THE ROLE OF THEATRE FOR DEVELOPMENT IN CHANGING SANITATION PRACTICES OF CHAZANGA COMMUNITY IN LUSAKA DISTRICT ZAMBIA

BY

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DEDICATION

To my beloved family and children.

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DECLARATION

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APPROVAL

This dissertation by **HATONTOLA FEARLESS MASENKE MICHELO** is approved as fulfilling part of the requirements for the award of degree of the Master of Education in Adult Education.

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ABSTRACT

With the ever increasing population in urban areas, mushrooming of unplanned settlements and rate of urbanization exceeding rate of infrastructure development, the provision of water and sanitation service delivery has proved a challenge in Zambia. A number of strategies to mitigate this problem, among them, theatre for development has been used. It was for this reason that the study investigated the role of theatre for development in changing sanitation practices of Chazanga Community in Lusaka District of Zambia. The purpose of this study was to assess the role of Theatre for development (TfD) in changing the sanitation practices of Chazanga people. The study was guided by the following objectives: to examine how Theatre for development was used in changing hygiene and sanitation practices of Chazanga Community; to determine the changes in hygiene and sanitation practices of the Chazanga Community after TfD; and determine challenges that inhibited change in hygiene and sanitation practices in Chazanga Community after TfD. This study adopted a concurrent mixed method design. It had a sample of 126 respondents; 120 respondents for questionnaires from the 12 zones of Chazanga selected using systematic random sampling; and 6 purposely sampled interviewees from the facilitators of Theatre for development, namely; 2 from Lusaka Water and Sewerage Company, 2 from Chazanga Water Trust, 1 from Water and Sanitation for the Urban Poor (WSUP) and 1 Community Leader. Data was collected using interviews, observations and questionnaires. Qualitative data were analyzed using themes while quantitative data were analyzed using statistical package (SPSS Version 23) and presented in descriptive statistics in form of pie charts, tables and bar graphs. The findings of the study revealed that the facilitators of Tfd presented pre-packed messages to audiences through performances, dances and songs. Findings showed that TfD played the role of community mobilization, information dissemination and change in attitudes and behaviours of the community. Notable changes were an increase in the number of people drawing water from safe sources; an increase in people building sanitation facilities; and increase in the number of people washing hands at critical times and majority people practicing good hygiene and sanitation. Low earnings, poor service delivery for water supply and waste management, education and population growth were found to be among the challenges inhibiting change in hygiene and sanitation practices after TfD. Based on the findings and discussions, the study recommended that LWSC should use more participatory theatre techniques from project inception to evaluation as an addition to Agitprop technique. It should also conduct more sensitization in the community.

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ACRONYMS

CBOs	Community Based Organisations
CSO	Central Statistical Office
DHID	Department of Housing and Infrastructure Development
DTF	Devolution Trust Fund
GRZ	Government of the Republic of Zambia
JMP	WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation
LWSC	Lusaka Water and Sewerage Company
MDG	Millennium Development Goals
MEWD	Ministry of Energy and Water Development
MLGH	Ministry of Local Government and Housing
NGO	Non-Governmental Organisations
NRWSSP	National Rural Water Supply and Sanitation Programme
NUWSSP	National Urban Water Supply and Sanitation Programme
NWASCO	National Water Supply and Sanitation Council
RWSS	Rural Water Supply and Sanitation Service
SNDP	Sixth National Development Plan
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization
WASAZA	Water and Sanitation Association of Zambia
WASH	Water Sanitation and Hygiene
WSC	Water and Sewerage Company
WSP	Water and Sanitation Programme
SWA	Sanitation and Water for All
TfD	Theatre for Development
ZUWSSM	Zambia Urban Water Supply and Sanitation Mode

CHAPTER ONE

INTRODUCTION

1.1 Overview

Zambia, like any other Third World country, has struggled with the problem of sanitation since independence. With the ever increasing population in urban areas, mushrooming of unplanned settlements and rate of urbanization exceeding the rate of infrastructure development, the provision of water and sanitation service delivery has proved a challenge. In response to the dire need for improved water supply and sanitation, the Government of the Republic of Zambia has developed a number of policies and reforms since the early 1990s through the reform of water supply and sanitation services. Among many reforms and policies instituted, the Government Republic of Zambia enacted the National Water Policy in 1994 that guided the provision of water supply and sanitation in the country. In 1997, the National Water and Sanitation Council (NWASCO) was created whose mandate was to regulate water supply and sanitation provision in Zambia. In 2005, the National Rural Water Supply and Sanitation Programme (NRWSSP) as well as the National Urban Water Supply and Sanitation Programme (NUWSSP) were elaborated as ways of guiding the Government and other Cooperating Partners (donors) in water supply and sanitation provision and coverage in the country. The reforms led to the adoption of the National Rural Water Supply and Sanitation Programme 2006 -2016 whose main goal was to provide sustainable water supply and sanitation services as a way of meeting the Millennium Development Goals (MDGs) in Zambia (Assefaw, Amu, Mugoya, and Pitamber, 2006).

This chapter discusses sanitation in general, in Africa and in Zambia. It further gives the sanitation situation in Chazanga Community of Lusaka and how Theater for development was used as a way of solving the problem of hygiene and sanitation practices. Furthermore, it provides the statement of the problem, the purpose and objectives of the study, research questions, and significance of the study, delimitation, theoretical framework, operational definitions and ends with summary of the chapter.

1.1.1 Sanitation

Sanitation is any system or measure that protects and promotes the well-being of human beings, proper disposal of human and animal waste, and any system that promotes use of toilets and avoids use of open defecation (Spencer, 2012).

