

IMPACT EVALUATION OF THE LONG TERM EFFECTS OF THE EDUCO AFRICA SIONKE PROGRAM ON THE PERSONAL DEVELOPMENT OF THE PARTICIPANTS.

Compiled by Catriona Brophy, Masters of Human Rights Law
program University of Cape Town

Abstract

The short and intense nature of the Educo Africa wilderness course raises questions about the longevity of its effects. In order to gauge the long term impact of these courses on the personal development of the participants, a Monitoring and Evaluation project was conducted. The research was confined to past participants of the Sisonke (HIV/AIDS) Program. A Rapid Assessment Impact Evaluation was undertaken comprising of 9 interviews, and indirect observations from 2 sources. The results clearly indicate that despite its short nature, the Educo Africa courses have a profound long term effect on the participants. Whether it be through building support networks, developing new skills, allowing space to accept HIV positive status, proper adherence to ARVs, encouraging open dialogue around HIV/AIDS, or empowering participants to support others, the Educo Africa Sisonke Program has an enduring effect on the participants resulting in a better quality of life for many.

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1. Introduction

Educo Africa.

The first Educo school was founded in Canada in 1969. Subsequently, other Educo schools were established in the USA, Brazil, Bulgaria, and Germany. It wasn't until 25 years later, in 1994, that Educo Africa was established in Cape Town, South Africa. Educo Africa is a registered non-profit organisation whose mission is to facilitate the healing, empowerment, training and development of people through wilderness-based experiential learning. Educo Africa works in conjunction with partner organisations in three main areas; child and youth development, HIV/AIDS and leadership development. A typical Educo Africa course is broken into three parts. Firstly, the participants attend a one day pre-course information. Secondly the participants spend an average of seven days in the wilderness where they are encouraged "to push their personal boundaries, discover their inner strength and face their challenges, both physical and emotional." This is achieved through a combination of activities such as solo time, hiking, camping, adventure challenge activities and journaling among others. Finally, there is a one day post-course follow up approximately one month after the course.

The Sisonke Program.

Since 2003, Educo Africa's Sisonke HIV/AIDS Program has been working with people living with or affected by HIV/AIDS in the poorer communities of South Africa. They also work with individuals and organisations that provide care for those living with HIV/AIDS. The Sisonke program can be divided into two main streams: the Eco-Therapy Program and the Capacity Building Program. The Capacity Building Programme seeks to strengthen the capacity of partnering organisations to increase their overall efficacy and quality of service delivery to people most affected by HIV/AIDS, for example providing programs for staff and NGOs, and community and faith based organisations working in the sector. The Eco-Therapy Program is

designed to (1) tackle the psychological-social impact of the pandemic, (2) combat stigma and discrimination, (3) restore the dignity of those facing the threshold of dying, and (4) re-inspire a sense of value, hope and practical purpose for living. The program attempts to achieve these aims by using the therapeutic power of the wilderness and by offering the opportunity to reflect on, face and transform the negative experiences they have encountered. There are three main courses under the Eco-Therapy stream:

- AIDS Orphans, Infected & Affected Young People
- Caring for Caregivers
- The Practice of Living and Dying

Within these courses Educo Africa works with AIDS orphans and vulnerable children (OVCs), child headed families (CHFs), HIV infected and affected youth, caregivers, counsellors, peer educators, and end of life practitioners (hospice and similar midwives).

Given the intense but short nature of the Educo Africa wilderness intervention the aim of this research is to evaluate the long term impact of the Sisonke Program on the personal development of past participants.

2. Methodology

i) Sampling

The sampling frame comprises all the past participants of the Sisonke Program since 2003. Given the large population, non-probability sampling methods were used to select a workable number of members from the population. Using convenience sampling and judgement sampling based on ease of contact I got in touch with past participants from

- Red Cross Society
- Yabonga
- Wola Nani
- Hout Bay Clinic
- Bathandwa
- 2004 Support Group

- James' House

There was also an element of snowball sampling in that some of the participants referred other past participants for interview purposes. The number of participants (Figure 1), distribution among the partner organisations (Figure 2) and Sisonke Programs attended (Figure 3) are outlined below:

Figure 1:

Total	11
Female	9
Male	2

Figure 2:

Interviews	
Red Cross Society	2
Yabonga	1
Hout Bay Clinic	0
Bathandwa	2
2004 Support Group	3
James' House	1
Indirect Observation	
Wola Nani	1
James' House	1

Figure 3:

Interviews	Personal Development (2004, 2008)	4
	Personal Development & Caring for Caregivers (2004, 2005, 2008)	3
	Personal Development & Leadership (2004, 2005)	2
Indirect Observations	ARV Adherence (2010)	1

	Practice of Living & Dying (2010)	1
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i) Measures

A qualitative approach was taken to assess the long term impact of the Sisonke Program on the personal development of the past participants. Qualitative methods including semi-structured interviews and indirect observations were utilised. Participants for whom contact details were available were then contacted and invited to participate in an interview. One-on-one interviews were conducted with 2 individuals, one paired interview (i.e. two participants) was conducted and one interview was conducted with 3 participants. Two interviews were conducted telephonically (total n=9). Indirect observations were gathered via informal interviews with 2 facilitators working with past participants of an Educo Africa course. All of the face-to-face interviews were conducted at the participants' place of work. As a result, 5 interviews were conducted in Khayelitsha (Bathandwa Children's Home, n=2 and TAC offices, n=3), 1 interview was conducted in Wynberg (Yabonga Office) and 1 interview was conducted in Hout Bay (James' House). The informal interviews for indirect observations were conducted in Khayelitsha (Wola Nani offices) and Hout Bay (James' House).

Some interviews were conducted in English and some in Xhosa with the help of a translator. All were recorded in writing. All participants gave informed consent for their involvement in the study. The interviews and indirect observations explored the following issues relating to Educo Africa's impact on the personal development of the participants:

1. Whether the individual has a clear vision for his/her future including the preparation of will.
2. Whether the individual is managing the infection through use of ARVs, attending check-ups and keeping a journal.
3. Whether there is open dialogue around HIV/AIDS between the individual and his/her family.
4. Whether there is disclosure of the individual's positive status to his/her family.
5. Whether there is a resilience to discrimination manifested in the individuals day to day life
6. Whether the individual has been mobilised to empower others.

The interviews and indirect observations were collated and the aggregate information was analysed using a content analytic approach.

The following themes emerged during the data analysis process, some of which are similar to the measurable indicators identified prior to conducting the interviews and some different:

- Achievement of aims
- Openness of dialogue
- Change in views and attitudes towards HIV in general
- Resilience to discrimination
- Mobilisation to empower other
- Particular effectiveness of certain aspects of the Educo Africa course.

These themes and the findings they represent will be discussed below along with supporting quotes and examples from the interviews and indirect observations. Note that there is much overlap between the identified themes.

3. Results

ACHIEVEMENT OF AIMS

100% of participants said that the Educo Africa course achieved what they had hoped it would. These achievements can be roughly divided into 4 categories.

1. ***Skills:*** Participants spoke about how they learned to work with and look after HIV positive children and youth. They also learned leadership skills which enabled them to work more efficiently.

Example: one participant who had been on two Educo Africa Courses was promoted after each course. He directly attributed these promotions to the skills he acquired on the course.

2. ***Bonding:*** Participants spoke of the strong bonds and sense of connection that was established on the course. The safe environment created in the mountains facilitated

the growth of valuable friendships wherein they could openly discuss being HIV positive and support each other through their problems. They gained a rare view into the minds of their fellow participants which helped them feel less alone. The secrecy surrounding their HIV positive status was left on the mountains.

3. **Personal growth:** For a number of participants the Educo Africa course brought home the seriousness of HIV/AIDS and cultivated a deep appreciation of the importance of ARVs. It gave them a sense of control and they felt like they could handle any new challenges which they might face.

“It made me grow up and make a plan for my future”

Example: Some of the children at Wola Nani were never told they were HIV positive. Their parents administered the ARVs without explaining what they were. The children had no responsibility for their own treatment and as a result often defaulted. One child thought the ARVs were medication for asthma. After the ARV Adherence course the children were seen to take responsibility for their treatment and the instances of defaulting became almost non-existent.

4. **Space:** Some participants quite simply were grateful for the time and space the Educo Africa course offered. It allowed them to relieve stress and to deal with various issues.

Example: It was observed by the facilitators at James' House that many children from child headed households were in need of a thorough de-briefing and after the Educo Africa course there was a palpable change in their behaviour. They were more relaxed and open about their feelings. If they were angry about something they would express it and no longer bottled up their feelings. Since the Educo Africa course many have started phoning the facilitators asking to speak to them about their problems.

