



UNIVERSITY OF
NORDLAND

MASTER THESIS

THE CHANGES IN THE CONDUCT OF YAO BOYS' INITIATION CEREMONIES

*An empirical study of the impact of
HIV and AIDS NGOs'/projects' interventions:*

"Nothing for us without us!"

Submitted by:
Earnest Akutusamalira Tendemele Pemba

Course Code: SA357S

Thesis submitted in partial fulfilment of the requirements for
The Degree of Master in Social Work with Comparative Perspective,
Faculty of Social Sciences, University of Nordland, Norway
May 2012



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DEDICATION

I dedicate this piece of work to

My wife, Grace

And

My lovely children,

Praise and Paul

I thank you for your patience when I did not have time with you due to pressure of work

I would like to give praise and honour to the Lord, Jesus the giver of life, health and wisdom.



The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

Acknowledgements

I am grateful to Professor Agnete Wiborg, University of Nordland and Dr. Alister C. Munthali, Centre for Social Research, University of Malawi, supervisors. Your constant advice and guidance during the whole study, in study proposal, data collection and writing of this thesis has been great. Thank you very much for the interest to help and passion in your field.

Late Associate Professor Svenuig Hoverak and Associate Professor Siv Ortedal University of Nordland and Dr. Pierson Ntata, the Coordinators for Masters of Social Work with Comparative Perspective in Norway and Malawi. This is for their continued guidance and care during the course. I sincerely thank you.

I am thankful to STA. Nkoola and Mrs. Abbey Kaliati for their untiring work as research assistants in my data collection. Your support cannot be taken for granted.

I wish to express my gratitude to the District Commissioner, the Traditional Authority, the NGOs involved in Key Informant Interviews, the community members from my study village that were involved in FGI, In-depth interviews and observation for allowing to be part of my study. This has been full of learning.

I am also thankful to the NUFU scholarship for funding my study and the Norwegian government for financial and material assistance that has enabled me to pursue this course and indeed to be able to carry out this research successfully. Last but not least, I am thankful The Board, Management and Staff of CRECCOM for all the assistance during the course of study, the financial, material and moral support.

Earnest .A. T. Pemba. Bodø, Norway. May 2012.



The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

Table of Contents

- Acknowledgements.....(v)
- Table of Contents.....(vi)
- Annexes(xi)
- Abbreviations.....(xi)
- Glossary(xiii)
- Abstract.....(xv)

CHAPTER 1.0 INTRODUCTION.....1

- 1.1 HIV and AIDS NGOs/projects in Malawi.....1
- 1.2 NGO background in general.....3
- 1.3 The link between HIV and the conduct of Yao boys' initiations in Malawi.....5
- 1.4 Motivation of my study.....7
- 1.5 Purpose of my study.....8
- 1.6. Organisation of my Thesis10

CHAPTER 2.0 BACKGROUND.....12

- 2.1 Studies on HIV and AIDS and NGO work.....12
- 2.2 HIV and AIDS situation in Malawi.....17
- 2.3 Initiation rites.....18
- 2.4 Yao boys' Initiation Ceremonies in Malawi20

CHAPTER 3 THEORETICAL FRAMEWORK.....22

- 3.1 Empowerment theory22
 - 3.3.1 Problem Solving23

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

3.1.2 The strength perspective.....	24
3.2 Social change/ Change from below theory.....	25
3.3 Community participation/involvement concept- Participatory development approach.....	26
3.4 Dependency theory.....	26
CHAPTER 4.0 STUDY METHODOLOGY.....	28
4.0 Study Methodology	28
4.1 Study design, sampling and data collection methods	28
4.2 Sampling and study actors.....	30
4.3 Data collection methods	31
4.3.1 Key informant interviews	33
Brief presentation of key informants' organisations	32
(i) NGO A	32
(ii) NGO B	32
(iii) NGO C	33
4.3.2 In-depth interviews	33
4.3.3 Focus Group Interviews	33
4.3.4 Observation	34
4.4 Methodology issues	34
4.4.1 Reliability and validity of my study	34
4.4.2 Ethical Considerations.....	35
4.5The Researcher.....	36
4.6 Limitations of my study	37
4.7 Data analysis	38

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

CHAPTER 5 UNDERSTANDING FORMULATION OF NGOS

INTERVENTIONS	40
5.1 Formulation of interventions and program activities.....	40
5.2 NGO views about traditional Yao boys' initiation: Modify, abolish or both?	41
5.3 Interventions and program activities: Who is involved in deciding?	45
5.3.1 Interventions: Whose idea is it- community, organisations, donors, studies or Partnership?	46
5.3.2 Program activities: Partnership, imposed or both?	52
5.4 Discussion and conclusion	57

CHAPTER 6 NGOS INTERVENTIONS IMPLEMENTATION, SUCCESS/IMPACT AND CHALLENGES

65

6.0 Involvement of community leaders and facilitators, success/impact and challenges	65
6.1 Involvement of community leaders and facilitators at implementation stage	65
6.1.1 Involvement in NGO A interventions implementation	66
6.1.2 Involvement in NGO B interventions implementation	68
6.1.3 Involvement in NGO C interventions implementation	69
6.2 Success/impact of HIV and AIDS NGOs'/projects interventions	70
6.2.1 Success of NGO A interventions	71
6.2.2 Success of NGO B interventions	76
6.2.3 Success of NGO C interventions	78

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

6.3 Challenges faced by HIV and AIDS NGOs'/projects interventions	80
6.3.1 Challenges faced in NGO A interventions	80
6.3.2 Challenges faced in NGO B interventions	81
6.3.3 Challenges faced by NGO C interventions	82
6.4 Discussion and conclusion	83

CHAPTER 7 OVERALL PERCEPTIONS ABOUT NGOS INTERVENTIONS

7.0 Overall perceptions on interventions, positive, negative or mixed?	88
7.1 Study respondents' perceptions about interventions and change	88
7.1.1 Positives perceptions to interventions and changes	90
7.1.2 Mixed perceptions about interventions	94
7.1.3 Study respondents' negatives perceptions	99
7.2 Perceptions about future of Yao boys' initiations- Hope or gloom?	101
7.4 Conclusion	102

CHAPTER 8 CONCLUDING REMARKS104

8.1 Challenges and Recommendations about Future NGOS Interventions	110
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REFERENCES..... (i)

APPENDICES:

Appendices # 1: A copy of a Letter of Introduction of the Researcher from Sociology

Department, Chancellor College..... (viii)

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

Appendices #2: Consent Form.....	(ix)
Appendices # 3: Key Informant Interview Guide	(x)
Appendices # 4: In-depth interview guide.....	(xii)
Appendices # 5: Focus Group Interview Guide.....	(xvi)
Appendices # 6: Observation Guide.....	(xvii)

List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Clinic
ART	Antiretroviral Therapy
ARV	Antiretroviral
CBO	Community Based Organisation
CDSS	Community Day Secondary School
CRECCOM	Creative Centre for Community Mobilisation
DEP	District Education Plan
FGD	Focus Group Discussion
FGI	Focus Group Interviews
FGM	Female Genital Mutilation
HIV	Human Immunodeficiency Virus
HSA	Health Surveillance Assistant
HTC	HIV Testing and Counselling
KII	Key Informant Interview
MESA	Malawi education Support Activity
MHRC	Malawi Human Right Commission
NAC	National AIDS Commission
NAF	National Frame of Action
NGO	Non Governmental Organisation
NSO	National Statistical Office
PMTCT	Prevention of Mother to Child Transmission

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

SMC-AA	Social Mobilisation Campaign for AIDS Awareness
SMC-EQ	Social Mobilisation Campaign for Educational Quality
SSP	Safe Schools Project
STI	Sexually Transmitted Infections
TBA	Traditional Birth Attendants
VCT	Voluntary Counselling and Testing
WVI	World Vision International

Glossary

- **Anamkungwi:** The female initiation counsellors
- **Chikanje:** Sexual intercourse of the parents of the initiate or between initiation counsellor and the mother of the initiate if she is not married or divorced normally and originally referring to Medicine for initiates to remove evil spells.
- **Chitonombe:** Guardian, second counsellor in-charge of initiation camp, looks after the well being of the initiates day to day life- see also M'michila.
- **Jando:** Yao initiation ceremony for boys associated with circumcision.
- **Kuchotsa/Kusasa Fumbi/Phulusa:** Sexual intercourse between a graduate
- **M'michila:** Guardian, counsellor in-charge of initiation camp, looks after the well being of the initiates' day to day life. See also Chotonombe.
- **Manganje:** Yao dance commonly performed during initiation ceremonies and
- **Nakanga:** Guardian, senior counsellor in-charge of initiation camp, looks after the well being of the initiates' day to day life.
- **Ndagala/ Tsimba:** This is an initiation camp, usually away from the village
- **Ngaliba:** Yao boys' initiation counsellor.
Of late in most celebrations
- **Unyago:** Yao initiation ceremony.

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

Abstract

My study investigates how involvement of key community leaders and facilitators as part of service users affected success of the HIV and AIDS NGOs'/projects interventions on the conduct of Yao boys' initiation. My study provides an understanding of how crucial involvement of key community leaders and facilitators is for NGOs interventions success. This NGOs involvement was traced from the conception of the interventions. This is by looking at who was involved in making of the choices of program activities and also during interventions implementation and what has been the success, the challenges faced, and the resulting overall perceptions of the intended beneficiaries. My study discusses also the future of Yao boys' initiation and the study respondents' thoughts on a policy on the conduct of Yao boys' initiation and recommendations for future NGO interventions approach.

My study draws on four different but related theories in addition to previous related studies to understand more the interventions of HIV and AIDS NGOs'/ projects in the conduct of Yao boys' initiation ceremonies. These are empowerment theory-problem solving and the strength perspective; individual and social change/ change from below theory; community participation/involvement concept- participatory development approach; and dependency theory. My study has used qualitative, participatory research methods in data collection and analysis. Data in my study is from key informant interviews with three NGOs working in HIV and AIDS interventions; in-depth interviews with key Yao leadership; focus group interviews with Yao initiation beneficiaries and direct participant observation of 2009 Yao boys initiation. Previous studies and articles related to my topic have been reviewed and helped in analysis and discussion in my study.

My study findings reveal that most NGOs in the HIV and AIDS interventions do not actively involve the key community leaders and facilitators in their interventions on the conduct of Yao boys' initiations. This has affected their performance in changing the conduct of Yao boys' initiations. The lack or limited involvement of community leaders and facilitators can be attributed to the mission and visions of the NGOs which can still be traced from the orientation of the NGO that is the fact of either being religious affiliated, local or international. There is a chain of causality. Donor dependency for funding has also affected the NGOs ability to genuinely involve their beneficiaries. Among other factors, involvement of key beneficiaries in NGOs interventions has demonstrated to be a critical factor that it is



The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

necessary for NGOs to succeed with their interventions. The NGO in my study that attempted to involve community leaders and facilitators not only had higher success than the others in modifying the conduct of Yao boys' initiation, but was also welcomed and happily associated with by its intended beneficiaries, the Yao people. While my study found that the Yao people feel sidelined by most NGOs interventions and feared for the worst of their traditional initiation ceremonies, there is hope if the NGOs interventions involved the key community leaders and facilitators. This would ensure that their interventions are not only in line with the needs and aspirations of their intended beneficiaries but would also improve the chances of acceptance, participation, ownership and sustainability of such interventions.

My study suggests that there is need to preserve the conduct of Yao boys' initiations and need for more NGOs HIV and AIDS interventions on the conduct of not only of Yao boys' initiation but all traditional initiations in Malawi. For the interventions to succeed, they should involve the local leadership influential in the conduct of the particular initiation ceremonies at all stages of interventions implementation. There is need for more collaboration, coordination and networking among NGOs implementing HIV and AIDS interventions. There is also need for the development and enforcement of a policy to guide the conduct of traditional initiation ceremonies. This would help to regulate, monitor and would guide in making conduct of initiations not a threat to other social issues and life.

Key words: Yao boys' initiation, NGOs HIV and AIDS interventions, operational strategy, involvement, empowerment, active participation.

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

CHAPTER 1 INTRODUCTION

My study is to analyse and discuss the HIV and AIDS NGO/projects interventions on the conduct of Yao boys' initiations. My study aims at giving an understanding of the vital role of involving community leaders and facilitators in HIV and AIDS NGO interventions. The HIV and AIDS fight in Malawi has attracted a lot of NGOs which have different operational strategies and that not all are equally successful. My study would provide an understanding of why operation strategy of NGOs is critical to success. This may help to explain why other NGOs succeed while others not so much. NGOs face a challenge of coming up with HIV interventions on the conduct of Yao boys initiations that are not only in line with the local needs and aspirations of the people that practice the tradition but interventions that can allow active participation and involvement, ownership and support. This way the interventions would be seen as cultural sensitive and would not face cultural resistance as it would be in resonance with the felt needs of the people that practice the tradition.

My study wanted to find out how the NGOs in my study attempted to involve the key community leaders and facilitators influential in the conduct of Yao boys' initiations in their interventions on the conduct of Yao initiation in order to combat the proliferation of HIV. My study wanted to find out how the NGOs involved the key community leaders and facilitators at the interventions and program activities formulation, during implementation and how this affected the NGOs success, challenges faced and the overall perceptions of the intended beneficiaries of their intervention, in my case the Yao people. This may help to answer the important role of involvement of intended beneficiaries of any intervention in order to succeed. To understand better the role involvement play, it has to be traced from the intervention formulation through implementation, its success/impact and challenges up to the overall perceptions of the intended beneficiaries about such interventions.

1.1 HIV and AIDS NGOs/projects in Malawi

Since the mid-eighties, the fight against HIV/AIDS has gradually mobilized governments, international agencies and non-governmental organizations. However, it became evident that despite massive action to inform the public about the risks, behavioural changes were not

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

occurring as expected. The infection continued to expand rapidly and serious questions began to emerge as to the efficiency of the efforts undertaken in combating the illness. Experience has demonstrated that the HIV/AIDS epidemic is a complex, multifaceted issue that requires close cooperation and therefore multidimensional strategies (Kondowe & Mulera, 1999).

In developing countries like Malawi very few resources are available from public revenues and public sector. Most assistance for developmental programs including the HIV and AIDS fight is financed through Non Governmental Organisations (NGOs) and projects (Ainsworth & Over, 1994). Social service has been provided by and through NGOs. NGOs have a better potential to mobilise resources and technical expertise than Community based organisations (CBOs) and government institutions. Due to corruption in public institutions, donors have put their trust in NGOs both local and international. Most NGOs began their operations since 1994 when Malawi turned democratic and there was freedom of association and other freedoms. Before, most of the development work being done by NGOs was being done by missionaries and the government (Kondowe & Mulera, 1999).

NGOs play an important role in the fight against HIV and AIDS in Malawi. Most NGOs are involved in HIV and AIDS in: outreach programmes; counselling; home based care; human rights issues; Income Generating Activities; mobilisation of voluntary community support; training and education; networking and information dissemination. In Malawi there are over 140 NGOs, local and international, registered with the Council for NGOs (CONGOMA). About 50 of these deal with HIV and AIDS related issues. This clearly indicates the role of NGOs'/projects in the HIV fight in Malawi. The NGOs' can be local or indigenous or international, non-profit or profit making NGO and still there are others which are faith based. These may dictate the missions and visions and consequently their operational strategy. These statuses or categories in turn may affect the NGOs operations in terms of capacity, expertise, type of interventions and activities. Faith based NGOs are mindful of interventions and program activities they engage in to match their faith. This is in order not to be seen to preach the wrong message. The NGOs finances are mostly from donors from Western, developed countries. This may have also implications on the interventions, program activities and the extent of involvement of intended beneficiaries due to funding conditions

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

and demands. It may also affect the capacity through implementation mandates and duration (Kondowe & Mulera, 1999, Willetts, 2002).

There also are many NGOs in the HIV and AIDS sector in Malawi but they are not making the same impact. Some are successful and others are not. This may be attributed to a number of factors including their operational strategy mentioned above which may dictate how far NGOs go involving beneficiaries of their interventions. There is also stiff competition among the NGOs for same donors and this affects the networking, co-ordination and collaboration between NGOs. This is at the expense of the beneficiaries as there is duplication of efforts and other areas left untouched (Kondowe & Mulera, 1999, Willetts, 2002).

1.2 NGO background in general

NGOs are as old as the UN and started from 1945. Rapid development of the NGO sector occurred in western countries as a result of the processes of restructuring of the welfare state. There is an argument that NGOs are often imperialist in nature and that they sometimes operate in a racial manner in the third world countries. They are sometimes referred to being an aristocratic form of politics. The sudden rise of NGOs are said to be part of a neoliberal paradigm rather than pure altruistic motivations. They are sometimes blamed of wanting to change the world without understanding it and that is said to be the imperial relationship that continues today with the rise of NGOs (Mayer, 1991, Ukpong, 1993, Willetts, 2002, <http://en.wikipedia.org/wiki/Non-governmental-organisation>). The arguments above are very critical to success of an NGO's operations. This is mainly so on how far NGOs can go to involve their beneficiaries in the NGOs interventions.

An NGO's level of operation indicates the scale at which the organisation works on. This is for example the difference in work between international and community or national NGO. NGOs are recognised according to the activities they pursue. They can be understood by orientation and level of co-operation. NGO by type of orientation can be charitable, service, participatory or empowering. Understanding NGOs by level of co-operation can be community-based organisation, city-wide organisation, national NGOs or international NGOs

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

(Mayer, 1991, Ukpong, 1993, Willetts, 2002, <http://en.wikipedia.org/wiki/Non-governmental-organisation>). The orientation and level of co-operation of NGOs are both critical to the success of projects they implement.

NGOs often operate in a hierarchical structure with a main headquarter staffed by professionals who plan projects, create budgets, keep accounts, report and communicate with operational fieldworkers who work directly on projects. The operational NGOs can be categorised into relief-oriented and development-oriented organisations and also whether they stress service delivery or participation or whether they are religious or secular and whether they are more public or private-oriented. These are critical to NGOs operational strategy and how far they succeed. NGOs vary in methods. Some act primarily as lobbyists, while others primarily conduct programs and activities. NGOs need healthy relationships with the public to meet their goals. These are critical too to NGOs success and they hinge on NGOs operation strategy. Funders generally require reporting and assessment, such information is not necessarily publicly available. The origin of funding can have serious implications for legitimacy of NGOs. In recent decades NGOs have increased in their numbers to a level where they have become increasingly dependent on limited number of donors. Consequently competition has increased for funding, as have the expectations of the donors themselves. This runs the risk of donors adding conditions which can threaten independence of NGOs, an over dependence on official aid has the potential to dilute the resolute of NGO. In these cases NGOs are held accountable by their donors, which can erode rather than enhance their legitimacy, a difficult challenge to overcome. NGOs have also been challenged on the grounds that they do not necessarily represent needs of the developing world. This is through the so-called "Southern voice". Some argue that the North-South division exists in the arena of NGOs. The potential implication of this may mean that the needs of the developing world are not addressed appropriately as Northern NGOs do not properly consult or participate in partnerships. The real danger in this situation is that western views may take front seat and assign unrepresentative priorities (Mayer, 1991, Ukpong, 1993, Willetts, 2002, <http://en.wikipedia.org/wiki/Non-governmental-organisation>). The arguments above emphasise that NGOs dependency on donor aid for projects put them at the mercy of the donors and defeats the very purpose of being the poor mouth piece. This dependency

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

unfortunately is passed on from the NGOs to their intended beneficiaries as a cycle of dependency. The North-South division in NGOs is also critical in the NGO operation.

1.3 The link between HIV and the conduct of Yao boys' initiations in Malawi

The link between the conduct of Yao boys' initiation ceremonies and HIV and AIDS is what led to studies recommending interventions to address changes in the conduct. This is how the HIV and AIDS NGOs'/projects interventions came about. My study is to find out how these HIV and AIDS NGOs/projects interventions were implemented and how the involvement of community leaders and facilitators affected their success/impact, challenges and overall perceptions of the targeted beneficiaries of the interventions. In order to develop my study towards answering my study question I would like first to introduce the link between the conduct of traditional Yao boys' initiation ceremonies and HIV proliferation in Malawi as found by a number of studies. This is firstly due to the conduct of circumcision using one cutting object and the care of wounds, and secondly, the teaching and encouragement of ritual and experimental sex after initiation ceremony which is embedded in songs and dances during initiation, unfortunately during ritual sex, protection like condoms are not part of the ritual (CRECCOM, 1994-2008; MDHS, 2004 & Munthali et al, 2004). It is this link that led to HIV and AIDS NGOs'/projects interventions on the conduct of Yao boys' initiation which is the major theme for my study.

Several studies for example done by GABLE SMC, 1994 in Machinga; the SMC-AA, 1999; CRECCOM SMC-EQ, 1994-2004; Hyde & Kadzamil, 1994; and Kapakasa, 1990, found that critical issues are directly or indirectly being influenced by the conduct of Yao boys' initiation ceremonies. For example these studies found that the teachings during initiation ceremonies have much emphasis on sex. This leads to the demand for initiation graduates to practice sex after initiation. This also in turn leads to risky behaviours among initiation graduates. On the other hand the conduct of Yao boys' initiation whose main activity is circumcision was also questioned as the use of one cutting object. This also included the care for the circumcision wounds of the initiates. This was also thought to increase the risk of HIV spread.

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

Munthali et al. (2004) found that in the Southern region, where my study district belongs, most children undergo elaborate initiation ceremonies. These are widely interpreted to permit the initiated youths to start having sex. They also found that some cultural beliefs and practices in Malawi exacerbate young people's vulnerability to infections. They noted that adolescents are particularly vulnerable to HIV and STI infections because of the tendency to experiment with sexual intercourse. This curiosity is raised through initiation ceremonies. MDHS (2004) confirms this with data on age at first sex among youth, overall, 15% of women aged 15-24 and 14% of men age 15-24 had sex by age 15. It found men sex debut occurring slightly earlier than women. Munthali et al. (2008) also found that relationship exist between initiation and sex experience and teaching. This shows the relationship that exists between initiation sex teaching, encouragement, expectation and sex experience. The adolescents who have undergone initiation ceremonies in general and those that have undergone circumcision are sexually experienced as compared to the uninitiated and uncircumcised (*see more in Munthali & others, 2008*).

This was also found by Kondowe and Mulera (1999). This is that in some cases in Yao initiation the initiates are encouraged to have sex upon graduation as a way of putting into practice the knowledge they have acquired. The study found that those who have undergone initiation are sexually experienced compared to those that have not undergone initiation. In that study, it is argued that in every society there are cultural factors which interact directly or indirectly and sometimes (if not most times as seen in studies) clash with interventions which might be put in place. It was evident to them that most of these cultural practices evolved to safeguard rather than to destroy the society. They however noted that it was unfortunate that the HIV and AIDS make it necessary to abandon, adapt and review these cultural practices. This is in the light of HIV mode of transmission and the fact that there is no cure for the disease and due to the magnitude of infection.

Most studies on HIV and AIDS for example MHRC (2006), CRECCOM 1994-2008 Action Research and those referred to above among others recommended external interventions into the conduct of Yao initiation in the HIV fight. It was imperative for external interventions by

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

projects, NGOs, CBOs and government ministries to regulate the conduct of Yao initiation ceremonies. This is most especially relating to the spread of HIV and AIDS. This has led to a number of external interventions on the conduct of Yao initiation ceremonies for both boys and girls. There were various interventions which were conducted by various groups. These are to combat the rate of HIV infections. They specifically targeted in the conduct of Yao initiations on; the teachings; the songs; the dances; practices in initiation and expectations of initiation graduates regarding sexual debut and sex experimentation which all are closely linked to HIV proliferation as in Malawi heterosexual transmission is the highest at 90%. The question is which interventions can succeed and why. Are the NGOs making the same impact and if not why? There may be factors that are affecting this varying success. Could this be NGOs operational strategy? That is where my study comes in.

1.4 Motivation of my study

First motivation is that there are limited academic studies in the area of HIV and AIDS NGO/projects role in regulating cultural practices in Malawi, most importantly, in the area of Yao boys' initiation ceremonies. Most available studies have been on cultural practices and HIV, impact of cultural practices on HIV prevention and individual HIV and AIDS projects interventions evaluations. These have also been hard to access as they are primarily meant for the implementers and the funders/donors of the initiatives and not for public consumption. The study by Kondowe & Mulera (1999) looks at the work of NGOs in HIV prevention and care through culture in general. It did not specifically look at the NGOs' work with Yao initiation ceremonies. They also only targeted the NGOs and not the service users. This is where my study comes in fill this gap.

Secondly, prevailing studies have not covered and answered the important question of NGOs/projects interventions to see why they have made or not made progress/impact in changing the cultural practices and also why there is varying success among the HIV and AIDS NGOs. The study by Kondowe and Mulera (1999) came close to this but it was more of descriptive and overall, it was done over a decade ago. Unfortunately with HIV epidemic, 10 years is long time as HIV and AIDS is a dynamic epidemic, hence need for a new study.

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

My study will fill this gap, and dig deeper in the importance of involving key beneficiaries/service users like community leaders and facilitators in project implementation.

Thirdly, my motivation is also based on what most studies in cultural practice and HIV have recommended for interventions to modify cultural practices by NGOs/projects. Based on this, there was then a need to study the NGOs'/projects interventions that have been undertaken.. While these interventions are being implemented, no study has been done to assess how the Yao people think about such interventions and what impact and implications it has on them. On the other hand, my study findings may provide rich information for stakeholders in projects, NGOs, FBOs, CBOs, NAC and government ministries concerned. These are those directly involved in and by Yao boys' initiation ceremonies and HIV and AIDS interventions. The findings may inform and influence government policy.

Last but not least motivation for my study has been from my previous work with HIV and AIDS and the conduct of Yao initiations for the past 15 years.

1.5 Purpose of my study

The main purpose of my study is to investigate the experiences of HIV and AIDS NGOs/projects interventions on the conduct of Yao boys' initiations. This is to interrogate the operational strategies of the NGOs and how this interplay with involvement of community leaders and facilitators. This concerns the success and challenges faced by NGOs interventions aimed at changing the conduct of Yao boys' initiation.. My study has done this by taking into account the formulation of the project interventions and program activities: what led to the interventions and program activities? Whose ideas is it any way? It has also looked at implementation of the interventions of NGOs'/projects if there was involvement of community leaders and facilitators and if this may have influenced the success/impact, challenges faced and key beneficiaries overall perceptions of the interventions on the conduct of Yao boys' initiation. This is with the background of the demand, or rather the rhetoric of beneficiaries' involvement and which is ironically high on the requirements of most donors and ideal operations and role of NGOs.

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

My study attempted also to demonstrate the social work practice. It illuminates the service provider and service user relationships. That is the relationship that is or ought to be there. The belief and the acknowledgement of the service providers like civil society/NGOs have on their beneficiaries to be part of the solution and not just recipients of already made doses.

The success of NGOs HIV and AIDS interventions on the conduct of Yao boys' initiation in my study is important. Success in my study means that and is limited to the intervention registered a number of positive changes on the conduct of Yao initiations that would in turn help in the prevention of HIV infections. It is also how far the interventions are accepted, supported and appreciated by the intended beneficiaries. It does not go as far as the actual changes in the HIV spread.

All this calls for interrogation of NGOs operational strategy. What are these NGOs? How do they work and why? What is the result of their operation strategy? What is working and what is not working and why? Based on these, my main study problem is:

To find out how operation strategy of NGOs/projects affects success of their interventions aimed at changing HIV and AIDS risk practices and behaviour in Yao boys' initiations.

The main study question/problem can be answered through further subdivision into the following sub questions:

- How did the HIV and AIDs NGOs'/projects conceive their interventions and program activities on the conduct of Yao boys' initiations?
- How did HIV and AIDs NGOs'/projects implement their interventions and how community leaders and facilitators were involved at all stages of interventions implementation?
- What is the impact and challenges of HIV and AIDs NGOs'/projects interventions on changing the conduct of Yao boys' initiation?
- How the respondents perceive the HIV and AIDs NGOs'/projects interventions on the conduct of Yao boys' initiation?

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

To sum it up, my study investigated the above questions through the service providers, the HIV and AIDS NGOs'/projects and services users, the community leaders and facilitators. The relationship that exists between the two in implementation of interventions in order to understand the consequences of interventions through success/impact, challenges and overall peoples' perceptions about the HIV and AIDS NGOs/projects interventions. The argument in my study is that involvement of key leadership like community leaders and facilitators in interventions is critical for success. My study shows this by comparing the interventions of different NGOs. That is the extent of involvement and the resulting success/impact, challenges and overall perception of the beneficiaries. These are NGO HIV and AIDS interventions aimed at changing peoples' knowledge, attitudes, practices and conducts mainly embedded in cultural traditions in the conduct of Yao boys' initiations deemed as a challenge to HIV. These are ideally aimed at achieving acceptability, involvement, participation, success/impact, reduced challenges and overall perceptions about the interventions. This involvement should start from the intervention and program activities formulation throughout all implementation stages. I am mindful though that involvement of community leaders and facilitators is not the only factor that may affect HIV and AIDS NGOs'/projects interventions. There may be many factors. Such factors may include but not limited to the technical experience of the NGO and its staff for example. However my study chose to work with this factor as it was regarded as the main factor and also having interplays with the other factors.