A systematic review of the literature on the effects of water and sanitation in schools was performed by many countries around the world which included African nations and European states (Jasper, 2012). The goal was to characterize the impacts of water and sanitation inadequacies in the academic environment. The studies provide evidence for an increase in water intake with increased provision of water and increased access to water facilities. This study also reported an increase in absenteeism from schools in developing countries during the time girls have their menstrual periods due to inadequate sanitation facilities. Lastly, there is a reported decrease in diarrheal and gastrointestinal diseases with increased access to adequate sanitation facilities in schools. Ensuring ready access to safe drinking water, and hygienic toilets that offer privacy to users has great potential to beneficially impact children's health. Additional studies that examine the relationship between sanitation provisions in schools are needed to more adequately characterize the impact of water and sanitation on educational achievements.

1.1.2 Sanitation in Africa

In most cities of Africa, peri urban areas are seen along high ways and roads connecting the city. Most of these areas lack water and sanitation amenities as these areas grow without city plans. In densely populated peri urban areas, human waste and liquid wastes are disposed of in environmentally unacceptable manner leading to pollution and contamination. In these areas, people live in densely populated households without sanitation amenities. People share a few toilets available with some people defecating in the open in plastics or pools of water. Bathrooms, without proper shelters are shared and the waste water from these run freely on the streets without proper disposal. These pose a danger to underground contamination and contamination of the soil, leading to different diseases (Shivendra and Ramaraju, 2013).

Pit latrines have limitations in peri urban areas where the population is usually huge. Pit latrines are usually not feasible for populations of more than 250 to 350 people per hectare, but in most peri urban areas the population is higher than this (Shivendra and Ramaraju, 2013). As Hogrewe, Joyce and Perez (1993) assert, 'most peri urban areas are growing more rapidly than the formal

urban areas, resulting in reduced sanitation'. Furthermore, in most densely populated areas or peri urban, there will be very limited space or no space at all to dig a pit latrine when one gets full, or even a first one. Pit latrines are equally not suitable for multistory buildings and in some instances, due to soil structure, may prove to be very expensive. Lack of municipal planning leaves these areas without amenities like good water supply and electricity, which are essential for improved sanitation facilities (Spensor, 2012). In addition, these areas cannot demand from the government for these amenities as most of these areas are not legalized settlements and therefore governments generally do not recognize them (Hogrewe., et al., 1993).

Peri urban areas, with limited sanitation facilities are susceptible to disease burden. Children under three years are likely to have diarrhoea diseases while older children and adults are exposed to intestinal infections like round worms, hook worms, tape worms and other e-coli diseases causing deaths (Shivendra and Ramaraju, 2013).

There are various forms of options for sanitation. These range from various dry systems to various water based systems. WHO (2006) defines improved sanitation as 'facilities that ensure hygienic separation of human excreta from human contact'. UNICEF (2006) identifies improved sanitation as 'flush and flush pour toilets with piped sewer system, septic tanks, soak away pits, ventilated improved pit latrines (VIP), pit latrines with slabs and composting toilets'. Excluded from this list are any of these that are shared between more than one household and are public facilities.

UNICEF (2000) uses international development targets to highlight the challenges faced by the sector in reducing the coverage gap. To achieve the 2015 target in Africa, Asia, Latin America and the Caribbean alone, an additional 2.2 billion people will need access to sanitation and 1.5 billion will need access to water supply by that date. In effect, this means providing water supply services to 280 000 people and sanitation facilities to 384 000 people every day for the next 15 years (WHO, 2004). Projected urban population growth, especially in Africa and Asia, suggests that urban services will face great challenges over the coming decades to meet fast-growing needs. At the same time, rural areas also face the daunting task of meeting the existing large service gap. To reach universal coverage by the year 2025, almost 3 billion people will need to be served with water supply and more than 4 billion with sanitation. Poor water supply and sanitation have a high health toll and whereas improving water and sanitation brings valuable benefits to both social and

economic development. The simple act of washing hands with soap and water can reduce diarrheal disease transmission by one-third. Hygiene promotion, therefore, is an important priority.

1.1.3 Sanitation in Zambia

Zambia, is a landlocked country with a population of 13 million people. 2.3 million People live in the capital city, Lusaka. Lusaka is the fastest growing south of the Sahara with a population growth rate of 4.3%. It is estimated that the population of Lusaka will by 2035 be more than 5 million people (CSO, 2010).

Of the current 2.3 million people living in Lusaka, 65% of these live in peri-urban areas, where 90% of people live without proper sanitation facilities (WSUP, 2012). Sanitation facilities are in form of pit latrines which are often poorly constructed and maintained. These pose a danger to underground contamination of water causing diarrheal diseases (WSP, 2012).

Water and good sanitation are essential to livelihoods and a prerequisite to development because they are the most crucial element in supporting healthy living. Based on this understanding, there have been increased efforts to effectively manage the water resources and improve the sanitation in Zambia. Poor water and sanitation provision negatively affects Zambia's economy. It was estimated by the World Bank (WSP, 2012), that as at the year 2010, Zambia was losing 1.3% of its GDP or (US$194 Million) annually due to bad sanitation. In addition, 13.5% of under-five mortality in 2004 was due to diarrheal diseases (USAID, 2010). Apart from this, it is estimated that Zambia loses US $1 million annually on production due to people missing work caring for the sick, house hold expenditure on sicknesses and burial expenditure (WSP, 2012). The economic burden of poor sanitation falls mostly on the poor people who have inadequate sanitation facilities.

