Experiences from the Field: Ona-Ara Site
by Field workers and supervisors; edited by Nkem Dike and Emily Heroy

"REACH has given me the opportunity to develop my research capacity to its fullest potential through trainings organized both on site and centrally at the University of Ibadan. I established effective communication skills and after some time spent at REACH, I was able to work with little or no supervision." –Remi Oladipupo

There was a lot of research experience gained at the Ona-Ara site through the selection of enumeration areas and data collection (in Badeku and Olunloyo areas of Ona-Ara local government, Oyo State). Through this, field workers and supervisors learned that data collection is not always easy: take for instance, in the interviews that were conducted, researchers realized that many people are different in regards to their perceptions towards life and health, no matter their age. In regards to interacting with different kinds of people, Funmi Omole says that:

I experienced the village life of the people and came to understand their historical background, culture, ideology, language, and even their religion from Muslim to Christian and to traditional African religions.

While some people in Ona-Ara proved friendly to REACH’s project and mission, some were unfriendly because of previous experiences from interviewers who did not treat them well. As a result, many field workers faced challenges and began to ask the question: how do you get uncooperative people to participate in this important research? Many field workers consulted with local chief supervisor of the town to clarify REACH’s purpose and mission for their research. “Through persuasion, persistence and education on the benefits of the project, the difficult ones were finally interviewed,” Rachael Ocheja says in one of the ways she solved the challenge of getting uncooperative people to interview with her.

Another way to solve this challenge was to develop a cordial and healthy relationship with the villagers. This helped researchers to break through the stronghold of rejection of the interviewer and the incentives given to them and through this many researchers were able to convince them to interview.

Once the researchers scheduled an interview, there were problems faced in the interview itself. For example, Olujoke O. Ishola says that when interviewing a woman where her husband is gone and works in Lagos, “how can she truly know the income and outcome of her husband on interest, dividend and health assurance?” Another challenge faced with the interview itself was confidentiality. For example, there was a situation with a friend of a respondent who had just come to visit her friend and insisted upon staying during the interview. “In such a case,” Ishola states, “we tried to emphasize the confidentiality of the question and we asked whether we should come back to complete that questionnaire or that the friend should please excuse us that during the second phase until the interview is over.”

All in all, this experience benefited everyone: interviewers and interviewees alike. Olawoyin Mary Oluemisi (Supervisor) agrees; she says that:

The REACH project is an innovative study that is unique in nature. It is an avenue for capacity building as it taught local researchers on the rudiments and essentials of social science research. I am now equipped with the keys for effective data collection. REACH taught me how to be in charge of an interview, how to successfully conduct FGD, KII, IDI, how to use body languages during interviews, establish rapport and communicate effectively with people. REACH taught me how to be consistent, persevere, diligent and focused.

As Ona-Ara is now analyzing their data that they collected, they will hopefully be able to reflect on the challenges and experiences gained during that phase like they did during the data collection phase.

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**Pay More Attention to Children, FG Urged**
from allafrica.com

To ensure that the estimated 15 million Nigerian children working in an exploitative condition have a better deal, Nigerian government at the top has been urged to prioritise issues concerning children, particularly in terms of welfare. Executive Director New Dawn Children Foundation (NDCF), Sekina Mohammed who made the call during a Rainbow Party it organized in collaboration with Africare International for children living with HIV/AIDS to mark this year's Children's Day in Lagos said Nigerian children have not been carried along by the government. Mohammed who x-rayed the situation of Nigerian children 10 years ago said with the situation on ground any Nigerian child would want the years to be reversed as things were a lot better then.

She lamented that the quality of children's lives 10 years ago was highly improved than their current status, called on the government to give special attention to children's issues as a strategy to restore good healthier lives for the younger Nigerians.

She explained that the Rainbow Children's Party was part of activities to mark the 2009 Children's Day celebration worldwide as well as bring together children who have tested positive to HIV in company of their parents.

"Being positive is no longer a death sentence. If you are positive, you can do anything that any other child who is negative can do. That is why we organized this Rainbow Children's Party. This party is also to restore hope to these children as well as educate them on the advantages of adopting new lifestyles, including taking the recommended anti retrovirals (ARVs) so as to boost their immunity."

Mohammed who expressed optimism that in the nearest future a cure will be discovered, regretted that majority of these children, are dying due to lack of knowledge and assistance from government and well-meaning Nigerians.

On the activities of the NDCF, she noted that it provides nutritional therapy support every 3rd Saturday of the month for the 200 children that are registered with the NDCF.

She said the objective of the nutritional support is to enable the children to achieve healthy lives as nutritional support is a co_therapy for PLWHs.

"We also support the mothers of these children by providing them with some skills through the support of the Lagos State Ministry of Women Affair and Poverty Eradication. Most of these mothers have been empowered in many ways. Some of them have been trained on how to make soap, dresses, catering amongst others.

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**Divide Functions and Conquer ARV Rollout Glitches**
from plusnews.org

NAIROBI, 1 June 2009 (PlusNews) - If governments were responsible for treating people living with HIV, and NGOs for supplementary needs like prevention, testing and food, there would be less duplication of services, civil society activists attending the recent Global Citizens Summit in Nairobi, Kenya, were told.

This approach could be a more efficient way of doing things.

"Provision of treatment by aid groups might not be sustainable in the long run, because what happens when the funding for ... [the] aid group ... offering the treatment runs out?" said Jamal Mohammed, regional officer for the Horn of Africa at Oxfam International, the UK-based relief organization.

Participants at the conference said even though NGOs and other private actors were doing a commendable job, it would be more appropriate if they left treatment to governments and concentrated on other areas of HIV/AIDS care, like boosting awareness, testing and providing psychosocial support services.

They also suggested that NGOs direct some of their resources to improving government health facilities, making them better able to provide treatment, while governments should train more personnel and improve pay to retain staff in the public health system.

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**Parallel systems hurting public health care**

“When you create parallel systems for treatment - one run by NGOs and the other by governments - then it means NGOs will, in most cases, pluck the best personnel from the government facilities because they can pay them better; hence, government institutions remain understaffed,” said Ruth Masha, national HIV/AIDS coordinator for the anti-poverty NGO, ActionAid Kenya.

In India and Ethiopia the government provided treatment exclusively, leaving other areas of HIV management to NGOs. “In Ethiopia for example, NGOs can do testing and referrals, but the administration of ARVs [antiretrovirals] is purely the prerogative of the government, and it has worked well for them,” said Oxfam's Jamal.

Alex Mito, a community health worker from Kenya, said most HIV/AIDS patients in rural western Kenya preferred to get their ARVs from NGO-run health facilities because of the additional benefits they received.

“Some NGOs provide food rations and at times monetary assistance to those on their treatment programmes, which in most instances is never done at government-owned facilities,” he said.

**Investing in public health**

If such a system is to work efficiently, African governments will have to overhaul their drug supply systems to limit stock-outs and other supply-related problems. In Kenya and Uganda, for instance, inefficiency has dogged the provision of essential drugs to HIV and TB patients, leading to shortages in government-run health facilities.

Increased investment in the public health system was crucial to the successful expansion of antiretroviral treatment services in Africa, speakers said, which could be achieved if governments fulfilled their 2001 pledge to allocate at least 15 percent of the national budget to health.

According to the Regional Network on Equity in Health in Southern Africa (EQUINET), a network of research, civil society and health sector organizations, African governments account for less than one percent of global health spending, despite carrying 25 percent of the global disease burden.

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