1.6 Organisation of my Thesis

Chapter 2 includes the review of literature to build my study. First in this chapter is the presentation of studies on HIV and AIDS and NGOs work, HIV and AIDS situation in Malawi, initiation rites and Yao boys' Initiation Ceremonies in Malawi (*Jando*). Chapter 3 covers the theoretical framework. This is a presentation of the four theories/concepts that help me in the discussion to understand the study findings. Among these include: Empowerment theory-problem solving and the strength concepts; Individual and Social change theory; Community participation/involvement concept- Participatory development concept; and Dependency theory. These theories are linked to the importance of participation and involvement of intended beneficiaries of interventions. Chapter 4 covers the methodology

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

issues employed in my study. This offers an explanation how my study has been conducted. This is how data has been collected and analysed and why.

The empirical part of the study is presented in chapter 5, chapter 6 and chapter 7 respectively. This has been done to exhaustively and step by step address the specific study questions leading to answering the overall main study question. Chapter 5 attempts to provide an understanding of the formulation of the HIV and AIDS NGO/projects interventions and program activities. This is by discussing what led to the formulation of the HIV interventions, what, how and why they developed the programs activities. Chapter 6 is mainly about how the HIV and AIDS NGO/projects involved key service users, mainly the community leaders and facilitators in implementation of program activities. It discusses also what has been the success/impact and challenges of such involvement of community leaders, facilitators and intended beneficiaries of the HIV and AIDS NGOs'/projects interventions. Chapter 7 intends to provide an understanding of the overall perceptions of the study village respondents about the HIV and AIDS NGOs'/projects interventions. These are those of implementers and of key community leaders, facilitators and the Yao people. The perceptions are on the formulation of interventions, program activities, success/impact, challenges, sustainability and even the future of HIV and AIDS interventions and indeed that of the conduct of Yao boys' initiation ceremonies itself. The last chapter which is chapter 8 is concluding remarks. It summarizes the main findings. It also presents the future of the HIV and AIDS NGOs'/ project interventions on the conduct of Yao boys' initiation ceremonies.

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

CHAPTER 2 BACKGROUND

This chapter is aimed at giving an understanding of some studies done on HIV and AIDS and NGO work in Africa and in Malawi which builds and places my study on the existing studies. The chapter proceed by presenting the HIV and AIDS situation, initiation rites and Yao boys' initiation in Malawi. This is to give a background of the NGOs interventions which is a result of HIV and AIDS that is resulting from the conduct of Yao boys' initiation.

2.1 Studies on HIV and AIDS and NGO work

There have been studies in Africa and Malawi in particular before related to the role of NGOs' and projects in regulating cultural practices. Since the onset of HIV and AIDS pandemic in the early 1980s there has been interventions from a number of fronts including NGOs'/ projects. These have been in prevention and also mitigation of the impact of HIV and AIDS. One such effort is that of HIV and AIDS Peer Education Projects in Zambia. An evaluation study of its effectiveness was done by Hughes (2002). It found that among other successes, there was evidence that certain traditional practices, which contributed to the spread of HIV virus (e.g. sexual cleansing and scarification), were becoming modified over time. Community awareness of HIV and AIDS was also raised. These projects had activities like training/capacity building, condom distribution, information and education (activities and messages), monitoring and evaluation and behavioural change. This study was based and understood its findings better with the help of the community participation concept. This may also be useful in trying to make sense of the NGO interventions in my study. This example gives an idea how NGOs'/projects have embarked on efforts to change some cultural practices in response to HIV prevention and what activities were implemented and the results. This shows that NGOs operational strategy is crucial to success. This is why my study has interest to understand the operational strategy of HIV and AIDS NGOs much so how it affects the involvement of community leaders and facilitators.

Another example of a study in Africa is that done by Mhordha (2007). It focused on the work that the author calls efforts by '*outsider*' organisations (government and non-governmental) to end circumcision of women in Africa. The study addresses the discourses surrounding

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

female genital mutilation practices and examines ways to successfully bring their abandonment. It noted that in a post-colonial context of high poverty and low education, efforts by 'outsider' organisations, which include outlawing female genital cutting, have historically provoked responses of cultural resistance (e.g. in Sudan and Kenya in the 1950's). This due to the approach by outsiders that may not be sensitive to the cultural needs of the people that practice it. The peoples' actions and practices are blamed on their low education and are attributed to their continued poverty. This as seen is not taken lying down by the people that practice it but they do resist. These concepts would be useful in my study to understand the NGO interventions. It is argued in this study that policy makers and activists including NGOs'/ projects, frequently fail to offer alternatives to rites deeply embedded in tradition and have consequently driven practices 'underground'. This it said to have resulted in that the incidence of short-and long-term medical complications to actually increase. On the positive note, there is one example in the study of a case study of a culturally responsive intervention. This is that of the non-governmental organisation, Tostan, in Senegal. This has had success in obtaining an abandonment of female genital cutting practices through participatory approaches. This is interesting in that the activists and NGOs'/ projects in the 1950s' in both Kenya and Sudan above seem to have had an already made 'dose' for their targeted communities without their participation with possibly the belief of 'blame the victim' and didn't allow them to make any suggestion as they were anyway assumed not to have one, hence the negative reaction they got. On the other hand, the example from Senegal above shows a different picture. This study used concepts like post-colonial, cultural sensitivity, cultural resistance, community participation these are not only useful as background to my study but also help me in the understanding of my study findings better. This has guided my study in that by looking at the formulation, implementation, success, challenges and overall perceptions about the interventions of HIV and AIDS NGOs'/projects, my study will be able to find out why some NGOs succeeded more than other to change the conduct of Yao boys' initiation in response in the fight against HIV and AIDS. This may be hinged on the operational strategy of the NGOs.

Ukpong (1993) conducted a study of NGOs operations. He looked at the constraints of NGOs operational flaws on rural development initiatives in Nigeria. It is basically the challenges faced by NGOs due to their operational strategy. He used operational strategy, donor

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

influence, colonisation and dependency concepts. The study and the concepts used are helpful in order to understand better my study findings about NGO HIV and AIDS interventions of which my focus is involvement of key community leaders and facilitators influential in the conduct of Yao boys' initiations which are hinged on NGOs operational strategy.

Kondowe and Mulera (1999) on the other hand found out in their study that over the past four years or so, several comprehensive studies have been conducted in Malawi in the area of culture and HIV and AIDS. The studies tried to establish the relationship between certain cultural practices and the spread and/or prevention of HIV and AIDS in Malawi including the care for AIDS patients. The authors cite three examples of such studies. These studies include: "A Survey of Socio-cultural knowledge, beliefs, attitudes and practices among primary, secondary and teacher education students in Malawi which might affect the dissemination and reception of population education and HIV and AIDS information" by E. Kishindo (1998); that of "Understanding Socio-cultural Behaviour and Implication for Formulation and Execution of Population Policies and Programmes" by C. Chilimampungu (1998). The last one is that which Strategic Planning Unit (SPU) of the National AIDS Control Programme (NACP) carried out. The SPU study looked at various issues surrounding prevention and care in HIV/AIDS. It revealed that culture was one of the major issues of concern because Malawians continue to uphold cultural values, beliefs and practices which entail the risk of HIV infection. This is why my study has interest in the HIV and AIDS interventions strategies. Based on these studies about how Malawians hold dear their cultural practices, can we get answers on why other NGOs succeed and others fail?

Kondowe & Mulera (1999) in their study argued that experience has demonstrated that HIV and AIDS epidemic is a complex, multifaceted issue that requires close cooperation and therefore multidimensional strategies. These strategies include but are not limited to a cultural approach to HIV prevention, hence the need to intervene on among others, the conduct of Yao boys' initiation. It was found that many NGOs are involved in activities geared towards minimising the spread of HIV and AIDS in Malawi. The study found that there were a number of studies undertaken that have proposed some strategies for combating the epidemic. They however found that most of the research findings are not used by NGOs and institutions working in the HIV and AIDS area because of lack of accessibility to those

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

studies when conducted by different organisations. It was found that over 90% of the HIV and AIDS institutions were not aware of the studies being carried. This emphasises the 're-invention of the wheel' that has plagued the HIV fight in Malawi and other developing countries. This demonstrates the competition among implementers which has been the order of the day. This has led to a lot of duplication of efforts and concentration on one area and location leaving others not served. It was also found that information of studies has also been scarce in Malawi. However their study sadly found that there is no link between on-going HIV research, proposed strategies and recommendations, and the projects implemented. It found that programmes do not resemble the study recommendations and that there is lack of networking between HIV and AIDS project implementers. It found that some organisations implemented activities that had no cultural blessing of their beneficiaries for example, condom and contraceptives distribution activities. On the positive note most organisations were found to be involving their beneficiaries like community leaders, hence some positive head ways in influencing their subjects to accept HIV messages. This is still an emphasis on NGOs operational strategy that is critical to success. On another note, this study argues that culture is dynamic and that there are always exchanges and interchanges between cultures that make them evolve. It noted that technology, ways of dressing and eating change easily, but noted that changes in cultural values are however much slower to take effect (Kondowe & Mulera, 1999). For interventions to succeed in changing culture their operation strategy must be right.

The National AIDS Control Programme (1998) study looked at a number of issues not only cultural ones. It however isolated culture as one of the major issues observing that Malawian continues to uphold cultural values, beliefs and practices which entail the risk of HIV infection. The greatest challenge to intervention has been due to complex network of beliefs, values and practices. These tend to promote behaviours which predispose individuals, families and communities to HIV infections. The study dwelt much on how Malawian communities view and teach sex. Sex is seen from the study as the drive for marriage and that manhood without sex is incomplete and also that sex serves many vital rituals such as initiation rites, death rites and various magical rituals. The sexual masters and mistresses are said to be bred and shaped in initiation ceremonies. It was found that for both boys and girls initiations the message on sex remains virtually the same. This cannot say more of the

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

conduct of Yao boys' initiation ceremonies. They found in their study that the main theme for initiation ceremonies is sexual teaching. Unfortunately, sex for rites and rituals are without protection, condoms are not an option hence the need for interventions. This is where my study comes in to find this jigsaw puzzle on how NGOs can infiltrate this network of beliefs, values, norms, traditions and practices without offending and excluding the Yao people themselves. Sexuality is another concept used in this study. This is important concept in order to understand the findings of NGO interventions in my study as it is in the same cultural practice that emphasises sexuality.

Munthali et al. (2008) also indicated in their study that a number of studies were conducted at the beginning of the HIV and AIDS epidemic. These were said to have aimed at identifying the cultural practices that enhance the transmission of HIV. They however noted that so far the practices have since been identified but change is generally slow. This may say more on need for specific kind of interventions in order to bring change in the HIV fight and more so to improve the speed or rate of that change. Are there enough interventions on the ground? Are they the right interventions with the appropriate approach? These are among some of the questions that need answers, more so in the specific HIV and AIDS fight through cultural changes in the conduct of Yao boys' initiation ceremonies which is the focus of my study.

Some recent studies, like CRECCOM (1994-2008) action research findings across Malawi have shown that while there is some change happening in the modification of these cultural practices, in most cases this is not happening. They argued that while some interventions are being implemented, it seems that there is a long way to go. They discussed the need to understand the barriers to cultural change and the designing of appropriate interventions to address them. This may hinge on NGOs interventions strategy. These are studies which aimed at finding out the modifications being made to harmful cultural practices that impinge on children's education, child rights, gender based violence and HIV and AIDS. Some of the major findings are that there are limited efforts directly implemented to change the cultural practices, and also that the limited interventions are also isolated and not coordinated. This interventions that has left many areas untouched with limited if not no change at all. Again this debate is about NGOs operational strategy which is the main theme in my study.

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

2.2 HIV and AIDS situation in Malawi

The work of HIV and AIDS NGOs came about because of the HIV and AIDS epidemic. Its impact is what has led to studies recommending for NGO interventions. The NGOs interventions targeted the cultural practices because of the link. It is therefore necessary to learn more about the epidemic as this may help in understanding the type of intervention strategies needed to ensure effective results.

The epidemic in Malawi started in the early 1980s. The first AIDS case was reported in 1985 and in that year a total of 17 cases was identified. After the first case, its prevalence grew quite rapidly in the late 1980s and early 1990s reaching its peak in 1999 at 16.2%. HIV prevalence was estimated to be at 6.5% in the North, 8.6 % in the Centre and 16.5% in the South and 15.6% in urban and 11.2% in rural areas {NAF, 2010-12; Malawi Demographic Health Survey (DHS), 2004 & Sentinel Surveillance Survey Reports (SSSR), 2007}. It is estimated that HIV prevalence in the Southern region continues to be high compared to other regions. It has been argued that studies to find out the geographical disparities in HIV prevalence need to be encouraged to assist planning for proper interventions (SSSR, 2007). Among other factors, the South has a lot of cultural rituals that are associated with the spread of HIV and among these is the conduct of Yao initiation ceremonies (NAF 2010-12; MDHS, 2004 & SSSR, 2007). The HIV and AIDS epidemic has impacted negatively on life expectancy in Malawi which in 2000 was estimated at 39 years from an earlier projection of 54 years (Munthali et. al, & UNGASS Report, 2008). There are more than half a million orphans due to HIV and AIDS and related factors. AIDS mortality has increased from 22,000 in 1995 to 87,000 in 2005. Tuberculosis has increased from about 5,000 cases in 1985 to roughly 30,000 cases now. Nearly 80% of the people with pulmonary tuberculosis are also HIV positive. More than 50% of the hospital beds in Malawi are occupied by people suffering from AIDS related illnesses (Munthali et. al, & UNGASS Report, 2008).

The principal mode of HIV transmission in Malawi is heterosexual contact. This accounts for 90% of HIV infections in the country. This is followed by mother to child transmission (MTCT), at 9%. The remaining 1% is from other blood related transmission. (MDHS, 2004 and NAF, 2010-12). With high HIV prevalence, the National AIDS Commission (NAC)

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs' projects interventions. 'Nothing for us without us.'*

estimates that 100,000 new HIV infections occur annually. It is further estimated that almost half of these new infections occur among young people aged 15-24 years and coincidentally this is the post Yao initiation age, (NAF, 2010-12). HIV and AIDS in Malawi had been ignored¹ for some time to reach epidemic stages. The future course of Malawi's AIDS epidemic depends on a number of important variables. These include the level of public awareness about HIV and AIDS, the level and pattern of risk-related behaviours, access to high quality diagnosis and treatment for sexually transmitted infections (STIs), and provision of HIV testing and counselling (NAF, 2010-12). Prevention of new HIV infections is possible mainly through behavior change. While current studies show that HIV and AIDS awareness is high among the general population in Malawi at (over 90%), there is very little evidence of behavior change (BBSS, 2006, Kondowe and Mulera, 1999). This demonstrates that the HIV and AIDS epidemic is a major public health and development challenge for Malawi. The little behaviour change may also have to do with interventions.

2.3 Initiation rites

Having noted above the relationship between HIV and AIDS and the cultural practices, most especially the conduct of Yao boys' initiation, below is an outline of what initiation rites are. This is to provide an understanding of how initiation rites are considered by the people who practice them. This has implication on intervention strategies for them to succeed. Initiation rites are traditional practices that have been practiced for a long time and are important and meaningful to the people that practice them. Interventions that aim at abolishing them would meet challenges and resistance if not conducted properly. The fact that HIV is associated with the conduct of initiation rites calls for modification of the challenging aspects, the need for dynamism of the initiation rites to match with the prevailing issues. This is what led to NGOs interventions like those in my study.

Yao initiation ceremonies are a rite of passage. According to Genep (1960), the life of an individual in a society is a series of passages from one stage to another. On initiation rites,

¹ Malawi was under the rule of President Hastings Kamuzu Banda for thirty years starting in 1964, during which time little attention was paid to the escalating AIDS crisis. His puritanical beliefs made it very difficult for AIDS education and prevention schemes to be carried out, as public discussion of sexual matters was generally banned or censored, and HIV and AIDS were considered taboo subjects. Between 1985 and 1993, HIV prevalence amongst women tested at urban antenatal clinics increased from 2% to 30% (Avert.org).

The changes in the conduct of Yao boys' initiation ceremonies: An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'

Gennep mentions that these are rites of separation from an asexual world, and they are followed by rites of incorporation into a world of sexuality. This is important as those not initiated are regarded as still children and less knowledgeable about sex and are not respected. Initiations are ceremonial patterns which accompany a passage from one situation to another. Initiation belongs to transitional, or the liminal rites. This he argued is demonstrated by the recurrence of rites in important ceremonies among widely different peoples, enacting death in one condition and reconstruction in another. These rites are *rites of passage* (Gennep, 1960). Every tribe has its forms of initiation ceremonies, the only difference is the extent, emphasis and forms. Initiation has been one of the main pillars in as far as society or tribal identity is concerned. Nearly every culture in the world ritualizes the important milestones throughout life. The final passage from childhood to adulthood also figures prominently among various ethnic groups worldwide. It has to be noted that with the changes in age at Yao initiation over time, the role of initiation rite as final passage from childhood to adulthood is now more symbolic and much more on the social respect side than the sexual. In Africa, and Malawi in particular, initiation ceremonies are rooted in deep, conservative traditions and are believed to be more prominent than other world regions. It is noted that African life revolves around the family and therefore, African initiation ceremonies tended to focus heavily on the preparation of young girls and boys to be good wives/husbands. African initiation ceremonies are rites of passage for girls and boys entering womanhood and manhood. In essence, the ceremony is the ultimate expression of her/his flowering woman/manhood. Initiation ceremonies are conducted for boys and girls as they 'grow into adulthood.' In some cases as mentioned above this is now symbolic as the ages of the initiates are now lower than before supporting the calls for a change in curriculum about sexuality. Nevertheless, these ceremonies were aimed at introducing the boys and girls into a world of adults. Recent CRECCOM action research has shown that adolescents attend these initiation ceremonies in some cases willingly while in other cases they are forced. There are a number of reasons why adolescents attend these ceremonies and these include but not limited to: learning traditional customs, initiated into the sexual world, crafts etc (CRECCOM, 1994-2008, Kahler, W. 2002 & Malawi Human Rights Commission (MHRC), 2006).

In their study Kondowe and Mulera (1999) found that traditional initiation is the counselling of boys and girls by elders on acceptable code of behaviour. This marks the end of childhood

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

and the beginning of adolescence or, in some cases, adulthood. Apart from traditional initiation ceremonies, there are also religious initiation ceremonies which are a major departure from traditional ones. These are conducted at or after menarche by elderly women and men from the church for Christian girls and boys, and also men from the Mosque for the Muslim boys. Similarly, in Christian initiations, girls and boys are taught about respect, obedience, to be exemplary and also to grow up in the Christian faith. On the other hand, the Muslim conducts their own boys' initiation in the initiation camps within the Mosque where circumcision takes place. Beside the Christian and Muslim initiation ceremony of late there has been an increase in hospital circumcision for boys as an option to traditional Yao boys' initiations, circumcision to be exact. The major departure of these initiations is that it is claimed that unlike traditional Yao initiation ceremonies, the initiates are not advised to perform *kusasa fumbi* (literally removing dust from the private parts-that is an initiation ritual sex (Maleta & Munthali 2007).

2.4 Yao boys' Initiation Ceremonies in Malawi

There are a lot of initiations both for boys and girls in Malawi however my study is limited to Yao boys' initiation. In this section a brief outline of Yao boys' initiation will be presented. In their studies, CRECCOM (1994-2008); Hyde & Kadzamira (1994); Heckel (1935) Kapakasa (1990) and MHRC (2006) found that initiation ceremonies were still an asset in some Malawian societies and prominent particularly among the Yao societies.

Jando –(Circumcision) is Yao initiation ceremony for boys currently aged 5 to about 17 years the minimum age in the past was 12 years– On the first day of initiation all initiates gather at the chief's house. The chief offers an initiation sacrifice, *nsembe* and blesses the would be initiates for a successful initiation. Then they leave for the '*Tsimba/Ndagala*', an initiation camp. The Angaliba, the initiation counsellor has the sole responsibility of the initiation but reports and is answerable to village chief. At the initiation camp the Anakangas/achitonombes stay with the initiates the whole duration of camping taking care of circumcision wounds and teachings. The initiates are circumcised by the 'Ngaliba'. Nakanga/Chitonombe/M'michira/Alombwe apply medicine and clean the wounds for fast healing and to avoid infections. The initiation last for an average of four weeks now but

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

could go beyond this in the past. The initiates are counselled on discipline, sex education and other social morals. During the initiation normally language is explicit and much emphasis is put on sex education. They are told not to fear women as such they are encouraged to practice sex after graduating from the camp (CRECCOM Action Research Profile Reports, 1994-2008; MHRC, 2006; Hyde & Kadzamira, 1994). Munthali et al (2004) also reported that while initiation rites are for character building, they are also known to encourage early initiation of sex and that many initiates come out feeling that the initiation certifies them to experiment with sex since they are now considered adults. On the last night the 'Ndagala', is burnt and all the initiates go to the chiefs house. The larger community spend this night dancing to Manganje. The next morning the graduate initiates are shaved and bathed at the river. They organise a celebration feast afterwards. From thence they are given new names as asymbolic change of status and are considered adults and are respected by the society. (CRECCOM Action Research Profile Reports, 1994-2008; MHRC, 2006 & Hyde & Kadzamira,1994).

In summary, an effort has been made in this chapter to present the background studies on NGO HIV and AIDS work, cultural practices, HIV and AIDS situation in Malawi, initiation rites and Yao boys' initiation ceremonies in Malawi. The initiation rites, Yao boys' initiation and the HIV and AIDS are to give the background to what led to the NGO HIV and AIDS interventions and how tricky the task is. The studies about NGO work on cultural practices and HIV and AIDS are to give a background to my study. At the same time they place my study among similar studies. Additionally also by looking at the theories and concepts used in the studies gives an idea how my study can also use them in combination with others to understand the findings of my study. Use of these studies to understand better my findings is enhanced by my theoretical framework which is presented in the next chapter.

CHAPTER 3 THEORETICAL FRAMEWORK

Based on my study of the work of NGOs'/projects in changing the indigenous cultural practices in response to HIV fight, 4 social concepts/theories have been selected and used. These theoretical concepts help my study to identify different attitudes and work strategies the NGOs use and to understand the consequences of the work strategies. This will in turn help to answer my study question of and understand why some HIV and AIDS NGOs seem to have more success than others. These include: Empowerment theory-problem solving and the strength concepts; Individual and Social change/ change from below theory; Community participation/involvement concept- Participatory development concept; and Dependency theory. These theories and concepts are linked to the process of involving the program clients or beneficiaries/service users in the implementation of programs at all stages of project implementation.

3.1 Empowerment theory

My study is focusing of the impact of involvement of project beneficiaries in project implementation at all levels. Involvement is only possible when the implementer realises the role the beneficiary can play besides being just recipients of the services. This can be done through realising that the beneficiaries have a potential strength to employ in the problem solving. Empowerment is seen as a means of enabling people to overcome barriers, to achieve life objectives and to gain access to services (Payne, 2005). The definition of Saleebey (2006: 12) fits very well to the application of empowerment concept in my study. Empowerment is about assisting individuals, groups, families and communities to discover the resources and tools within and around them. This also means that empowerment is achieved by ensuring people with resources, opportunities, vocabulary, knowledge and skills needed to increase their capacity (Tesoriero, 2010: 65). The enhanced capacity allows people to determine their own future and to participate actively in their community. And to enhance that capacity depends on the fact that you realise that it exist in the first place. This is all about first realising the strength in the beneficiaries and utilising it in the problem solving process.

There are said to be five ways of empowering people but mainly two are closely related to my study, these include: through collaborative partnerships with clients and through the expansion of clients' strengths and capacities. This description of empowerment is very useful in my

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

study most especially the fact of considering clients as active subjects and agents. This is vital and helps to explain about the success and challenges of NGOs interventions (Saleebey, 2006, Simon, 1994). Empowerment theory can therefore be understood as a means of assisting the clients'/ beneficiaries to overcoming their barriers so as to enable them to exercise power. This may ensure acceptability of interventions, success and sustainability. Empowerment is said to aim at increasing the power of the disadvantaged. This power can be power over personal choices and life chances, power over assertion of human rights, power over the definition of need, power over ideas, power over institutions, power over resources, power over economic activity, even power over reproduction (Tesoriero, 2010: 65).

The theory helps me to understand the importance of involvement of intervention beneficiaries at all stages of implementation. This may help my study to determine success/impact, challenges and overall perception the beneficiaries would have of such intervention in relation to involvement. In order to understand better my study findings the use of empowerment theory is strengthened by specific use of the problem solving and the strength concepts as described by Healy (2005: 108). Have the HIV and AIDS NGOs'/projects realised the strengths in the key community leadership and facilitators? Have they deployed it in the problem solving of the challenge of changing the conduct of Yao boys' initiation in an effort to curb the spread of HIV? If Yes how and if not, why?

3.1.1 Problem Solving concept

Problem-solving concept is characterized by collaborative, highly structured, time-limited and problem-focused approaches to practice. This is relevant to my study as it provides a comprehensive framework through which to understand the work of HIV and AIDS NGOs'/projects in changing the conduct of Yao initiation ceremonies. Looking at how destructive the HIV and AIDS epidemic has been, time has been a factor and of essence in the implementation of interventions. There has always been the need for a collaborative, highly structured, time/limited and problem focused problem solving, most especially with all mind on the beneficiaries/clients (Healy 2005 :108). Implicit in the problem solving is the concept of task –centred approach. The concept assists practitioners in their attempt to maximize clarity about the purpose and the process of intervention between social workers and service users. Moreover, the task-centred concept is focused on enabling clients to make small and meaningful changes in their lives by limiting the number of problems. In doing so, it strives to

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

respond to client problems in the localized and practical terms. The use of task centred approach in my study is because it sheds light on the conceiving of the interventions, the goals and objectives, the activities and the implementation. Who is involved in the task selection? Overall, it is worth mentioning that the problem solving approach emphasizes the involvement of service users in determining practice goals, processes and outcomes. The concept is therefore consistent with core social work values of respect and self-determination (Healy, 2005: 108). The underlying idea is to empower service users so as to address the problems they face in daily living without ongoing support from social service agencies. This is linked to the dependency theory outlined below. Given this, the use of the problem solving concept in this study may not only contribute to exploring the social practices and their effectiveness but also to understanding the strategies for communicating the experiences of the social work practice with other stakeholders, particularly those using and funding services.

3.1.2 The strength concept

The strength concept mainly focuses on the capacities and potentialities of service users. It is devoted to enabling individuals and communities to articulate, and work towards their hopes for the future, rather than seeking to remedy the problems of the past (Healy, 2005 :151 & Saleebey, 2006). This concept therefore demands practitioners, service providers, to consider an optimistic attitude towards the individuals and communities whom they work with, the service users. The concept helps in understanding how the NGOs in my study realised the potential and strength in their service users, the interventions beneficiaries and how they went about tapping that strength. Through the concept my study also understands how that involvement affects their success/impact, the challenges faced and indeed the overall perceptions of the intervention beneficiaries.

The strengths perspective is focused on the capabilities and assets of service users and their communities. Of essence in this approach is perhaps its recognition of the power of optimism, on the part of both service worker/provider and service user for achieving significant improvements in the quality of service users' lives. It is further argued that the dialogue between the service providers and users is central to the strength perspective (Healy, 2005: 151; Saleebey, 2006 & Tesoriero, 2010: 299).

For the key local leadership and the grassroots facilitators to be involved fully working with HIV and AIDS NGOs' and projects in the solving of their challenges and help in sustaining the

The changes in the conduct of Yao boys' initiation ceremonies: An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'

activities, there may be need for NGOs'/projects to acknowledge that those key grassroots leaders and facilitators possess some strength that is vital and can be exploited. This can ensure sustainability of the activities. It is through realisation of the potential strength these key local leadership and facilitators possess and ability to utilise it that matters for success (Israel, 1994; Werner, 1997).