In 2010, 61% of the population of Zambia had access to an improved source of water supply and 48% had access to adequate sanitation. Concerning water supply, there is a big contrast between urban areas with 87% access to water supply while rural areas have 46% access (United Nations, 2010). In urban areas, 41% have access to water connections in their house or yard and 49% rely on water kiosks and standpipes. The share of those with access to house connections has actually declined, while the share of those served by kiosks has increased (NWSCO, 2015). As for sanitation, reports show different figures for the same time. For instance, NWASCO (2010) shows 54% access while UN (2010) shows 43%. However, the Central Statistical Office (CSO) has different safe water supply and sanitation service coverage rates for the same period. The CSO

Survey Report (2010) indicates that the proportion of the rural population with access to safe water is 49.2% and 83.6% for urban areas. Access to adequate sanitation is actually 14.1% for rural areas and 66% for urban areas.

To curb these sanitation problems, Lusaka Water and Sewerage Company (LWSC), together with other Cooperating Partners like the World Bank, Millennium Challenge Corporation and the Government of Zambia came up with the sanitation Master Plan that provides a comprehensive strategy for full sanitation coverage by 2030 (The World Bank, 2015).

1.1.4 Background

This study was done in Chazanga Community located on the Northern part of the city. Chazanga started as a small village in Central Province under Chief Mungule in 1964 after one of the early settlers, Rose Banda, invited friends and relatives to settle there. By early 1970, there was mass migration to the areas and it became a relatively large community. It derives its name in honour of a local businessman Mr Samuel Chazanga who owned a bar named Chazanga. Chazanga means "you have found me here". In 1995, it was moved from Chibombo District in Central Province to Lusaka District in Lusaka Province (Yasini, 2007).

Chazanga is a peri urban area without planned sewer infrastructure. It has a population of 85000 people and close to 4,000 households. Residents use pit latrines for defecating and bathing, and when these are full, they dig other holes and construct simple structures around them. In addition, there is poor drainage and water from these facilities after bathing end up on the surface contaminating the underground water supply which rests shallowly in the ground aquifer. When the pit latrines are full, people look for some empty space to dig another latrine on the already limited space (Chazanga Baseline Survey Report, 2014).

1.1.5 Theatre for Development

As a way of mitigating these sanitation problems in Chazanga peri urban area, Theatre for development (TfD) was used. Theatre for development is a practice that uses performance as a participatory tool to help individuals and groups share their experiences with the intent of social transformation (Knight and Brown, 2005). According to Manukonda (2013), theatre for development refers to live performances of song, drama, puppets, spoken word drama, comedy, participatory approach or use of any of the above mentioned for delivery of a message. It can be

called by various terms depending on the use. It can be referred to as Theatre for Community Animation, Popular Theatre, propaganda Theatre, Case Drama, Developmental Theatre, Theatre Forum and Theatre for Integrated Rural Development depending on what this theatre tries to achieve (Kamlongera, 1985).

Theatre for development is used to help masses in developing the world to come to terms with their environment and improve socially, politically, culturally, educationally and economically (Kamlongera, 1985). African indigenous performances contain some functional element. Through their performances, dance and song, they carry some messages to their audiences that is peculiar to their culture and give meaning to their audiences.

In 2011, the Water, Sanitation for the Urban Poor (WSUP) implemented projects to improve sanitation services in Chazanga community. Its main objective was to improve access to water, sanitation and hygiene education and thereby improve the health and living standards of low income residents of Lusaka. Further,WSUP worked with Chazanga Water Trust to improve access to water supply and sanitation services for Chazanga community through mobilising funding to construct improved sanitation facilities as well as strengthening the capacity of the community. The Chazanga Water Trust, through the help of LWSC would manage these facilities by engaging local people to empty the pits when full and offload the sewer into the bio digesters that were constructed for sewer disposal. Other educational messages on hygiene were given to the local people through other approaches like theatre for development.

As a means of sensizing and educating the Chazanga Community, Theatre for development was used. Drama was used to communicate good sanitation practices and show residents the consequences of poor hygiene in their performances. This was done in different phases and zones in order to reach out to everyone. It was envisioned that after a period of 29 months (December 2011 up to May 2014), there would be good behavior change to sanitation practices.

1.2 Statement of the Problem

From 2011 to 2014, Theatre for development (Tfd) was used in Chazanga to sensitize the community about good hygiene and sanitation practices. However, it was observed that many people still threw garbage in undesignated areas, used shallow wells and unconventional pit latrines thereby subjecting the residents to appalling sanitary conditions (Chazanga Baseline

Report, 2014). Therefore, it is not known whether this particular programme yielded the desired results. This study sought to assess the role Theatre for development played in changing the sanitation practices among the people of Chazanga Community.

1.3 Purpose of the study

The purpose of this study was to assess the role of theatre for development in changing the sanitation practices of Chazanga people.

1.4 Objectives of the study

The objectives of the study were to:

i. establish how theatre for development was used in the sensitization for change of hygiene and sanitation practices of the Chazanga Community;
ii. examine the change in hygiene and sanitation practices of the Chazanga Community after Theatre for Development;
iii. determine challenges that inhibited change in hygiene and sanitation practices after Theatre for Development.

1.5 Research Questions

This study attempted to answer the following questions:

i. How was theatre for development used in changing hygiene and sanitation practices of the Chazanga Community?
ii. What were the changes in hygiene and sanitation practices of the Chazanga Community after Theatre for development?
iii. What challenges inhibited change in hygiene and sanitation practices after TfD?

1.6 Significance of the study

The significance of the study shows why the study was important and for whom. It explains the value of the study and how it will be used by the identified audience (Kasonde-Ngandu, 2013). It is envisaged that the research findings of this study may add on the already existing body of knowledge on the role of theatre for development. It is also envisioned that the findings might help Lusaka Water & Sewerage Company make informed decisions on other similar programmes

that were planned in other peri urban areas. It is further expected that recommendations from this research may be used to improve the implementation of these programme in other areas for better results to occur.

