Data Capture Method	
ADVANTAGES	DISADVANTAGES
Inexpensive	Slow to tabulate
Easy to use	Can get lost
Easily adaptable	Becomes less efficient as call rates increase
Non-threatening to use	Restricts types of reports possible
	Greater chance of error in analysis

Computer Data Capture Method	
ADVANTAGES	DISADVANTAGES
Quick	Expensive
Accurate	Needs ongoing technical support
Comprehensive	Requires computer training
Can produce automatic reports	Can be expensive to change
Allows easy comparisons over time	If computers crash, data can be lost
Becomes easier to use over time	

Computer Data Capture Sheet

from the AIDS Helpline in South Africa

EXAMPLE

Manual Data Capture Sheet

FORMS

Caller Information Sheet[9]

Time of Call: _____

Duration of Call: _____

Sex: Female ___ Male ___

Age: Under 15 15—19 20—25 26—30 31—35 36—40 41—45 46 —50 Over 50

Breastfeeding: Yes ___ No ___

Pregnant: Yes ___ No ___

Current Method of Family Planning

IUD ___ Pills ___ Condoms ___ None ___ Other: _____

Reason For Call

Loss of Milk ___ Supplementation ___ Family Planning ___ Nutrition ___ Sore Breasts ___ Other _____

Referral Source

TV___ Brochure ___ Friend or Relative ___ Doctor ___ Other _____

Referrals Made

Family Planning Clinic ___ Literature ___ Different Doctor ___ Other _____

Step 3: Test your data capture tool.

The first data capture tool you develop will most likely not be your final one. Have counselors and supervisors test the tool for a month and determine what needs to change. You may find some information is difficult to get from callers, there is duplication, or you omitted an important piece of data.

9 Russia Women and Infant Health Project (2000). Johns Hopkins University, Bloomberg School of Public Health/Center for Communication Programs.

Review your data capture tool annually with the hotline staff to reflect any changes in the nature of calls to your hotline. In South Africa, for example, the data capture tool for the AIDS Helpline added a category for STIs because callers understood the greater risk of HIV infection with an STI. However, if you change your data capture information too frequently, annual comparisons will be difficult.

Step 4: Use data as a management tool.

The data you record are vital as a management tool because the results will guide you on an ongoing basis. You can use the following information in a variety of ways.

Number of calls

The number of calls you receive is directly linked to your promotional activities and the quality of the hotline service. A decrease in the number of calls means these aspects of your hotline may need attention. An increase in call rates indicates successful promotion and may require you to consider recruiting and training more hotline operators.

Age and gender of caller

This information is useful for education and communication campaigns. For example, knowing that males aged 13 through 18 frequently call the line about STIs and condom use could lead your organization to initiate an education campaign aimed specifically at this audience.

Language of caller

You may receive more calls than anticipated in a particular language. As a result, you may need to recruit more counselors fluent in that particular language. This information can also guide language choice for materials development.

Location of caller

Hotlines often receive calls from communities or areas where services are lacking. If your data proves this point, you can use it to advocate for more services in those areas.

Type of calls

The types of calls you receive will indicate if the hotline service is meeting its purpose. For instance, if the purpose of your hotline is to provide information, but you receive an equal number of counseling calls, you should consider training your hotline staff in counseling skills. This information will also affect how you promote the service.

Reasons for calls

Monitoring why people call your hotline provides useful information. First, the reasons people call the hotline should reflect its purpose. If not, determine why. Perhaps your promotion is misleading or the hotline needs to offer more services. Second, knowing why people call can guide your priorities for ongoing training. Third, your referral directory must reflect the type of assistance callers are requesting.

Referrals

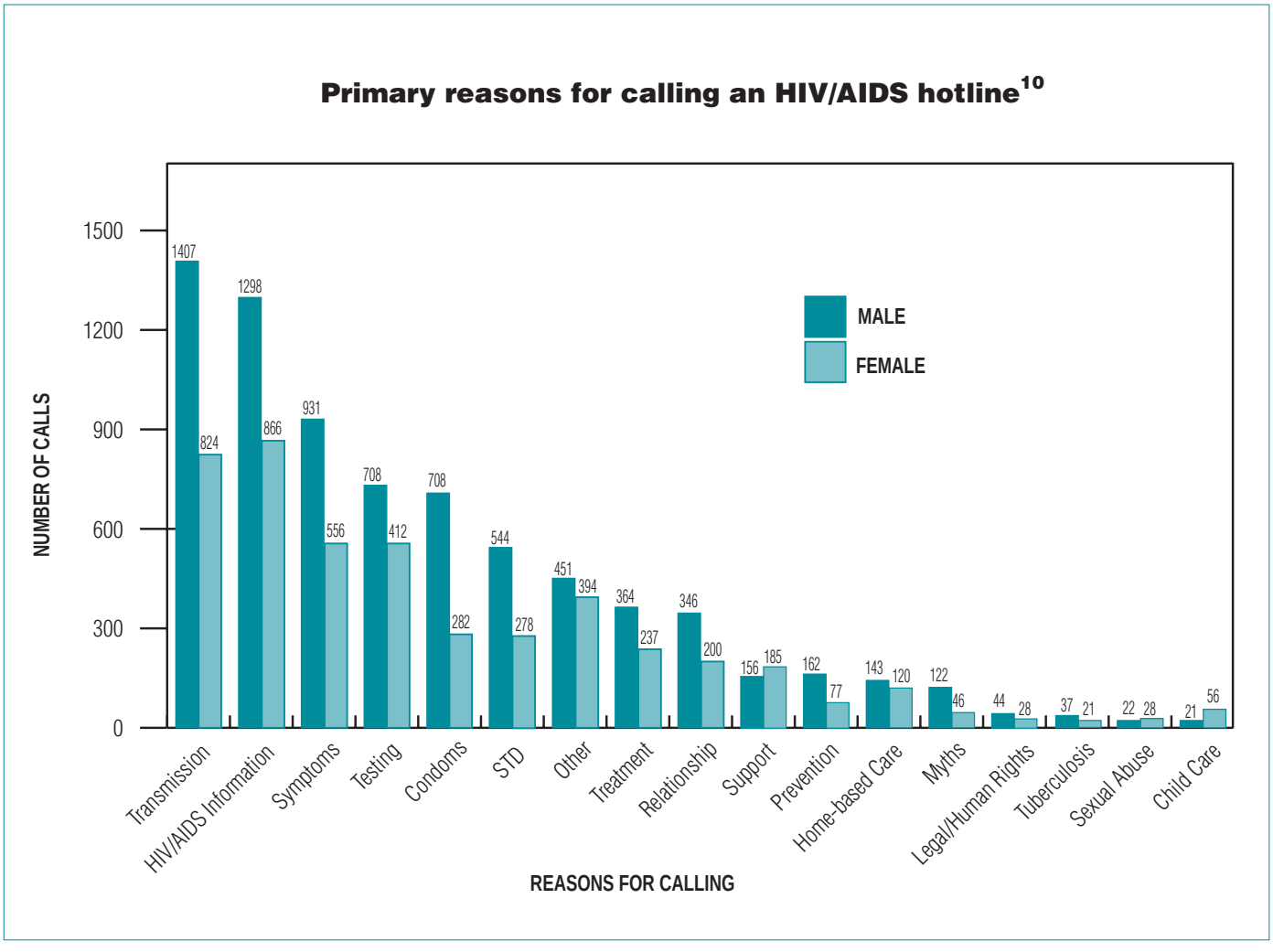
Some hotlines document the name of the referral organization or the reason for referral, others simply document whether or not a referral was given. This information reveals types of services in demand as well as gaps in services.