3.2 Social change/ change from below theory

The concept helps my study to understand better the study findings mainly the NGOs strategy to their interventions and how that may have affected how far they involved and allowed participation of their beneficiaries at all stages of implementation. This is related to empowerment theory. It asserts that social change happens through dialogue. This is to build up a critical perception of the social, cultural, political and economical forces that structure reality and by taking action against forces that are oppressive. Feelings of powerlessness, which can come from lack of skills and confidence, have to be cast off (Parker, 1996 & Werner, 1997).

Tesoriero (2010: 120) describes change from below as a concept that advances the idea that the community should be able to determine its own needs. This includes how they should be met. The idea is that people at the local level know best what they need. The idea is also that the community should be self-directing and self-reliant. Change from below is said to be both attractive and consistent with much of the ecological and social justice writing. He noted that people, as in my case, the project implementers and donors as well, are readily persuaded by statements such as: "*Communities should be self-reliant*"; "*There should be more power at the grassroots level*"; or "*People should be able to determine their own future*". But while it may be easy to state the rhetoric, the idea itself when put into practice is extremely radical. This for many people is said to require a major change of mindset. The concept of change from below is implemented in relation to ideas of valuing local knowledge, valuing local culture, valuing local resources, valuing local skills and valuing of local processes. This is critical in my study to understand the intervention strategies of the NGOs especially on involvement of intended beneficiaries.

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

3.3 Community participation/involvement concept- Participatory development approach

In addition to the concept and theories above my study uses the community participation to understand the implications of NGOs involvement of beneficiaries at all stages of interventions implementation. This ironically is also the widely claimed applied concept, the community participation and/or involvement in most NGOs, projects and donors. Midgley (1986) conceded that, although community participation is one of the most popular themes in development studies today it is however said that many of the complex and controversial issues attending the concept have not been properly debated.

Participation is defined as an emphasis on people having a role in decision making. This is a focus on people who are usually excluded from having control over resources and institutions. It is the ability for the people to influence activities in such a way as to enhance their wellbeing. Overall, participation is an empowerment process undertaken by the excluded in recognition of power differentials among groups in society (Tesoriero, 2010: 65). This links participation to empowerment which is vital to answering my study question. Participation however suffers from *tokenism concept*. That is, many apparent attempts to encourage community participation amounts to the process where people are consulted or informed about decision but where they really have little or no power to affect it. This is the rhetoric that has overtaken the concept of community participation in practical application. This has led to scepticism on the part of the clients as they realise that they are just being used in *tokenism*. They realise that they would better use their time for other important things. This has led to failure to succeed and sustain projects and programs. Genuine community participation is said to be hard to achieve in a short time, it's not a quick fix. It needs a lot of time, is a slow development process and needs more sustained work (Tesoriero, 2010: 67).

3.4 Dependency theory

Last but not least is the use in my study of the dependency theory. This theory helps my study understand the operational strategy of the NGOs in my study especially on how they involved their beneficiaries and how that may have an implication on how far the beneficiaries become independent and self sufficient. This may be due to interventions that aim at building their capacity through ensuring participation and empowerment. It must be appreciated that the 3

The changes in the conduct of Yao boys' initiation ceremonies: An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'

theories above and dependency theory are related and together helps my study to understand better the interventions of the NGOs.

The dependency theory is closely related to the colonialism and colonialist concept that has been described in detail by Tesoriero (2010: 189). He said that imperialism and colonialism are as old as human civilisation. Colonialism involves the act of colonising, invading, conquering and then taking over other peoples' land, resources, wealth, culture and identity. Colonisation emphasises on invasion, oppression and domination. In community development colonialism is well used as an ideology, it a set of beliefs and values or a "world view". The process as opposed to ideology is referred to as colonising or colonisation. Colonisation results in detriment of the colonised. Unfortunately, those practicing it maintain that the process is in the interest of the colonised. It is used as justification of imposing ones cultural values on others as this is seen as obviously being in their interest. The result is that the colonised are stripped of their identity, their cultural heritage is denied and marginalised. They are labelled as "primitive", second class citizens who need to be "educated" in the ways more "advanced" civilisation of the colonialists. It emphasises the "*blaming the victim*", they are labelled, victimised and blamed for their own misfortune. This enhances dependency of the colonised. Dependency theory is also understood as one-way flow of "development" wisdom from developed to the developing by development experts, NGOs/projects. Making the recipients rely on aid rather than relying on their own economic and cultural resources. This is mainly so when they come from a background that is in a way different from the community e.g. (through education, social class, culture, race, ethnicity or age). The belief that they in some way have superior world view, are more "enlightened". This can be unconscious and formed and reinforced by education and socialisation. Temptations of colonialist practice can be both subtle and seductive. All community workers like to feel that what they have to offer is worthwhile and that they can contribute something important to community that will benefit it. Thus hence the community worker needed and relevant. It is imperative that community workers take special care to guard against colonialist practices in their work (Tesoriero, 2010: 189).

CHAPTER 4 METHODOLOGY

4.0 Study Methodology

Methodology has been defined as a means of planning and undertaking research by making choices on the cases to study, methods of data gathering and forms of data analysis. It can also be seen as a set of strategic methods developed to gather evidence from the real world about specific social phenomena. The choice of methodology is however dictated by the research question or problem of the study (Mason, 1996 & Silverman, 2006).

4.1 Study design, sampling and data collection methods

I have used qualitative methods in my study because the topic under study is both sensitive and secretive and because the use of qualitative methods has also allowed my study to dig deep into the questions of why and resulting implications of the beneficiaries involvement Silverman (2006: 33) and Marshall & Rossman (1999) define qualitative research as research that is aimed at gathering an in- depth understanding of human behaviour and beyond that, the reason that govern such behaviour. I have used Key informant interviews, In-depth interviews, Focus Group Interviews (FGI) and observation of the conduct of Yao initiation ceremonies. As Robinson et al. (2002: 70) argues that data collection does not begin and end with interviews. It is argued that it is hard to imagine any field research, whether it being qualitative or quantitative to be without elements of observation. This is what McMillan and Schumacher (2001: 42) calls a technique that is used by qualitative researchers by making direct eyewitness accounts of every day social actions and settings taking place in the form of field notes. I have also reviewed some literature of related studies. Hard and electronic secondary data was also collected from the targeted NGOs. The triangulation of methods and respondents has helped my study to get a complete picture of my findings. Berg (2009: 5) argues that by combining several lines of sight, researchers obtain a better, more substantive picture of reality; richer, more complete array of symbols and theoretical concepts; and a means of verifying many of these elements. The issue of verification can also not be over emphasised in the use of triangulation in my study.

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

I chose interviews as the main data collection method. Interviews provide researchers the access to individuals' attitudes, values, interpretation of events and understanding. This cannot easily be obtained using other methods for instance a formal questionnaire and structured interview (Silverman, 2006: 109). One other unique opportunity with the interview method is the ability to combine structure with flexibility. They are also interactive and generative in nature. Interviews do this by exploring the participants, feelings, opinions and beliefs (Marshall & Rossman, 1999: 57 & Ritchie & Lewis, 2004). Issues of objectivity, ethics like anonymity and confidentiality are a major concern when using interviews. But overall, my study and most especially my research question, the interviews fit well. Above all, it is also my use in the study of three different types of interviews and other methods to take into account each type limitations to benefit from the strength of the other that counts most.

Though the development of interview guides was done in English, the interviews and data collection was done in local language, Yao. In some instances, Chichewa, the Malawi national language was used. For the key informant interviews, English was used and all secondary data was in English language. The average time taken for the interviews ranged from 1 hour to 1 and a half hours. Before each data collection was conducted, the respondents were briefed about the research and the researcher. This was followed by the consent form that was explained to them. After that they were asked to sign if they agreed to take part in the study based on the information they had on the study. During interviews, field notes were taken by all the three of us in the study team for comparison during the evening discussions. All interviews were being summarised later in the evenings in detail each day. When we realised that we had some gaps mainly from the key informant interviews, we were able to make phone contacts for clarification as we had established relationship with our informers.

My study targeted a Yao tribe dominated village in a Yao dominated traditional authority and district, where boys' initiations are commonly conducted. This has mostly been a purposive choice as it is a village with most Yaos who are also conducting most Yao boys' initiation ceremonies every year. My study made the choice of the district based on the needs of my study problem. However, my study did make the choice of the traditional authority in the chosen district in consultation with the District Commissioner for the district and that of the

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

village with the traditional authority, all this was done looking at statistics on Yao communities.

4.2. Sampling and study actors

My study purposively selected the participants and respondents. Purposeful sampling is said to be a method of selecting the best informant who is able to meet the informational needs of the study (Morse, 1989: 117). Respondents were chosen for my study due to their role, position, wide knowledge and influence on the issue under study. My study purposively targeted at least 7 key HIV and AIDS NGOs'/projects for the key informant interviews but findings from 3 NGOs were analysed as the other 4 did not fit in the needs of my study. The operational strategy and their interventions determined the choice. The chosen 3 had characteristics that provide findings that may help my study to answer the study question. This is explained in much detail in the section about data collection methods below.

At least one key person was interviewed from each NGO. My target has been the leader or his/her representative from each of the 3 HIV and AIDS NGOs'/project selected. For in-depth interviews, the village headman, the Yao initiation counsellors, *Angalibas and Anankungwis*, both male and female influential in Yao initiations and the village health surveillance assistants (HSA), who are the frontline health personnel in every village in Malawi (*see also Dionne, (2002) about the important role of community leaders and facilitators*), were included from the selected village as respondents. Their selection was influenced by my knowledge of who are the key leaders and facilitators based on their positions, influence, their roles as key community facilitators and intermediate people between the village and NGOs'/projects in interventions at a village level in relation to the conduct of Yao initiations and HIV and AIDS issues. For the focus group interviews, graduates of Yao boys' and girls' initiation before 1994², graduates of Yao boys' and girls' initiation from 1994 to present and the parents of the Yao boys' and girls' initiation graduates. And lastly, that of religious leaders, both Christian and Muslim, this was so as these are the major religions in the study

² In 1994, following protests and international condemnation, Banda agreed to relinquish power and Malawi became a multi-party democracy. President Bakili Muluzi took office and made a speech in which he publicly acknowledged that the country was undergoing a severe AIDS epidemic and emphasised the need for a unified response to the crisis. Freedom of speech was re-established and political prisoners were released, creating a more liberal climate in which AIDS education could be carried out without fear of persecution.

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

village. The choice has been influenced by the need to get information from the grassroots recipients of NGOs'/projects interventions. Their experiences are vital for my study. My study involved both male and females as their initiations are similar. The village headman personal assistant helped in my study as a "gate keeper", to locate the participants and make arrangements for the study data collection. This was mostly through the village register of households and snow ball method, starting from the few we got for the first data collection in the village. Secondary data from the targeted HIV and AIDS NGOs'/projects in the study, that is data related to HIV and AIDS and conduct of Yao boys' initiation was collected. Availability of necessary data was important on this. In total, my study had 79 respondents, 65 took part in 7 FGIs, 4 took part in 3 key informant interviews and 10 took part in 3 in-depth interviews. No numbers were recorded for observation of 2009 initiation period as it covered the initiation process on several occasions and involved many people.

The field data collection took place in April 2009 and lasted for 1 week and observation from April to September 2009.

4.3 Data collection methods

4.3.1 Key informant interviews

Key informant interviews guides were developed and used (*see Appendices #3*) for HIV and AIDS NGOs/projects working in the study village. Key informant interviews with 7 Organisations was scheduled and conducted but data from only 3 organisations was analysed as their interventions and activities were closely related to my study question than the others. The chosen 3 NGOs have also the needed diversity in operational strategy that is important to my study in order to answer my study question. Therefore it is only NGOs with HIV/AIDS projects interventions that aimed at changing the conduct of Yao boys' initiation that were considered for the purpose of my study. Their operation approach/strategy, how they planned and implemented their HIV and AIDS interventions and their status, whether local, international or religious affiliated and their sources of funding. These are critical as they may have influenced their interventions in how far they go to involve the intended beneficiaries. These include **NGO A**, **NGO B**, and **NGO C** with assigned names. The real names of the NGOs has been hidden as a consideration of anonymity. The interviews aimed at getting information about the NGOs/projects' interventions, programme activities, how

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

they formulated and implemented them, their impact, challenges and Yao peoples' perceptions.

Brief presentation of key informants' organisations

(i) NGO A

NGO A is a local/indigenous and non-profit making NGO implementing a number of projects throughout Malawi. It has been implementing various projects. The projects have been implemented with funding from donors as it has no money of its own to implement projects. It has implemented 4 projects in the study district. These had different focuses but HIV and AIDS has been part of it. It has had also activities with the conduct of Yao initiations in all the projects implemented. It operates with no branches apart from the headquarters. It does not have field based staff but work with government field workers who in turn work with key community target groups like community leaders, school management committees, Parent Teachers Associations (PTA), volunteers and other village committees. Their mission and vision are effecting change through community involvement. They believe that solutions to community's' problems lie right within the communities. They have been involved in HIV awareness, interventions with community leadership in finding ways to change the conduct of Yao boys' initiation from within, finding local solutions through empowerment and capacity building of key leaders and facilitators.

(ii) NGO B

The other NGO is **NGO B** This is an international NGO. It is a faith based organisation, christian affiliated and humanitarian NGO. **NGO B** has Program Management Units (PMU) throughout Malawi. One PMU is in the study district and among the organisations studied. **NGO B** has been operating in study district since the 1990s on various projects that included HIV and AIDS prevention and mitigation of its impact. Being faith based affects their approach to interventions, for example traditional Yao boys initiation is deemed pagan and un Christian. Much of their HIV interventions has been on awareness and support to CBOs' and PLWA and they campaign against and offer alternative to Yao boys' initiation. Implemented a HIV and AIDS Prevention and Care Project in the 1990s. The goal wa to bring social cultural changes that contribute to reduction in the spread of HIV and minimise its impact.

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

(iii) NGO C

The other Organisation interviewed is **NGO C**. This is not yet registered NGO or CBO and it is also a faith based organisation, affiliated to Muslim faith. They do not get any funding from donors but are self financed through fees paid by the boys' for circumcision. It can be seen as a business venture. But said they had plans to get registered. They started their operations from a Mosque but moved to a neutral place in 2007. This is because they wanted more space and also to include even the other religions and pagans as previously they were targeting Muslims only. They conduct annual circumncision camping done by hired medical personnel. They campaign against the conduct of traditional Yao boys' initiation and offer an altenative instead.

4.3.2 In-depth interviews

In-depth interviews guides were developed and used in interviews (*see Appendices #4*) with study village Yao initiation ceremony counsellors, men and women; community leaders and Health Surveillance Assistants (HSAs). A total of 3 in-depth interviews were scheduled and conducted. The first one was for 2 community leaders, 1 male and 1 female participated. The other interview was for initiation counsellors, 2 women and 4 men participated. The last was for Health Survailance Assistants (HSAs) for study village, 3 male HSAs participated. These respondents were thought to be influential in as far as Yao boys initiations and HIV and AIDS is concerned. They are the key to finding about the interventions of the NGOs Yao initiations at community level.

4.3.3 Focus Group Interviews

Focus group interviews (FGIs) guides were developed (*see Appendices #5*) and used with initiation graduates before 1994; graduates from 1994 to present; parents of both these initiates in the study village. The others were that of the village health committee and that of religious leaders from the study village. FGIs were scheduled and conducted with female initiation graduates before 1994 and it had a total of 9 participants. The other scheduled for men for this specific target group was not conducted as the male group did not turn up after 2 attempts. The other FGIs were of initiation graduates after 1994 to present, there were 2 FGIs, that for males with 12 participants and that for females with 12 participants. The other 2 FGIs were for parents of initiates, with a total of 9 male participants and the other with 15

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

female participants, these are those who have children who are Yao initiation graduates and specifically from 1994. The other FGI was for village health committee, a total of 6 participants were involved and that for Religious group, with 2 participants as others did not turn up. In total, 7 FGIs were conducted. These were chosen to represent the Yao people on the ground, the intended beneficiaries of the NGOs interventions. Their information is necessary to get the whole picture in order to answer my study question.

4.3.4. Observation

Observation guides have been developed and used (*see Appendices #6*) for observation of the conduct of Yao initiation ceremony in study village for 2009 season. Direct observation has been carried out during the actual Yao initiation ceremony. It was carried out in initiation camps and the Yao communities between April and September 2009. This added depth to the findings of my study. My study was able to see and hear compare and contrast the said changes on the conduct of Yao boys' initiations from the findings from other methods in my study. This was also aimed at observing what cannot be said or heard but can be seen.

4.4 Methodology issues

4.4.1 Reliability and validity

In any social science study, issues of reliability and validity are crucial. Reliability and validity are said to be measurements of objectivity which is also a central issue in qualitative research. It must however be appreciated that as Christine & Immy (2002) found out, research is not a wholly objective activity carried out by detached scientists. Nevertheless it is possible to present and discuss factors which can influence the outcome of the study. . Reliability is much about the extent evidence in the study is independent from the researcher. It refers to consistency in the data. Validity is all about how far the study has provided a data which can help to answer study questions. That is to find valid answers. Methodology and applications that can be replicated and arrive at similar findings as those found in the study by other researchers (Silverman, 2006: 271).

To ensure some degree of reliability and validity of my study, every effort was made to choose the right methods, respondents and sample for the study. My study had also to make

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

sure that the application of the methods is helping to answer my research question and is as professional as possible. The triangulation of both methods and respondents helped this cause. The combination of interviews with different respondents with observation and secondary data helps to ensure reliability and validity of the data collected.

The other issue is that my study only goes as far as the short term success/impact of the HIV and AIDS NGOs/projects interventions on the conduct of Yao boys' initiation. This is as opposed to the long term ones which may require a comprehensive study. This would be to see if the changes in the conduct of Yao boys' initiation ceremonies have had impact in reducing youth early sexuality and indeed the reduction in HIV transmission (Glesne, 2006: 36 & Silverman, 2006: 271).

4.4.2 Ethical Considerations

In social science research, more so than other researches, the researcher has to be mindful of potential ethical dilemmas. As Ryen (2004: 230) argues that fieldwork is constantly ridden with ethical challenges, every effort has to be made by the researcher to limit if not eliminate these ethical dilemmas. Berg (2009: 60) is explicit on ethical issues. He said that social scientists, perhaps to a greater extent than the average citizen, have an ethical obligation to their colleagues, their study population, and the larger society. The reason for this is that social scientists dig deeper into the social lives of other human beings. Therefore, researchers must ensure the rights, privacy, and welfare of the people and communities that form focus of their studies. To ensure this anonymity and confidentiality, the real names and identities of participants, NGOs and places are not explicitly disclosed in this final report where possible. Anonymity in the study has been maintained to avoid identification that may end up harming my respondents. Sensitive data has been kept with no identifiers and that the recorded data was stored at safe place and not in common computers but personal computer with a personal password during the study. The pictures and the audio have only been helpful in the analysis but have not been used in the thesis and have been safely kept and will be destroyed after the thesis is accepted by University of Nordland.

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

My study also had potential to cause distress, discomfort and pain, therefore, every effort was made to minimise these through assurance of anonymity and confidentiality and building of trust between the researchers and the respondents. This was strengthened by my action to feel the pain, discomfort and attachment to the respondents at the same time not forgetting my role as a researcher. Signed informed consent from each respondent or a representative if it was a group interview was used before commencement of each data collection (*See attached copy of consent form in Appendices #2*). Respondents were made to understand the purpose of the study, its implications and advantages in their local language, Yao for the other data collection methods apart from key informant where English was used. This was done before anyone was involved in the data generation. Participation in the study was voluntary and that respondents were free to not answer to some questions and that they could discontinue the interviews if they felt uncomfortable. The study has also the blessing and authorisation of University of Malawi and University of Nordland (*See scanned copy in Appendices #1*).

4.5 The researcher

I the researcher has been working in one of the NGOs included in the study and have been working with the Yao initiations for a number of years. I am Yao by tribe and went through Yao boys' initiation. This has its own advantages and disadvantages in as far as data creation is concerned. The first challenge was with me as a researcher going to my organisation where I have been working and ask for key informant interviews. I had to be professional to complete the interviews. The challenge continued when I was to interview the other organisations that were working together with my organisation in the target area of study and location. They were in other words competitors. Seeing me as one from the competitors and also wanting to have information. Should they trust me as an independent researcher or a spy? That was one of the ethical tests in my study. There was need for more independent reflection from me to be able to see myself in different roles. The different me, performing several tasks that need not interfere with each other. This was a test of my young profession both as a new social worker and researcher. This required much my own critical reflection, a test of social work practice in context. It is as what Healy (2005:102) describes social work practice in different contexts and the need for deep reflections.

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

I also recruited two research assistants, one male and one female. Their role has just been to support me as a researcher. They too belong to the Yao tribe and have undergone Yao initiation ceremony. Additionally, both have been involved in some work of the HIV and AIDS NGOs/projects with Yao initiation counsellors. I do realise the prejudices related to our position as a research team and the resulting reliability, validity and ethical issues and the creation of data as a whole. I am assured though by what Merriam (2009) argued that, the interviewers' knowledge of the topic is necessary to raise meaningful questions in a way respondents understand easily. I have also worked in the district for a long time in different developmental projects and this emphasise the point raised by Merriam above. This is an advantage as my research assistants and I are knowledgeable in most issues related to my study topic. These made probing for more information in my study to be much easier. These gave us that advantage as the research team. The role of my research assistants has been vital as they are known by and have had contacts with most of my study respondents. They have been helpful in establishing a relationship with the respondents and most especially the study village respondents due to sensitivity of the study topic. Interviews and observations have been conducted by all of the research team for check and balances and to support each other. This of course with a leading role taken by myself, and research assistants just coming in to support, I and not the research assistants am fully answerable and accountable for this study.

4.6 Limitations of my study

There are many Yao villages but my study covered only one. And there are many HIV and AIDS NGO/projects than covered by my study. The bigger picture may be more complex than my sample target, with various populations, social-economic and others.

The other limitation is that my respondents in the NGOs may have limited knowledge about their organisations interventions in different villages. It may also be hard to distinguish between personal opinions and the official ones. This is also complicated by the fact that only a few were interviewed. It may be possible that I may have only their versions and stories. These concerns were however considered as the aim was to interview the most influential person in each NGO and also that the study was interested in their official position as opposed to personal and this was made clear to the respondents.

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

Lastly, the study guides were developed in English but sometimes administered in local languages like Yao and Chichewa which meant that the findings were translated back to English. In the process more work was involved, it was challenging and there was also a challenge of losing some information during translation. The research team made sure that almost identical translations were made. This was done also through cross checking by the study team. Additionally, we tried not pile up work. We started organising data right in the field through research team meeting each night of the data collection.

4.7 Data analysis

I have used thematic approach to analyse my study data. The collected data has been analysed manually by transcribing, coding and categorising in relation to frequencies. The note pads from my two research assistants and mine were compared and discussed in each evening on the day they were collected for quality control, assurance and in order to improve our memory. Trends, patterns and themes, inferences were used and done. Presentation, interpretations and discussions were based on study findings, actual statements of the respondents and some documents and reports from the HIV and AIDS NGOs/ projects in the study. They were also from the responses, observation and secondary data. All these were compared and contrasted to find relationships and conflicts.

I followed the stages of thematic analysis as put by Rapley (2011). I started with familiarising myself with the data set was collected. Then my study started to generate initial codes by coding the whole data set. The next stage was to search for themes that were clearly coming up from all the data collection methods and respondents. These are for example, what influenced the interventions, how did they come up with the program activities, who did they involve at different stages of implementation, what was the success/impact and why, challenges faced, future plans, perceptions about the interventions e.t.c. This was done through collating similar codes into the potential themes. The next level was to review the themes checking if the themes were working in relation to the data set, generation of a thematic map or diagram, the interest being finding which one fits and where? And how are they assisting in answering my research questions. The last phase was to refine the themes. My study started with each theme then the relationship between them, the linkages. This led

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

to generation of propositions and also looking at the complexity of associations not only between the themes but also efforts were made to relate the findings to the previous studies and use the theories and concepts discussed in chapter 3 and the related studies and literature to understand better the findings. This was in order to answer my research question. In practice, coding can be thought as a range of approaches that aid the organisation and interpretation of data. It is said to constitute the “stuff of analysis” allowing one to differentiate and combine data you have retrieved and the reflections you make about the information (Coffey & Atkinson, 1996, Strauss & Corbin, 2008).

CHAPTER 5 UNDERSTANDING THE FORMULATION OF NGOS INTERVENTIONS

5.1 Formulation of interventions and program activities

This chapter is the beginning of the three chapters dedicated to presentation of empirical study findings, analysis and discussion. These three chapters are closely linked and build upon each other to help answering how the operation strategy of NGOs/projects affects success of their interventions aimed at changing the HIV and AIDS risk practices and behaviour in Yao boys' initiations. There will be a presentation of my study findings on NGOs views about the conduct of Yao boys' initiation on the outset of their interventions as this may have a bearing on their operational strategy/approach to interventions and program activities. This will be followed by a presentation of study findings on the actual formulation of interventions and the brief presentation of formulation of program activities of these HIV and AIDS NGOs'/projects. An effort is made to present the study findings on the reasons which led to the development of HIV and AIDS interventions and program activities on the conduct of Yao boys' initiation ceremonies by NGOs'/projects and also who was involved in these processes.

If the whole picture of the effects of involvement is to be found it must start at the formulation of interventions and program activities. I wanted to understand the role and participation of community leaders and facilitators in the planning of interventions and selection of programme activities. Their early involvement at formulation stage is important to the next stages of implementation. This may affect the interventions intended beneficiaries/service users' acceptance, being part, taking responsibility more so, the success/impact, challenges, perceptions and even sustainability of such interventions. It is therefore important to examine the involvement of community leaders and facilitators at the outset of interventions and program activities as this is a foundation to overall involvement throughout interventions life.

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

5.2 NGO views about traditional Yao boys' initiation: Modify, abolish or both?

The views of the HIV and AIDS NGOs on the conduct of Yao boys' initiations before the formulation of their interventions are necessary as they may affect their intended interventions and strategy on the conduct of traditional Yao boys' initiations. This may be reflected in the NGOs choice of interventions and whether to just modify, abolish or both. These views may affect the NGOs'/projects approach/ strategy to interventions and even activities. This may not just stop there but may in the end have influence on the decision whether to involve service users in major decisions. The interest is whether there was need for the NGOs to get ideas from the key community leaders and facilitators about the choice of interventions. This is focusing on whether there was involvement of the key community leaders and facilitators ideas on possible interventions and activities. This is the main divide of the NGOs'/projects approach to their interventions and program activities that is necessary for my study. It is necessary in the build up to answering my study question, mainly the beginning of involvement at interventions and program activities formulation. The respondents were also asked if their NGOs thought traditional Yao initiation were still necessary and important now as compared to before. This was to get to the motivation and drive of their interventions that may have an implication on strategy or approach which may also be influenced by NGOs mission, vision, beliefs, motives, status and affiliations as presented in introduction in chapter 1 about general information of NGOs.

Respondent from the local non religious/political with donor, **NGO A** said that they found that the initiations were still necessary and important for the Yao people. **NGO A** found that traditional circumcision in Malawi still remains the main option as the hospital one is rare and expensive for the majority people who need it. He said,

“If the owners, the Yao people, cherish their initiations, who are we as just an NGO to say that it is not necessary. It may have challenges, but that does not make it unnecessary and unimportant”.

What **NGO A** did by choosing to consult the intended beneficiaries to hear their side about their practice and the challenges, this was an aspect of early consultation for participation. This is involvement of the intended beneficiary of an intervention that may prove to be

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

critical for the NGO. The statement about consultation of the importance of the Yao boys' initiation from **NGO A** respondent is not different from the approach to interventions outlined in **NGO A** conceptual model that emphasises community involvement for effective change. This shows consistency between the two, their model and what they claim to practice.

Respondents from the international charitable, Christian/religious **NGO B** and the local Muslim profit making **NGO C** said that the traditional Yao initiations were not necessary and that they didn't "trust?" the role of traditional Yao initiations. They said more so due to HIV pandemic. These NGOs thought initiation ceremonies teachings, conduct and expectations had out lived their lives and that their continued practices just complicates the whole picture. These NGOs thought initiations were not necessary and needed to be abolished mainly so with the advent of HIV. They advocated for wider and vigorous condemnation and finding a modern replacement to the conduct of traditional Yao boys' initiation. There is no mention of dialogue with the concerned communities to determine the next course of action.