OPENNESS OF DIALOGUE

The ability to speak openly about their HIV positive status was one of the areas the participants were most passionate about. Being able to share with their family was a great relief to many of them. The Educo Africa course gave them the courage to broach the subject. Many told their family, friends, boyfriends etc. as soon as they arrived home from the Educo Africa course. For most of them HIV/AIDS has become a normal part of conversation in their lives.

Example: One participant was afraid to tell her mother of her positive status so after the Educo Africa course she left the journal under her mother's pillow. In her journal she spoke about being HIV positive. Once her mother read the journal and was aware of her HIV positive status they began talking about it. Since then their relationship has been much more open.

Participants explained that their ability to speak about it has in a way opened the floodgates for the rest of the (sometimes extended) family. If anyone else in family finds out that they are HIV positive they do not hesitate to share this and often ask the participants for advice.

Example: The group from James' House attend a support group every Saturday. Sometimes these sessions get very emotional and after sharing the children are given some down-time to deal with their emotions before regrouping to debrief. Usually they come back still quite emotional and upset. One Saturday, after the Educo Africa course, the facilitators found the children at the end of the down-time laughing and playing games. On enquiring, the children told them that they had sat down together and talked things through of their own accord and supported each other. This had never happened before.

CHANGE IN VIEWS AND ATTITUDES TOWARDS HIV/AIDS IN GENERAL

Participants noted that you never know who is HIV positive and people should never be treated differently if they are. You can't treat them *"like they are nothing."* They also learned that acceptance starts within.

"If you don't accept your own status then nobody else will."

On a more practical level some of them learned that people can live for years with HIV and that the medication is very effective. Many of them learned to accept that the treatment was now a part of their life.

RESILIENCE TO DISCRIMINATION

A recurrent theme in relation to discrimination was self-discrimination. They spoke of learning not to discriminate against themselves.

Example: They didn't want people to see them buying milk for babies as they think people will presume that they are not breastfeeding because they are HIV positive. They also didn't want to accept visits from care workers if they are in uniform as people associate the uniform with HIV.

They said that they still see this discrimination in other people but no longer among those of them who went on an Educo Africa course.

MOBILISATION TO EMPOWER OTHERS

Some participants reported that since they revealed their HIV positive status, more and more people have also done so mainly because they see how strong and healthy they look. People find it surprising that a person with HIV can look so healthy and it makes them realise that they can be healthy too if they accept their status and receive treatment.

The participants told of how people call them all the time asking for advice about ARVs and managing the disease. Some participants explained that instead of calling the hospital, people call them as they know they have experience with ARVs.

“Before Educo we were just HIV positive children. Now we are doctors without certifications. We are people.”

Example: One participant’s brother and girlfriend found out they were HIV positive. They wanted to move to the Eastern Cape to die at home. Her father told the brother to call the participant. She explained ARVS to him and convinced him to get treatment. Now he is healthy.

Example:After the Educo Africa course one participant stood in front of her school assembly and told her fellow students that she was HIV positive. She hoped by doing so it would encourage other people to join her in being open about their status.

“I tell them to look at me. I am a living example that HIV is not the end of life. People react positively because they can see how healthy I look.”

A male participant said that other males in particular are encouraged to receive treatment when they see him as men in general are reluctant to speak out.

Participants involved in support groups, spoke of being better equipped provide this support and were no longer uncomfortable giving advice to people older than them. One participant has begun learning sign language to enable her to communicate with people who are often forgotten about.

Example: Some of the CHF group from James’ House did not attend the Educo Africa course. Despite this the facilitators noticed a change in their behaviour also. The level of openness among the group in general had influenced them and the ones who did go on the course were encouraging them to share.

PARTICULAR EFFECTIVENESS OF CERTAIN ASPECTS OF THE EDUCO COURSE.

The journal was one of the aspects of the Educo Africa courses that participants felt was particularly helpful. To varying degrees the participants spoke of it being an outlet for emotion, a starting point for sharing of stories and initiating dialogue around the topic.

When asked what, if anything, on the Educo Africa course was most helpful, the journal was what the participants spoke of.

The solo time was also of importance to the participants although not to the same extent as the journal. The discussions after the solo time led to the sharing of stories that had never been told before. This allowed the secrecy surrounding their HIV status to be left on the mountain. The intensity of this sharing created strong bonds of solidarity and helped ease the feelings of loneliness and isolation caused by being HIV positive.