1.7 Limitations of the study

Limitations in a study identifies areas of weaknesses of the study. It could be in the findings, geographical restrictions that affected the autonomy of the study or data inaccessibility or any unexpected outcomes (Kombo and Tromp, 2011).

One of the limitations encountered in this study was on data collection. The project for sensitization of the people using theatre for development happened over two years before (in 2014) and some of the people who were sensitized may have moved away from Chazanga. Others, due to lapse of time had forgotten the role theatre for development played in the programme. In order to interview the people who were present in the sensitization period of the project using theatre for development, the researcher used purposive sampling while little could be done on those who had forgotten the role theatre for development played.

1.8 Delimitation

This study was conducted in Chazanga Community as it was the area where theatre for development was used to sensitize the residents on good sanitation practices. It was also limited to residents of Chazanga, Lusaka Water & Sewerage Company Peri-Urban employees as well as Chazanga Water Trust who were the implementers of the theatre for development project.

1.9 Theoretical framework

A theoretical frame work is the theory that guides the work of the researcher. It is an application of a theory or set of concepts that are drawn from one or more theories to offer an explanation of an event of a particular phenomenon (Imenda, 2014). As alluded to by Kombo and Tromp (2011), 'theoretical framework enables the researcher understand the problem from a wide perspective and understand the total realm of the problem and enhances the objectivity of the study'. An effective theoretical framework explains the phenomena, is specific, measureable in practical situations, provides tentative answers to questions, issues and research problems and is systematic in addressing various aspects of the problem (Kombo and Tromp, 2011). It explains the meaning,

nature and challenges of a phenomenon, often experienced but unexplained in real life, but can be used to understand and act in a more informed way (Msabila and Naraila, 2013).

This research used the transformation of learners using education theory and generative themes theory of problem posing by Paulo Freire on theatre for development. The theory of education as espoused by Freire (1970) in his book, '*The Pedagogy of the Oppressed'* distinguishes between banking and problem posing education. In banking education, learners are seen as empty vessels where the teacher deposits knowledge to them, and this, Freire considers the learners as oppressed. In context of theatre for development, this is the 'theatre for' the people in which the expert pumps knowledge into the spectators who are merely recipients of that knowledge.

In contrast to this, Paulo Freire encourages conscientization of the people for transformation to occur. Conscientization is the process in which men, not as recipients, but as knowing subjects, achieve a deepening awareness of the sociocultural reality that shapes their lives and their capacity to transform that reality (Freire, 1993). This involves moving from the lower level of consciousness, where the individual is not aware how forces around shape one's life, to a higher level of consciousness that is characterized by thorough analysis of problems, self-awareness and self-reflection.

In contrast to the lower level of consciousness found in theatre for the people, is the higher level that is achieved through problem posing using dialog, with an ultimate aim of liberating and humanizing the learner. This is done using generative themes through dialogue. Generative themes are issues that evoke people's energies to act because they are emotionally affected (Freire, 1970). If one is indifferent about something, one is likely to do something about it. Generative themes are issues such that, when they are mentioned, they affect people emotionally; they instill fear, anger, worry, joy, sorrow or excitement. Dialogue, is the encounter human beings go through in order to name their world. It is the world view that an individual creates by interacting with the environment around. It is an encounter in which the reflection and action of the dialoguer are addressed to the world which is to be transformed and humanized. As Freire argues, dialogue cannot be reduced to the act of one person depositing ideas in another, nor can it be a simple exchange of ideas to be consumed by the discussants. He further contends that much of the education has tried to ignore human feelings and concentrated much on reasons and actions yet it is the feelings that mobilize people's energy to act; emotion and act link (Freire, 1970).

Once the generative themes are found, a code (codification) in which the information in question should be carried and presented to the people needs to be developed. This should be in a way that will appeal to people's emotions. This process is called Problem Posing. Problem posing is a special way of presenting information to the community through codes that are familiar to the community. This process can be done through sketches, role play, songs, poems, diagrams, photographs and drawings (Mbozi, 2013).

When generative themes are used in problem posing education, the oppressed (learner) engages together with the teacher in investigating the common reality, and the oppressed confronts the reality critically and acts upon it. The teacher and leaner share or become co-investigators in their common realities in which they live. Generative themes are posed by the learners themselves, while the teacher facilitates on the posed theme by preparing the content of the theme in depth and pauses necessary questions arousing the conscious of the leaners. The learners reflect on the theme and find solutions to it and take action. The ultimate goal is liberation, or praxis, which is the action and reflection which is continuous. In this case, the learner and the teacher are equal partners using dialogue as a means of transformation. The adult learner becomes aware of ones assumptions, beliefs and values and transforms those assumptions into new perspectives. Critical reflection and collective action are key to this process of transforming the oppressive reality. This results in true transformation of the individual (Freire, 1993).

In theatre for development, this is attained through the process where the experts probe the community to identify their own problems or perform an act depicting a problem that society has but that may not be recognized by the community. When they see, they are aroused from their lower level of consciousness, and with the help of the experts, work together through dialogue to generate generative themes. These are 'acted' by the community themselves and participants are able to observe, feel and be part of the problem and that way, action is aroused to solve that problem. The participants then discuss and agree on action to take to solve the identified problem. This brings out true transformation of the community.

1.10 Operational definition of terms

Popular participation: The empowerment of the people to actively involve themselves in creating the structures and in designing policies and programmes that serve the interests of

all as well as to effectively contribute to the development process and share equitably in its benefits.