The **NGO A** respondent said **NGO A** concluded that there was need to preserve the Yao initiations. However they realised that there was serious need for changes in the conduct. Some teachings and expectations and pressure that Yao put on the initiation graduates on sex which was thought to be a danger due to the HIV pandemic and needed to be addressed. This was shared by the respondents from **NGO B** and **NGO C** who earlier said their NGOs thought the traditional boys' initiations were not necessary. This was when they were asked further what their NGOs should do to conduct of traditional Yao boys' initiations if the owners, the Yao people, still found the initiations necessary. This is the beginning of the differences in view of NGOs in my study on the conduct of Yao boys' initiation that may affect the intended interventions approach and how far they are fully and genuinely willing to actively involve the community leaders and facilitators. The **NGO B** and **NGO C** respondents' views about the conduct of Yao boys' initiations may show that they dictate and impose changes on the Yao people without their involvement. This may be because the conduct of Yao initiations may have been viewed as backward, retrogressive and sometimes evil, harmful and shameful so this supposedly being done in their best interest any way. The approach by these NGOs can be interpreted as monopolising and dictating hence colonising.

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

This in my study is further complicated by the religious affiliation of these NGOs, Christian and Muslim respectively, all of whom are against the traditional practices that are deemed unreligious and pagan. This may have further implications in involvement of the very people who are deemed as failures with their practice. The lacking of working together between Yao leaders and the NGOs at the very beginning of their interventions as my study found may have implications on success, challenges faced and overall perceptions about the interventions.

I also asked the respondents what challenges are associated with the conduct of Yao boys' initiation in relation to HIV and AIDS proliferation. This is in order to see if the NGOs and the Yao community were at the same understanding of the challenges facing the conduct of Yao boys' initiation and HIV, the necessity for and what kind of intervention to be implemented. All the respondents in key informant interviews with HIV and AIDS NGOs/projects and study village respondents in FGI and in-depth felt that the conduct of traditional Yao boys' initiations is highly associated with the proliferation of HIV and other STI and others social challenges. A Health Surveillance Assistant (HSA) for example said:

"The conduct of our Yao boys' initiation leads to early school dropout, early pregnancies and early marriage. The conduct of circumcision using one cutting object for all the boys and the unhygienic care of circumcision wounds is also another challenge to HIV spread. This is further complicated by the teaching of sex to young children. Additionally to this is the encouragement of sex experimentation and pressure on initiates for initiation ritual sex. This is embedded in the songs sang during initiations that have sex connotations among other things."

It was argued further that:

"These render Yao boys' initiation ceremonies a threat to HIV proliferation."

From the quotations above it clearly indicates that the Yao people themselves know best that the conduct of their boys' initiation had challenges with some social issues including HIV spread. This is a positive step for the NGOs as it is always said that realisation of having a problem is a major step towards finding a solution.

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

Realising the challenge facing the Yao boys' initiation, all respondents thought interventions on the conduct of Yao boys' initiation are necessary. They only differed on what type of interventions. This may be because of the way they viewed the extent of damage caused, whether it is repairable, redeemable or hopeless, cannot be trusted and just needs to be done away and replaced. **NGO A** respondent said that:

“Through dialogue and discussions with key Yao community leaders and facilitators, we came up with interventions to modify some of the issue in the conduct of Yao boys' initiation. This was from within it and working with the very influential Yao leadership in as far as initiations are concerned. Our conceptual model declares that the solutions to community challenges are within the community.”

The **NGO A** respondent continued and said:

“Through community consultation we realised that it is possible to bring about modification only to the challenges and leave the whole tradition to continue.”

The statements above may demonstrate the interest **NGO A** has towards early involvement of intended beneficiaries of their intervention which may have implications in their interventions.

On the other hand the interventions by **NGO B** and **NGO C** are different as the NGOs respondents mentioned:

“Our interventions aimed at exposing the negatives of Yao boys' initiation conduct call for abandonment and offer alternatives as a solution, a modern initiation.”

Mark the words “exposing”, “abandonment” “modern” in the respondent's statement. These may emphasise the dominating approach of the NGOs on their beneficiaries. These replacements they were referring to professionally done circumcision, “modern initiation” done by hospital personnel hired by the two NGOs. The emphasis in their statements is also “they”, and not the intended beneficiaries. They were probably seeing themselves as the saviour of the Yao people who had messed up and needed help any way.

The study village respondents, mainly the community leaders and initiation counsellors in in-depth interview however thought that while interventions are necessary, the approach is supposed to be modification and not total condemnation. They argued that above all, they would like to be part of that change. Their argument was based on that most of the conduct of Yao boys' initiation has no problems; hence there was need for interventions that aim at

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

correcting the few wrongs and maintaining the right. One initiation counsellor argued and the others agreed, seemingly concerned and said:

“No need for wholesale condemnation of our tradition which we have practiced for a long time. Who are they to dictate on what we should and not do? Is it because we are poor? We deserve to be heard.”

The statement above was the probably a reaction to **NGO B** and **NGO C** interventions that focused much on condemning, calling for abandonment and offering replacements to Yao boys initiation. This may demonstrate actual or felt needs of the intended beneficiaries of the interventions on the conduct of Yao boys' initiations, how they would prefer the interventions to be. It may also show the resentment and protest to interventions that may aim at condemning their tradition. As opposed to the condemnation and replacement they feel there are some things that can be salvaged from the seemingly harmful Yao boys' initiations. This demonstrates the need to be involved. This may have implications on NGOs that do not fully involve the Yao people. It is may be questionable how such interventions can have a blessing and involvement of the grieved intended beneficiaries.

5.3 Interventions and program activities: Who is involved in deciding?

This section will present findings from key informant interviews with the representatives from the 3 NGOs on what led to their interventions and program activities on HIV and AIDS. This may reflect on who was involved in the formulation of interventions and program activities. My study would like to find out if community leaders and facilitators participated in coming up with suggestions about the interventions and program activities. This may help to understand how this in turn may have shaped the interventions, the success/impact, challenges and overall perceptions of the Yao people on the interventions.

It was generally found in that interventions by the organisations are not specifically and singly targeting Yao boys' initiation and HIV and AIDS. They are tackling HIV and AIDS as a whole with some activities in them that target the conduct of Yao initiation. Based on this finding, it is the overall HIV and AIDS intervention that is dealt with. Different NGOs study gave different reasons why they started their HIV and AIDS interventions.

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

5.3.1 Interventions: Whose idea is it- community, organisations, donors, studies or partnership?

The NGOs'/projects interventions are ideas which can be from a single source or a combination. These can be from the NGOs themselves, requirements and needs of donors, recommendations from previous studies in that field and from the intended beneficiaries through involvement of community leaders and facilitators in coming up with ideas about interventions. The aim of this section is to find out how much of the interventions of the HIV and AIDS NGOs'/projects are the ideas from community leaders and facilitators if any at all. This in turn may have implications on success/impact, challenges and overall perceptions of intended beneficiaries about the interventions. The respondents were asked if their NGOs have ever been involved with HIV and AIDS project interventions on the conduct of Yao boys' initiation and if yes, what has been their involvement and in what HIV project interventions. My study also wanted to find out what led their NGOs to have such interventions and how long they have been working in the study district. I also wanted to find out if they involved the key community leadership in coming up with their interventions on the conduct of Yao boys' initiations. This is critical as it may form the basis for interventions that may affect involvement of beneficiaries. This in turn may affect success/impact and challenges and over all perceptions about the interventions by intended beneficiaries.

The **NGO A** respondent added in explaining how their interventions started and said:

“The issue of Yao initiation kept on coming at different levels, emphasising the need to do something. It was coming from the local Yao people themselves through the KAP and the previous studies. We found that the conduct of Yao initiation was mentioned to have a negative relation to many social problems facing Yao communities. Specifically, the targeting of the conduct of Yao initiation ceremonies came from our Action Research and participatory drama performances, Focus Groups Discussions we had with community leaders and key community target groups. These are requests from key target groups like community leaders, school management committees and teachers.”

This may emphasise the dialogue **NGO A** has with the intended beneficiaries that may have a reflection on the intervention that mirror the needs of the beneficiaries. This dialogue is also

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

wide and seemingly ideal for active participation. **NGO A** respondent continued to emphasise their involvement of beneficiaries and said:

“We saw the need and community demand. This led us putting up a plan to work with Yao community leaders and facilitators in an intervention. This was aimed at changing the conduct of Yao boys' initiation to modify the negative aspects and try to preserve the good things.”

The **NGO A** reports and documents supported what the respondent said and the documented **NGO A** conceptual model which is said to be a blue print for the NGOs interventions with communities mentioned the same approach. **NGO A** respondent also said:

“Through wider consultation with the key leaders in Yao communities we realised that traditional initiations are still widely conducted and cherished. We realised that there was no question of abolishing them but rather work to modify them”.

The statement above may indicate and emphasise the wider consultation of the NGO which may have helped them to be on the same page with their beneficiaries in as far as the interventions were concerned. The early consultation and involvement of intended beneficiaries by the NGO interventions may prove to be important in the long run. These may guide the direction and strategy of the NGOs interventions. The **NGO A** respondent stressed again and said:

“We realised that the best approach was to work to change them with assistance of the very Yao people through their influential leaders.”

The approach of **NGO A** through the statements above may emphasise the involvement of the Yao leadership. This is involvement of service users/beneficiaries is critical to ensure empowerment of the intended intervention beneficiaries as discussed in chapter 3. Involvement seems to be critical for **NGO A** interventions approach. From the documents and from **NGO A** respondent, the NGO gets funds from project implementations from donors through writing of project proposals and sometimes through unsolicited proposals. Emphasis should be made that getting funding may translate in responding to donors' needs and conditionality specified in the requirements attached to that funding. There was a mention of a challenge in relying on donor funding for projects by **NGO A**. It is mentioned that the conditions and requirements from donors has an impact on how far their intended beneficiaries' ideas are incorporated in the interventions and program activities. This is

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

because the donor requirements and demands may not necessarily be the same as those of the beneficiaries. It is clear though that the initial **NGO A**'s view on the conduct of Yao boys' initiation and use of previous studies and an attempt to involve key community leaders and target groups despite donor demands may prove critical. It may have helped them to come up with interventions and program activities that reflect to an extent the needs of the targeted intervention beneficiaries. This is not disregarding the challenge of donor reliance. It is yet to be seen in the next chapters how this may affect the acceptability, success/impact, challenges and beneficiaries perceptions about **NGO A** interventions.

On the other hand **NGO B** respondent while responding to what led to their intervention said:

"We have been operating in the district since 1996 on various projects that included HIV and AIDS prevention and mitigation of its impact. Our baseline survey revealed the challenge of possible transmission of HIV through use of one cutting object in Yao boys' circumcision. The ideas came from further discussions with the people we were targeting."

She did also mention that they get their funding from a donor and concurred with respondent from **NGO A**. She said donors have their own requirements reflected in what kind of interventions and program activities they are required to implement and how. The fact that **NGO B** is a Christian affiliated NGO is quite visible, well stipulate and held in high esteem. It is found in the NGO mission, vision, documents and reports. This was also emphasised by **NGO B** respondent who said:

"Us being a Christian affiliated and international NGO has an influence on our views, interventions, activities and approach more so about some traditional practices deemed unChristian, uncivilised and harmful."

She also added to her responses and said:

" In the course of our implementation of HIV project we realised also that the research findings from South Africa, Kenya and Uganda study indicated a 60% effectiveness³ of circumcision in HIV prevention which created hype and demand for circumcision. We saw the need to pass the right messages to avoid false hopes about the research that would increase HIV proliferation."

³ Study on effectiveness of male circumcision done at Orange farm in South Africa, Uganda and Kenya. See more [http:// www.chru.co.za/whrg_micro.pdf](http://www.chru.co.za/whrg_micro.pdf)

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

The statements above may emphasise the unfortunate role of the NGO as having all the solutions for the helpless. In the statements there is however an extent of consultation with the beneficiaries but there was an emphasis of we in the respondent answers and not much mention of responding to request or suggestions from their intended interventions beneficiaries. There was also little mention of developing and implementing their HIV and AIDS intervention as a response to earlier studies by other people in the country. In general it is not specific how the intended beneficiaries were involved in coming up with their interventions. Their interventions aimed at campaigning for condemning and abandonment of traditional Yao boys' initiations and replacing them with better options may only testify their initial views which in turn may have been influenced by their affiliation and international position as an NGO. This is the initial view of the conduct of Yao boys' initiation that to them required interventions to abolish and replace with the right one. It is not surprising though that not much is mentioned on how community leaders and facilitators participated in the coming up of interventions. This may have a bearing on success/impact, challenges and perceptions about the whole interventions by **NGO B** by the intended beneficiaries, the Yao people. **NGO B** approach seems to lack active involvement of intended beneficiaries of their intervention. This may have consequences on the NGO success, challenges and over all perceptions of the Yao people.

One male respondent from **NGO C** responding to what led to their intervention said:

“Our interventions wanted to balance culture, education, and to avoid HIV transmission. We they felt compelled to start something that can fulfill this need. This is where our children can access the initiation tradition and be able to go to school in time but also at the same time have circumcision that is not a threat to HIV transmission. We also thought that our “initiation” is a welcome place for any initiation candidate.”

They argued that their NGO is not religious affiliated or Yao specific and that everyone can participate, hence they thought it is a demand from the community. My study though found that their intervention started from the Mosque initiation and is still affiliated to Muslim faith. Their comments however sounded different. The other respondent from **NGO C** when asked how they view the traditional boys' initiation he said:

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

"We as Muslims we consider and are convinced that the conduct of Yao boys' initiations is pagan and we would advise genuine Muslims to shy away from them. This is exactly why we thought of bringing the best replacement."

This may explain the NGO's initial view and later its approach of condemning and offering alternatives as interventions as opposed to working to modify the conduct of Yao boys' initiations. One of the respondents from **NGO C** said in addition:

"I was a member of school management committee at the nearby primary school and noted that adherence to school calendar after Yao traditional initiations proved to be a challenge due to long initiations duration. This was so because they were using traditional medicines and the wounds were taking long to heal. I thought of making a contribution to improve the situation. This was what led to our interventions."

From the interviews as the statement above, there was no mention on how the community was involved in the conception of the intervention and the decision of its activities. It seemed that the interventions came in as a conviction of certain individuals in the NGO after noticing the challenges with traditional Yao boys' initiations. From my study village respondents discussions it seemed to them a business venture much more than just a concern and wish to change the conduct of Yao boys' initiation. One initiation counselors seemingly frustrated said:

"It is an open secret that this NGO intervention is just a business trying to make ends meet and they will do anything possible to discredit our traditional boys' initiation to get more customers."

The statement above may be a clear testimony of the conflict between the NGOs work and the traditional initiation. This is besides another argument by most of my study village respondents that the NGO is just towing the Muslim faith line which also is against traditional practices deemed unreligious. **NGO C** respondent said:

"Our major aim for the intervention was to offer a better option to traditional Yao boys' initiation."

The approach of the NGO intervention may also set the basis for their interventions success/impact, challenges and overall perceptions of the intended beneficiaries. There may be lack of empowerment and involvement of the intended beneficiaries in coming up with interventions. There were no reports or documents to from the NGO to add to what my study got from the NGOs respondents and the study village respondents. This does not help much

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

in understanding the operation of the NGO or to separate between personal opinions and official ones.

When the respondents from the study village which included community leaders and facilitators were asked about the interventions by HIV and AIDS NGOs'/projects, they mentioned that they recognize and were associated mainly with **NGO A** interventions among the NGOs in my study. They said they felt to be associated with and believed its interventions and program activities to be a result of some of their contributed ideas. One initiation counselors said:

“NGO A attempted to involve and work with us to an extent. This was to come up with its interventions and activities even though we would have loved more involvement.”

The respondents however disassociated themselves from the interventions of **NGO B** and **NGO C**. They said:

“We cannot be associated with the interventions that only succeed at condemning and offering alternative to our esteemed traditional practice. We know that there are efforts done these NGOs sensitizing Yao people to bring awareness about the negatives of traditional Yao boys' initiation. This is a campaign calling for Yao people to abandon our practice and replace it with their alternatives, the hospital circumcision.”

They were referring to the approach of these two NGOs on their interventions. The village respondents also mentioned that they do realize that **NGO B** has also activities dealing with supporting PLWA with food staffs and other needs which they thought was positive. But still they maintained their stand about the NGO and said:

“We feel we are not fully involved and hence not part of their intervention. Their intervention involves only those infected by HIV and AIDS, PLWAs and not the other members of the community and the leaders.”

This section above and the statements from the study village respondents may have shown lack of genuine involvement of community leaders and facilitators by some of **NGO B** and **NGO C** in coming up with interventions. This may have resulted from their initial view of the extent of challenges in conduct of Yao boys initiations whether they are redeemable or needs replacement. This may have led to HIV and AIDS interventions approaches that may only not be a product of intended beneficiaries but may not accepted and associated with.

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

This may have more implications on success/impact, challenges and overall perception of the interventions intended target group, the Yao people as it may be seen in the next chapters.

5.3.2 Program activities: Partnership, imposed or both?

In this section an attempt is made to present the program activities by the HIV and AIDS NGOs'/projects in my study. This is to find out how they came up with the program activities, whether they involved the community leaders and facilitators or not. This may have implications on ownership of such activities. This in turn may affect success/impact, challenges and overall perceptions of the intended beneficiaries of such interventions. This is yet another step towards answering of my study question. What the study village respondents mentioned emphasise their view point about the NGOs interventions. It may indicate that they cannot associate to something more they have not contributed and feel part of. This may also indicate the actual desire to participate and be involved. This increases the feeling of ownership and responsibility; hence it greatly contributes to empowerment. The respondents in the key informant interviews were asked about their program activities in order to find out how they came up with their program activities which may give hint about the involvement of Yao community leaders and facilitators.

In responding to my questions how they came up with program activities, the **NGO A** representative said:

“We have implemented a lot of program activities. Besides the program activities that are initially drawn in the project proposals, some activities evolve during the implementation our projects and are mostly community driven.”

He proudly added that:

“As you can see as the abbreviation our NGO stands for and it is also in our mission statement which is “Effecting change through community involvement”. We make sure that communities are in the fore front not only as beneficiaries and those with challenges, but as partners in development. They are involved in implementation as well as evaluation of the interventions.”

This was also found to be well documented in **NGO A** documents and reports. This may indicate and emphasise the **NGO A**'s desire to involve key target groups like community

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

leaders in coming up with program activities as a reflection of local needs and aspirations. This may have implications on success/impact, challenges and perception of intended beneficiaries of interventions. The **NGO A** respondent when asked about their program activities said:

“Our main activities included but not limited to the following as some were developing even during implementation stage as recommended by the program beneficiaries: Briefing meetings, Action research. Let me emphasise that the development of community and key participants driven plans of action at all stages of intervention is critical in our NGO interventions. These are activities on the project proposal and also those that fieldworkers and key beneficiaries suggests and are discussed during the activities this is a monitoring and evaluation tool. This is deciding on intervention and activities on why, how, when, where and by whom, by putting action points.”

NGO A respondent continued:

“Field worker training is the next activity. The training is to make field workers knowledgeable and motivate them into action oriented implementers of the programme activities. They are trained on how they can work with and motivated key target groups and communities to participate and own the interventions. The next is community mobilisation. Then next is community based initiatives this is when the community target groups put into action their plans from the last activity. This is the climax of interventions beneficiaries and their community leaders and local facilitators show of involvement and participation. All the above activities are supported by on-going monitoring and evaluation at all levels including the community itself. The other support activity is the Role model initiative. The other activity is stakeholder involvement where key policy makers are taken to grassroots level implementation activities. This also helps in policy development and changes.”

The **NGO A** respondent continued:

“The next is review and re-planning meetings at all levels. A kind or reflection by the implementers of the plans developed. This is followed by something close and important towards key community leaders' involvement. This is Special interest groups training. The targeting of initiation counsellors was not there when we

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

implemented the first activities but came from the various key target groups. We provided 5 days residential trainings for Yao initiation counsellors. We supported the initiation counsellors with medicine and medical equipment needed for circumcision. We also helped them to form monitoring committees for the initiation counsellors at zone, district and regional levels. These committees were later lobbying for help of the medicines and medical equipment from government hospitals and other well wishers."

He, **NGO A** respondent, seemingly proud emphasised and said that:

"This proves our desire to involve and empower our intended beneficiaries of our interventions."

The activities mentioned by the respondent from **NGO A** are well documented in the **NGO A** conceptual model, documents and reports. Whether they are implemented as mentioned and documented is another thing altogether.

When the study village respondents were asked about **NGO A** program activities most if not all respondents mentioned that they know and that they participated in the NGOs intervention. This came mostly from the community leaders, initiation counsellors, religious leaders and the village health committee. They mostly appreciated **NGO A** work with the traditional initiation counsellors. One initiation counsellor for example said:

"We took leading roles in coming up with some of NGO A program activities in the intervention on the conduct of Yao boys' initiations through meetings, focus group discussions, community based and residential trainings and review and re-planning meetings."

This may be important information as it may build on the relationship that exists between **NGO A** and intended interventions beneficiaries that may be necessary for acceptability, ownership of interventions hence, may affect positively its success/impact and challenges and overall perceptions of Yao about those interventions and activities.

Responding to what led to their program activities and who was involved, the **NGO B** respondent said:

"We came up with program activities aimed at addressing HIV and AIDS. We developed activities that have been funded by donors and matches to their requirements."

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

This is donor influence challenge as faced by NGO A above. This has implications on how far the NGO can actively involve its intended beneficiaries. The following of donor demands leaves limited if not no room for involvement of beneficiaries.

She continued to name the activities and said:

“We conduct awareness meetings and sensitise key stakeholders on issues of HIV and on importance of using one razor per initiate during circumcision in Yao initiation and mitigation of impact and supporting HIV and AIDS infected and affected through provision of Anti Retral Viral Therapy and the Prevention of Mother to Child Transmission (PMTCT) and orphan support. We provide HIV and AIDS funding to CBOs. We offer alternative to Yao Boys initiation. We included a traditional Yao initiation counsellor on the trip to district hospital to observe how circumcision is done professionally. We also take back the circumcised boys to traditional Yao Jando, initiation camp for the remaining part of teachings and recuperation.”

The study village respondents were also asked about the HIV and AIDS program activities of **NGO B**. This is mainly the two issues mentioned by the **NGO B** respondent. These were put the community leaders and initiation counselors. They were asked if **NGO B** takes initiation counselors to hospital to learn and if hospital circumcised boys are brought back to traditional initiation camps and this was denied. One Initiation counselor said and the others shared his sentiments:

“What you just said is not possible and we have not heard of that. It has never happened here may be in other villages. We do not believe it is possible anyway”

This difference in responses by different actors, the NGO and the study village respondents may be because it has not happened in their village but it may be happening in others. This comparison was aimed at finding out how the study village respondents most of whom are the intended beneficiaries of HIV interventions on the conduct of Yao boys' initiations are associated with the interventions activities as this may in turn affect success/impact, challenges and perceptions of interventions which may help in answering my study question. My study village respondents doubted the possibility of a traditional initiation counselor accompanying **NGO B** let alone getting hospital circumcised boys back to traditional Yao initiation camp. They said that seemed not cultural and against the traditional practice and

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

that you cannot mix the two. Community leaders and initiation counselors in my study also disassociated themselves with the coming up of **NGO B** activities. They felt sidelined, one initiation counselor said,

"We think we were not heard but 'judged and sentenced without trial', if consulted surely we would not have suggested activities that aim at killing our own practice".

This may signify the realization of being left out of **NGO B** intervention due to lack or limited involvement of key community leaders and facilitators in contributing ideas about the interventions and activities which may have resulted in coming up with interventions that may be seen as not in good faith. Most of my study village respondents additionally referred to **NGO B** choice of working only with PLWAs as an example of activities that lack the ideas from the wider community. This approach to intervention by **NGO B** may have implications on its success/impact, challenges faced and Yao people support of this seemingly good activity which may only have been implemented badly. The poor implementation may be due to one sided, monopolistic, dominating and imposing approach of the NGOs intervention and ideologies.

I also wanted to find out from **NGO C** more about their program activities. When asked about the programme activities the respondent from **NGO C** said:

"Our activities are aimed at offering alternative to traditional Yao boys' initiation and they include the following: Sensitising the community and its leaders the importance of hospital and professional circumcision, sensitisation against bad teachings that have sex encouragement and expectations of Yao initiation graduates. Offering modern circumcision. This is to ensure that Yao circumcision graduates heal quickly and go back to school. We hire medical personnel from district hospital to do the circumcision. The medical personnel do the circumcision and we camp the initiates in what we call 'modern boys' initiation' for recuperation for 12 days. We give advice to the boys on how to behave as adults. We avoid sexual oriented teachings, songs and dances. We later organise mini graduation celebrations reserving the big occasions to the individual families back in their homes."

In the statement from **NGO C** respondents above it is interesting to note that "modern" initiation which was in **NGO B** respondent statement is also present. This emphasises that the **NGO** intervention is seen as modern and better than the Yao boys initiation which may be

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

considered backwards, primitive and harmful. From the statements above and the interviews there was no mention of how the community leaders and facilitators were involved in coming up with program activities. The view that their initiation is better, modern and the lack or limited involvement of beneficiaries may in turn affect the success/impact, challenges and the overall perceptions about their interventions by the Yao people.

From the presentation in this section it has been found that the NGOs have various program activities that included sensitisations about HIV and AIDS, capacity building that included trainings, supporting initiation counsellors with materials, supporting the CBOs, PLWAs and offering alternatives to Yao boys' initiations. These activities have mostly come from the NGOs even though some are claimed to have been contributed by the intended beneficiaries of the interventions. There other activities may have come from the requirements of the donors of the funding which the NGOs use.

5.5 Discussion and conclusion

In the previous sections, a presentation of findings from the key informants from HIV and AIDS NGOs' on the interventions and program activities was made. This was enhanced with the study village respondents findings to get the whole picture about different issues in my study. This was aimed at portraying the NGOs initial view on the conduct of Yao boys' initiations which may have affected the choice of approach of interventions and program activities. This is mainly so as to how the NGOs involved community leaders and facilitators in coming up with interventions and activities and how this in turn may affect community ownership, impact, challenges and perceptions of intended intervention beneficiaries. It was found that there were two extremes in the NGOs initial views about the conduct of Yao boys' initiation. Those that think it is redeemable, possible to modify like **NGO A** and my study village respondents and those that think it is beyond redeemable and needs replacement like **NGO B** and **NGO C**. This led to different approaches to NGO interventions, others aimed at modifying and others at replacing in this case **NGO B** and **NGO C**. This may have affected the extent of involvement of community leaders and facilitators in the formulation of interventions and program activities. Most interventions and program activities in my study are ideas of the NGOs and donors requirements and to a less extent from beneficiaries contributions. The above sections of this chapter were to provide the foundations of involvement of community leaders and facilitators in the build up to answering my study

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

question. This is how the involvement of community leaders and facilitators in HIV and AIDS NGOs'/project affects the interventions on the conduct of Yao boys' initiations. Involvement of community leaders and facilitators cannot be over emphasised as found by the study by Dionne (2010) that for any HIV and AIDS interventions to succeed it must involve the key community leaders. The argument in my study is the same as that of Dionne in that among various factors influencing impact of HIV and AIDS intervention, involvement is the key factor.

The findings presented above clearly shows that **NGO B** and **NGO C** projects did not make use of recommendations from the studies of HIV and AIDS on their interventions. They relied on their own baseline or fact findings. This is sadly not different from the findings of Kondowe and Mulera (1999) over 10 years ago. The failure to use recommendations from previous studies most of which may have come from the very intended beneficiaries of such interventions alienates further the beneficiaries from interventions. It may demonstrate lack of empowerment and touch with the local needs. Only **NGO A** mentioned that they based their interventions and activities on the recommendations from previous studies, the KAP was mentioned as an example. This can be explained and understood by what was found in the study by Kondowe and Mulera (1999) that the NGOs projects on HIV and AIDS in their study did not resemble what was recommended in the studies conducted on HIV and AIDS. It is not surprising that even the intended beneficiaries feel sidelined from such interventions. The NGOs interventions may have missed the needs of the intended communities. This may negatively affect the success/impact, challenges and target Yao communities' perception of the intervention.