How did the caller know the hotline number?

This information can help guide your promotional efforts by showing what media work best for men, women, and different age groups.

Time of day of calls

Knowing the time of most calls should dictate the hours of your hotline service. For example, if most calls are between 8 a.m. and 7 p.m., it may not be necessary to offer a 24-hour service or a late night shift. This information will also indicate the peak hours when you need more operators on duty.



10 Progress report from South Africa's AIDS Helpline, December 2002.

Chapter Ten

Monitoring and Evaluating a Hotline

Steps to Take

1. Monitor the quality and usage of your service
2. Write progress reports

Overview

Monitoring and evaluation systems allow for ongoing analysis of quantitative information to document call volume on your hotline and the success of your promotional activities. Two other aspects of the hotline that you should monitor are the quality of the service and the impact of the hotline on your intended audience. These qualitative aspects are more difficult to monitor since they rely on reaching callers using your service. Hotline managers should monitor these two aspects of the service because it is a way of justifying the project to stakeholders. ***Step 1*** *will suggest ideas on how best to set up these systems.* ***Step 2*** *provides an outline for writing a progress report for internal and external purposes.*

Step 1:
Monitor the quality and usage of your service.

Good training and effective supervision of your counselors will ultimately determine the quality of your hotline. However, systems need to be in place to assess how well counselors implement their knowledge and skills during a call. Perform this type of monitoring intermittently. Examples of how to evaluate the quality of your service are as follows.

Counselors record difficult calls

Counselors record questions or particularly difficult calls on their data capture sheets and discuss them during supervision sessions and counseling meetings. This monitoring tool works for small hotlines that are not too busy. Large, busy hotlines rarely have time to record this type of information.

ADVANTAGES: Because notes about the call are written down, counselors remember details and have time to think about why the call was difficult to handle.

DISADVANTAGES: The supervisor does not have first-hand experience of how the counselor dealt with the call. It also is a time-consuming activity for both counselors and supervisors.

Supervisors listen in on calls

By sitting next to a counselor during a call, a supervisor evaluates the counselor's knowledge and counseling skills by the counselor's responses since the supervisor cannot hear the caller. Some hotlines have a telephone system that allows the supervisor to listen to or record calls. This type of system enables the supervisor to evaluate both sides of a call, but callers need to be made aware that a third person may listen or record the call for evaluation purposes.

ADVANTAGES: Supervisors can evaluate counselors' telephone manner, counseling skills, and the accuracy of their information.

DISADVANTAGES: Counselors may feel self-conscious during monitored calls.

Test calls to your hotline

This involves designating a person or a group of people to make anonymous test calls to the hotline. The callers must assess and record information such as:

- the counselor's telephone manner and how s/he answered the call,
- the accuracy of the counselor's information,
- the appropriateness of the counselor's referrals,
- the counselor's counseling skills,
- the ability of the hotline to offer a multilingual service, and
- the efficiency of transferring calls from one person to another.

ADVANTAGES: The caller can give useful feedback as a user of the service.

DISADVANTAGES: Counselors may feel unfairly tested if they receive unusually difficult test calls. Ethically, the program should inform staff during training to expect such test calls.

FORMS

At right is an example of a quality assurance monitoring form to record information about test calls.[11] Perform this type of monitoring every six months or annually, or if there are complaints about the service.

Quality Assurance Monitoring Form

Call date and time: _____

Question asked: _____

Summarize response:

Was your call answered promptly, for example within 60 seconds?

Yes ___ No ___

Could the counselor speak your language?

Yes ___ No ___

Was the information you received accurate?

Yes ___ Somewhat ___ No ___

Was the response sufficient in terms of the information?

Yes ___ Somewhat ___ No ___

What was the most useful information you received? _____

_____

What was the least useful information you received? _____

_____

Was the person who answered supportive and non-judgmental?

Yes ___ Somewhat ___ No ___

Was the counselor able to address your underlying concerns as well as answer your questions?

Yes ___ Somewhat ___ No ___

Was the referral information relevant and accurate?

Yes ___ No ___

How would you rate the overall effectiveness of the counselor?

Excellent ___ Good ___ Adequate ___ Needs Improvement ___

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[11] Pan American Health Organization; Caribbean Epidemiology Centre; Academy for Educational Development. AIDS Public Health Communication Project [AIDSCOM] (1990). *AIDS hotlines: A guide to development and implementation in the Caribbean*. Washington, D.C.

Transferring the caller to an evaluator after the call

This involves asking the caller after completing the call to answer questions about the hotline service. If the caller agrees then s/he is transferred to another hotline operator who asks questions such as:

- Q Have you used the hotline before?
- Q How did it assist you?
- Q Are you satisfied with the information/counseling you received?
- Q Would you recommend using this hotline to your friends and family?
- Q Do you have any suggestions on how to improve the service?

ADVANTAGES: An evaluator can talk directly to a client about how s/he experienced the service.

DISADVANTAGES: This method does not evaluate the counselor's skills and callers may be offended by this type of evaluation.

Monitoring the quality of your referral services

Monitoring the quality of services at referral sites will most likely occur by callers phoning back to complain about a particular referral. It is important that your hotline has a system of recording these complaints and following up on them. Callers also will call back if their referral information is incorrect. Document this information, use it to update your referral directory, and train the appropriate counselor to give the correct referral information or the appropriate referral.

Measuring the usage of your hotline

A good way to evaluate your hotline program is to look at call usage and caller data. Your hotline data can help evaluate the effectiveness of a large promotional campaign.

The key to evaluating the hotline component of your promotional campaign is to have baseline information so you can compare parameters before and after the intervention. The simplest way to do this is to compare data from your call information sheet for a set period of time before and after the campaign. This is effective for showing changes in the number and nature of calls, characteristics of callers, caller's concerns, source of hotline information, number and nature of referrals made, and anything else you collect on your call information sheet.

Step 2:
Write progress reports.

Writing progress reports is essential to document achievements of your hotline. As management and planning tools, these reports will ensure that you routinely review your objectives and set new ones when necessary. Writing progress reports every three to four months will facilitate compiling annual reports or donor reports and proposals since you will have the information readily available. Also, donors supporting your hotline may require or want copies of these reports. Below is an outline of the information you should include in your progress reports.

Outline of Progress Report

OVERVIEW
Summarize achievements during this period.

CALL RATES AND DEMOGRAPHICS OF CALLERS
Present this information using graphs and an easy-to-read narrative explaining hotline activities. For example, the narrative could explain that an increase in calls was due to promotional activities or a decrease in calls was due to telecommunication problems.

REFERRALS
Comment on any problems with referral sites and actions performed to rectify the problems. Record gaps in referrals, new referrals, and explain how you update the referral directory.

PROMOTIONAL ACTIVITIES
Describe promotional activities implemented and comment on their effectiveness.

TRAINING

Describe the content, length, and outcome of training, and who performed it for what audience.

MONITORING AND EVALUATION

Document activities regarding quality control and impact assessments.

HUMAN RESOURCES

Comment on any management issues, resignations, new appointments, and vacation or sick leave.