Peri- urban areas: High density, unplanned settlements largely comprised of poor people.

Sanitation: The hygiene means of promoting health through prevention of human contact with hazards of wastes as well as the treatment and proper disposal of sewage or wastewater.

Sanitation Practices: Behavior and activities of people living in a specific environment with regard to treatment and disposal of sewage or waste water.

Good Sanitation Practices: Appropriate behavior and practices of the people living in a specific environment. People's behavior that display a responsible attitude towards the hygiene of their families, community and environment.

Community: Common social setting where people live.

Sensitization: Education provided to people to make them aware of and responsive to ideas, events, situations or phenomena.

1.11 Summary

The chapter has briefly given the background of sanitation problems in Lusaka City and how theatre for development has been used to sensitize the people of Chazanga community on embracing good sanitation practices. It has clearly stated the statement of the problem, objectives as well as research questions that the study hopes to respond have been presented. The significance of the study has been stated and the delimitation clearly spelt out. It discussed the theoretical framework, defined terms in the study and gave a summary of the chapter.

CHAPTER TWO

LITERATURE REVIEW

2.1 Overview

Literature review is a written summary of journals, books and other documents that describes the past and current state of information on the topic being researched (Creswell, 2012). Literature review is conducted to provide an overview and critical evaluation of a research problem. It distinguishes what has been done and what needs to be done (Msabile and Nalaila, 2013) and provides the researcher with some degree of confidence and knowledge of the area being researched (Kasonde-Ng'andu, 2013).

This chapter provides the literature reviewed in relation to the objectives of the study. As a recap, the objectives of the study are as outlined below and will review literature surrounding these objectives.

The purpose of this study was to assess the role of theatre for development in Chazanga residential area in changing the community's behavior towards good sanitation practices. It had the following specific objectives;

i. to establish how theatre for development was used in the sensitization for change of hygiene and sanitation practices of the Chazanga Community;
ii. to examine the change in hygiene and sanitation practices of the Chazanga Community after Theatre for Development;
iii. to determine challenges that inhibited change in hygiene and sanitation practices after TfD.

2.2 Application of theatre for development in sensitization programmes

The application of theatre for development is key to the success of developmental progammes in societies. A lot of organizations perform a number of projects in the name of theatre for development but in actual sense, are just imposing their programmes on communities. As Sloman (2011) observes, '……there have been many examples of development projects using theatre that

have not been participatory and had limited outcomes'. Sloman (2011) outlines a number of factors for the success of theatre for development which are discussed below.

Factors for success in Theatre for Development

a) Time and Process

The longer the time taken on the process and the more the number of people participating in a project the better the outcome. There is a fundamental element of participatory theatre that focuses on the process over product. It is the process of engaging people and making them participate in a project that matters more if the desired results are to be seen. It is not just about performing some drama and expect people to change. It is about building a relationship with the community and making them create their own drama, performing their own problems and solutions and this, however, takes time. As a result, it is viewed as being expensive but it is worth the expense (Sloman, 2011).

b) The programme should really be participatory

There have been instances where projects are funded and the sponsors of the projects have preconceived ideas or messages that they want to impart on the people. These agencies may pose to be participatory in nature yet they have already written scripts that are performed to people without allowing them to ask questions or participate in any way. At the same time, there may be little or no monitoring and evaluation of the projects to assess the impact of the messages and yet they continue receiving funding and reports of participation are sent. As a result, the projects fail to be sustained as people do not identify themselves with them and feel they are not part of them. However, sometimes it is the facilitators that want to fulfil the requirements of sponsors, Governments, Non-Government Organizations (NGOs), in this way, theatre for development is done as a semblance of participation (Sloman, 2011).

c) Support for theatre for development projects

Theatre for development projects need support from inception, development and further after the project has ended. There is need to build capacity within communities among the theatre groups. There is need to train the trainers, mentoring the groups at all levels of development from planning, development, management, monitoring and evaluation and other technical skill pertaining to

theatre. This is important for sustainability and independence from external experts (Carey and Satton, 2004).

d) Need for Monitoring and Evaluation (M& E)

Theatre for development projects need monitoring and evaluation if their impact is to be known. Further, the projects should be linked to a broader picture of what benefits the project will impact to society as whole. This helps in synergies with other projects that may be related in a way and working towards the same goals. This has an advantage of pulling resources together and achieving more. As Sloman (2011) argues, 'participatory theatre will have a deeper impact the more multidimensional the project is, particularly if it is linked to the broader picture of development in the community or nation and includes other development tools'.

e) What is theatre for development?

Theatre for development is a practice that uses performance as a participatory tool to help individuals and groups share their experiences with the intent of social transformation (Kamlongera, 1985). According to Manukonda (2013), theatre for development refers to live performances of song, drama, puppets, spoken word drama, comedy, participatory approach or use of any of the above mentioned for delivery of a message. It can be called by various terms depending on the use. It can be referred to as Theatre for Community Animation, Popular Theatre, propaganda Theatre, Case Drama, Developmental Theatre, Theatre Forum and Theatre for Integrated Rural Development depending on what this theatre tries to achieve (Kamlongera, 1985).