The findings from my study show that all the NGOs claimed to have involved the intended beneficiaries. The findings from the study village respondents most of whom are intended beneficiaries of such interventions indicated something different. This is that 2 of the 3 NGOs in my study, that is **NGO B** and **NGO C** did not involve them as intended beneficiaries. This is involvement in the formulation of the interventions and let alone the choice of program activities. This is different from **NGO B** claim that they consulted the beneficiaries through baseline or fact finding to come up with programs. **NGO B** and **NGO C** however mentioned nothing on involving the Yao leadership when coming up with program activities. This has implications on how far the NGOs can succeed, the challenges they may face and the over all

The changes in the conduct of Yao boys' initiation ceremonies: An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'

perceptions of the intended beneficiaries. This can be understood better through the *tokenism concept* that Toseriero (2010 p: 148) talks about in discussing the *community participation theory*. The limited or lack of involvement is manifest in **NGO B** and **NGO C** interventions. It is interesting though that ironical in that better practice in implementation of development interventions demand community/beneficiaries participation. This is different from what my study found with the NGOs in my study. The donor requirements and conditions attached to funding put the NGOs in a dilemma. This leads to NGOs conducting community consultation that are just “*cosmetic*”. This is trying to please both, the general ideal practice of involvement but also the donor requirement which unfortunately are mostly different. This leads to consulting the communities but with no intention to incorporate their suggestions or needs. This is why tokenism concept can help in understanding the position of the NGOs in my study influenced by the need for funding. This is not surprising though as **NGO A** and **NGO B** mentioned that they depend on donor funding for their interventions. The requirements and conditionalities imposed by donors to NGOs applying for funding for intervention only succeed in making the interventions as copies of donors needs much more than intended beneficiaries needs and aspirations. Most times interventions resembles the needs of the donor as specified in the requirements and specifications of particular grants or funding. This means that most of the planning for the interventions are already developed in the proposal sent to the donors before beneficiaries are consulted.

The action and strategy of the NGOs in my study can also be explained and understood through the *dependency theory*. The donors make **NGO A** and **NGO B** in my study dependent. This is because the NGOs have no funds of their own to implement programmes so they have no choice but follow the dictates and requirements of the funding agency just to secure the funds and the expense of the real needs and aspirations of their beneficiaries. There is limited or lack of empowerment due to limited or no involvement. This dependency is sadly passed on to the intervention beneficiaries as they have no choice. After securing the funding that is when the organisations embark of superficial baseline and fact finding to blind the beneficiaries and find the way out of the dilemma mentioned above. This is what Tesoriero(2010 p: 148) argues that it is where people are consulted or informed about a decision but where they really have little or no power to affect it. There is no genuine or full let alone active participation of the communities. Unfortunately or not, the beneficiaries know this *tokenism*. Tekenism helps to explain my study village respondents reactions to the NGO

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

lack of their involvement. They mentioned that they were not consulted about some of the interventions and let alone in the development of the program activities. They do not feel to be part of such interventions and were even in protest. The realisation of the interventions intended beneficiaries that they were sidelined may not only be recipe for limited and poor success/impact, many challenges but also overall negative perception of the interventions by intended beneficiaries. This can be better understood using the cultural sensitivity and cultural protest as used in Mhordha (2007) study. The NGOs in my study lacked cultural sensitivity to incorporate ideas from the local culture of the beneficiaries. This led to cultural protest as we see in chapter 7 about over all perceptions of the Yao people about the NGOs interventions.

The lack of genuine and full consultation of project intervention beneficiaries in interventions development and coming up with program activities by NGOs in my study as found from the study village respondents only confirms also the lack of empowerment to the beneficiaries. *Empowerment theory* states that if interventions should be effective you should start with involvement at early stages of implementation. The lack of involvement of service users in the problem solving formulation in the NGOs in my study can also be better explained with the *problem solving concept* and the *strength approach concept* as articulated by Healy (2005 p: 108). The problem solving advocates that the service provider and service user maps out what should be done, by whom and when. This is when the strengths in the service users are identified and incorporated in the implementation of the programs. Surely there may not be motivation to involve intended beneficiaries in coming up with interventions and activities if you view their practices as unreligious, primitive, harmful requiring abandonment and replacement. You can not see the strength in involving the assumed blamed victims, hence lack of genuine, full empowerment and involvement. Unfortunately it is the involvement of community leaders and facilitators which may have ensured acceptability, involvement/participation and the bottom-up approach to development as argued by the theories used in my study. This may have also ensured success and sustainability of the interventions but it is limited or even missing. This is missing in the NGOs' that did not or superficially claimed to have involved community leaders and facilitators in deciding the interventions, activities.

This lack of consultations and involvement may have resulted in coming up with program activities that are not in touch with the needs of the beneficiaries and sometimes against their

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

needs. This is as expressed by the study village respondents, the community leaders and initiation counsellors in reaction to the NGOs interventions and activities. My study for example found that the NGOs developed without consultations with the beneficiaries programme activities that included alternatives to Yao traditional initiations like the hospital circumcisions. This is instead of aiming at modifying the traditional Yao initiations through working with it and not trying to squeeze it out of existence as mentioned by community leaders and initiation counsellors in my study. Surprisingly, all the NGOs in one way or another claimed to be involving their beneficiaries. This may be because it is the assumed right thing to do and ironically high on the list of requirement by the donors. The lack of actually practicing it is different from the findings of Kondowe and Mulera (1999) study that found most HIV and AIDS NGOs involvetheir beneficiaries. May be it was only rhetoric from the NGOs in that study. This may also have been the case as that study did not involve beneficiaries, to hear their side of the story.

The respondents in my study village echoed the fact that only **NGO A** out of the three attempted to involve them and worked to modify the conduct of Yao initiation. They said instead of just pointing out the bad things in their traditional Yao boys' initiation, **NGO A** offered to work with them to solve the problem from within and not from a far. It is not surprising that the activities of **NGO B** and **NGO C** have not had specific program activities that targeted and worked with the Yao boys' initiation ceremony apart from the campaign to condemn it. It can be traced back to their operation strategy influenced by being religious affiliated for both and being international and donor dependent for **NGO B** and being profit making for **NGO C**. They both have alternative activities to Yao boys initiation as a replacement, the hospital curcumcision. This was a contentious issue in my study among the community leaders and initiation counsellors. They argued that this emphasises the lack of trust and faith in the possible strength in them, community leaders and facilitators as service users by the service providers, NGOs ignoring them.

Moreover interviews reveal that **NGO B** has HIV and AIDS activities that target only those infected and affected with HIV, the PLWAs and not the whole community. This complicates the matter further. It was found that this just perpetuates the isolation of the HIV infected from wide community and put those infected and affected on the spotlight for further discrimination.

The changes in the conduct of Yao boys' initiation ceremonies: An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'

The NGOs'/projects approach in my study has limited if at all involvement of their intended beneficiaries. This is found mainly with **NGO B** and **NGO C**. The interventions and program activities came from the NGO in what we can call top-down approach. The beneficiaries were not given an opportunity to decide on the type of intervention and program activities. The actions and attitudes of the NGOs can be understood better using some *theories of social development or development change from below* as presented in chapter 3. This is where the beneficiaries are supposed to determine their own needs and how they should be met. This is the argument that people at the local level know best what they need. In the case of the NGOs in my study there was need for the NGOs to value local knowledge, value local culture, value local resources, value local skills and value of local Yao people. The lack of involvement of service users by NGOs in my study, in this case community leaders and facilitators let alone coming with alternatives to Yao traditional initiation as done by **NGO B** and **NGO C** can be better explained with this *change from below theory*. The theory helps my study to understand the actions and strategy of the two NGOs and the impact of such interventions. The perception of the respondents from my study village to such NGOs interventions is not surprising. They don't want to be associated with such interventions. This is a revolt like, similar to what the study by Mhordha (2007) found of the efforts to end female genital mutilations in East Africa in the 1950 due to lack of involvement of key and influential community leaders and facilitators . This is cultural revolt due to NGOs cultural insensitivity.

The operational strategy of some NGOs in my study can be described in terms of colonialism concept by Tesoriero (2010 p: 189). This is where service users, NGOs intervention beneficiaries can be over powered due to their different education levels, class, ethnicity, culture or race and I can also add to this religion. This can place the NGOs to view the practices by the less privileged as harmful, uncivilised and in need of replacement. This is exactly what has happened the case of **NGO B** and **NGO C** in my study. Did being international and Christian affiliated affect the view of **NGO B** of the conduct of Yao boys' initiation and resulting in their approach to intervention and lack of involvement of intended beneficiaries? Can we say the same to **NGO C** view to have been affected by their Muslim affiliation and profit making mindedness? My study findings compell me to conclude so. The interventions by **NGO B** and **NGO C** seem to lack full, genuine and active involvement of

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

intended beneficiaries ending at coming up with substitutes to Yao boys' initiations. This is subtly with assumption that it is after all in the Yao people best interest anyway, kind of doing them a favour. This lead them to blame the victim for their misfortunes and believing that their wisdom counts more that that of the service users.

These kinds of attitudes as portrayed by NGOs in my study have characteristics of an attitude linked to colonialism. It is sad that the findings of my study about the NGOs negative views about the Yao boys' initiations by **NGO B** and **NGO C** are linked to the on going derogatory discussions about the Yao tribe in Malawi. Yaos are regarded as the most primitive, less educated and that they are responsible for their misfortunes. Could this have influenced the service providers, the NGOs attitudes, actions and approach towards conduct of Yao boys' initiations? The imposing of alternatives to replace and not to work alongside Yao boys' initiation may be enough testimony to this. It can also be argued as reported by some study village respondents that **NGO B** being a Christian organisation and **NGO C** being Muslim affiliated may not always agree with and may oppose to continuation of traditional practices they deem and preach to be pagan and unholy. The village respondents argued that with this approach, the NGOs would do anything to villify the traditional Yao boys' initiations and push it out of existence by offering their hospital circumcision instead. Could this have been influenced **NGO B** and **NGO C** choosing not to work directly with traditional Yao boys' initiation but instead condemning and offering alternatives?

The coming up with alternatives to traditional Yao boys' initiation by **NGO B** and **NGO C** has some positives and is not all negatives. It must be argued that even though most study village respondents felt negative about the alternatives to Yao boys' initiation offered by **NGO B** and **NGO C**, a few, including the village health committee and the HSAs felt this is a development in the right direction. The only challenge noted about the hospital circumcision interventions is that the initiatives are provided as replacement and not partners to work alongside traditional Yao boys' initiations. This is further complicated by lack of consultation and wider, genuine and active involvement of intended beneficiaries. It is argued that it has been imposed on them. It has to be mentioned that alternatives to traditional Yao boys' initiation have existed for sometime before these **NGO B** and **NGO C** in form of Mosque and Church initiations and also hospital circumcision and that there has not been

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

such resentment as to the NGOs alternatives now. It must have to be the approach of the NGOs interventions and activities that affect this response and resentment.

My study found that in the **NGO B** programme activities that aimed at giving food supplements to the PLWAs not only isolates and increase discrimination but ends at perpetuating the dependency of the PLWAs. This lacked empowerment of the interventions beneficiaries. They did not become independent of the NGOs interventions. This can be better understood using the *dependency theory*. This is so as **NGO B** did not involve the leadership and ordinary Yao people. It involved only the PLWAs who could not do much but wait from the **NGO B** interventions for more support. In other similar projects to this one by other NGOs where there was supply of food staffs to beneficiaries they worked with the whole community to come up with activities. These involved the whole community to support the PLWA. This is by generating the food needs from the same community through activities by the whole community including the PLWAs. The activities includes gardening of vegetables, food crops like soya, raising of animals like goats, rabbits, bee keeping for honey production just to give a few examples. This do not only ensure acceptability, involvement of the wider community but also increased success/impact, reduced challenges, ensured sustainability and enhanced perceptions about the interventions by intended beneficiaries. It helped to reduce the discrimination and the isolation of the PLWAs and created some form of independence. From **NGO B** interventions in my study that had support to PLWA this is missing and it is discussed further in the next chapter

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

CHAPTER-: 6 NGOS INTERVENTIONS IMPLEMENTATION, SUCCESS/IMPACT AND CHALLENGES

6.0 Involvement of community leaders and facilitators, success/impact and challenges.

In this chapter will present findings on how the HIV and AIDS NGOs'/projects interventions in the study involved their key beneficiaries. It also presents the success/impact and the challenges associated with these HIV and AIDS NGOs'/projects' interventions. In chapter, 5, involvement was examined in formulation/conception of interventions and planning program activities. In this chapter this involvement is looked at from the level of implementation. My argument in this study is that the involvement of community leaders and facilitators at all levels of intervention implementation ensures impact, limit challenges, promotes acceptability and ownership of such interventions. This may also affect intended beneficiaries' overall perceptions about the interventions.

6.1 Involvement of community leaders and facilitators at implementation stage.

In this section a presentation is made on how the HIV and AIDS NGOs'/projects in my study involved community leaders and facilitators at interventions implementation stage. This is important as it builds from the involvement presented in chapter 5 at interventions and program activities formulation stage. This is to see if involvement continued and how it may have affected the success/impact and challenges faced by these interventions. The findings from the key informant interviews with the HIV and AIDS NGOs'/projects in my study reveal that all NGOs claim to have involved their beneficiaries in the coming up with interventions and program activities as was presented in chapter 5 above. But on the contrary as discussed in the same chapter this was found not to be true and genuine involvement. This was done through cross checking with other respondents in the study village, as the saying goes, "*hearing it from the horse's mouth*". As presented in chapter 5 the picture is different in as far as involvement is concerned between the service providers, the HIV and AIDS NGOs'/projects in my study and the service users, represented by village respondents. This shows that the different actors in have different opinions about involvement which is good for

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

my study to get such varied views as it helps in getting a balanced and conclusive answer to the study question.

Briefly I am going to present what the respondents in the NGOs key informant interviews mentioned to be their involvement of intervention beneficiaries, the interventions' success/impact and challenges. Also in these sections are what has been the take of my study village respondents on the same issues. My study wanted to know from the respondents from the NGOs on who did they involve in their implementation of their interventions on Yao boys' initiation ceremonies. My study also wanted to know from the initiation counsellors and community leaders if they have been involved in the NGOs interventions implementation. They were asked if they were trained as this is capacity building that would ensure empowerment.

6.1.1 Involvement in NGO A interventions implementation

Based on **NGO A's** documents, reports and also from the respondent from the NGO, community participation seems critical to the NGO. It is emphasised that **NGO A's** very existence and mission is to effect change through communities own involvement. To **NGO A** community participation and involvement is important because it ensures acceptability and responsibility over interventions by the beneficiaries themselves. This leads to sustainability of interventions way beyond the project phase out date. The respondent from **NGO A** said:

“Before participating in these activities, grassroots government field workers are identified and trained. These in turn sensitise the communities and the key community leaders and facilitators who are also trained to increase participation and motivation. The trained community leaders and facilitations implement activities in the communities. All these target groups draw plan of action that guide their implementation and that is also a monitoring tool. All the target groups in the intervention are sensitised, motivated and mobilised to take action”.

This may signify **NGO A** desire to involve the beneficiaries' leadership. This is critical capacity building to enhance meaningful and active participation and involvement. The

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

statement from **NGO A** above and the documented involvement of key beneficiaries leadership if it is practice as said and documented on the ground is critical for the NGO success, less challenges and over all positive perspectives by the Yao people.

He continued zeroing on the participation of initiation counsellors and said:

“Specifically the Yao initiation counsellors are trained to make sure they are actively involved. A residential training for 5 days is organised where they discuss the relationship between the conduct of Yao initiations and HIV and AIDS. There they discuss also ways to overcome the challenges and they make plans on how to do that. They form monitoring committees at zone, district and a bigger one at regional level. These monitor individual initiation counsellors how they are implementing the agreed changes and support each other where it is needed. The initiation counsellors are supported with modern medicines and equipment for circumcision. The initiation counsellors themselves as beneficiaries demanded and were involved in coming up with the list of the needed medicines and equipment. They also discuss the ways to sustain this through lobbying for more from other well wishers like hospitals through the initiation counsellors' monitoring committees.”

The documents and annual reports of projects from **NGO A** had information that is similar to what my study got from the respondent from the NGO. The **NGO A's** conceptual model also clearly indicates the processes they follow during implementation of projects. It was said to act as a blue print for the implementation of activities and that community participation and involvement seems to be at the centre stage. The findings from my study village respondents in in-depth interviews and FGIs also revealed that out of all the NGOs in my study, most if not all respondents commended the way **NGO A** implements its activities, how it attempts to involve beneficiaries at all levels. Out of 6 initiation counsellors in my in-depth interview, 4 testified. One speaking on behalf of the others said:

*“We have been fully involved in **NGO A's** activities through training and support of medicines and equipment for circumcision.”*

The statement above is an example of how the Yao influential leadership appreciates **NGO A** capacity building. It is of course important to mention that my study found that out of the 6 initiation counsellors in my study 2 were not yet trained and supported by the **NGO A**

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

intervention. This is a challenge that the NGOs interventions did not reach everyone needed to be reached. This challenge has been pointed out by the NGO in chapter 5 and is blamed on limited funds and duration of implementing interventions. The limited donor funds which are said to force the interventions to limited areas and target groups and not as may be necessary. The donor challenge is examined further in the section about the challenges faced by interventions below.

6.1.2 Involvement in NGO B interventions implementation

The respondent from **NGO B** responding to my question about beneficiaries' involvement during implementation said:

“Our HIV and AIDS interventions are involving our beneficiaries. We involve our beneficiaries during baseline, fact finding and also during sensitisations meetings on dangers of HIV and the use of one cutting object for circumcision and sex teaching.”

On the last two she did not however elaborate how they manage to involve them besides just informing/sensitising them. She also added and said:

“We involve the community leaders, health personnel and the community in monthly discussions on stigma and discrimination. The PLWA are also involved our support activities and encourage to support each other. We involve village heads, initiation counsellors, hospital personnel and District AIDS Coordinator to discuss the advantages of hospital circumcision and the dangers of using one cutting object. We take traditional initiation counsellors together with the boys' to the hospital circumcision so that they can learn the professional way of circumcision and that they put back the circumcised boys' to traditional initiation camps for the remaining part of initiation.”

The information was also in the reports and documents available at the NGO but whether this is indeed what happens on the ground is another issue. This when put to the study village respondents was a bit different from **NGO B** respondent testimonies and what my study found in the NGO documents and reports. The Yao community members represented by my study village respondents said that they were indeed sensitised on the dangers of HIV and the

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

conduct of Yao initiation but said they could not term that active involvement. They however corrected me that they were rather given information than involved. This shows the two different understandings of involvement between the service provider and user.

The study village respondents mentioned that the targeting of only the PLWAs in the provision of material support and not the whole community only further alienates their full participation. This they argued demonstrates the limited or lack of wider involvement. They were however not totally dismissing the possibility of involvement of community leaders elsewhere in the district although most, especially community leaders and initiation counsellors in-depth interviews had a lot of resentment and doubts. This shows that there is no agreement between **NGO B** and my study village respondents most of who are also supposedly the intended beneficiaries of **NGO B** interventions. This may demonstrate either lack of or limited and superficial involvement which was also presented and discussed in chapter 5. This is important information as it may affect the success/impact and challenges faced by **NGO B** interventions and the overall perceptions of the intended beneficiaries of such interventions.

6.1.3 Involvement in NGO C interventions implementation

The NGO respondents when asked if their intervention involved the community leaders. In response one said:

"We believe we have been involving our intervention beneficiaries. This is because we notify the community on the upcoming camping for circumcision each year through posters and announcements in the Mosques. We also do community awareness to encourage communities to send their boy children for safe circumcision without sex teachings."

These claims of involvement of their beneficiaries were not supported by the village respondents mainly from community leaders and initiation counselors. They argued and one initiation counselor said:

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

"We would not call announcing of the NGOs activities through posters and Mosque involvement. Or would you?"

They wanted to let me know that they have not been involved in such sensitizations and activity. There was however no documents or reports on **NGO C** available to back up what the respondents reported. The NGO seemed not organized and this may be also due to their position that of not being a registered NGO. One continued and said:

"We must stress that no boy from this village has attended the NGO's 'circumcision' as we can call because we cannot call it initiation."

This demonstrates again different viewpoints between service provider and user. Interestingly though the views of my study village respondents about real involvement are right and can be understood by the theories discussed in chapter 3. As noted in chapter 5, the lack of involvement at interventions and program activities formulation stage continued throughout the implementation stage of **NGO C** and this may have implications on success/impact and challenges and let alone the perceptions of the intended beneficiaries of this NGO as presented and discussed below.

6.2 Success/impact of HIV and AIDS NGOs'/projects interventions

This section is about the success/impact made by the HIV and AIDS NGOs. In order to get information about success/impact, the respondents were asked if they were able to notice any success as a result of their HIV and AIDS NGOs'/projects interventions on the conduct of Yao boys' initiation and what would be some of the successes. The findings have been put in sub sections by the NGO. It must be appreciated though that intervention success may not be a result of a single NGO intervention and a single factor which my study may have no control of but wanted to find out from my respondents what they consider the success of the NGOs interventions. The information presented is a combination of information from the respondents, documents and reports from the NGOs, the findings from the village respondents and from my observations.

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

6.2.1 Success of NGO A interventions

The respondent from **NGO A** mentioned that since they have been implementing their HIV and AIDS interventions there has been progress. He said they have documented progress made in annual reports and project final reports which was verified by going through the related documents. He mentioned that most initiation counsellors and community leaders have been involved, trained, supported and empowered. He said the initiation counsellors now know the dangers associated with the conduct of Yao boys' initiation and HIV. He said that the initiation counsellors have taken an initiative to sensitise the wider community on the changes they have adopted during their residential trainings on the conduct of Yao initiations to prevent risky behaviours and practices. The community leaders, initiation counsellors, religious leaders and village health committee from my study village who were among my respondents had also similar information about general impact of the NGO. They associated the successes to have resulted from **NGO A** interventions and work on the modification of the conduct of Yao boys' initiations. Some of the mentioned impact of **NGO A's** intervention were also observed during the 2009 initiation period and also found in the annual reports from the NGO.

The **NGO A's** reports mentioned that first they have noticed that the duration of Yao boys' initiation has been reduced from more than 2 months to just 1 month. It is said that having excess time in the initiation camp was thought to be encouraging teaching of unnecessary things as they had idle time. This change is said to be due to sensitisations and support with modern hospital medicine **NGO A** gave that speed up healing of the wounds. This was also mentioned by the respondents in the study village, the community leaders and initiation counsellors and observed during the Yao initiation for 2009 where modern medicine and equipment were in use and the boys' initiation took only 3 weeks to graduate.

The other success/impact mentioned by **NGO A** is that now as opposed to before the interventions the use of one cutting object for circumcision is reduced through community awareness and supported with more razor blades during initiation and other medical equipments. It is reported that above this, because of high community awareness on HIV,

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

most initiated male members of the community go to observe the circumcision and this provides check and balances for assurance of proper conduct. It is also mentioned that **NGO A** noted an impact on *Chisondo*, using the single swabs for applying medicines in circumcision wounds and on traditional medicine tattoos. It was found that after **NGO A** sensitisations and trainings of initiation counsellors, this is no longer the case. It was reported that now they just drink *Chisondo* instead of applying it through tattooing and that the swabs for the circumcision wounds are never reused or shared. It was also reported that there is a change in the shaving of the initiates to the skin on the last day of camping. Previously they used one shaving blade for all but now electric barbers are used. It was found by **NGO A** that there has also been a noticeable change in the care of fresh circumcision wounds in that most are wearing gloves and that they make sure that there is no mix of blood during caring of the wounds on the day of circumcision. These were also found by my study during the in-depth interviews, FGIs and through my observation that the initiation counsellors had enough razors for all initiates and my study saw them disposing the used swabs on the roof of the camp each time they were used during observation. My study also found this in the secondary data, the **NGO A** reports. The **NGO A** respondent argued that of course there are still some who have not adopted the change perfectly as change takes time.

NGO A also mentioned that they have noted changes in the songs that are sang in the Yao initiation camps, and also in the previously sex provocative dances and teachings. Previously the songs used to be full of sex education and encouragement in them but now they have modified them using the same tunes but with different messages. These are some of the resolutions made during residential trainings. The new messages are said to include education, HIV and AIDS and others which give a positive message to the initiates. The sex teaching in the initiation camps has also been reduced. The initiates are rather encouraged to work hard in school and to be aware of the dangers of HIV and AIDS. This was also mentioned by most respondents in my study village to be true with most Yao boys' initiation camps and my observation of the 2009 initiation showed that the current initiation songs have other messages other than sex. They had positive messages to initiates in education, health and general good behaviour. However the respondents from the focus group interviews with boys and girls initiation graduates after 1994 mentioned that in some initiation camps the sex teaching and encouragement still continue but at a lower level than before. This was also

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

mentioned by the **NGO A** respondent and is addressed in the section about intervention challenges below. This is because not all initiation counsellors were reached by **NGO A** interventions. This is said to have led to unreached areas and initiation counsellors conducting their initiations the old way.

Another impact mentioned by **NGO A** is the changes in the expectations which the Yao initiation had on graduating initiates to indulge in ritual sex. **NGO A** mentioned that their monitoring of the conduct of initiations which is said to be done at different levels revealed that most teachings that encouraged ritual sex are being discarded. They are now just prescribing medicine called *Chikanje* to replace ritual sex. **NGO A** also noted a change in the *Chikanje* tradition where the parents of the initiates in the camp are not supposed to have sex when their children are in the camp but to resume after graduation when they have drunk medicine given by the initiation counsellor. For the single women who have sons in the initiation this resumption sex was most often conducted by the initiation counsellors. It is reported that this has been stopped in most places. The respondents from my study village also mentioned this change. My observation found the change in ritual sex encouragement, unless it happened when my study team was not there, but when it was in the camp there was no such encouragement of ritual sex. One male initiation counsellor in the in-depth interview mentioned that they stopped the *Chikanje* tradition after noticing that many initiation counsellors had either died or are suffering from HIV related illnesses. This was after being sensitised by the NGO interventions about HIV and AIDS and relating that to their sexual behaviour. It was found however in my study that while some initiation counselors continue to encourage ritual sex, the increased HIV and AIDS awareness helps the initiates to make informed choices of the dangers of unprotected sex. My study observation found that the *Chikanje*, in the form of a drink medicine was given to initiates before graduation in the 2009 season Yao boys' initiation ceremony. The change in ritual sex encouragement was confirmed otherwise by respondents in FGI of Yao initiation graduates women before 1994 FGDs, one woman said:

“Let us not hide; ritual sex still continues in girls' initiation, the girls are still encouraged to have sex with boys of similar ages, preferably the fresh graduates from Yao boys' initiation.”

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

This only emphasises that even though progress has been made there are still pockets of resistance to change and this could be a result of other areas not reached as reported by the NGO blamed on limited funding and time of implementation of their intervention. The statement above is much more in the though Yao girls' initiations.

The other success noted by **NGO A** due to their activities is the all night dances of Manganje during the time the initiates are in camp. This created an opportunity for casual sex that was also not protected with condoms. But now due to awareness on the dangers of HIV, the all night dances, in all initiation days' have been stopped in most Yao communities. Interviews with village respondents and observation during 2009 initiation revealed that indeed there is a change in that there were only two days all night dances. These were done the day before Yao boys' initiation camp entry and the night before the initiation graduation celebrations. It was also found that there were condoms available on the nights provided by the village health committee. They were at a private place close to the venue for the night dances and also at the health post for those that needed them during these nights. The participants in the FGI for graduates of boys' initiation after 1994 confirmed that they had access to condoms from the health post and the village health committee. On the other hand my study found that the change in Manganje dances was also a result of the Mosque and hospital circumcision which discourage Manganje all night dances. The fact that most Yaos are also Muslim is helping to reduce its incidences of Manganje dance in the Yao communities.

NGO A reported also that they are noticing a big change in the age for initiation. It is said previously the ages of initiates were high but now it is lower. From average age of 15 in the past to about 8 years, some even younger. This change may have come about as the unintended result of interventions that discouraged sex teaching in Yao boys' initiations. That is changing the core purpose Yao initiations of getting ready the boys for marriage, initiation into adulthood into just symbolic rite of passage, emphasising the social value of the rite. This allows for even younger initiates. But my study found that the symbolic purpose of Yao initiations, that of initiating children into adulthood is still very much present. The graduate initiates are respected as adults through new names given after initiation, this is regardless of age. Those not initiated regardless of age are still considered not adults in Yao communities.

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

The respondents also argued that other social issues like education may also have had an impact as the initiates go back to school after initiation which was not the case in the past. They also attributed this to the greed of initiation counsellors to have many initiates as this means much money so age is not a factor. Regardless of real reasons for the drop in age at initiation it is a blessing in disguise. It has justified the NGO's intervention messages about the need to change in sex teachings as you would not teach a young child sex. **NGO A** reported that sex teaching may have been justified previously when the initiates were old enough but not now. This was also cross checked with the respondents from my study village, the reports from **NGO A** and my observation that the initiates are indeed of a very young age some as low as 4 years. One respondent in the study village during FGI for religious leaders remarked and ended up asking me a question and said:

“While in our time we were going at age 15 which was why we were taught deep things about sex as we were almost ready for marriage, can you teach that to a 6 year old?”

This only confirms what is being argued in the **NGO A** interventions and what my study found from my study village respondents concerning the sex teachings in initiations now than before. This is that Yao initiation should not emphasise on sex teaching to initiates. Apart from circumcision the initiation has other teachings about hygiene, traditional norms and general behaviour. This shows the evolving of Yao boys' initiations over time which can also be attributed to the interventions.