FUNDRAISING ACTIVITIES

Document where you send written proposals, meetings with donors, and fundraising activities.

MEETINGS ATTENDED

Report networking done with other organizations and referral agencies, conferences attended, and outcomes.

FINANCES

Attach financial reports indicating money received, spent, and any balance for the next period's expenditure.

OBJECTIVES FOR NEXT TRIMESTER

Give specific and realistic objectives for the next three or four months and ensure that you have funds to achieve them.

Chapter Eleven

Promoting a Hotline

Steps to Take

1. Plan how to use the media
2. Create a message and image to promote your hotline
3. Juggle demand versus capacity
4. Evaluate your promotion

Overview

This chapter is for hotlines that conduct their own promotion, rather than those that use advertising agencies for a large-scale, multimedia campaign.[12] *Creating your own promotion requires planning and thought.* ***Step 1*** *discusses issues to consider regarding your intended audience and the advantages and disadvantages of using different media.* ***Step 2*** *explains how to develop an appropriate message and advises testing before use. Advertising your hotline will affect the volume of calls and* ***Step 3*** *describes how to juggle the demand you create with the capacity you have.* ***Step 4*** *reminds you to have systems in place to monitor and evaluate your promotion to determine what does and does not work.*

Step 1:
Plan how to use the media.

Media planning is simply planning and researching the most effective way in to reach your intended audience. A lot of it is common sense. Thinking about and analyzing your intended audience will guide your decision on the most appropriate media to use. Consider the following:

- What is the age of your intended audience?
- Is your intended audience male, female, or both?
- What is the geographic location of your audience?
- What language(s) does your intended audience speak?
- What is the literacy level of your intended audience?
- What are the media preferences of your intended audience?

Information about media preferences for various audiences is available from broadcasters and advertising agencies. These institutions usually have an analysis of what different groups of people read, listen to, and view. Not only will this information tell you the

12 Greenberg, R.M.; Williams, J.R.: Yonkler, J.A.; Saffitz, G.B.; Rimon II, J.G. (1996) *How to select and work with an advertising agency*. Baltimore: Johns Hopkins University, Bloomberg School of Public Health/Center for Communication Programs (128 pages).

most effective media outlet for your promotion, it will also give you an estimate of how many people you can reach. Be sure to choose media that will create a demand you can meet immediately.

When you have decided what media to use, get a price quote for placing and running an ad. Because advertising is expensive, you may request a special rate if your hotline is a nongovernmental organization or apply for public service announcements (PSAs), which are usually free of charge. The disadvantage of PSAs is that you have no control over the placement of the advertisements and therefore may not reach your intended audience.

Plan when and for how long you want to advertise. You may decide to do a lot of advertising at particular times of the year (i.e., breast cancer month, World AIDS Day), which can create a sudden increase in calls to your hotline. Or you may decide to advertise consistently throughout the year (i.e., running an ad in the newspaper or on the radio every month), which will produce a more consistent call rate. The longer you advertise, the more it will cost.

Step 2: Create a message and image to promote your hotline.

Image and message development is the creative aspect of your promotional activities. This can be a time-consuming and frustrating process, but it is worth the energy. Once you have a successful concept, seeing it in the media is a satisfying experience.

When developing your image and message, regardless of what media you are using, consider the following:

- Make your message clear, short, and easy to read.
- Position the hotline number to be clearly visible.
- Explain the exact purpose of your hotline so callers will not have unrealistic expectations.
- Create a strong, simple, and easily identifiable logo that incorporates the hotline number for use on all promotional materials.

- If funds are available, work with a professional public relations/advertising agency, which can improve the message development process.

To create your message, brainstorm ideas with your hotline staff since they understand what callers need to know about the service. Once you have an initial concept, test it in focus groups to make sure the audience clearly understands the message and images. Testing is important, especially if language, values, culture, and religion vary within your intended audience. Everyone must be able to relate to the message, and it should translate well into other languages.

It is worth creating an effective advertisement initially so you can duplicate it in other media. For example, you can use a print advertisement on a billboard, in newspapers and magazines, as a sticker, or printed on T-shirts. If it is a radio or television ad, ensure that it can run more than once by making it general. A time-specific ad (such as one linked to World AIDS Day or breast cancer month) may not be the most cost-effective means of promoting your hotline since you can use it only at a particular time.

At right are examples of logos and advertisements from Peru's APROPO hotline, the Philippines' Dial-A-Friend hotline, Nigeria's Youth Empowerment Foundation, and Burkina Faso's AFAFSI hotline.

Step 3: Juggle demand versus capacity.

Successful promotion of your hotline number will increase the volume of calls. It is important that your hotline be able to handle a sudden influx of calls or a steady increase in call rates. Here are some ways you can deal with an increase in call rates:

- Plan your roster so a maximum number of counselors are on duty after ads are distributed or aired.
- Train a group of volunteers who will be available on short notice to handle additional calls.
- Install more telephone lines to allow for more calls.
- Plan strategically to ensure you recruit and train sufficient staff for the expansion of the service over a period of time.

HOTLINE PROMOTIONS

Advantages and Disadvantages of Using Different Media

MEDIA TYPE	ADVANTAGES	DISADVANTAGES
Print Media magazines, newspapers	◗ Reach intended audience by knowing the readership of these publications. ◗ Ad can be cut out and kept. ◗ If consistent exposure, ad produces a consistent call rate. ◗ Ad can have colorful and creative images.	◗ Limited to literate people. ◗ Costly depending on size and how long ad runs. ◗ Distribution depends on type of magazine. ◗ Most magazines distributed nationally; few locally distributed.
Print Materials pamphlets, posters, stickers	◗ Can include more information in pamphlet or poster than in newspaper or magazine ad. ◗ Less expensive than advertising in magazines or newspapers. ◗ Materials kept for a long time and easily shared.	◗ Limited to literate/semi-literate audience. ◗ Requires good distribution system to reach right people. ◗ If hotline number changes, reprints can be costly.
Radio	◗ Appropriate for an illiterate audience. ◗ Reaches a wide audience quickly in a variety of languages. ◗ Local/community radio often inexpensive and tailored for specific community or region. ◗ Talk shows educate listeners about hotline issue and purpose. ◗ Radio advertising can increase the number of calls quickly.	◗ Listeners must remember to write down the number, or radio script needs catchy message to stick in peoples' minds.
Television	◗ Appropriate for an illiterate audience. ◗ Reaches a wide audience quickly. ◗ Talk shows educate listeners about hotline issue and purpose. ◗ Immediate and considerable increase in call volume.	◗ May not reach intended audience. ◗ Viewers must remember to write down the number. ◗ Can get hotline number confused with other numbers advertised on TV. ◗ Expensive.
Outdoor Media billboards, bus stops, taxis	◗ Eye catching, everyone sees it. ◗ Hotline number visible and repetitive for people to remember.	◗ May be limited to literate people. ◗ More difficult to reach a specific audience.

Give your hotline staff a copy of the hotline promotional ads, tell them what media they will be in, and when they will appear. Give counselors a copy of the script if it is a radio advertisement. Counselors need to know what the caller is talking about if s/he refers to the ad. Discuss possible questions that may arise from the ad, so counselors will be prepared.