Theatre for development is used to help masses in developing the world to come to terms with their environment and improve socially, politically, culturally, educationally and economically (Kamlongera, 1985). African indigenous performances contain some functional element. Through their performances, dance and song, they carry some messages to their audiences that is peculiar to their culture and give meaning to their audiences.

f) Nature of Theatre for Development

Cassady (1984) defines theatre as 'imagination, emotions and intellect which embraces all the world cultures and perspectives, answers questions and predicts our tomorrows and mirrors our today. As for Yerima (2007), theatre is a 'mirror for highlighting man's humanity and also a tool for understanding why man also finds it so easy to transgress that same humanity'. Odeneye

(1998) agrees with this view by saying that theatre is 'the stepping stone through which anthropologists, sociologists, historians and ethnographers have given identity, meaning and interpretations to people, period/dates and societies'. As Akashoro, Kayode and Husseini (2010) concluded, 'theatre is a highly collaborative endeavor that takes the form of drama, comedy or musical theatre'. It is essentially symbolic in nature and can be in art form, dramatic and non-dramatic. In art form, theatre represents an experience of an event or experience which can be real or imagined that is communicated to an audience through a medium. When dramatic, it is imagined and representational, whereas when non dramatic, it is real in nature and characters. In dramatic form, the role of the performer or actor is to mimic the reality in a performance (Asomba, 1986). In both dramatic and non-dramatic, theatre appeals to all five senses of humans (Vincent, 1980) and it is this appeal that makes theatre pivotal in development of communities (Akashoro, et al., 2010).

Theatre for development uses a number of resources like songs, dance, mimics, puppetry and performances. As Kamlongera (1985) puts it, most of theatre for development uses extension workers, literacy education workers or village level workers led by an expert to get the messages across to communities through entertainment and fun. The experts spearhead the production of songs, dance, mimics, puppetry and drama and production of sensitization programmes together with other people involved in theatre. Theatre for development can involve any or a combination of song, dance, mimics, puppetry and drama. These elements are discussed below.

i) Songs

These are usually composed and sung by teams of theatre for development during their performances. The songs are sung in local languages, should have simple catchy tunes, simple words and lots of repetitions and with clear messages (Youngman, 1976).

In some cases, these are recorded on tapes and distributed throughout the areas where the extensions workers are working. Where such is required, professional musicians are engaged to produce the songs and these are played in some local radio stations and distributed to people in those catchment areas where the messages are directed (Kamlongera, 1985).

ii) Dance

Dances that take place are those that show mimetic potential depicting the message that is being transmitted. These go with songs, trumpets, whistles and gourds but the greatest part of music

comes from drums. The dancers mime scenes of messages they wish to show that are within the intensions of the project (Kamlongera, 1985).

iii) Puppetry

This employed the use of puppets played with some music transmitting the messages in relation to their everyday lifestyles. The messages will be built around the issues that need attention and these are played to an audience with clear messages not needing further clarifications. However, this method fell out of favour of the adult populace as it was viewed to be childish (Kamlongera, 1985).

iv) Drama

Drama is the most popular feature of theatre for development. It involves performances depicting the message intended to be disseminated to the target group. Plays are performed either by the experts coming from outside the community or with the involvement of the community. The play feature a 'real life' situation or problem as in a family or community using local language understood by the community. From the plays, solutions are shown in some cases, but in others, these are left out to probe the audience for solutions (Kamlongera, 1985).

In some cases where participation is very low, plays are done on radio or to an audience on stage by experts. The script is usually prepared by the expert who engages people to rehearse the play before performing it to an audience. Usually, these plays are intermittently mixed with songs and dances. In cases where community participation is high, experts may perform the play with involvement of the community and it can be interrupted by anyone from the audience, who join the performance to solve an issue presented. These may not be professionally performed in order for everyone to participate freely without feeling inferior to anyone since they are not experts (Kamlongera, 1985).

g) Techniques of theatre for development

Theatre for development has three different approaches being theatre for the people, by the people, and with the people. In theatre for the people, the animators come from outside the community and present a finished product to the undifferentiated target group (Abba, 1997). This type of theatre has less impact and its empowering effect is slow as it appeals to individual emotions and cognition. According to Mwansa and Moonga, (2008), it is less effective as a community development tool.

In Theatre by the people, the performers work in collaboration with the community while still controlling the process. It is based on assumption that community can work with the external for the benefit of the less privileged, these being the community. The externals impart some level of skills to the participants from the community who in turn perform to the majority of the community members (Abba, 1997).

In theatre with the people, the animators work with the target group and the target group in this case controls the whole process (Mwansa, 2004). In this stage, the externals let go of the process and allow the local groups to identify their own issues and perform their own drama in their own understanding of the problems and act out some possible solutions until the community identify their own best solution to the problem within their environment. According to Warritay (1998), these methods can be grouped as 'Agitprop method, participatory method and Forum method'.

i) Agitprop Technique

Agitprop method is the common approach that has been used in Africa until recently. It is used in didactic theatre mostly since it has strong potential for people to organize themselves into action groups. In the Agitprop method, the creators of messages come from outside the communities with prepackaged messages which they have created themselves, and theatre is oriented towards the people. The actors take into consideration the local situations since they use a five step process of information gathering in target communities, information analysis, story improvisation, rehearsal and finally community performance (Warritay, 1998).

In agitprop technique, the level of critical awareness on specific themes of the community may be low since it is raised by outsiders and not the community members. There is no participation of the community and the spectators become mere consumers of the final product. To counter this limitation, post-performance discussions may make spectators reflect on the issues seen in the performance and take action in the short term (Warritay, 1998).

However, this method, though has low participation from the community yields some positive results too. As supported by Sloman (2011), conventional theatre stories acted before can help audiences retain information, support informal post-performance discussion and potentially encourage change in short-term behavior. It further acts as future stepping stone for future participation by communities.

ii) Participatory Theatre

This is a more fulfilling method of theatre. It involves conscientization and full participation of the community. It dwells on conscientization principles of Freire and full participation of the community. Participation is both goal and methodology as the theatre is produced by and from the people with help of experts who are outsiders. In this techinique, the members of the community are themselves actors, come up with issues or themes, and find solutions to the identified issues. It is imperative that the experts stay in the community for a short period of time or few days, to learn first-hand the problems of the community, improvise, rehearse and perform the play, with community members as both actors and spectators (Warritay, 1998). This is in agreement to the process Breed (2002) proposes that the method consists of practitioners live within the community or may visit the community on an ongoing basis in order to adjust to their culture, build relationships and observe daily life. This is followed by community members creating their own performances based on issues relating to their underdevelopment, then key issues are researched on, solutions are sought through participatory approach by involving the community to act out the interventions, and finally action plans are created for implementation by the community.