NGO A also reported that the alternatives to Yao boys' initiation which was mentioned to be offered by Mosque initiations, hospital circumcisions, **NGO B** and **NGO C** brought competition that has lead to fast changes to traditional Yao boys' initiations. This is argued that it was in order to avoid being “*pushed off the cliff*” and out of market. It continued that as people have now choices between the alternatives and Yao boys' initiations, so is the need for changes in the conduct of Yao boys' initiations to remain competitive.

NGO A also mentioned that the initiation counsellor monitoring committees they helped to form are helping to make sure the changes agreed are followed and where they face

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

challenges help is solicited. **NGO A** reported that the empowered committees are able to lobby for support from government hospitals, health centres and other well wishers for medicines and medical equipment to support circumcision. This is well documented with constitutions of each committee available. This was also mentioned by the initiation counsellors who were in my in-depth interviews

The **NGO A** claims about impact presented above were also mentioned by the respondents from my study village and also documented in the reports from the NGO. Almost all respondents knew **NGO A** and the work it is doing with traditional Yao initiations in general not only the boys. In this section **NGO A** interventions impact has been presented and it is reported to be a result of community sensitisation, motivation and mobilisation to take actions to change the conduct of Yao boys' initiations. This was said to have been done through empowerment and involvement of community leaders and initiation counsellors right from the formulation of interventions and activities throughout implementation. They were made aware of the HIV situation, trained and supported them to make the necessary changes. This may have demonstrated the power of involvement of key and influential leadership in the NGOs interventions. This may have resulted from the earlier view **NGO A** had on the conduct of Yao boys' initiation presented and discussed in chapter 5. **NGO A** approach resulting from consultation with the communities to preserve the tradition practice and help to make modifications instead. This may have guided **NGO A** intervention approach and the desire to involve the key community leaders and facilitators. The **NGO A** success may have come about due to the collaboration between the NGO and the intended beneficiaries through their leadership. Of course this is not without challenges as is presented in the section about challenges.

6.2.2 Success of NGO B interventions

When asked if they have noticed any success of their interventions, the **NGO B** respondent said:

"We have seen positive changes after our interventions. We have noticed this on community leaders, health personnel and communities on HIV and AIDS and other

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

focal issues. These are holding monthly group discussions on stigma and discrimination."

This was not verified by my study village respondents, it may be happening in the other villages though. She continued and said:

"We are also supporting support groups for HIV positive people by supplying them with food supplements, awareness meetings and referring the PLWA to support groups."

I wanted to find out from the village respondents about the impact of **NGO B** interventions. They mentioned that they are aware of **NGO B** activities in general and those with PLWAs. **NGO B** also cited the meeting of village heads, initiation counselors, together with District AIDS Coordinator and hospital personnel on advantages of their circumcision and use of one razor per initiate. The village respondents could not verify this but it may have been happening in other villages and not specifically in my study village.

NGO B respondent continued and said:

"Our activities have encouraged initiates to go to hospital for the circumcision part of Yao initiation ceremony. We hire buses and pay medical personnel to do the circumcision procedure and that they take the Angalibas, Yao boys' initiation counsellors to learn the better way of circumcision during hospital circumcision. We take back the circumcised boys to the Yao initiation camp for the rest of the teachings and for recuperation."

The involvement of Yao initiation counsellors in hospital circumcision and taking back the circumcised boys to traditional Yao initiation camps was responded differently by my study village respondents. They did not totally dismiss it but gave a benefit of a doubt that it may be happening with initiation counsellors from other villages and but not from my study village.

NGO B reported that in 2008 a total of 150 initiates benefited from their district hospital circumcision. The respondents from my study village mentioned that they have heard of the initiative but no boy from the study village has accessed the circumcision service by **NGO B**,

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

as they called it. The low number of boys who benefited from the NGO intervention may indicate how minor it is compared to Yao boys' initiation which is in a couple of thousands. Some respondents mainly from the HSAs in the in-depth interviews, however showed optimism with the hospital circumcisions though and preferred it to traditional Yao boys' initiations. . From the presentation of findings from **NGO B** it has been found that success has been registered as a result of their interventions on HIV and AIDS. Much of this success has been on other HIV and AIDS activities not necessarily changing the conduct of Yao boys' initiation but HIV interventions in general. My study found that what **NGO B** called success of their interventions was not seen the same way by my study village respondents. They did not want to be associated **NGO B** interventions. Sadly most of these are Yao people who are intended beneficiaries of such interventions. This has to be seen from the beginning of their interventions starting from their initial views on the conduct of Yao boys' initiations that may have led them to have interventions that aimed not at modifying it but replacing it. This may also have affected their level of involvement of community leaders and facilitators in coming up with interventions and activities. The lack of involvement continued in the implementation stage which may have affected the extent of impact and also the association and acknowledgement of the intended beneficiaries. It is yet to be seen how this may have affected the challenges faced and the overall perceptions of the intended beneficiaries of the interventions in the coming section and chapter respectively.

6.2.3 Success of NGO C interventions

The respondents from **NGO C** believed that their intervention is making success in that there is high awareness on the dangers of Yao initiation and that there is availability of better alternatives to traditional Yao boys' initiation. They also mentioned of high demand from the community for their services which is not met every year due to limited capacity. They said more boys are turned away each year as they have no room for more. They also felt that they are making a contribution to education as the boys' graduate quickly enough for school due to professional circumcisions as opposed to traditional Yao boys' initiations. They also mentioned that they are giving a service to non Yao and those who do not want to send their boys to traditional Yao boys' initiations for whatever reasons. They thought due to the professional circumcision and the non sex teaching, they are making a contribution to the

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

HIV fight. My study village respondents mentioned that they have heard of the **NGO C** activities but that no boy from the study village has been circumcised at the NGO. This may explain why they have not had awareness in their village about the NGO. Due to the fact that **NGO C** has boys for circumcision every year it shows that there are villages where they come from. However besides making announcements in Mosques and through putting up posters advertising the yearly events there was no mention of how they would ascertain the claim of having involved the intended beneficiaries in making valuable decisions about the intervention that would affect the impact. My study village respondents however mentioned that there are some boys from the village who have been initiated at the Mosque initiation apart from the traditional Yao boys' initiation. Some respondents in my study for example, the initiation counselors were very angry with the **NGO C** intervention as they saw it just as business and a threat to traditional Yao boy' initiations. As the **NGO C** had no documents and reports, I only had the respondents' information. This was also mentioned as a challenge in chapter 5. The **NGO C** views about the conduct of Yao boys' initiation covered in chapter 5 may have been influenced by the religious affiliation of the NGO. This in turn may have affected their approach to interventions. This is the NGO interventions that chose to not modify the conduct of Yao boys' initiation but replace it. This may have affected how genuinely they involved the intended beneficiaries in coming up with interventions and activities and implementation stage. This may also have had an effect on the level of impact and also the challenges faced.

In this section a presentation of impact of each of the 3 NGOs in my study has been presented from the NGOs' respondents, my observation, documentation from the NGOs and also from the study village respondents' views. This shows that there has been varied success registered by the NGOs. This may show that success may have been affected by their initial view about the conduct of Yao boys' initiations and their resulting approach to interventions. This is mainly in how far they have attempted to involve intended beneficiaries in their interventions. This may have not only affected how much success they have made and challenges faced but also how the intended beneficiaries are associating themselves with the said impact. The involvement of intended beneficiaries does not end at success of interventions but affects even the challenges faced and the overall perceptions of the intended beneficiaries about the whole intervention.

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

6.3 Challenges faced by HIV and AIDS NGOs'/projects interventions

Any NGO intervention may face challenges due to a number of factors. This is the same with HIV and AIDS NGOs interventions in my study. This section presents challenges that faced the interventions. There is an effort to link them to the level of involvement of community leaders and facilitators in interventions implementation at all stages. This is yet another stage in the build up to answering my study question.. This is to trace how the level of involvement of community leaders and facilitators may have affected the extent of challenges.

6.3.1 Challenges faced in NGO A interventions

The **NGO A** respondent mentioned that they faced a number of challenges in their HIV and AIDS interventions. The biggest of all has been funding which has been limited and has affected coverage in outreach and time span of interventions which he said is necessary for behaviour change. He said that not every key target group has been reached. This is said to have left some patches of resistance to change even though there has been progress in the reached areas. He said that the initiation counsellors who were not reached and trained with the interventions have continued to conduct their Yao boys' initiation the old risky way and he said sometimes in protest. He also mentioned that some communities have ignored the reformed initiation counsellors and have hired those that were still offering the old traditional Yao boys' initiation even as far as from Mozambique. This may be the reason why some of my study village respondents in the section about impact of **NGO A** interventions above mentioned that there are still some initiation counsellors who are not reformed and are conducting them in the old way.

NGO A mentioned that even though they were able to support the initiation counsellors with medicines and medical equipment, it has been limited and not for a long time. **NGO A** reported that the initiation counsellors were introduced to good medicines and equipment for a short time and limited supplies. It was reported on a positive note that the initiation counsellors through their monitoring committees are able to lobby for more support from sponsors. This was said to be due to the empowerment they got from **NGO A** in that they were able to stand on their own and that it demonstrated signs of sustainability of their

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

intervention. When the village respondents were asked about the challenges they associate with **NGO A** interventions they also mentioned the issues of capacity because all areas requiring interventions were not reached leaving other initiation counsellors not reached. They also echoed the limited support to medicines and equipment for circumcision. It was also a challenge that the **NGO A** interventions did not cover the initiation camp attendants, Anakangas. **NGO A** mentioned that their interventions assumed that they will be trained by the trained initiation counsellors. This did not however happen and led to limited success. The initiation counsellors demanded training of the Anakangas in next interventions. This findings above shows that the interventions by **NGO A** may have faced limited challenges most of which is blamed on their lack of own funding. This is the challenge of relying on donors for funding which is mostly limited. This is further complicated by strings being attached in forms of requirements and conditions which may not necessarily meet the needs of the intended beneficiaries. The limited challenges faced may be traced back to their approach to work with the modification of the conduct of Yao initiation hence the choice to involve the intended beneficiaries through key leaders in coming up with interventions and program activities and during implementation. This may have helped the **NGO A** to come up with interventions that are not only reflecting the needs of the beneficiaries but that encouraged active participation, ownership and responsibility thereby ensuring high impact and less challenges.

6.3.2 Challenges faced in NGO B interventions

The **NGO B** respondent mentioned that the biggest challenge was the capacity. She said that this was due to distance from the communities to the district hospital where circumcisions are done. That is the need to hire busses and the medical personnel, only few boys access the service each year. She acknowledged that in 2008 they had only 150 boys who benefited which she said was just a drop in the ocean compared to traditional Yao boys' initiation outreach in a year in the district. She said otherwise the demand was higher than what they could manage. She also mentioned that the demand for support to the PLWAs is also a challenge due to limited resources, hence not all are supported. This challenge of failing to support the needs of the PLWA can be associated with the lack or limited involvement of the community in the activity. Having an activity that involves only the PLWA limits the

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

involvement of other community members who would have brought local based solutions and help in the generation of food staffs and needs of the PLWAs. The challenge of capacity can also be referred to the limited funding from donors that has also requirements and strings attached. The challenges can also be associated with the level of involvement of intended beneficiaries which may have affected by their choice of approach to interventions which may have come from their initial view if the conduct of Yao boys' initiation and as discussed in chapter 5. This may have resulted from the religious affiliation, Christian and the fact of being an international NGO.

6.3.3 Challenges faced by NGO C interventions

The respondents from **NGO C** mentioned that their major challenge is capacity in that the demand is higher than what they can manage each year. They mentioned that more boys are turned away each year regardless of doubling their intake from 200 in 2007 to 400 in 2008. They also mentioned that they are basically a seasonal NGO that is active only one time during the initiation time. This they mentioned to be limiting their other activities like awareness and sensitisation on HIV. The challenges about capacity can be linked to funding but because the NGO does not get funding from donors then it cannot be attributed to donors. The challenges may be traced back their earlier view of conduct of Yao boys initiation that may have resulted from their religious, Muslim affiliation. This may have resulted in having intervention that aimed at bringing replacement to Yao boys' initiation instead of modifying it. This may limit the involvement of intended beneficiaries through community leaders and facilitators in coming up with such interventions, program activities and during implementation stage. This as a cycle may have affected how much success is recorded and the challenges faced. The profit making status of the NGO may also have affected how far the intended beneficiaries are willing to be involved or associated as they see it as other peoples' business venture hence limited or no community involvement.

In this section there has been a presentation of the challenges that have faced the interventions of the NGOs in my study. The extent of challenges may be traced back to the NGOs initial view about the conduct of Yao boys' initiation that may have resulted from the

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

status of the specific NGOs. This is whether religious affiliated, profit making, local or international. The initial views may have affected the approach to intervention and the level of involvement of intended beneficiaries through community leaders and facilitators. This in turn may have affected the success and challenges faced. As may be seen in the next chapter, 7, this may have major implications on the overall perceptions of the intended beneficiaries, Yao people about such interventions.

6.4 Discussion and conclusion

As observed above, the study findings from the NGOs has revealed that all NGOs'/projects feel they have been involving their beneficiaries in their intervention implementation. They also felt they are making success and that in the interventions they are facing some challenges. The successes and challenges presented above may be linked to the level of involvement of community leaders and facilitators which may be linked to the approach to interventions on the conduct of Yao boys' initiation. That can also be linked to their initial view of conduct of Yao boys' initiation which may have been influenced by their status as an NGO.

The findings about the NGOs'/projects interventions from my study village respondents and from the secondary data shows the same pattern as seen also in chapter 5 above. The claim that all NGOs have involved their beneficiaries was not seen the same way by my study village respondents who thought they were not fully involved if involved at all. The definition of involvement by most NGOs'/projects in my study is also very general. The definition of involvement by my study village respondents got from community leaders, religious leaders, village health committee, initiation counselors is similar to and can be understood through the theories discussed in chapter 3 above. This show that they know what genuine and full, ideal or active involvement is all about. My study has found that the involvement claimed by NGOs in my study has mostly been passive and not active. Where the HIV and AIDS NGOs'/projects have done awareness and sensitisation to the communities for example **NGO B** and **NGO C** it is claimed to be involving the beneficiaries. But in real sense the beneficiaries were just told and they did not make any contributions to effect any

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

change, hence felt not fully involved. The effects of the interventions of most NGOs in my study can be understood with the *empowerment theory*. This theory emphasizes the capacity building of the services users/beneficiaries for active and meaningful participation and involvement. The lack of empowerment in the interventions may have led to lack of participation which may have led to coming up with interventions that do not reflect the needs and aspirations of the intended beneficiaries hence reducing the interest and motivation to participate ending at affecting the success and challenges faced. This can be understood through the *problem solving concept* which is a process towards empowerment. This involves coming together of the service provider and service user at the onset the interventions and map out the whole intervention. This involves deciding on for example answering questions like: who will do what, where, when, how and why? This ensures ownership and taking responsibility not only for challenges but also successes of interventions. At this stage it is when the strength in service users necessary for the interventions are identified and drawn into the whole picture. These can be local values, local norms, ideas and resources. To do this you first have to appreciate the local situation, your view should also be positive. This may be missing in the NGOs in my study most especially **NGO B** and **NGO C**.

There may be no genuine and full involvement of community leaders and facilitators NGOs in my study in coming up with interventions and program activities. It is unfortunate to find that the trend continued during the implementation phase. This is still *tokenism* where the beneficiaries, the Yao people are just said to be involved for the HIV and AIDS NGOs/projects gain. This is in the sensitisations and awareness meetings and other activities by **NGO B** and **NGO C**. This *tokenism* did not only end at intervention and program activities formulation, but continued throughout the implementation phases of especially these two NGOs interventions as seen in this chapter. Unfortunately it seems that the lack of beneficiaries, community leaders and facilitators' involvement has been unnoticed by the implementing HIV and AIDS NGOs/projects in my study. Or is it deliberately ignored? But has been noticed by my study village respondents most of whom are the supposedly intended beneficiaries of the interventions and that include community leaders and initiation counselors. This can be understood better also by what Toseriero (2010 p: 189) mentioned that the colonialism mind in the service providers can be subtle and seductive. This is a concept in *dependency theory*. It may be done without even realizing it. The lack of

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

meaningful and active involvement may have resulted in less if at all empowerment of the beneficiaries. It is deceptive for **NGO B** and **NGO C** to be calling their sensitization and awareness of intended beneficiaries' involvement and participation. This can be understood further using the concept of *social change or change from below*. The sensitization aims at just informing on what has already been decided for the beneficiaries to follow and there may not be meaningful involvement of beneficiaries. The limited success of most of the HIV and AIDS NGOs'/projects in my study can be attributed to lack of genuine involvement of intervention beneficiaries in formulation of interventions and program activities and implementation which may have resulted from their initial view of the conduct of Yao initiation that dictated their approach to interventions and the source may be traced to the status, the religious affiliation, profit making and/or being international NGO and donor influence.

The findings above also reveal that all organizations in my study claim to have registered success. This success is said to be a result of HIV and AIDS NGOs/projects interventions on the conduct of Yao initiations and more so on HIV and AIDS fight in general. It must be emphasized that even though their claim to have made impact is due to individual interventions, there has not been control for other HIV and AIDS interventions by other NGO/projects. Based on this it is important to mention that the success claimed by particular HIV and AIDS NGOs/projects interventions in my study should not necessarily be associated to individual NGOs' interventions. This impact may also not necessarily be a result of only one factor, involvement of community leaders and facilitator. It may be a result of other NGOs interventions and factors not controlled in my study. Even though this is a major factor affecting NGOs interventions there are other equally important factors that can help to explain the HIV and AIDS NGOs/projects interventions on the conduct of Yao boys' initiations. On the other hand the impact of HIV and AIDS awareness has been mentioned by all NGOs in my study but this has not resulted in tangible results through for example behavior change and voluntary counselling and testing as noted by my study village respondents. It seems to be the same rhetoric about increased HIV awareness by HIV and AIDS NGOs/projects with no evidence as seen from previous study such as BBSS, (2006), Kondowe & Mulera (1999) and Munthali et al. (2008).

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

Interestingly also most of the mentioned successes of the NGO interventions in my study have also been in general HIV and AIDS and not specifically on the changes in on the conduct of Yao boys' initiation. It has been on general HIV awareness and care and support of the HIV positive people. My study found that the HIV and AIDS NGOs/projects interventions success may have also been limited due to limited coverage. This was said to have been influenced by the limited funds sourced from donors that may have also led to limited time and area coverage. It has to be appreciated though that behaviour change is not a quick fix, so interventions implementation duration is necessary. In my study NGOs behaviour change may be complicated by the fact that most interventions may have lacked active and genuine beneficiary participation and involvement. **NGO B** and **NGO C** came up with interventions and programme activities that are replacements of the traditional Yao boys' initiation. This is not only seen as not reflecting the needs and aspirations of the beneficiaries through community leaders and facilitators but in conflict with their needs. They conclude that these have only ended up alienating the beneficiaries from the NGOs' interventions. This can be understood more through the *dependency theory*. The theory discusses how NGO colonizing mind consciously or not perpetuates the dependency of their service users and do not respect the practices and culture of their beneficiaries.

While the interventions by **NGO B** that target only involvement of HIV positive people may have had a success on them, the general community is left out. This brings the challenge of isolation, further stigma and discrimination of the HIV positive which was not intended by intervention but still manifest as my study found. The interventions aimed at supporting the PLWA have also just ended at creating more dependency of the PLWA on the organizations to continue supporting them. They just wait and expect for more handouts from **NGO B**. This does not win them from the NGO's support. This can be understood through the *dependency theory*. The missing of **NGO B** efforts to make the community and the PLWA take responsibility to locally generate the food supplements needed for sustainability demonstrates failure to make the PLWA independent. It is not surprising that **NGO B** faces a challenge of not being able to support all PLWAs who needed support. This would have been reduced if not prevented through wider community involvement. This NGO may have failed to create independence which would have reduced challenges of capacity to support PLWAs they faced if the whole community was involved.

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

On the other hand **NGO A**, the NGO that might have attempted genuine involvement of community leaders and facilitators may have shown to have had much success. Their interventions have also shown to have been accepted and recognized by intended beneficiaries. The study village respondents more so from the community leaders and initiation counselors' in-depth interviews felt associated with the work of **NGO A**. This may show the power that is in beneficiaries' involvement and participation in interventions that aim to benefit them.

The findings above reveal that the interventions in my study did not have a smooth sailing. All the interventions faced a number of challenges. The basis of these challenges may be traced back to lack of beneficiaries' involvement that may have led to coming up with interventions and programme activities that are not in touch with the needs and requirements of the beneficiaries. The funding which **NGO A** and **NGO B** get from donors was blamed by NGOs in my study to have limited their capacity in duration and outreach of interventions. This is also complicated by the other challenge mentioned by NGOs in my study that the donor demands may not necessarily be those of the interventions beneficiaries as discussed in chapter 5 which may affect involvement of beneficiaries. Limited coverage meant that those not reached by the interventions continue business as usual as my study found from **NGO A**. This was said to be the result regardless of involvement of some community leaders and facilitators. **NGO A** hence mentioned that not much change in the conduct of Yao boys' initiation and in the HIV and AIDS fight has been achieved in general. The situation may be worse with NGOs that did not or superficially involve the beneficiaries.

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

CHAPTER 7 OVERALL PERCEPTIONS ABOUT NGOS INTERVENTIONS

7.0 Overall perceptions on interventions, positive, negative or mixed?

In this chapter an attempt is made to present my study findings on the overall perceptions of my study respondents on the HIV and AIDS NGOs/projects interventions on the conduct of Yao boys' initiation ceremonies. The implications of the interventions on the intended beneficiaries whether positive, negative or mixed. In the context of my study the positive perceptions means that the intended beneficiaries, the Yao people are pleased with the intervention and the negative perceptions means they are not pleased. While the mixed means that the beneficiaries are not sure or are both pleased and displeased with the interventions. This is important in answering my study question as it shows the reactions of the intended beneficiaries of interventions which may be a result of the extent of their involvement. The overall Yao peoples' perceptions about the interventions may sum up the effects of involvement of community leaders and facilitators in HIV and AIDS interventions on the conduct of Yao boys' initiations.

7.1 Study respondents' perceptions about interventions and change

The overall perceptions of the village respondents are necessary as they highlight the extent of involvement, participation and acceptability through association with the interventions. The overall respondents' perceptions may reflect on the impact and implication of involvement in the interventions. Positive perceptions may indicate association and ownership of interventions which may happen when the beneficiaries feel involved in the interventions. Equally so the negative perceptions about the interventions may mean disassociation and lack of ownership that may result from lack or limited involvement.

My study wanted to know from the respondents if they were noticing any differences between Yao boys' initiation done now and those before interventions. This was further done through getting responses from different study village respondents about their experiences of Yao boys' initiation during their time if it varies from before to after the interventions. This is

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

necessary as it forms a background of understanding the overall Yao peoples' perceptions about the interventions. This may also form a basis for future interventions and indeed the overall future of Yao boys' initiation from the position of the Yao people themselves.

All the respondents and participants agreed that Yao initiations have changed over the years. They agreed that Yao boys' initiations conducted previously and the ones being conducted currently are very different. This may indicate how dynamic the Yao boys' initiations have been. All the target groups mentioned that they are sure the change has come because of changes brought in by other social issues interventions like education, girls' education in particular, human rights issues, religion and issues to do with HIV and AIDS. These they thought have required the change in the conduct of Yao boys' initiation ceremonies. This may also indicate that the changes cannot be attributed only to HIV and AIDS NGOs/projects interventions. From the study respondents' views the Yao boys' initiations have changed considerably.

My study found that the perceptions of almost all respondents are that this change in the conduct of boys' initiation has been slow though. This may indicate the desire of even the Yao people themselves to see changes in the conduct of the initiation. They may just differ on how to implement the interventions as seen in chapter 5 and 6 about the implementation strategies chosen by my study NGOs interventions. As discussed these may have affected how they involved the community leaders and facilitators which may have had implications on success, challenges and overall beneficiaries' perceptions about the interventions. The dynamism or the modifications made to the conduct of Yao boys' initiation have been seen in both positive and negative way by different respondents in my study. This may reflect how they feel attached to the interventions which may be a result of extent of involvement which is an important factor in my study. Involvement as seen through chapter 5 and 6 is an important factor for success, reduced challenges and improved overall perceptions about the interventions by intended beneficiaries.

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

7.1.1 Positives perceptions to interventions and changes

When asked how they felt about the interventions, the respondents in my study thought that the change in the conduct of Yao boys' initiation has been mostly positive even though there were some negatives. They mentioned that this change is believed to have come about because of efforts by few HIV and AIDS NGOs/projects interventions. These interventions are specifically those that worked with community leaders and initiation counselors to modify the conduct of Yao initiations. This may reveal that the Yao communities know and appreciate the change to have come from interventions that worked with and actively involved them. This may show desire to be involved and associated with such interventions. The interventions commonly mentioned to have brought positive changes were those implemented in order to improve girls' education, quality of education, reduce HIV transmission and reduce human rights abuses among others. Coincidentally these are interventions that **NGO A** was involved in each one and the study village respondents realize that as found in chapters 5 and 6 above. This may explain more about the importance of involvement how little it may be.

They first pointed as positive referring to the involvement of modern health in the traditional Yao boys' initiations. Most respondents in my study mentioned that the Yao people now admit that the local medicines for treating circumcision wounds are no longer effective and sometimes scarce or not found at all. They claim that the hospital medicine supplied to initiation counselors and those used in hospitals after circumcision are effective. One initiation counsellor argued and said:

“Our traditional Yao boys' initiation has relied on traditional medicines for a long time and now the blending of modern medicines and simple surgical equipment has helped to improve the hygiene and the fast healing of the circumcision wounds.”

Even the initiation counselors said they are happy to use the modern medicines and equipment. Modern, hospital medicines is considered to be a positive change in the conduct of Yao boys' initiation. This came about and was widely accepted due to interventions that involved the Yao people to come up with ideas that included finding solutions to challenges concerning effectiveness and limited availability of traditional medicines in Yao boys'

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

initiations. My study found that generally all respondents were happy with the coming of modern medicines and equipment brought in by the HIV and AIDS interventions, mostly referred was those by **NGO A**. This they said was a mixture between tradition and modernity. They argued that this has revolutionized the conduct of the Yao initiation. This they concluded is a positive contribution to changes in the conduct of Yao boys' initiation ceremonies and that they were pleased. Interestingly though this came out clearly from the initiation counselors and community leaders. This may be because as presented in chapter 6, these respondents mentioned that they were part of this revolutionary change. They contributed ideas about their needs of which particular medicines and surgical equipment. This may be involvement that may have enhanced association and ownership, hence the positive perception and pride about the change. This involvement is mentioned as an important factor for success, through participation and ownership and can be understood better as articulated in *empowerment, development from below and community participation theories*. The key thing in **NGO A** intervention has been involvement of key Yao leadership in major decisions about the intervention for example involving them to decide which medicine and equipment they require for circumcision. This shows the trust the NGO has on the local leadership and the effort to capacity build them for meaningful involvement as articulated in these theories.

My study has found that regardless of the changes to the conduct of traditional Yao boys' initiation brought in by HIV and AIDS NGOs/project there still remains strong interest in traditional the Yao initiations. This is a positive and interesting finding looking at what **NGO A** found that there is a challenge in that the other Yao communities preferred the initiation counsellors conducting their initiations the older way. And that the Yao people were dumping the "converted" initiation counselors. This may be because my study village was among the villages that embraced the interventions to modify the conduct of the Yao boys' initiation ceremonies and feel involved in the changes. When asked if respondents were willing to marry someone who is not initiated, almost all the respondents in my study regardless of whether they themselves were initiated or not, preferred an initiated partner to the non-initiated and mostly it was that for women. This may demonstrate the popularity of initiations. It has to be emphasized that for men in this discussion, initiation was interchangeably used as circumcision. The respondents said that an initiated man is clean,

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

respectful and knowledgeable in sex. On the other hand for initiated women they said they are good in bed for sex as they are trained to make sex exciting. This ironically may also indicate the peoples' desire for initiations to teach sex, the very issue NGO interventions target to modify. This may emphasise the preference of traditional Yao initiation most especially, girls'. The purpose of Yao initiation in making a woman/man as a full sex objects and prepare them for the sex enjoyment may still be there. This may be still the same way as found by earlier studies presented in chapter 2. The preference to old traditional Yao initiations before the changes by other respondents in my study is presented below on the negative perceptions of interventions aimed at changing the conduct of Yao boys' initiation ceremonies.