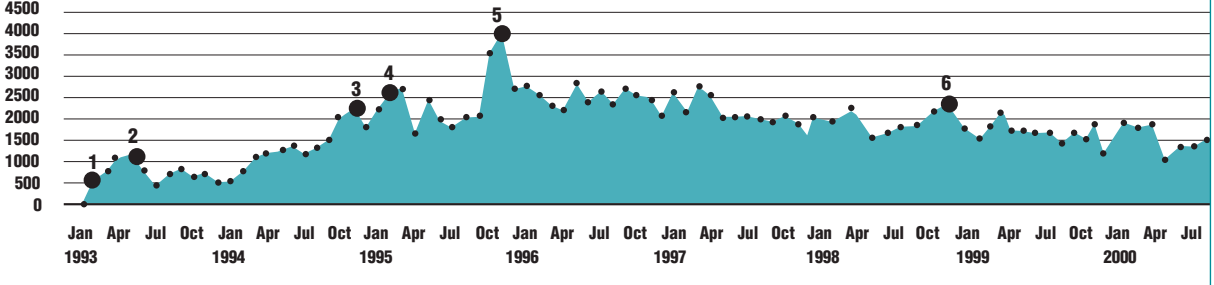
Step 4:
Evaluate your promotion.

Promoting your hotline is an ongoing activity. The volume of calls and data captured by counselors at the end of one promotion should reflect its effectiveness and guide the next promotion. Promotional activities should become more successful over time and you should continually budget for them. Proof of a successful promotion with increased call rates will increase your chances of continued funding.

The graph below from the APROPO (Peru) Telephone Hotline "Calling Conference" shows the increased call volume after different promotional interventions:

1. *Initiated diffusion of radio microprograms on Radioprograms Peru;*
2. *Interview on TV about the hotline;*
3. *Interview on TV;*
4. *Second telephone line added;*
5. *"Las Tromes" communication campaign started, promotion of brochure, and launch of Piel condoms; and*
6. *Presentation of hotline on Radioprograms Peru and Radio Miraflores.*

Call Volume in Relation to Media Events 1993 - 2000



Source: APROPO Mirando Sin Miedo. Overall Results of the Commercial Family Planning Project (2001).

Chapter Twelve

Developing Hotline Standards and Procedures

Steps to Take

1. Standardize policies
2. Train staff to deal with difficult or hoax calls

Overview

It is important for hotlines to have standard codes of conduct and disciplinary procedures. The director, counseling coordinator, or human resources manager is responsible for developing and writing these policies and making them available to staff. ***Step 1*** *describes the importance of standardizing policies, such as answering the phone, ensuring confidentiality, and making referrals.* ***Step 2*** *describes how to deal with hoax calls.*

Step 1: Standardize policies.

Answering the phone

In terms of professionalism and standardization, it is important for your hotline staff to answer the phone in the same way each time. Make a decision with your hotline staff about what to say when answering the phone. For example, "AIDS Hotline, how may I help you?" If you offer a multilingual service, decide if you will answer the phone in more than one language.

There are advantages and disadvantages to counselors giving their names when they answer the phone. It is problematic if counselors give their names and callers phone back wanting to talk to the same counselor. The counselor may not be on duty at that time and the caller risks becoming dependent on one counselor. However, answering the phone by giving a name personalizes the service for the caller who may then feel more comfortable speaking to the counselor.

Confidentiality

Confidentiality is a critical issue to discuss with your staff. Even though most hotlines ensure anonymity, it is of utmost importance that counselors respect the content of the calls and not repeat the information outside of the work environment. Callers share intimate and personal problems and need to be assured that their information will not be repeated other than during debriefing or supervision

sessions. The employee contract or volunteer agreement that counselors sign after they complete training covers confidentiality issues.

Though not available in all countries, telephone technology can provide caller identification to show the caller's number and location. Identifying and recording calls can be useful to monitor and evaluate your service, and to block or trace regular hoax callers. Inform callers if your hotline uses caller identification or records calls. In most countries it is illegal to record calls without the caller's consent.

Counselors also need to be assured of confidentiality. Counselors may share personal problems with their supervisors that may affect their work. Supervisors should respect this information and not repeat it to others unless the counselor gives permission to do so.

Referrals

Hotline counselors have a responsibility to refer callers to appropriate services. If you have a good referral list and your counselors are well trained, referrals should not be a problem. However, one of your hotline policies should state that counselors must commit to:

- referring callers rather than trying to deal with problems over the phone that are beyond their scope of work or knowledge.
- referring only to approved and reputable services on the hotline referral list.
- referring callers without receiving money or compensation from the provider at the place of referral.
- referring callers to others rather than offering face-to-face counseling (for a fee) or meeting the caller in person.

Step 2:
Train staff to deal with difficult or hoax calls.

Hoax calls are a common problem on hotlines, and toll-free numbers are especially vulnerable to abuse. Hoax calls usually include silent, sexually harassing, or abusive calls, or those from children playing on the phone. These types of calls are annoying and can be stressful for counselors. Develop a policy and train your hotline counselors to handle hoax calls in the same way. By doing so, you will not forfeit the quality of your service with counselors getting hooked into unpleasant exchanges with hoax callers.

Some hotlines screen all incoming calls for hoax calls. To set up this system, get a switchboard with the ability to transfer calls and rotate counselors who screen the calls. Though counselors are trained to treat every call as a genuine one, sometimes calls are insincere. The following are some suggestions for dealing with various hoax calls.

Calls from children

If the call is from a child playing on the phone, the counselor should try to impart some useful information. Children are sometimes too embarrassed to ask questions, particularly about sexual health issues. If the child is just playing, the counselor should explain that the purpose of the hotline is for people who need help. If, after using this tactic, the child continues with the hoax, terminate the call by saying goodbye and encouraging the caller to use the hotline only if they genuinely need assistance. Threatening the child or getting angry only plays into the child's expectations.

Abusive calls

Abusive calls can be nasty and upsetting for counselors. They are best handled if the counselor acknowledges the caller's anger and gives the caller time to ventilate before offering assistance. If the caller is not open to accepting help and will not calm down, the counselor should suggest the person call back when they are less emotional. It does not

help to hang up because the caller may call back even angrier. It is important to train counselors not to take these calls personally and to request debriefing or supervision if they are struggling to cope with such calls.

Silent calls

Silent calls are difficult because the counselor cannot be sure if it is a prank call or someone in need of help that is too scared to talk. Counselors should explain that they are there to help. If the silence continues, terminate the call by saying goodbye and encouraging the person to call again when they are able to talk.

Sexually harassing calls

People, usually men, who call the line wanting to have phone sex or masturbate while talking to a counselor (as is often the case with sexual health hotlines) need to know that this is not the purpose of the hotline. In some instances, the counselor becomes aware of this type of call only after talking to the person for awhile. Counselors should terminate the call by saying they cannot be of assistance. Because sexually harassing and abusive calls can be disturbing for counselors, individual debriefing should be available when the counselor requests it.

A close call

CASE STUDY

An extreme example of not adhering to policy is of a female hotline counselor who entered into a regular phone sex relationship with a male caller. Their agreement was that he would deposit money into her account for her services. She told him when she was on duty so he knew when to call. Another counselor discovered this and informed the counseling coordinator when the man called at the wrong time. Further investigation revealed that the man was a rapist who had recently been released from jail. He knew the counselor's name and her bank details, so not only had the counselor broken the organization's policy, but also put her personal safety at risk. Her supervisor dismissed her immediately with the recommendation that she receive counseling and police protection for a period of time.

