Experiences from the Field: Ugep Site
by Field workers and supervisors; edited by N. Dike, E. Heroy and R. Olajide

"My experience with REACH research is enriching. It made me to hear about the different views of HIV/AIDS. While some people are still in denial, some have come to realize the epidemic in our community. My personal skills built through the REACH program are innumerable. I am now able to conduct successful FGD, KII and IDI without supervision and, my report writing skills got boosted. I was trained thoroughly about effective ways to handle research information and how to disseminate research without losing track or focus."

-Usor Apolo

Overcoming challenges in the REACH program was a rewarding experience for many field workers and supervisors. Initially, it was difficult to get many people to talk about HIV/AIDS and sex because of the stigma associated with the disease. The first step in this process was to get approval from local rulers, for example the HRH Obol Ubi Ujong Inah, the Obol Lopon of Ugep who is the paramount ruler of the Yakurr local government, and even consent letters from the local clan heads permitting REACH to conduct the research.

However, once REACH researchers began field work, some respondents still hesitated in responding to the questions because HIV/AIDS is such a sensitive social issue. Field workers assured respondents that the interviews were strictly confidential and that in order to conduct proper research, it is necessary to answer all questions honestly. Some participants in the interviews did not understand what exactly HIV/AIDS was. Ugep field worker Maria Ofem Abam tells of one such incident:

*I explained to the woman concerned that you cannot detect HIV by mere discussing with somebody except you carry out blood test, and you must collect blood sample which REACH is not doing. By this explanation I was able to erase the fear that was in her mind. And I gave her our office number and address, so that she could confirm from another person, she actually went to the office and was told the same thing.*

Another challenge to overcome was scheduling the interviews. Sometimes field workers worked late into the night to enable them meet participants who were farmers or truck drivers and returned home late from work. In these instances, lanterns had to be used to interview them due to darkness and lack of electrical power. Also, many people did not keep their interview appointments, as such field staff would make sure to call the participants to remind them of their appointments or confirm the appointments.

Overall, the field workers and supervisors gained a lot of experience from the REACH research activities in Ugep. Elder Ofem Isang Ikpi comments on his experience with REACH in Ugep:

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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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