Most of respondents in my study felt that initiates and their parents are happier with initiation now than in the past. They mentioned that the initiates graduate faster than before, hence, save time, food and money. They also felt that the graduate initiates have enough time to return to school after initiation. They also mentioned that the health of initiates during camping has improved. There is now easier healing of wounds, no more complications. They attributed this to modern medicines and equipment. They argued that all the positive changes may be due to the work of NGOs. These are particularly those that worked tirelessly with the initiation counselors to discuss the better way to conduct Yao boys' initiation in the face of a lot of social challenges. It was found during the in-depth interviews in my study village that they thought most people in the study village are happy with this status core. This may demonstrate the power of involvement of intended beneficiaries which is the main theme in the theories my study has used to understand more the interventions of NGOs in my study.

My study also found that the respondents were aware that there is now some positive coordination between the Yao leaders with concerned stakeholders in Yao initiations, like NGOs, they kept mentioning the efforts by **NGO A** which were aimed at working to modify rather than condemn and replace. This they argued has lifted the Yao initiation to higher levels and promoted its image now in the face of many challenges directed at its past conduct. One male initiation counselor during in-depth interviews said:

"We all need to take part as initiation in general improves our health and the involvement of NGOs is good and was never the case before. This is to improve the

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

conduct of our initiation further as long as we are not only condemned but held by the hand to lift us."

The statement above further emphasise the value put on traditional initiation and how the approach to interventions by HIV and AIDS NGOs/projects matters. This is whether to condemn and to replace the conduct of Yao boys' initiations which may have implication on involvement of beneficiaries. This would surely meet with negative or positive perception from the Yao people about the interventions.

Most respondents from my study village mentioned that for the few trained initiation counselors, their conduct of Yao initiation is going on very well now as opposed to before interventions. It was argued that there is more cleanliness and faster healing of wounds now than before mainly in the initiations done by the trained initiation counselors supported by modern medicines. They also argued that with this the initiates and guardians are now assured of a good circumcision job and fast healing with proper medication and skills. This may indicate empowerment that has come due to **NGO A** capacity building efforts on the influential Yao leadership for the modification and betterment of Yao boys' initiation. This promoted active and meaningful participation and involvement.

The respondents also mentioned that they notice positive change in some areas in that they are having circumcision done by well trained medical staff. This is especially in the Mosque and Hospital circumcision. This is said to have improved the circumcision in general. Not surprisingly this came mostly from the NGOs in the key informant interviews although the HSAs and the village health committee also mentioned this. This may indicate that these are positive interventions only that they may have been implemented with limited or no involvement of intended beneficiaries hence not recognized, resented and not appreciated by Yao most people which can also be better understood using the theories as discussed in chapter 3.

Some respondents in my study noted with gratitude about the changes brought by the interventions. One respondent in the boys' initiation graduates after 1994 FGI who said:

"The environment in Yao boys' initiations is no longer as it used to be, HIV has changed the whole scenario."

He continued:

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

“But luckily though, nowadays, the Yao initiates are aware of the dangers associated with the sex teachings and expectations of them as compared to the old times as there are new messages of education, dangers of HIV, STI and early pregnancies. They now weigh the benefits and consequences of the teachings and expectations of ritual sex; hence they do not just follow blindly as opposed to in the past when all the teachings in Yao initiation camp was taken wholesome and without question.”

This may emphasise the increased awareness about HIV and AIDS brought by the NGOs/projects interventions. It may also highlight the fact that the awareness cannot be attributed to one intervention. This can be a result of several interventions and indeed multiple factors as discussed in chapter 5. This was cemented by another boy also in the FGI of initiation graduates after 1994, who said:

“Nowadays with a lot of HIV and AIDS awareness we have to weigh the given advice in line with HIV and hence we are now able to make more informed choices than just follow unknowingly.”

The boy's statement is another testimony to the impact of NGOs interventions that has changed the scenario in Yao initiations. This is that the dangers of HIV are known and the mystical and unchallengeable powers that were with initiation counsellors before interventions has been reviewed to match with the changing times and issues at hand. This may also be the outcome of interventions in the once thought no go area where instructions were obeyed without questioning. Previously before the interventions the instructions or words of initiation counselors were followed without question as doing so would be inviting trouble including death through magic and from the gods. This also came out clearly in the girls' FGI of Yao initiation graduates after 1994. This may show that the youth may be pleased with the changes so far in the conduct of Yao initiations as this may have led to empowerment in that they are able to make decisions based on their knowledge.

7.1.2 Mixed perceptions about interventions

As mentioned in the introduction above, the perception of the study village respondents about the interventions in my study were positive, negative and in some cases mixed. The mixed perceptions may indicate that the respondents are pleased with the need for the intervention but not how they have been implemented. The key factor may be how they feel they are part of those changes. This begins with active involvement. This is necessary in an effort to

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

answer my study question. It was interesting to note that even though most people are happy with these changes that have taken place in the conduct of Yao initiation due to HIV and AIDS interventions, some feel this has and is contributing to the down fall of Yao initiations. This was echoed by the FGI group of very old participants, both male and female. It is not surprising that this is coming from old people as this may emphasise how the initiations are treasured. That may indicate that any ideal intervention should aim at working with and involving the Yao people in order to succeed and also to have overall positive perceptions. These respondents are among those considered guardians of Yao culture and tradition hence cannot be left out of interventions if they have to succeed and have their full support.

The initiation counselors mentioned that the conduct of Yao initiation has been hugely affected by the coming in of HIV and AIDS. They confirmed that many of their fellow Yao initiation counselors and other community members in the study village have succumbed to HIV related illnesses and that some are on ART due to their sexual behaviours that include ritual sex. This they argued has brought fear and “*learning*” has occurred through the ugly rewards of unprotected ritual sex and sexual expectation and pressure of Yao initiation graduates.

7.1.3 Study respondents' negatives perceptions

Some of the respondents from the study village were not pleased with the interventions by HIV and AIDS NGOs/projects in my study. The overall negative perceptions about interventions may help explain more about their satisfaction. This may come from how far they feel to have been involved at all stages of intervention implementation. Besides the positive and mixed perceptions presented above, some respondents had however negative perceptions towards the changes in the conduct of Yao boys' initiation ceremonies brought in by HIV and AIDS NGOs/projects interventions. For example, the community leaders and initiation counselors thought the modification has been overdone. Some respondents also argued that while they appreciate the introduction of alternative to traditional Yao boys' initiation as a way of modifying the conduct of initiation, this on the other hand is strangling the traditional Yao boys' initiation. They were referring to Mosque and hospital circumcision. They feared that traditional Yao boys' initiation will soon disappear. They equated the

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

interventions to how government has ended at coming up with a policy in Malawi to ban⁴ the activities of Traditional Birth Attendants (TBAs) as the way to improve safe motherhood. When asked how they would have preferred the modification to be, they mentioned that they would have preferred if the intervention were to just work with the traditional Yao initiation counselors to modify it and also with the support and involvement of influential leaders.

These interventions may have been implemented with limited and sometimes no involvement of the intended beneficiaries, the Yao people. The *theories of empowerment, development from below and community participation* are handy in understanding the NGOs interventions. It can also be understood by the *colonialism concept in dependency theory* as discussed in chapter 5 and 6 above. Such interventions are bound to face negative reactions from the Yao people. This may demonstrate my argument starting from chapter 5. This is that the different views taken by **NGO B** and **NGO C** may have been influenced by status like their religious affiliation, profit making and being international. These may have led to an approach to interventions that may have isolated the interventions intended beneficiaries from involvement. This may have led to coming with interventions that did not reflect the beneficiaries' needs, hence may not have achieved much and facing a number of challenges. The climax is the dissatisfaction of the supposedly beneficiaries may have been negative perceptions about the interventions. The respondents would have preferred to be involved. This is working together through training, regulation, supporting and monitor their activities as opposed to having the Mosque and Hospital circumcision. This may be so as they argued that these are drowning their traditional Yao initiations. One male initiation counselor in the in-depth interview remarked seemingly upset on the facial reaction and said:

“Why rush to bring alternatives instead of correcting what is wrong with our practice, we smell a hidden agenda.”

This may be a protest perception about intervention that may be explained as resulting from lack or minimal involvement of intended beneficiaries of the interventions. This finding is similar to what the study of Mhordha (2007) who found that the campaign to end female

⁴ In Malawi the TBAs have been banned with the government introduction of a policy that limit the work of TBA to just referral of pregnant women to hospital and not helping them deliver babies.

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

genital mutilations met with cultural resistance as there was no involvement of the beneficiaries which would have been cultural sensitivity.

My respondents were asked if the current Yao boys' initiations after interventions have similar impact on the initiates and appeal to the Yao people to those conducted before. This may indicate the source of the negative perceptions. It was interesting to find that some of the study village respondents mentioned that they were concerned as they do not see change from graduates basing on behavior and conduct of graduate initiates. They thought in the past the graduate initiates were well behaved as compared to the current ones. This came from the FGI with parents of initiation graduates from both the males and females. This may signify dissatisfaction with the changes of the conduct of Yao initiations among the parents and even the initiates themselves. One participant in the FGI for the old men mentioned that he does not see any positive change to Yao initiation. He specifically mentioned the graduates' behavior and conduct after the current Yao initiation as compared to in the past. He lamented and said,

"In the past, initiation graduates were transformed and well behaved as opposed to the current Yao initiation graduates something is wrong."

When asked to clarify his argument, he said that he meant that the modified Yao initiations are not providing the needed curriculum as was before the interventions. This argument may be a clear indication that regardless of involvement of community leaders and initiation counselors there may still be conservatives. Regardless of involvement as may have been done by **NGO A** in the study villages to have interventions. It may show that there will still be conservatives who always fear reform. This could also be just a protest reaction to interventions that do not fit in the aspirations and needs of other beneficiaries or feeling of isolation from some interventions. It seems to me as also found by Mhordha (2007) on resistance of people to banning of FGM which can help to understand better the NGO intervention and beneficiaries' negative perceptions.

The respondents also complained that the current Yao initiation graduates do not take long to remove the vigil of initiation as it used to be in the past. They thought in the past the Yao

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

initiation graduates would still maintain the state of initiation for weeks if not months. They could not enter into their parents home until their Ngaliba comes and prepare a medicated chicken to be eaten by the graduate and the Ngaliba. This was meant to break the silence and revert to normal life. They believed that the change has come about due to the casual way the initiates are now taking initiation caused by the modification in the current Yao initiations. They thought Yao initiations have been heavily publicized and put on the open for scrutiny by the interventions and that it is no longer the secrecy and influential to the initiates and expectation of the wider Yao community as it used to be. Some respondents argued that this was rather the result of education. This was so as the graduate initiates are supposed to go back to school after initiation more so now than before. The initiates would like to revert to normal life and not to be teased by their friends on their new status. They said this was not the case before. Ironically education campaign is also the result of the interventions by the two NGOs in my study.

Some respondents in my study thought the changes brought by interventions to the conduct of Yao initiations have changed the seriousness of Yao initiation. They said previously there used to be old people in the initiation camp who brought with them experience. They argued things like vocational skills and teachings were there in the past as opposed to currently when mainly teenagers frequent Yao boys' initiation camp. This mainly came from respondents in the FGIs for both old men and women. It was also interesting to find in my study mainly from the boys' FGIs participants of initiation graduates after 1994 that currently the advisers in Yao initiation camps are young often fresh from previous year's initiation graduates as opposed to the past. One respondent was not happy and said:

"There are no more elders in the Yao initiation camps may be because they see it as childish place. This has resulted in the teachings to be also childish."

This was verified in the initiation camp observations in my study village, not many old people were found in the camp the entire period. This may be a result in change in age at initiation discussed in chapter 6.

Some respondents also bemoaned the changes made to Yao boys' initiations. They mentioned with sadness that the teachings that encouraged early sex debut and taught sex lessons which made the initiations interesting are all being encouraged to be removed by

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

government/projects. This they said offended some people. One female respondent in the FGI for initiation graduates parents while sounding frustrated said:

"Fortunately though, a woman is not initiated, she initiates herself, so even though there are changes it will not matter much"-

She meant *Kuthuna*/labia minora elongation which is done even before Yao girls' initiation but is perfected during actual initiation. This may be another testimony that regardless of attempted involvement by **NGO A** to work with community leaders and initiation counselors in the study village to modify the conduct of Yao initiation some are not pleased. This ideal involvement may not have to be a onetime issue by should be a continuous back and forth. May be as suggested by other respondents, having another initiation right before marriage at the right age where the sex teachings can be the main curriculum would be a solution. This emphasises the need for consultation with the influential people.

In the group of old people, the FGI for parents of initiation graduates, a male participant said that the change shows that Yao initiation is being modified, the other said sounding seemingly giving up:

"Obviously things are changing, the world is changing and so should Yao initiations".

Another echoed:

"Yao initiation is being diluted".

They cited the option of Mosque initiation and that offered by **NGO B** and **NGO C** which have no sex teachings and without the use of dances (*Manganje*) and drums. One old woman said, sounding concerned, and blaming the government for the interventions:

"Government has changed the sexual oriented teachings and songs in our initiations."

The statements above are interesting in that the suggestion to have sex teachings in the adult initiation to be introduced may face this challenge as generally currently initiations are regarded as traditional practices for children, the less educated and those in the village.

Some participants mainly from my study village participating in FGI of old women and men claimed that the traditional Yao initiations have been exposed and invaded through external interventions. They said so because of the introduction alternatives like hospital and Mosque

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

circumcision which they argued lender the initiation to be no more secret. This was thought differently mainly by the NGOs in the key informant interviews who reacted to these claims. They said that the issue of exposing Yao initiation by opting for other forms of initiation in hospital or Mosque does not arise. They argued that now Yao initiation is no longer a secret as it used to be in the past and to them this was good. They said that with modernity, the changes were eminent. They saw them rather as a positive contribution that should make Yao people happy. Unfortunately or fortunately, the respondent from NGO who mentioned this was not Yao by tribe. She was educated and has not been initiated in the Yao initiation. Could this be the manifestation of I don't care attitude and blaming the victim and offering and justifying alternatives to traditional Yao boys' initiation? This could be related to and understood through the colonizing attitude that can be present in service providers due to having higher education, coming from a different culture, race, ethnicity or age as discussed by Tesoriero (2010 p:189). The higher education level, different tribe and culture of the NGO worker different to the intended beneficiaries of intervention may help to explain the view as illuminated by the *dependency theory*.

Almost all respondents in my study agreed that even though progress has been made towards making Yao initiations correspond to social issues like education, human rights, HIV and AIDS, there is still much to be done for a complete change. If this is the goal by the respondents in my study who represent the service providers and users, NGOs and Yao people, then there is need for more corroboration between the two to achieve that goal. This is exactly what my study argues for, more, exhaustive active involvement of community leaders and facilitators in HIV and AIDS NGOs/projects interventions that aim at changing the conduct of 'Yao initiations. My study respondents still thought much more has to be done to the remaining initiation counselors who are doing it the old way. This is where there is still much emphasis on the teachings and songs of sex most especially the Yao girls' initiation. They thought it Yao girls initiations have remained almost intact with very limited changes.

The respondents have mixed perceptions about the HIV and AIDS NGOs/projects interventions. Where there was an attempt to involve the community leaders and facilitators in interventions, the perceptions about such interventions have been to an extent positive. This may be because there is ownership and association to interventions. The findings may show that there is need for much involvement of the intended beneficiaries by the interventions. For those interventions that did not have the ideal involvement of intended

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

beneficiaries, the perceptions have been largely negative. The respondents did not feel inclined and in some ways offended for lack of involvement. As always with change you would expect those that resist change, those that receive change fast and those in between who are not sure. The case is the same in my study on perceptions, there is a mixed reaction about interventions. This may be largely affected by how far the interventions involved or attempted to involve the intended beneficiaries through its community leaders and facilitators.

7.2 Perceptions about future of Yao boys' initiations- Hope or gloom?

This is aimed at finding the perception of the respondents about the future of Yao boys' initiation; is there hope or all is lost and gloom. This is important in understanding further the perceptions of the respondents about the interventions which may be influenced by the extent of their involvement in the interventions. These perceptions may also affect the future interventions and help to illuminate the needs and aspirations of the intended beneficiaries of the interventions, most especially how they would like to be involved. The respondents were asked on what was their vision of the future of Yao initiations. There was a mixed reaction again. Some said they see the future as bleak and towards the disappearing of Yao initiation ceremonies. This was mainly from the initiation counselors, community leaders and parents of initiation graduates. They bemoaned lack of their genuine and full involvement in the current interventions of most NGOs. These NGOs are blamed for how quick they have been introducing alternatives or replacement to Yao boys' initiation. They argued that is seen as killing their traditional Yao boys' initiation instead of working with and to change its conduct. They thought there has been a deception among most of the HIV and AIDS NGOs'/projects including some in my study. One in-depth interview respondent of initiation counselors said:

"I feel the future of Yao initiation is bleak and at loss due to prevailing hospital and Mosque circumcision". He added and said, "I believe that slowly the Yao initiation ceremonies will be reduced with the coming of Mosque and hospital circumcision until it will be stopped."

This may emphasize the revolt any future intervention that has minimal or no involvement of the intended beneficiaries would face. This is so as the beneficiaries may not feel attached or associated with such interventions. Such interventions may also miss the needs and aspirations of the beneficiaries. They may not be seen as serving their best interest but an

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

enemy of the Yao tribe. Some respondents yet lamented that the element of passing out value during initiation is no longer there and sometimes inhibited through HIV interventions. They complained that hospital and Mosque initiation has robbed and hijacked the community on initiation festivities/celebrations which is assured in traditional Yao initiation. One male initiation counselor during in-depth interview sounded hopeless, said:

“With these messages that hospital and Mosque circumcision preaching that they clean and reliable and that they have no such so called bad sexual teachings, songs and expectations of initiates, people would now be forced to opt for the alternatives as opposed to our traditional Jando for boys. This will in turn strangle our traditional Yao initiation. Do you see a future of our traditional Yao initiations this way?”

He asked me, looking concerned.

This may be another highlight of negative perception seen through the lens of future of Yao boys' initiations. This may be complicated by lack of involvement that may have led to condemning and introduction of alternatives to traditional Yao boys initiation before considering modifying them first as the majority of Yao people still hold the practice dear.

Some respondents mentioned that there is now a lot of fear and caution around conduct of Yao initiations now due to external interventions. They mentioned that now parents have to think twice before opting for a traditional Yao initiation given the alternative of Mosque and Hospital circumcision for boys' initiation. They argued that this is much more due to the condemnation of the conduct of traditional Yao boys' initiations by the NGOs interventions. This is that they cared less to involve the Yao people to come up with local solutions to modify their conduct. Such interventions may only end up alienating the Yao people further and increase their dependency on the NGOs.

7.4 Conclusion

In this chapter an effort has been made to present and discuss the findings of the overall perceptions of the respondents in my study about the interventions by HIV and AIDS NGOs'/projects on the conduct of Yao initiation ceremonies. This is important as it may sum up whether the interventions by the NGOs were in line with the needs and aspirations of the people. This may also show how the study village respondents which include community leadership and facilitators feel they were or ought to have been involved. This then would help me in answering my study question about the effect of involvement of community

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

leaders in the HIV and AIDS NGOs/projects interventions on the conduct of Yao boys' initiations.

All respondents in my study acknowledge that there has been change in the way Yao initiations are conducted now as opposed to before. They all attributed the changes to external interventions. This may mean that some interventions have made successes in changing the conduct of Yao boys' initiation. It must be noted however that the changes cannot be attributed to only HIV and AIDS interventions and not necessarily those of the NGOs in my study. There may have been different interventions affecting the changes in the conduct of Yao boys' initiation of which the HIV and AIDS interventions by the 3 NGOs in my study are just part of.

The perceptions among the study respondents have been mixed, both positive and negative. This can be attributed to how they are attached to the interventions which may be a result of how they have been involved and their participation level. NGOs that attempted to involve the beneficiaries have had wide acceptance and appreciation of the intended beneficiaries. The situation is different to most NGOs which did not have genuine and active involvement of beneficiaries. While the future of Yao boys' initiation may be seen with hope by the implementing NGOs, it is seen as doomed and gloom by the study village respondents. This can be addressed by the NGOs to instill hope in the Yao people by being more inclusive in their interventions, encouraging local participation and involvement.

Among other factors involvement of key community leaders and facilitators influential in as far as the conduct of Yao initiations has proved critical for NGOs HIV and AIDS intervention success. It has to be appreciated that some respondents in my study feel that there can be coexistence of traditional Yao boys' initiations and the alternatives as long as there is wider consultations and active involvement of the leaders of the concerned people.

All respondents in my study thought the idea of a policy to guide the conduct of Yao initiation is a welcome idea and thought that it should also cover other traditional initiations in the country. This may indicate that the Yao people realize the challenges facing the conduct of Yao boys' initiation and indeed all traditional initiations in Malawi requiring policy to regulate them. This should be seen as a starting point for NGOs.

CHAPTER 8 CONCLUDING REMARKS

This chapter highlights the major findings and dwell on the future of NGOs HIV and AIDS interventions in general and specifically on the conduct of Yao boys initiations and indeed the Yao boys initiations themselves.

My study has attempted to outline, analyse and discuss the NGOs HIV and AIDS interventions on the conduct of the Yao boys' initiations. The focus has been on how the NGO HIV and AIDS interventions have been affected by their level of involvement of key community leaders and facilitators influential in the conduct of Yao boys' initiations. My study wanted to find out how the NGOs in my study attempted to involve the key community leaders and facilitators influential in the conduct of Yao boys' initiations in their interventions on the conduct of Yao initiation in order to combat the proliferation of HIV. It wanted to find out how the NGOs involved the key community leaders and facilitators at the interventions and program activities formulation, during implementation and how all this affected the NGOs success, challenges faced and the overall perceptions of the intended beneficiaries of their intervention, in my case the Yao people. This was thought may help to answer my study question that regards the important role of involvement of intended beneficiaries of any intervention in order to succeed. There are a number of factors that may affect NGO interventions success. Some of these factors concern the organization of the NGOs, their funding, their attitudes, approaches or operational strategy of NGOs and NGOs relations to the local leaders and local population in their interventions. These differ from one NGO to another and that is why my study has chosen to present, compare and contrast 3 different NGOs working in the fight of HIV and AIDS most especially with the conduct of Yao boys' initiation. This is as Ukpong (1993) argues that the NGOs flaws are paradoxical outcomes of their operation procedures and have the capacity to constrain the attainment of the advocated roles of NGOs in the rural or grassroots development. He further argues that the interventions by NGOs are meaningful only when the people whose lives will be affected actively take part in the decisions making. Involvement of intended beneficiaries of any intervention cannot be over emphasised. Durning (1989) also argues that active participation of the local people in the NGOs activities is considered necessary for success.

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

My study found that all respondents believed that the conduct of Yao boys' initiation pose a challenge in many social issues including HIV and AIDS and that there was need for interventions to do something about it. The only difference among my respondents has been what action to take. This is the start of the divide among the NGOs in my study critical for the differences in success rate of their interventions. **NGO A** and the study village respondents most of who are Yao and the intended beneficiaries of such interventions thought that regardless of challenges facing the practice, most Yao people still treasure and practice it. To them there is no question about discouraging or discarding the practice but rather modify the challenges in the practice conduct and leave the good elements of the practice. On the other hand **NGO B** and **NGO C** thought of condemning the practice and encouraging the Yao people to abandon the practice and also the need to have interventions that aim at replacing the practice with a modern way of doing it. This demonstrates the different attitudes, views of NGOs in my study influencing their approach to intervention which has an influence on how far they go to involve community leaders and facilitators. It indicates how initial thoughts and attitudes of NGOs about the challenges they would like to address with interventions influences their operation strategy. This as discussed in the thesis can be understood better using concepts and theories like: cultural sensitivity, colonialism, community participation, development from below and empower. These theories emphasise active involvement of interventions beneficiaries at all stages of implementation.

Furthermore my study has identified and demonstrated the lack or limited involvement of key community leaders and facilitators at interventions and program activities formulation, implementation and basically all stages of NGOs HIV and AIDS interventions implementation. This has had an impact on NGOs success, challenges faced and also the overall perceptions of the intended beneficiaries about such interventions. This lack or limited involvement can be traced back to NGOs missions, visions and aspirations which affected their choice of mode of operation or strategy. This is a chain as the operation/strategy, missions, visions and aspirations are also a result of the status of the NGO. This is whether religious affiliated, local or international. My study found that for **NGO B** and **NGO C** their religious affiliation affected their mission, vision, expectations which in turn affected their views and relations that later affected their approach or operational strategy. Being religious affected their approach to HIV interventions in

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

combating the risky behaviours in the conduct of Yao boys' initiation. Their interventions had not much regard to the local needs and aspirations. They chose to work independent of local people, Yao people. They condemned and brought replacement to Yao boys' initiation instead of working to modify it. Being international NGO worsened the operational strategy of **NGO B** in that it did not consider the ideas and needs of the local people in their intervention ending at condemning the local traditional practice and those who practice as primitive and destructive. The interventions may be seen as lacking cultural sensitivity and in the end leaving no room for local involvement. The operational strategy by these NGOs dictated by their status can be understood better using the theories of colonisation and cultural sensitivity as discussed in the other chapters like 5 and 6. The NGOs showed lack of consideration for the needs of their intervention beneficiaries.

Another factor my study found affecting the NGO intervention is the dilemma of the NGOs on who to serve and please between donors and intervention beneficiaries. This compounded further the factor of involvement of beneficiaries. Donor conditions and requirements are sadly respected much more than the needs and aspirations of the interventions beneficiaries by the NGOs in my study. **NGO A** and **NGO B** in my study were affected by this funding dilemma. This affected how far they could genuine and actively involve beneficiaries in their interventions. This precarious position put NGOs at the mercy of donors thereby shifting their allegiance from their intended beneficiaries to donors. The donor demands and conditions alienate the NGOs from their intended beneficiaries. This means that where there has been limited NGO intervention involvement of beneficiaries it has however been cosmetic. It has been passive and not active involvement. As it is argued by Ukpong, every NGO owes acceptability to its initiator, sponsor and beneficiaries. International NGOs owe theirs to the home initiators and not their host beneficiaries. They operate in line of multinational companies with little or no accountability to the host country. He continues this by arguing that in essence, local NGOs owe their obligation to the local people who are initiators and the beneficiaries and not the government. But he said that it is the need of local NGOs for funding that turns their actual accountability to external funding bodies and not the government nor local people (Ukpong, 1993). Mayer (1991:19) has however warned that the differences between the categories of NGOs, local and international in terms of goals, practices and capacities is quite obvious that notice must be taken of the existing gap. It is

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

concluded that the inhibiting problems faced by NGOs today can rightly be traced back to the dynamics of their operations. My study findings are similar to this in that the operational strategies affected the NGOs interventions. Local NGO with no religious affiliations seemed to have done better through its operational strategy in attempting to involve beneficiaries. This was not the same with the two religious affiliated NGOs and the international NGO. They were affected by their status and background.

My study found that the degree of active involvement of key community leaders and facilitators as a result of NGOs operational strategies made a difference among NGOs success in my study. Most NGOs did not actively involve the key community leaders and facilitators in the formulation of their interventions and program activities. This lack of or limited involvement continued during implementation of NGO HIV and AIDS interventions on the conduct of Yao boys' initiations. This affected the NGOs interventions in that there has been varying success between the 3 NGOs in my study. NGOs with limited and passive involvement like **NGO B** and **NGO C** had limited success and that they have encountered more challenges. These NGOs interventions have also had overall negative perceptions of the intended beneficiaries of such interventions as found from the study village respondents. This would have been avoided if there was meaningful and active involvement and participation of at least the key community leaders and facilitators. It is interesting to note that **NGO A** attempted to involve Yao community leaders and facilitators in its interventions on the conduct of Yao boys' initiation. This not only did it help the NGO to register much positive success and face less challenges but helped the NGO to have overall positive perceptions about its intervention by the intended beneficiaries, the Yao people. The village respondents most of who were Yaos were pleased with the little gesture **NGO A** showed to express desire to work with and involve their influential local leadership. For the NGOs that did not actively involve the key community leaders and facilitators, the intended beneficiaries were not empowered and they did not own the interventions. Such interventions ended at rendering the intended beneficiaries hopeless and dependent on the NGOs. In some cases it has left the Yao community wondering about the future of Yao boys' initiation. Some are not pleased with the NGO interventions and protest NGOs lack of sensitivity of the needs and aspirations of the local people due to lack of involvement. Some fear Yao initiations are going to disappear. Non involvement and participation of the intended beneficiaries of NGOs intervention has led

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

to further alienation of NGO interventions from the intended beneficiaries. This shows how critical involvement of beneficiaries is for NGO interventions to succeed in general.