Follow-up and outgoing calls

If your hotline counselors are going to make follow-up and outgoing calls, be sure to have sufficient telephone lines so as not to block incoming calls. Some hotlines use an answering machine after office hours so callers can leave messages for counselors to call back. Other hotlines allow counselors to call clients back to give them information the counselor did not have initially. This can get complicated and expensive and in general is not recommended. However, in some countries where people call from public phones, counselors may need to call back because of the cost to the caller.

Finally, hotlines have experienced problems with counselors taking advantage of having free access to a telephone. The best way to manage this issue is to block the counselors' telephones for outgoing calls. However, there should be a phone in the office that counselors can use to make personal calls. Decide this policy by discussing it with your staff.

Appendix A

Case Study of
South Africa's AIDS Helpline

Overview

The South African Department of Health started the toll-free AIDS Helpline in 1992 and promoted it as part of national and regional advertising and small media campaigns. Life Line, an NGO that specializes in telephone counseling, manages the service for the Department of Health.

The South African AIDS Helpline grew from a low-key, voluntarily managed project, which operated on a limited telecommunication system and received approximately 4,000 calls a month, to a highly advanced call center that employs 30 counselors and handles over 30,000 calls per month. The hotline expanded by following many of the steps outlined in this manual and is a model for other hotlines. A bilateral agreement between CCP, USAID and the South African Department of Health made the expansion of this project possible. Lessons learned from this hotline follow.

The decentralized hotline

When the South African Department of Health established the hotline in 1992, Life Line made arrangements with Telkom, the national telecommunications service provider, to use a system of regional loops that allowed 17 Life Line regional centers to share the hotline number. A month-long roster contained the schedule for more than 1,000 volunteer counselors and identified what centers had the hotline number for different times and days during the week. The hotline operated 24 hours a day. The Life Line national office had responsibility for funding, developing the roster, and overall management of the service.

This decentralized approach was appropriate in the early stages of the project when the call rates were low. The technology and language requirements were simple. However, after increased promotion of the hotline, problems emerged that compromised the quality of the service:

- A high number of calls—75 percent in some centers—failed to get through because lines were busy.
- Some calls failed when phone system personnel did not manually switch to the appropriate call center according to the roster.
- Curricula and standards were inconsistent because each center trained its own counselors.

- Multilingual service was minimal due to limited capacity.
- Responses became difficult to standardize as callers requested more complex HIV/AIDS information.
- HIV/AIDS referrals were often local around the Life Line center—rather than national—because the Department of Health infrequently updated the national database of HIV/AIDS clinics.
- Volunteer counselors had high turnover rates because they found full-time jobs after obtaining skills during hotline training and because supervision and debriefing were inconsistent.
- Data were inconsistent because each center had its own method of capturing and reporting data.

Change to a centralized hotline

Research began in 1998 to determine how to centralize the hotline service to meet the following objectives:

- Provide for sufficient incoming lines and technical service appropriate for escalating call rates.
- Use modern call center technology.
- Provide a hotline service that ensures accurate and consistent basic information about HIV/AIDS and related issues.
- Provide a telephone-based counseling service that incorporates standardized counseling models.
- Provide appropriate referrals based on a regularly updated database of HIV/AIDS service providers.
- Provide a multilingual service in which callers are assisted in their language of choice.
- Provide standardized training for counselors.
- Shift from a staff of volunteers to salaried professionals.
- Provide daily access to call data for service efficiency and ongoing research and analysis.

How the centralized hotline evolved

A one-year research and development phase incorporated the above objectives into a model for a centralized call center. Consultations with the Department of Health, Beyond Awareness Campaign, USAID, and CCP facilitated conceptual development and the commitment to fund the expansion of the hotline to a centralized system. A team of five people worked full time for another year to implement the centralized model.

Call center technology

Six months of researching various companies, call center products, and their cost resulted in a bid to several call center companies to provide Life Line with:

- a 24-workstation call center
- a call center management system that includes the ability to hold calls, forward calls, track the number, duration, and time of calls, and monitor and supervise online calls
- computer terminals that allow counselors to access both HIV/AIDS information and the referral database and to input data-capture information

The company that won the bid was cost-effective and proposed the use of internationally known call center technology.

Location

Johannesburg became the centralized location of the hotline because it is the center of the telecommunications business and is near the Life Line National Office and the Department of Health. The hotline resided in a section of a downtown building that was on a main transportation route, which enabled hotline staff to get to work easily. With a few minor alterations, the physical space accommodated the layout of the call center—the workstations, electrical supply, and telephone lines.

Recruitment of staff

The centralized model for the hotline required additional management staff: a project director, call center manager, human resource manager, and training manager. A national newspaper, the AIDS Consortium, and Life Line advertised the positions. The review of hundreds of applications took one month and resulted in hiring 10 male and 20 female counselors and three supervisors who had:

- at least two years' experience in HIV/AIDS counseling,
- an ability to speak two or three official languages,
- an understanding of national HIV/AIDS services,
- an ability to work varying shifts,
- an ability to work in a stressful environment, and
- computer skills.

The majority of counselors came from Life Line and others came from various AIDS NGOs. Some counselors were HIV positive.

Training

Life Line, CCP, and the Academy for Educational Development (AED) developed a standardized HIV/AIDS hotline curriculum. The new management staff received a week of training-of-trainers, after which they facilitated a 10-day training for counselors. After the installation of equipment, personnel from the telecommunications company trained counselors, supervisors, and the call center manager on the telephone system and computers.

During supervisory meetings, counselors identified ongoing training needs such as learning new HIV/AIDS information and improving counseling skills. Each month counselors received a training update from the training manager.

Hours of service

In establishing the new hotline call center, research revealed a low rate of overnight calls. Because it was not cost effective for the service to operate overnight, the hotline changed its 24-hour coverage to operating from 7 a.m. to 10 p.m. The service operates seven days per week and peak hours are from 11 a.m to 2 p.m when all counselors on a team are on duty.

Roster

Counselors comprised three teams of ten. Each team worked an eight-hour shift, five days in a row.

Monitoring and evaluation systems

DATA CAPTURING

The hotline's computer programmer received information on data capturing and reporting needs. The previous manual data capture sheets provided the basic information and additional information updated it. The computer programmer tested the new computerized data capture system with counselors before implementing it. The computerized system allowed for daily—as opposed to weekly—access to data and compiled data in different ways, which was not possible previously.

SUPERVISION AND QUALITY CONTROL

Online supervision occurred daily. Supervisors listened in on calls and had calls transferred to them if a counselor was having difficulty with a call. Group supervision took place half an hour after each shift to deal with immediate problems or questions. Individual supervision occurred once a month and provided the basis for annual performance appraisals.

MONTHLY PROGRESS REPORTS

Management staff prepared progress reports to discuss at monthly management meeting. The reports summarized data and included an analysis. They reflected objectives achieved for the month and outlined new ones for following months. The reports allowed the hotline staff to measure progress and respond to any discrepancies in data collection.

PROMOTION AND ADVERTISING

Promotion of the hotline during its first five years was sporadic and call rates were low. In 1997, the Department of Health's Beyond Awareness Campaign promoted the hotline by including its number as part of the national red ribbon AIDS logo. All HIV/AIDS materials developed by the Department of Health displayed this logo.

The hotline received wide promotion in newspapers and magazines, on outdoor media including billboards and transportation, and on the radio and limited TV. All print media produced by the campaign included the hotline number. Provincial government campaigns and those of some NGOs promoted the number as well.