There are variations to participatory theatre in order to increase participation, depending on the experts. In some cases, the experts perform a short play to demonstrate some point or theme to be put across suggested by the local person, and halt the action at crisis point, then ask the audience to offer solutions. The actors become like puppets and act on orders from spectators. The solution is tried from trial and error by the community members until the audience come to a consensus. The play is not predetermined, it can change direction at any time by any spectator at a moment's notice. This method was developed by Augosto Boal, a Latin American (Breed, 2002) who advanced a method for community activism called Theatre of the Oppressed. In his method, he changed the spectators into spect-actors, where the audience can join in the act on stage as mentioned above. Augosto Boal's theatre for development has its deep roots on Paulo Freire's teaching on conscientization. Conscientization is the process in which men, not as recipients, but as knowing subjects, achieve a deepening awareness of the sociocultural reality that shapes their lives and their capacity to transform that reality (Freire, 1993). This involves moving from the lower level of consciousness, where the individual is not aware how forces around shape one's

life, to a higher level of consciousness that is characterized by thorough analysis of problems, self-awareness and self-reflection.

The advantage of this technique is that it is highly participative and community members change roles from spectator to actor at any time and the community itself identifies issues to be discussed, comes up with solutions and act out the solution to see if it is the best until a consensus is reached. Actors attach feelings to the play and this helps people reflect and experience the act, therefore making them go through that experience of real life situation (Warritay, 1998).

iii) The Forum Technique

Forum Theater refers to a technique where participants tell a story with some social problem, then improvise, rehearse and present it to the rest of the group as a sketch. At a crisis point, it is paused and any spectator can come to the stage to act out a solution that receives counteraction from the other actors and a discussion follows. This is done by other spectators offering different solutions until a best solution is arrived at.

The advantage of this method is that it offers a means where all possible paths may be examined until a best solution is found. Consciousness is raised from inside as a group of social reality and power relations. As spectators become actors, there is no need of experts and the spectators (community members) take control of their situation and implement the solutions agreed upon. The group and individuals learn lessons and make sustainable action plans that are implemented by themselves as a community. The community members take ownership of the programme (Warritay, 1998).

In summary, Nasidi (2003) recommended four main approaches as a potency for Theatre for development as a tool for development. Firstly, theatre as entertainment, in which case it can involve a large number of people, even those that have been eliminated by traditional adult education developmental approaches. Secondly, theatre as an oral medium. This one encompasses everyone even those who are left out due to illiteracy and not understanding the official language of that nation since it uses local language that everyone understands. Thirdly, theatre as a means of cultural expression that everyone understands and are capable of expressing themselves. Fourthly, theatre as a public or social activity which brings everyone in society together and work as a group towards identifying their community problems and developing solutions to the identified problems together (Akashoro, et al., 2010).

h) Importance of theatre for development

Theatre for development is an information gathering and development tool, which works as a strategy for team building, cultural identification, conflict resolution; it creates an open space to play the roles of self and others, thus allowing communities to question and challenge social hierarchies, gender roles, discrimination and other inequalities and problems (Breed, 2002).

Theatre for development offers freedom of expression as well as freedom of speech especially to those who cannot express themselves freely and have difficulties making their views heard (Ogutu, Coulibaly, Musengeshi, Numbi and Munsahu, 2003). It provides a forum where communications can easily take place without antagonisms or suspicions within the community, which is not possible under other forms of communication (Warritay, 1998).

Theater for development can be used to bring change in the community as it triggers dialogue on sensitive issues such as taboo related topics, religious conflicts, and other inequalities (Manukonda, 2013). It is intended to empower the oppressed with critical consciousness which is essential in emancipating the individual from the oppressor and other structures of oppression (Breed, 2002).

Theatre for development gives people an opportunity to tell their own stories, involves them in acting their life issues and in this way, it helps them analyse their own situations (Manukunda, 2013). These are not ordinary stories, but stories that bring development to their societies. Breed (2002) asserts that 'theatre for development offers an alternative route to developmental goals, in that the tools utilized are centred on dynamics of human relationships and experience'.

Further, theatre for development helps people express themselves in their own language that is culturally accepted by use of idioms and proverbs that the community understands but cannot be expressed properly if said in a foreign language (Breed, 2002).

According to Mwansa and Moonga (2008), theatre for development 'seems to gravitate to three foci; as a training tool, as a mirror and as provocation'. As a training tool, it allows students gain the skill as they work with communities. As they put it 'theatre making without accompanying skills in group dynamics and group mobilization does not enable … meaningful change in communities in communities where they work'.

As a mirror, it reflects to society issues in society; it is short in duration, quick in creation and implementation. While this may be its strength, if no discussion follows and in some cases, the discussions may be superficial as they are not tied to change structures nor planned change after performances, it may not achieve much as it just reflects issues of that community (Mwansa and Moonga, 2008). While theatre for development reflects society, individuals also see themselves in plays presented and in this way, it acts as a mirror of both society and its members. Theatre provides direct reflections of what people deeply need, and people are therefore tasked the role of a vanguard, a watchdog, barometer of the society and a major factor in nation building (Yerima, 2007).