My findings show that due to religious affiliation of **NGO B** and **NGO C**, their interventions have been formulated to suit their religious beliefs which have no place for traditional practices deemed unreligious and pagan. It is not surprising that the two NGOs affiliated to religious institutions have also interventions that is seen by the Yao people as replacements or substitutes of their traditional Yao boys' initiation. The alternatives are seen as stiff competitors by the Yao people. Additionally, for **NGO B** the fact of being international did not help matters as it has not been in touch with the local needs and aspirations about the interventions. The local Yao peoples' needs to preserve their traditional boys initiation has not been part of the NGOs agenda. Their interventions agenda has been from their western headquarters which is unfortunately not only different from the local needs but also leaves limited or no room for considerations of local contributions, involvement and participation. The fact that all NGOs in my study have no funding of their own to finance their interventions complicates further the matter of lack or limited involvement of community leaders and facilitators. The donors' demands and conditions make NGOs to lose their basic role of being the defender of the poor to being answerable to funders. Dancing to donors tune and not the intended beneficiaries needs. It is ironical however that in NGO work, the "ideal" demands active participation of intended beneficiaries. Interventions of NGOs that have limited or no active involvement and participation of key community leaders and facilitators, the intended beneficiaries have been seen by the Yao people as threats to their Yao boys' initiation.

It was surprising for my study to find out that the village respondents most of who are Yao and expected beneficiaries of NGOs interventions were able to know what genuine and active involvement and participation is. They also realised that it was missing or limited in the NGOs interventions most especially **NGO B** and **NGO C**. Surprisingly this was not realised by the NGOs who all claimed to have involved the beneficiaries. On the other hand my study found it not surprising that NGOs approach and/or operational strategy was affected by NGOs status. These are missions, visions, affiliations, views and attitudes, whether local or

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

international and donor influence. It is only that my study thought the NGOs would now be realising these challenges and find ways around them. My study also found that **NGO A** which regardless of the challenges attempted to have an operation strategy that had priority in active involvement of interventions beneficiaries. Again my study did not find it surprising that NGOs interventions that did not actively involve the beneficiaries attracted negative perceptions from my study village respondents. It is therefore not surprising also that the **NGO A** intervention because of its attempt to actively involve the beneficiaries it ended at getting positive perceptions from the intended beneficiaries, the study village respondents. It was rather not surprising for my study to find out that the interventions of the NGOs that had limited or no active involvement had limited capacity. This is in terms of outreach. This would have been improved if the communities were actively involved. The community knows best their challenges and the best ways to solve them and therefore a critical partner in the interventions the NGOs cannot afford to neglect. My study however found it surprising that all respondents in my study would like government policy to regulate the conduct of not only Yao boys' initiation but virtually all traditional initiations in the country. They were not just willing to have the policy but wanted to be involved in the development and administration of the policy.

Based on what my study has presented above, the findings of my study have helped to answer my study question in that there are factors that affect how far NGOs interventions succeed. These differ from one NGO to another and in turn affect how far each NGO succeed, hence different levels of success, challenges faced and support they get from their intended beneficiaries. My study has demonstrated that among these factors, NGOs relations with local leadership mainly so, active involvement and participation of key community leaders and facilitators is critical for success of NGOs intervention in not only in HIV and AIDS intervention and Yao boys' initiation but probably all developmental initiatives implemented by NGOs. Other factors may interplay but involvement is critical for success of NGO interventions. The different extents and levels of involvement of different NGOs in my study may demonstrate why the NGOs differ in success of their interventions. Involvement of interventions beneficiaries is critical at all levels of intervention implementation. This leaves my study to conclude that the differences in success rate of HIV and AIDS NGOs interventions on the conduct of Yao boys' initiation to combat HIV and AIDS is mainly

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

because of choice of operational strategy which is affected by NGO status. The importance of involvement of community leaders and facilitators for NGOs success lead my study to agree with my study village respondents kept mentioning that: *"Nothing for us without us."* Therefore my study findings has answered the question of why NGOs differ in success in their interventions aimed at changing the conduct of Yao boys initiation to combat HIV spread. It is because of how far they involve their intervention beneficiaries which is influenced by their operational strategy.

Challenges and Recommendations about Future NGOS interventions

My study found that there are challenges in NGOs interventions in that their operation strategy or approach to interventions leaves not much room for active involvement and participation of the intended beneficiaries of their initiatives. Therefore my study recommends that the future NGOs HIV and AIDS interventions on the conduct of Yao boys' initiations and virtually all NGOs developmental interventions initiatives should be based on the needs and aspirations of the people who would benefit from the initiatives. My study recommends future NGO interventions that work hand in hand with local institutions and leadership influential for example in the conduct of traditional Yao boys' initiation. Interventions should not be substitutes to traditional boys' initiation. While working with the Yao boys' initiation to modify its conduct and not to stop its practice, alternatives like hospital circumcisions can be implemented as part and not only interventions. This may ensure that the Yao people should not see the alternative interventions as a substitute and a threat but as partners. This will promote their active involvement and participation which would empower them and ensures local ownership of NGOs interventions.

As my study found that the NGOs had limited or little involvement of their interventions beneficiaries through key community leadership and facilitators, it recommends NGOs genuine and active involvement and participation of interventions beneficiaries. This involvement should be at all levels of NGOs intervention implementation. This may not only ensure active participation but ownership as well. This may empower the intended beneficiaries more. This would positively affect the results of such interventions, reduce

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs' projects interventions. 'Nothing for us without us.'*

challenges faced, ensure that there is an overall positive perception about the intervention by the intended beneficiaries and also ensure sustainability beyond the NGO implementation duration/phase. Ukpong (1993) argues that there is a tendency among NGOs to operate a top-down development approach. That is defending the cause of the peasants without ascertaining the cause of their needs and perspectives. Thus they unilaterally design, implement and impose projects on the poor. These projects bear the sentiments, assumptions and preferences of the sponsoring NGO or its leadership more than aspirations of the intended beneficiaries. The outcome is resistance, or is disregard to the project or both. Unfortunately each grassroots project that fails deepens the apathy of the poor. This is exactly what my study found that the NGOs interventions were imposed on the Yao people without their active involvement. It is not surprising that the NGOs interventions did not have much success, had more challenges and that they were regarded as alien and my study village respondents had negative perceptions about them.

My study found that among other factors affecting NGOs ability to genuine and actively involve their beneficiaries is donor pressure through conditionality and requirements for funding. To ensure active participation of NGO HIV and AIDS interventions beneficiaries, my study recommends that donors should consider their funding conditions and requirements in that they should ensure that they help NGOs to promote participation and involvement of beneficiaries as is ideal in any development interventions. NGOs have also a role to play in that as much as they are required to be answerable to their funders they should also be accountable and responsible to their intended beneficiaries. There is need to balance their accountability. Local needs and aspirations should in the fore front of NGOs HIV and AIDS interventions. The contributions of the intended beneficiaries should be part of ideas in the NGO interventions. This may avoid what Ukpong (1993) and ECA (1990) mentions as a major challenge with allegiance of NGOs. This is that donor conditions require NGOs submissiveness to external command which may expose the helplessness and vulnerability of the local people as well as disparage their dignity. Ukpong continues to argue that even if NGOs emphasise participation as the cardinal principle and goal of their operations, they hardly pay attention to isolating and building those factors which enhance actual participation. This is ironically fashionable in most NGOs mission and policy statements including those in my study. They express commitment to work with beneficiaries as active

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

participants or partners. But in practice it is different as they underrate the poor because they are considered to be ignorant, powerless, charity objects and incompetent. They are hardly involved in decision-making. For success, limited challenges and to enhance local beneficiaries support to NGO interventions there is need for active involvement.

As my study found that active involvement of beneficiaries is strengthened by capacity building for empowerment which was unfortunately missing in 2 NGOs in my study, my study recommends capacity building by the NGO HIV and AIDS interventions and any developmental initiative. This capacity building should include all the key local leadership influential in the specific area they are addressing. For example the NGOs in my study should have priority in capacity building of influential leadership in the conduct of Yao boys' initiations as a platform for active and meaningful involvement due to empowerment. The traditional Yao boys' initiations should also be supported with modern medicine and simple surgical equipment to help in the modification of their traditional practice.

As has been the case with NGOs as presented in chapter 2 who are competing for donors, and space which brings the challenge of coordination, collaboration and networking, the situation has been the same with the NGOs in my study. My study therefore recommends that future NGOs in HIV and AIDS interventions and surely all NGO developmental projects should ensure coordination, collaboration and networking at all levels of their implementation. This will ensure that all the needed areas are reached and that they share the experiences. It will also avoid duplication of NGO efforts thereby ensuring economical use of finances, expertise and time. This would also ensure effectiveness and efficiency of NGOs interventions. Of course this is easier said than done as Ukpong (1993) found that there is competition for resources from government and foreign NGO among local NGOs. Additionally, the need to gain recognition, acceptance and support of the programming or target community and populations does not help matters. He found that there was no memorandum of understanding among NGOs. There is suspicion and mistrust between NGOs, problems of poor networking among NGOs in Africa. There was interest in erecting preservation structures. Each adopts operational procedures that are peculiar as an attempt to maintain unique identity which unfortunately are guarded secrets. They are reluctant to share information. They fear to

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

divulging their weaknesses or exposing their success to copying. However lack of coordination between NGOs is regrettable. It leads to overlapping, paralyses and atrophy of initiatives and resources. This may explain different operational strategies by the NGOs in my study. The end result is continued suffering of the local people. This can be avoided through coordination, collaboration and networking among NGOs.

My study found that the conduct of Yao boys' initiation and indeed all traditional initiations is riddled with challenges because there is no framework for regulation as it is in other countries. This does not only affect the people who practice the traditions but others like government and NGOs as well. What would be their basis for regulation? My study based on the expectations and needs of my respondents recommend that the government of Malawi take much interest in the conduct of not only Yao boys' initiation but all traditional initiations in the country. Countries like South Africa have much interest in the conduct of traditional initiation practices. They monitor, regulate with policies in place. This ensures accountability, uniformity and responsibility. Malawi government can ensure this through development of a policy to guide the proper conduct of initiations. This will not only ensure the preservation of the traditional practice but would also ensure that it is not practiced in the way that interferes with other aspects of development and life.

There is a challenge that not much is known of traditional cultural practices in Malawi. My study therefore recommends for more studies in the related areas to my topic. There is need for more studies to find out why besides NGO interventions on both Yao boys and girls initiations, there have been little or no major changes in the conduct of Yao girls' initiations. Another study could be a comparative study between the roles of government in the conduct of traditional initiation practices in two or more countries in the region, Malawi to be one of the countries.

My study concludes by summarizing the above mentioned recommendations which are deemed important for an ideal and successful future NGO HIV and AIDS interventions on

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

the conduct of Yao boys' initiation and indeed any NGO developmental intervention as follows:

- Firstly, it is important for future NGOs developmental interventions including the HIV and AIDS interventions on the conduct of Yao boys' initiations to realise that their interventions should work with and not be a substitute to the practices of their beneficiaries. It must also be realised that no NGO interventions would succeed without active and meaningful involvement at all levels of at least the key community leaders and facilitators of the intended beneficiaries of such intervention,
- Secondly, it is crucial for NGOs to further empower the key community leaders and facilitators influential in the conduct of Yao boys' initiation to enhance their ownership and participation. This can be done through capacity building and provision of support material, financial or expertise,
- Thirdly, there is need for NGOs in HIV and AIDS projects to strengthen networking and coordination and that they review their relationship with their donors so much so that it should not stand on their way to being accountable to intended beneficiaries,
- Lastly, there is need for government of Malawi with support of key and influential partners in the conduct of traditional initiations to come up with policies to guide the conduct of traditional initiation ceremonies as done in other countries

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

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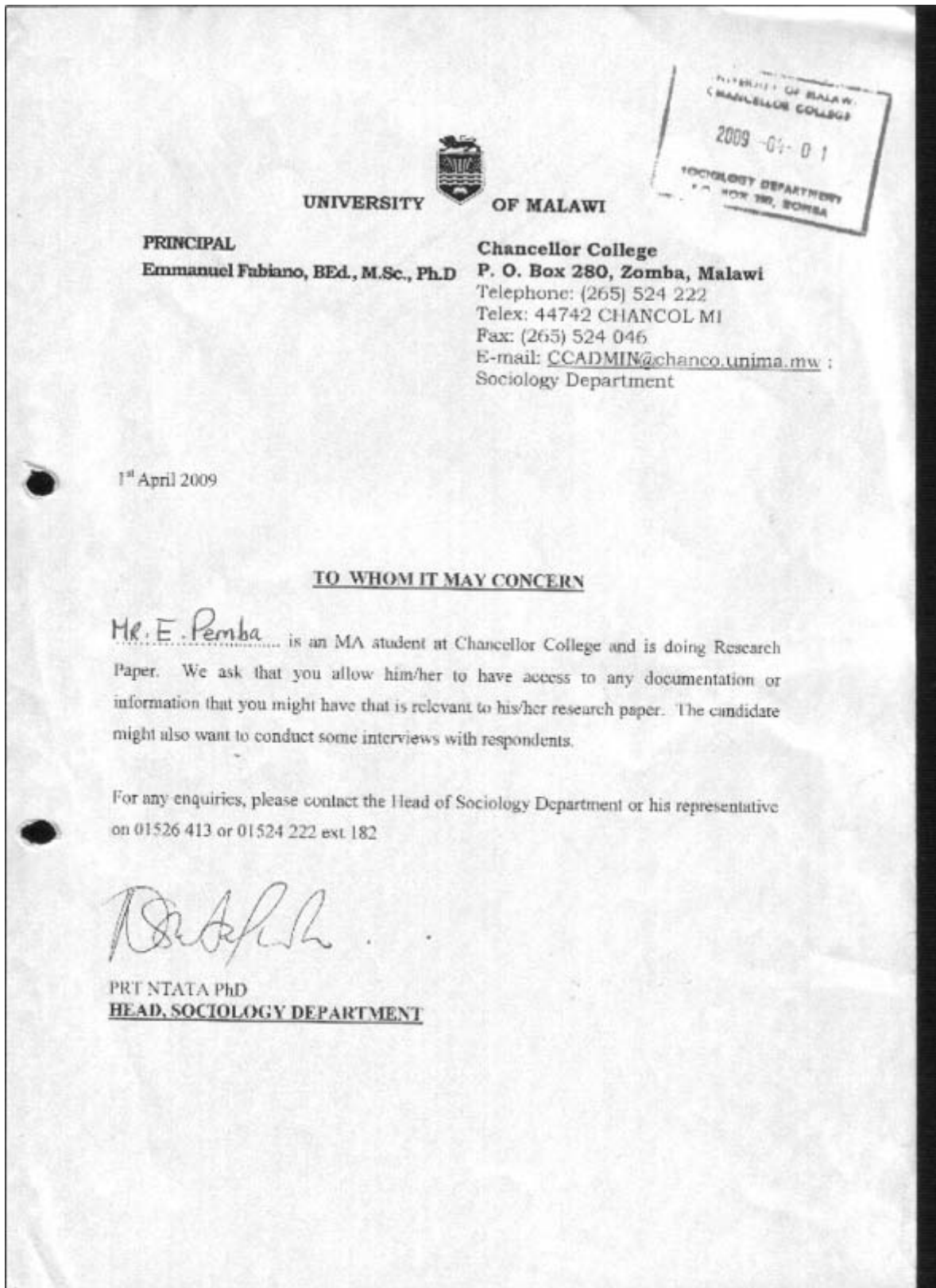
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Appendices # 1: Letter of introduction of the Researcher from Sociology Department, Chancellor College, University of Malawi



The changes in the conduct of Yao boys' initiation ceremonies: An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'

Appendices # 2: Research Consent Form

Consent Form

I am Earnest Akutusamalira Tendemele Pemba, a student from Chancellor College, University of Malawi and University College of Bodø in Norway, pursuing a Masters Degree in Social Work. I am a Yao by tribe and has undergone Jando, a Yao initiation ceremony and has been involved and worked with initiation counsellors from Machinga, Zomba, Chiradzulu, Balaka, Phalombe, Mangochi and Thyolo districts since 1994.

I am currently conducting a study on NGOs. My study is: ***How operation strategy of NGOs/projects affects success of their interventions aimed at changing HIV and AIDS risk practices and behaviour in Yao boys' initiations.***

The main aim of this research is to explore how involvement of community leaders and facilitators in HIV/AIDS projects interventions to the conduct of Yao initiation ceremonies affected, impact, challenges and perceptions of such interventions and what they see as the future of interventions and the conduct of Yao boys' initiations.

This research has been given a go ahead by the Sociology Department, Chancellor College; The District Commissioner; and the Traditional Authority and as per attached letters and official date stamps. However you are free to accept or decline an interview or taking part in this research at any moment. You are assured that the data collected and the findings will be treated with strict confidentiality. Your names will not be necessary in this interview and you are free to discontinue the interview if you feel uncomfortable. You need to know that accepting or declining giving us an interview will not negatively affect you, your work or the Yao initiation ceremonies, the findings will rather strengthen and consolidate the conduct of Yao initiation ceremonies.

This interview/FGD may take more than an hour. I would like to ask for your permission to record this interview/FGD.

Thank you very much

Consent given? No Yes Signed:

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

Appendices #3: Key Informant Interview Guide

HIV/AIDS NGOs/projects Key Informant Interview Guide

This tool is used to collect data through face to face interview by the researcher from HIV/AIDS projects that have either worked, are working with or are affected by the conduct of the Yao boys' initiation ceremonies.

Instructions:

1. The data collector should start with establishing rapport by introducing her/himself and make the responded feel free and comfortable.
2. The data collector should produce the letter of authorization letter for the research to the respondent.
3. The data collector should then introduce the responded consent form and if the responded accepts and sign the consent form, the interview should start.
4. Some are close-ended and some are open-ended which may also be follow up questions which needs a lot of explanation. This will guide the data collector to know if the respondent is following the interview and help in probing for more information.

Questions:

1. Which tribe do you belong to?
2. What is your role in this institution?
3. Which religion do you belong to?
4. Have you undergone Yao initiation yourself? **Yes=1, No=2**
5. Would you be willing to send your child for Yao initiation ceremony? **Yes=1, No=2**
6. What is your opinion on the way Yao boys' initiation ceremonies are conducted?
7. Any challenges associated with Yao boys' initiations and HIV and other STI proliferation?
8. Has your organization ever been involved with HIV project interventions on the conduct Yao boys' initiation ceremonies? **Yes=1, No=2**
9. If yes in question 7 above, what has been your involvement and in what HIV project interventions on conduct of Yao boys' initiation ceremonies?
10. What led you to have such interventions in question 8 above in the conduct of Yao boys' initiation ceremonies?
11. How long have you been working in this district?
12. Who did you involve with your interventions on Yao boys' initiation ceremonies?



The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

13. Have you had an evaluation of your HIV project interventions on the conduct of Yao boys' initiation ceremonies? **Yes=1, No=2**

14. If yes to question 13 above, what were your findings?

15. In your findings what led to these results of your HIV project interventions?

16. What were your recommendations to your evaluation findings, if yes in 12 above?

17. Did your HIV project interventions register any impact on the conduct of Yao boys' initiations?

18. If yes in 16, what were the impacts on the Yao boys' initiations and on the Yao people themselves?

19. What is your opinion if there was a call to: regulate, register and monitor Yao initiations through government policy as is done in countries like South Africa?

20. Why your opinion in 18 above?

21. Any future plans for interventions with the Yao boys' initiations? What are they?

22. Any last words?

Thank you very much for your time and contributions. Your contribution will go a long way to improve the interventions and the very conduct of Yao initiation ceremonies. The findings of this research will be made available to you.

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

Appendices # 4: In-depth interview Guide

This is an In-depth interview guide for Initiation counsellors and community leaders, religious leaders which is administered through face to face interviews by the researcher and the trained data collectors.

Instructions:

1. The data collector should start with establishing rapport by introducing her/himself and make the responded feel free and comfortable.
2. The data collector should produce the letter of authorization of the research to the respondent.
3. The data collector should then introduce the responded consent form and if the responded accepts and sign, the interview should start.
4. There are 58 questions to guide our discussion.
5. Some are close ended and some are open-ended which may also be follow up questions which needs a lot of explanation. This will guide the data collector to know if the respondent is following the interview and help in probing for more information.

Questions

1. Which tribe do you belong to?
2. Which religion do you belong to?
3. Have you ever been initiated? **Yes=1, No=0**
4. When were you initiated?
5. What type of initiation did you undergo?
6. Why did you decide to be initiated?
 - Is it due to peer pressure? =1
 - Is it due to culture? =2
 - Is it due to religion? =3
 - Is it your parents' choice? =4
 - Is it personal choice? =5
 - Any other reason? = **6 Please specify**
7. Have you initiated your children? **Yes=1, No=0**
8. If you have not initiated your children, do you have plans to do so? **Yes=1, No=0**
9. If yes in 7 above, why did you decide to get your child initiated?
 - Is it due to peer pressure? =1
 - Is it due to culture? =2
 - Is it due to religion? =3
 - Is it personal choice? =4
 - Any other reason? = **5 Please specify**
10. If yes to question 7 above, when were they initiated?

The changes in the conduct of Yao boys' initiation ceremonies: An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'

11. If yes in 7 above, at what age were they initiated?
12. How many were initiated together with your children?
13. Given a choice which one would you have preferred the circumcision at health centre by trained health personnel or by a Ngaliba in Jando camp? **At health Centre=1, In Jando camp=0**
14. Do you see any relationship between Yao initiation ceremony and HIV and other STI proliferation?
15. Is there any difference between initiation you attended and the initiations that your children attended or those conducted now? **Yes=1, No=0**
16. If there are differences in 14 above:

What are the major differences?
 - In age at initiation. =1
 - Teachings in initiation. =2
 - Duration of initiations. =3
 - Hygiene in initiations. =4
 - Conduct of initiation. =5
 - Teasing, bullying and ill treatment of initiates in initiation camps. =6
 - Any other = 7 **Please specify**
17. What led to those differences?
18. What is the perception of the society/community on those Changes?
19. What has been the impact of those changes?
20. Would you be willing to marry someone who is not initiated given a second chance? **Yes=1, No=0**
21. Why your response to question 20 above?
22. What role has a village community leader/initiation counsellor on Yao initiation ceremonies?
23. What is the role of the almost all night Manganje dance while the initiates are in camp?
24. What types of punishments are meted on the offending initiates in the camps?
25. Have you ever heard of an initiate dying during initiation? **Yes=1, No=0**
26. If yes to question 24, what was the cause of death?

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs' projects interventions. 'Nothing for us without us.'*

27. Have you ever heard or witnessed an initiate injured or maimed during initiation ceremony? **Yes=1, No=0**
28. If Yes in 27 above, What caused the injury?
- Is it carelessness of initiation counselors? =1
 - Is it deliberate? =2
 - Is it induced by alcohol or drug use? =3
 - Is it due to inexperience of the counsellor? =4
 - Is due to lack of proper materials and medicines? =5
 - Is it just something going wrong? =6
 - Any other reason= 7 **Please specify**
29. Does the current initiation have a similar impact as those you attended in your time? **Yes=1, No=0**
30. Explain your answer in 29 above.
31. What has happened to the numbers of initiation counselors has it increased or decreased? **Increased=1, Decreased=0**
32. What has led to your response in 30 above?
33. Did you notice a proliferation of inexperienced initiation counselors of late? **Yes=1, No=0**
34. What do you think has led to such proliferation?
35. Do the new entrant initiation counsellors observe the changes and modifications made to conduct of Yao initiation ceremonies due to HIV/AIDS interventions? **Yes=1, No=0**
36. What is the impact of such proliferation on the conduct and future of Yao initiation?
37. What solution would you propose for this problem in 33-35 above?
38. In South Africa, all initiation counselors are supposed to be identified, trained, recognized, certified, registered and authorized to initiate children by government. Would you support the idea that government, NGOs and donor funded projects should implement similar regulation, registration, authorization, certification and monitoring the conduct of Yao initiation ceremonies here in Malawi? **Yes=1, No=0**
39. Why your answer to 38 above?
40. If yes to question 38 above, what should be done to regulate or monitor initiation ceremonies?
41. Who should do those activities in question 40 above?
42. What do you vision as the future of Yao boys' initiation ceremonies?
43. Why do you see it that way, in question 42 above?
44. As an initiation counselor/community leader, have you ever been trained in your profession, this is besides the training on how to initiate the initiates? **Yes=1, No=0**

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

45. If yes to question 44 above, who trained you?
46. If trained, how long did the training take?
47. What were the issues that you were trained on?
48. If not trained in 44 above. Why you were not trained?
49. On what issues would you want to be trained and why?
50. As an initiation counselor/community leader, what external support do you need from either government, NGOs, donor funded projects regarding Yao initiations etc?
51. Have you ever received such support as specified in 49 above before? **Yes=1, No=0**
52. What was the support you received if yes in 51 above?
53. How did that support help you in your profession as an initiation counselor/community leader in the conduct of Yao initiations?
54. Do you feel there is any relationship between Yao initiation and:
-
- Proliferation of HIV? =1
 - Schools dropout? =2
 - Gender based Violence's? =3
 - Early pregnancies?=4
 - Unruly behaviours in children- drug and alcohol abuse? =5
 - Any other related issue= **6 Please specify**
-
55. **Thank you very much for your time and contributions. Your contribution will go a long way improve the interventions and the very conduct of Yao initiation ceremonies. The findings of this research will be made available to you.**
-

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

Appendices # 5: Focus Group Interview Guide

Focus Group Interview Guide

This tool will be used to collect data through face to face through FGI by the researcher from graduate initiates, those initiated before 1994 and those initiated after 1994 and parents of initiates in the selected village regarding Yao initiation ceremonies.

Instructions:

1. The group discussion should be for participants of similar background and experiences should be not less than 8 but not more than 12 and they should choose the place where they would want to sit and should sit in a circular arrangement to promote eye contact.
2. The data collector should start with establishing rapport by introducing her/himself and make the responded feel free and comfortable.
3. The data collector should produce the letter of authorization letter for the research study to the respondent.
4. The researcher should explain the research study and its purpose.
5. The data collector should then introduce the responded consent form and if the responded accepts and sign, the interview should start.
6. The researcher should explain how the FGI will be conducted and for how long and the FGI guiding question. The guide will be explained to participants as the tool to guide the data collector to know if the respondents are following the discussions and help in probing for more information.

Questions:

1. Do you conduct initiations here? What are the types? Have we all been initiated?
2. What things were or take place in Yao boys' initiation that can put the initiates on risk of HIV and other STIs infection?
3. Are there any notable changes in the way the Yao boys' initiation ceremonies are being conducted now as compared to before 1994?
4. What are these changes?
5. In your opinion, what led to these changes?
6. Is there any impact as a result of these changes?
7. What is the impact of these changes in the initiation and the Yao society as a whole?
8. Have there been HIV/AIDS project interventions on conduct of Yao boys' initiation in your area?
9. What is your opinion on these HIV project interventions?
10. If there were more interventions to be implemented, which areas in Yao boys' initiation do you want them to be?
11. What is your opinion if government plans to regulated, register, monitor or moderate the conduct of Yao initiations?
12. What more do you require either from government, NGOs, FBOs, CBOs or projects to be involved in Yao boys' initiation ceremonies?

The changes in the conduct of Yao boys' initiation ceremonies: *An empirical study of the impact of HIV and AIDS NGOs'/projects interventions. 'Nothing for us without us.'*

Thank you very much for your time and contributions. Your contribution will go a long way improve the interventions and the very conduct of Yao initiation ceremonies. The findings of this research will be made available to you.

Appendices #6: Yao boys' initiation Ceremony Observation tool

Yao initiation Ceremony Observation tool

Through observation, participation and interaction the researcher and the data collectors will gather information to supplement and cross examine what was gathered through other methods like: In-depth interviews; key informant interviews and FGIs.

Instructions:

The researcher and the data collectors are not supposed to have writing materials, they only have to observe and participate in day to day activities of the community only to meet at an appointed time to discuss and transcribe what they have observed during the day.

Probable days and events to observe

- Day initiations enter camp
- Camp life
- Graduation day
- Life after graduation

The following are the guiding tool for observation:

- What happens on the day of initiation enter into camp: the conduct of actual circumcision, care of the wounds, songs, dances, comments by community/ audience?
- What happens in the camp: teachings, songs, dances, care of the wounds?
- What happens in the villages during initiation period: Night Dances?
- What happens on the graduation night: Celebrations, Night Dances?
- What happens on the graduation festival day: Celebrations?
- What happens after initiation: Actions of initiates, Expectations of initiates?