Visual media used an image of a telephone receiver with the telephone cord shaped in a red ribbon. Most callers referred to print materials as their source of the hotline number. However, radio advertising, which was broadcast in all 11 official South African languages, helped increase calls considerably. Call rates increased by 270 percent over six months when radio advertised extensively. Radio advertisements focused on two themes: 1) promoting the confidentiality and anonymity of the line and 2) promoting the commitment and experience of counselors.

CONFIDENTIALITY: *Helpline Promotional Radio Script*

My name is Thembi. I have a very special job, but I can't tell you too much about it. I can't tell you about the problems that I face during the day. Even if I hear some good news, I can't talk about it. And when people talk to me, it's my job never ever to tell anyone else what they say. You see, I'm one of the counselors you might hear on the other end of the phone if you call the AIDS Helpline. And I've made a promise to keep every call I take completely confidential. That means yours too.

(Voice over) What ever you need to know about AIDS, even if you just need to talk, make a free call to the AIDS Helpline on 0800 012 322.

EXPERIENCE: *Helpline Promotional Radio Script*

> *My name is Emily. You know, sometimes you can speak to someone on the phone, and without even seeing them, you know a lot about them. If you phone the AIDS Helpline, for example, you'll talk to someone like me, who you've never met. A counselor. But you'll know straight away that they've had extensive training and experience. If there's a question they can't answer, they'll give you the number of someone who can. You'll know that they're there to listen to you, to understand you. And all of this you can learn without ever setting eyes on the person. See for yourself.*

(Voice over) Whatever you need to know about AIDS, even if you just need to talk, make a free call to the AIDS Helpline on 0800 012 322.

Support materials

HIV/AIDS INFORMATION RESOURCES

An internal website was available to facilitate access of up-to-date, accurate HIV/AIDS information. An information or research officer maintained the website. By using this internal website, counselors had immediate access to new HIV/AIDS information, myths, or a change in legislation affecting HIV/AIDS. Additionally, the call center subscribed to local and international HIV/AIDS newsletters and journals that staff may read.

REFERRAL DIRECTORY

The Department of Health updated the national HIV/AIDS Directory and made it available on a computer disk. Counselors could access this directory at their computer terminals and find a referral site according to its name, type, or region.

Fundraising and Finances

Overall costs included start-up costs of US $270,000 for technical infrastructure, recruitment, and training. Ongoing annual costs total US $647,000, which comprises 36 percent for salaries, 27 percent for the cost of toll-free calls, 27 percent for advertising, and 10 percent for general operating costs.

Lessons learned

1. The hotline should have a technical expert.

The introduction of call center technology and computer-based resources requires a technical expert on the hotline staff to avert problems and interact with the telecommunications company about technical matters. Life Line did not have such an expert to work with the company installing the call center, which led to problems in the system and caused delays in establishing the new hotline.

2. A full-time human resources manager is necessary for large hotlines.

Setting up a payroll system and medical and other benefits is complicated and time consuming. Life Line initially underestimated the amount of work involved in employing 30 counselors. The human resources manager began as a part-time employee, but quickly became full time.

3. A full-time financial manager is necessary for large hotlines.

A substantial budget and government and donor reporting requirements make it necessary for a large hotline to have a full-time financial manager. Prior to centralizing the call center, Life Line's budget was small and only required a part-time bookkeeper. The management team overlooked this position initially, but within the first six months of the call center's operations the need for a full-time financial manager was clear. The management team created a position and recruited a suitable candidate.

4. Ensure counselors' well being with shorter shifts and emotional support.

After three months of high-volume, emotionally laden calls, it became obvious that eight-hour shifts put too much stress on counselors. The call center manager reduced the shifts to six hours and encouraged Life Line to explore the use of an outside agency to offer individual emotional support for counselors who requested it. The call center manager also reviewed supervisory sessions to determine how to prevent counselor burnout.

5. A hotline should include a budget for ongoing promotion.

A significant drop in calls occurred a few months after the establishment of the call center because the Department of Health's HIV/AIDS communication campaign ended. Because Life Line depended on the Department of Health to promote the hotline without budgeting for it own promotional activities, it was necessary for the call center to wait until the Department of Health implemented a new communications strategy before calls increased.

Appendix B

Example:
Telephone Counseling Skills Training Module

Overview

The following training session comes from the training manual, AIDS Helpline Counsellor Training, Module 2: Counselling.[13] *It is one session of a larger module that deals with counseling issues. It has been selected for this manual because this session focuses specifically on telephone counseling skills.*

Time: 180 Minutes

Objectives:

By the end of this session, participants will be able to:

1. Differentiate between telephone and face-to-face counseling
2. Identify and describe counseling skills needed in the counseling process
3. Use specific counseling skills in the context of the TASO counseling process

Materials: ***Flipchart and markers***

Activity #1:

Telephone Counseling versus Face-to-Face Counseling

The aim of this activity is to highlight the differences between telephone and face-to-face counseling.

- Refer participants to scenarios in their manuals. Ask for two volunteers to do a short counseling role play.
- Bring two chairs to the front of the room. For the first part of the role-play, have the chairs face each other. For the second part of the role-play, have the chairs face away from each other to simulate a telephone hotline call.
- After the role-play, ask the two participants to compare their communication on the phone to their face-to-face communication. What was challenging about communicating "by phone?"
- Divide participants into small groups. Have each group come up with a list of five advantages and five challenges of telephone counseling. Bring participants back to share their results.

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13 Johns Hopkins University, Bloomberg School of Public Health/Center for Communication Programs and the Academy for Educational Development (2000) *AIDS helpline counsellor training: Trainer's manual.* Johannesburg, South Africa.

Counseling Scenarios

Below are two suggestions for role plays, which can be adapted as the trainer feels appropriate. In both role plays, one person is the counselor and the other is the client. Each role play should be short, lasting only 3-4 minutes. Both role plays start at the beginning of a counseling session, with the counselor greeting the client. The same two participants should do both scenarios, so they can compare their experiences with both types of counseling.

Face-to-Face Counseling

The client comes to the counselor because he is thinks his friend has AIDS, but is not sure. He wants to know how to tell whether or not a person has AIDS. The counselor explains what AIDS is and how doctors diagnose it.

Telephone Counseling

The client calls because he thinks he might have a sexually transmitted infection (STI). The counselor inquires about the symptoms and the client's risk factors for possibly acquiring an STI.

Advantages and Limitations of Telephone Counseling

There are both advantages and limitations to telephone counseling. Many clients prefer telephone counseling for the following reasons:

- It is anonymous. This is especially important when dealing with a sensitive subject like AIDS.
- It is accessible. Telephone counseling does not require transportation or money (except to pay for the phone call).
- It is often available several hours a day.
- It is safe. The caller can terminate the conversation if s/he becomes uncomfortable.
- It can be less expensive than face-to-face counseling.
- It often takes less courage to call a telephone hotline than to visit a counselor in person.

There are many challenges to telephone counseling, however. For example:

Non-verbal communication is different.

Because the counselor and caller cannot see each other, some types of non-verbal communication, which are important in face-to-face counseling, are less important in telephone counseling (i.e., body posture, eye contact, facial expressions). *Other types of non-verbal communication are more important.* For example, the counselor's voice and speaking patterns are extra-important in telephone counseling. This includes the tone of the voice, breathing patterns, pauses, pace of speaking and hesitation.