4. Discussion

Regarding the design and implementation I noted several problems. Firstly, the sample size ended up being much smaller than originally intended. A total of 1 interview, 2 indirect observations and the focus groups never materialised. One interview was cancelled an hour beforehand. Both informal interviews were no-shows. Due to time constraints, these 3 interviews could not be rescheduled. In relation to the focus groups, attempts to schedule 2 focus groups first with one partner organisation then another failed to produce results. This was due in entirety to constraints of time and unavailability of dates. In the future I would overestimate the numbers for the sample size to allow a certain margin for drop-outs etc.

Of the 11 interviews, 2 were conducted telephonically and the remainder I did in person. The first 2 completed were the telephone interviews and I quickly realised that there were problems with the language barrier. The interviewees answered the “yes/no” questions when I spoke slowly but the follow up questions were not understood. I think this was due to a combination of factors: the interviewees were not fluent in English, my accent as a foreigner, and the fact that it was done via telephone. I quickly realised that the remainder of the interviews would have to be done in person. However the reason I conducted them over the phone in the first place was because I had no transport of my own and was unsure about how to get to certain places. I relayed my concerns to Educo Africa and an Educo Africa van and someone to act as translator were put at my disposal. This introduced its own problems. Firstly, arriving in an Educo Africa van was not conducive to the impartiality I wished to convey. Secondly the person who was acting as translator was herself a course

leader, so there was a chance that some of the interviewees had met her on the wilderness course and thus did not feel comfortable answering the questions freely. However given the financial constraints in conducting the research there was no feasible alternative.

Another consideration to keep in mind is the fact that most participants interviewed had also received training from other Non-Governmental Organisations.¹ Although the interviewees appeared to be able to distinguish the impact of the Educo Africa course from any other courses they had attended it must be kept in mind that some of the results are most likely attributable to a number of factors and not the Educo course alone.

A number of participants spoke very highly of the EducoAfrica course and at the end of the interview asked if I could get them onto another course. This led me to wonder whether they were being completely honest in their responses or whether they were telling me what they thought I wanted to hear. However the fact that they were so interested in going on another EducoAfrica course in itself spoke volumes. For many of them it seemed that the EducoAfrica course was the only time in their memory when there was no stress and they had the time to simply be with themselves. It was clear that they really valued the time they spent in the mountains. Often it seemed they carried this time with them like a talisman.

Coming into this research I was not expecting the courses to have such a strong and lasting effect on peoples' lives. The research illustrated that despite the short nature of the intervention, the EducoAfrica course had a profound effect on the lives of the participants. The effects on the participants varied depending mostly on the course attended. For some it allowed them to develop new skills with some participants reporting a promotion as a direct result of the EducoAfrica course and the training they received thereon. For others the Educo Africa Course gave them the space to accept their HIV positive status as part of their lives and to take responsibility for their own treatment. For others they were empowered to support people in their community even those who were much older than them and to feel comfortable giving such advice. Some participants spoke of the bonding experience that Educo Africa facilitated. For those participants, the friendships formed in the mountains were a valuable support network for years to come.

¹ Lifeline, Yabonga, Men as Partners, Treatment Action Campaign (TAC). TAC in particular provided some of the participants with the scientific background and medical knowledge surrounding HIV/AIDS.

Not only did it change the participants' lives but there was a clear knock-on effect on the lives of their families and even into the community. This change manifested itself in the people who were encouraged to disclose their status, in those who sought treatment after seeing how healthy they could be and in the support that the participants were empowered to provide to others in the use of ARVs etc.

However the results are not as conclusive as I would have liked. This is due to the above-mentioned considerations but to a greater extent is attributable to the small sample size. Ideally to evaluate the long term impacts of the Educo Africa wilderness courses I would have liked to have gone further back in time and analyse the impacts of each course separately. For example interview past participants of the Practice of Living and Dying course over the past 10 years. Unfortunately however, due to constraints of time and finance, it was not viable to engage with a larger sample. There is an opportunity in the future to conduct a more in-depth analysis in this regard.

5. Summary & Conclusion

In order to gauge the long term impact of these courses on the personal development of the participants, a Monitoring and Evaluation project was conducted. The research was confined to past participants of the Sisonke (HIV/AIDS) Program.

To conclude, the results achieved by participation on an Educo Africa course can be summarised as follows:

- Development of new skills.
- Creation of support network.
- Acceptance of own HIV positive status.
- Appreciation of importance of ARVs and adherence to ARV treatment.
- Ability to have open dialogue around HIV/AIDS.
- Empowerment to support others.

Keeping in mind the other considerations as discussed above it is clear from these results that despite its short nature, the Educo Africa courses have a profound long term effect on the participants resulting in a better quality of life for many.

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