The quality of the counseling can be affected by the quality of the phone connection.

If the phone line is bad, then the counselor and caller will not be able to communicate clearly. This can result in misinformation, frustration, and termination of the call by the client.

The immediate circumstances of the caller are unknown.

The counselor does not know from what type of environment the client is calling. The client could possibly be in danger, or at the very least, could be in a situation where s/he is not able to talk freely for fear of being overheard by others.

Trust building is harder.

It is more difficult for a client to build trust in the counselor when s/he cannot see the counselor.

Callers may place "hoax" calls.

Hoax calls that are meant to be a joke or are not sincere. Face-to-face counselors rarely have to deal with this, because most people who make the effort to visit a counselor in person are honestly seeking help.

Encourage participants to give other examples of differences between telephone and face-to-face counseling.

Activity #2:

Counseling Skills

The aim of this activity is to identify specific skills that are needed throughout the counseling process.

- Divide participants into groups of 3-5 people and ask them to think of the kinds of skills needed to do telephone counseling.
- Have each group come up with a list of skills needed.
- Bring the groups back together to present their lists.

The following is a list of basic skills that are frequently used in counseling and should be mastered by all hotline counselors. Descriptions of each skill as well as examples are provided. There are, of course, many more advanced skills that are not covered here.

Greeting

Establishing contact with the caller in a way that is warm and welcoming. Greeting the caller with respect and in a way that conveys that you are ready and willing to listen in an unhurried manner and therefore establishing a good rapport with them. Ask participants for examples of greeting that could be used in the YEF HIV/AIDS Hotline. List them on the flipchart.

Focus on Feelings

Counselors can use this chart of words to help callers express and acknowledge their feelings. Using these words when reflecting and summarizing can promote empathy.

Happy	Sad	Angry	Confused	Scared	Ashamed	Strong
Alive	Angry	Aggravated	Anxious	Afraid	Bored	Active
Amused	Apathetic	Annoyed	Awkward	Anxious	Confused	Aggressive
Anxious	Awful	Burned-up	Baffled	Awed	Defenseless	Alert
Calm	Bad	Critical	Bothered	Chicken	Discouraged	Angry
Cheerful	Blue	Disgusted	Crazy	Confused	Embarrassed	Bold
Content	Crushed	Enraged	Dazed	Fearful	Exhausted	Brave
Delighted	Depressed	Envious	Depressed	Frightened	Fragile	Capable
Ecstatic	Disappointed	Fed-up	Disorganized	Horrified	Frail	Confident
Excited	Dissatisfied	Frustrated	Disoriented	Insecure	Frustrated	Determined
Fantastic	Disturbed	Furious	Distracted	Intimidated	Guilty	Energetic
Fine	Down	Impatient	Disturbed	Jumpy	Helpless	Happy
Fortunate	Embarrassed	Irritated	Embarrassed	Lonely	Horrible	Hate
Friendly	Gloomy	Mad	Frustrated	Nervous	Ill	Healthy
Glad	Glum	Mean	Helpless	Panicky	Impotent	Intense
Good	Hate	Outraged	Hopeless	Panicked	Inadequate	Loud
Great	Hopeless	Rage	Lost	Shaky	Insecure	Love
Hopeful	Hurt	Resentful	Mixed-up	Shy	Lifeless	Mean
Loving	Lonely	Sore	Panicky	Stunned	Lost	Open
Motherly	Lost		Paralysed	Tense	Overwhelmed	Positive
Optimistic	Low		Puzzled	Terrified	Powerless	Potent
Peaceful	Miserable		Stuck	Threatened	Quiet	Powerful
Pleased	Painful		Surprised	Timid	Run-down	Quick
Proud	Sorry		Trapped	Uneasy	Shaky	Rage
Relaxed	Terrible		Troubled	Unsure	Shy	Secure
Relieved	Turned-off		Uncertain	Worried	Sick	Solid
Satisfied	Uneasy		Uncomfortable		Timid	Super
Thankful	Unhappy		Weak		Tired	Tough
Thrilled	Unloved				Useless	
Turned-on	Upset				Vulnerable	
Warm						

Empathizing

Seeing the world through other's eyes without judging them. Empathy is not the same as sympathy. Empathy means feeling with a person, while sympathy means feeling sorry for a person. Sympathy creates a dead end in the conversation. Empathy involves understanding and acknowledging a person's feelings to open up a conversation, encouraging dialogue. (See page 110 for "Focus on Feelings" chart)

Accepting

Valuing another person unconditionally as a human being. It involves a genuine effort to understand another person in a non-judgmental way and being open to new knowledge, ideas, and behaviors.

Active Listening

Attending to both a client's verbal and non-verbal messages, and listening in a way that conveys respect, interest and empathy. Active listening involves more than just hearing what other people say. It involves paying attention to both: the content of the caller's message and words as well as the things that might go "unsaid," such as feelings or worries.

Active listening can be harder to do over the phone than in person, because the counselor cannot use body language to show that she is listening. Telephone counselors must demonstrate active listening through verbal cues. For example:

"Yes, I see…." *"Mmm hmmm…."* *"Oh?"* *"And then?"*

It can also be helpful to repeat one or two key words that the caller has just said. For example:

Caller: *"I am so upset with my husband…."*

Counselor: *"Upset?"*

Caller: *"Yes, it makes me so mad that he won't use condoms when he knows that they can protect us."*

PRACTICE: Active Listening

The aim of this activity is to practice the skill of active listening.

- Divide participants into pairs. Have one act as the caller, the other as the counselor. The "caller" talks for 5 minutes.
- The counselor will practice active listening.
- After 5 minutes, have the pairs switch roles and start again.
- Have each group discuss and describe moments when they felt the counselor was "listening to them" during the exercise.
- Ask some groups to share their experience with the others.
- List the examples of "active listening" on the flip chart.

Using Silence

Allow the conversation to stop for a few seconds to encourage more dialogue. While many people are uncomfortable with silence in a conversation, it can actually help clients talk more. When a client falls silent, s/he will often begin to talk again after a few seconds if the counselor does not say anything. Also, silence is sometimes necessary if a caller becomes upset and needs a few minutes to calm down or collect his thoughts. Counselors can use silence as a way of demonstrating active listening.

Questioning and Probing

Ask questions in a way that encourages callers to express their feelings and share information about their situation. The counselor can accomplish this by asking open-ended questions and probing for more information when a superficial answer is not enough.

What can we learn through questions?

The general situation: *What did you want to talk about?*

The facts: *What happened?*

Feelings: *How did you feel?*

Reasons: *What made you do that?*

Specifics: *Could you explain that more, please?*

Open-ended questions are questions that require more than a one-word answer. They usually begin with words such as "How?," "What?" or "Why?." Probing is necessary when the counselor needs more information about a person's feelings or situation.

Following are some helpful probing phrases:

"Can you tell me more about that?"

"What happened after that?"

"Please describe the symptoms."

Close-ended questions usually require a one- or two-word answer from the caller and help the counselor clarify or confirm specific information.

Example:

"How old is your friend?"	*"19."*
"Is your friend with you now?"	*" Yes."*
"Are you still very afraid?"	*" Not as much."*
"How far away are you from the clinic?"	*"About 5 miles."*

TIP

Counselors use a combination of open-ended questions and some close-ended questions when they need to probe about the caller's experiences and feelings.

Callers may have trouble expressing their feelings and may need help from counselors to verbalize them. The handout entitled Focus on Feelings provides a list of words that counselors can use to help callers express their feelings and acknowledge them.

PRACTICE: Questioning and Probing

The aim of this activity is to practice the skill of questioning and probing.

- Divide participants into pairs. One acts as the caller, the other one as counselor. The caller is confused and nervous about something that happened the previous evening.
- The counselor will practice asking questions and probing.
- After 5 minutes, have the pairs switch roles and start again.
- Have each group write the questions they asked while role playing.
- Have each group discuss the different questions asked.
- Identify other questions that would help the counselor in the role-play to better identify the caller's "story" and "feelings."
- Ask some groups to share their experience.

Focusing

Have the caller choose the most pressing problem that they would like to resolve. Often callers have many problems, especially if they are faced with a disease like AIDS, which can affect many areas of their lives. They may feel overwhelmed and want to address all of their problems at once. It is not realistic to expect the hotline counselor to meet a caller's every need. Therefore, counselors need to help callers focus on the issues that are most important to them at the time of the call. For example,

Counselor: *"It sounds like you are going through a lot right now and you feel overwhelmed. We won't be able to solve everything tonight, but I can help you to start. Which problem is the most important for you right now?"*

The issues most important to callers may seem less important to counselors than other issues. Show respect for the caller's feelings, however, and address the issues that the callers feel are most important. Once callers resolve the important issues, they will be more likely to call back to address the other ones.

Affirming

Affirming means to appreciate the effort of the caller, to congratulate or compliment callers on the positive actions they are able to implement. For example, "I am pleased to hear that you have been reading about HIV testing." Complimenting callers helps them to feel respected and valued, and it encourages them to share more information. If a caller feels that s/he already accomplished something, even if it is small, then s/he may be more willing to take some larger actions.

PRACTICE: Affirming

The aim of this activity is to practice the skill of affirming.

- Divide participants into pairs.
- Write the following situations on the flipchart paper:
  - a mother is worried about her ill teenage son
  - a 17-year-old girl thinks she has an STI from an old boyfriend
  - a shy teenage boy had sex and is sure he now has AIDS
- Pairs will write three positive things they can say to callers in those situations.
- Ask some groups to share their comments.

Possible positive responses:

"Sounds like you love your child very much."

"You seem like a responsible, mature young adult, and want to take good care of yourself."

"I am glad you called because I can provide you with the information you need."

"You are a very courageous young man to share this with me."

"You seem very secure in wanting to know the status of your health."

Reflecting

Repeat the key points of what a caller says back to him/her. This is also known as "paraphrasing." Reflecting serves many purposes: 1) the counselor can make sure that s/he understands the client correctly; 2) the counselor can show the caller that s/he is listening actively; and 3) the caller can gain greater clarity about his situation or feelings.

Accurate reflection and acknowledgment of feelings are necessary and critical to the counseling process. Callers must first believe that the counselor hears and understands their feelings and individual needs and concerns before they are ready and willing to deal with the situation, listen to options, and make an informed and appropriate decision. Following is an example:

Caller: *"I'm really scared. My daughter is going around with all types of boys. She won't talk to me about it. I think she could get AIDS."*

Counselor: *"So you're scared that your daughter is exposing herself to AIDS because she has several boyfriends, and you're worried that she won't talk to you about it."*

It is important to reflect both the *content* of what the caller says and their *feelings*. Emotions form the base of much of life experience. Noting key feelings and helping the caller clarify them can be one of the most powerful things a counselor can do.

PRACTICE: Reflecting

The aim of this activity is to practice the skill of reflecting or paraphrasing.

> *"So you're scared that your daughter is exposing herself to AIDS because she has several boyfriends, and you're worried that she won't talk to you about it."*

- Divide participants into pairs.
- Read the following situation written on the flipchart paper:

  "I am sad right now because my boyfriend just told me he does not want to see me anymore. Now I do not know what to do. I've tried everything. If only my mother was not so strict with me. She is always telling me to be careful about AIDS. She was unfair to give me such an early curfew. She really makes me mad! But maybe I should have been nicer to my boyfriend! I really love him! I just feel so confused about what to do next."
- Each pair will prepare a series of responses to the story reflecting the feelings and situation of the caller.
- Identify the feelings and situation of the caller.
- Ask some pairs to share their findings.

Speaking Simply

Use language easy enough for anyone to understand. Counselors need to change their language to accommodate the literacy level of the caller. If a client's literacy level is not obvious, it is better to use simple words to make sure the information is understood. Following is an example of a difficult explanation that was rephrased into a simpler one:

Caller: *"I don't understand AIDS. How does it kill you?"*

Counselor:

DIFFICULT EXPLANATION

"AIDS results from the acquisition of the HIV virus. HIV is a retrovirus, which inserts its genetic code into T4 cells that coordinate the body's immune defenses. HIV replicates and destroys the T4 cells. When this happens a person becomes vulnerable to opportunistic infections."

SIMPLE EXPLANATION

"AIDS is caused by a virus called HIV. When HIV enters a person's body, it destroys a person's defense system. The immune system protects a person from diseases. When a person's immune system is damaged, s/he can get sick and die."

PRACTICE: Speaking Simply

The aim of this activity is to practice the skill of speaking simply.

- Divide participants into groups of three.
- Read the list of words/concepts on the flip chart.
  - Biological transmission of HIV
  - Sexual orientation
  - Pathologically jealous
  - Positive HIV diagnosis
  - Fear of disclosure
  - Alternative therapy
  - Side effects
  - Abstain from sexual relations
  - Strengthening the immune system
  - Liquid waste
  - Traditional media
  - Adopt safer behaviour
- Ask groups to devise simple language to describe the complicated word/phrases.
- Ask some volunteers for their alternatives.

Correcting Misperceptions

Provide accurate information to a caller and correct any misinformation. Many misperceptions exist about HIV/AIDS and sexually transmitted infections, and it is the counselor's role to correct them in a way that does not make the caller feel dumb or defensive. Counselors should acknowledge misinformation and then correct it. For example,

> *"You mentioned that it is possible to cure AIDS by having sex with a virgin. Many people believe this, but it is not true. At this time, there is no cure for AIDS."*

Sometimes counselors have doubts about certain information. It is advisable to clarify doubts by asking a supervisor or consulting reputable material available on the topic. Counselors who are faced with a request for information regarding a topic with which they are not familiar should acknowledge that they do not have the answer. They may tell the caller to wait while they find out where the caller can obtain the answer to their request or transfer the caller to another counselor who can provide the appropriate answer.

Summarizing

Sum up the main points of a person's story and eliminate less relevant information. Summarizing is similar to reflecting, but the counselor does not repeat exactly what the client said. The counselor takes the main points of the conversation and presents them to the caller. Summarizing is appropriate when:

1. The counselor wants to check that s/he understands the client's story;
2. When it is time to move onto another topic; or
3. When it is time to end the call.

Summarizing also can help the caller gain perspective on his situation.

Supporting

Offer encouragement and help callers feel confident for taking action. For example: "We can discuss some options of how to talk to your girlfriend. What would you like to talk about first?"

Closing

Ask if the caller has any questions, provide additional information if necessary and end the call. Before hanging up, the counselor thanks the caller for calling and invites him/her to call back anytime for more information or assistance.

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