As a tool for provocation, it can be used as in participatory and forum techniques where issues of societies are brought out and discussed and action is taken both at individual level as well as community level and true transformation takes place (Mwansa and Moonga, 2008).

i) Limitation of Theatre for development

While many writers have praised theatre for development, it has not gone without criticisms from other people. Various definitions and classification of theatre for development are confusing. Is theatre for development synonymous to popular theatre, Theatre for Integrated Rural Development, Community Theatre for Integrated Rural Development and theatre for integrated development? Nonetheless, with all the varying terms, the term Theatre for development was adopted in Africa and may not be universally used (Mwansa and Moonga, 2008).

Theatre for development needs funding in order to succeed. In most cases, its importance is not fully appreciated and the governments do not allocate resources towards this important tool (Manukonda, 2013). The performers mostly do it voluntarily but this is not sustainable as people sometimes need to be paid for their time and others do it for survival. Additionally, people do not take up a career as a theatre for development provider as there are no or very few employers in this area.

While theatre for development provides participatory approaches, women are usually left out in participating due cultural influence. In some societies, women are told not to talk in the presence of men and do not mix freely with men. In this case, even if the issues performed affect them most,

they have to be represented by people who may not even have a slight idea of their feelings and what really goes on in their lives. While theatre for development is key in development, it is confronted with ambiguities of power, agency and representation of participants (Manukonda, 2013).

In addition, the external experts may not fully understand the cultural norms of societies they are working with. For example, issues of sexuality or HIV/AIDS may not be freely discussed in the presence of children as in some local languages, it is considered taboo to mention the sexuality organs by name. This may make adults uneasy to participate in theatre if the group is undifferentiated. In addition, programmes related to health and sexuality are often misinterpreted to have arisen from the West and are usually not fully accepted or sometimes looked at with skepticism (Manukonda, 2013).

Nwadingwe (2012) did a research on Theatre for Development: An alternative Programme for Reproductive Health Communication in Urban Nigeria. From his study, he found out that theatre for development is a very effective tool for communication and educating urban residents on health education. From the Nigerian perspective, theatre is more effective when used simultaneously with other media like video tapes, cartoon series and posters. Studies by Nwadigwe (2007), Mda (1993) and Macharia (2005) all point out that theatre for development is more effective when it is used with other media mentioned above. However, in the case of Chazanga, theatre for development did not use other media of video tapes, cartoon series and films, hence the need to assess how effective theatre for development is when used alone without other media mentioned above.

Furthermore, theatre for development done by Nwadingwe in Nigeria was done in urban areas (five cities) with people who are educated judging by the nature of jobs and activities they were engaged in. The researcher reported that the population he was studying was engaged in a range of commercial activities, others were public servants or employees of private enterprises (Nwadingwe, 2012). In the case of this study, it was conducted in a Peri Urban area where most people are poor, do not have steady income and the majority may be illiterate or barely literate.
It is reported that theatre for development was done at work stations where people found it easier to participate in theatre than for them to leave home to attend these programmes. For drivers, conductors, transport unions, touts, and other auxiliary workers, these programmes were conducted

at motor parks whereas for public servants, they took place at the secretariats. In this study, theatre for development took place in the residential areas where these people live and was attended by those who do not go for work since it was done during working hours, hence the need for this study.

2.3 Hygiene and sensitization practices of Chazanga Community after theatre for development

The main goals of the sensitization programme among others were to change the behavior and attitude of the community to follow good sanitation practices, proper disposal of feacal waste in the entire 'value chain' and good hygiene practices. Good sanitation practices are those practices that uphold good hygiene in the environment, households, personal hygiene and sanitation (WHO, 2012).

The project objectives of the sensitization programme were:

(a) to improve water supply;

(b) to improve hygiene through proper hand washing as well as the importance of keeping latrines/toilets clean;

(c) solid waste management through proper disposal of solid waste to avoid waste being disposed into pit latrine; and

(d) pit emptying services (WSUP, 2014).

In order to understand the sanitation practices that were promoted in the sanitation sensitization programme, the researcher had to review a lot of literature on sanitation and other literature related to the same project. Literature was reviewed according to the above objectives starting with water supply, importance of treating drinking water and proper storage of water, improved sanitation and hygiene through proper hand washing as well as the importance of keeping latrines/toilets clean; proper solid waste disposal and marketing of pit latrine empting services.

a) Water supply

Water supply is an important factor in the improvement of hygiene and sanitation practices. As Cairncross, Hund, Boisson, Bostoen, Curtis, Fung and Schmidt (2010) argue, '… the effect of hand washing with soap is consistent, though it depends on access to water'. Lack of access to clean water has had adverse effects on general daily life as well as to sanitation. Areas without adequate supplies of fresh water and sanitation have the highest burdens of disease that impact on children, have an influence on work burden, safety, education and equity of women. Access to water is a prerequisite to sustainable growth and development of nations, even if access has been hindered by poverty in many developing countries (WHO, 2009).

(i) Access to water supply

'Reasonable Access' was defined by Cairncross and Valdmanis (2006) as 'the availability of at least 20 liters per capita per day from a source within 1 kilometer of the user's dwelling'. Within the broad category of those with reasonable access to an improved water supply, two significantly different levels of service were distinguished as house connections and public or community sources. These categories have different levels of consumption, different levels of time spent collecting water and different health benefits (Cairncross and Valdmanis, 2006).

The economic benefit of safe water provision outweighs its costs. The provision of water supply improves health and general wellbeing of individuals. As Esrey, Potash, Roberts and Shift (1991, p. 610) observed, 'improvement of water supply reduced the rate of morbidity and severity of … diseases' associated with bad water supply.

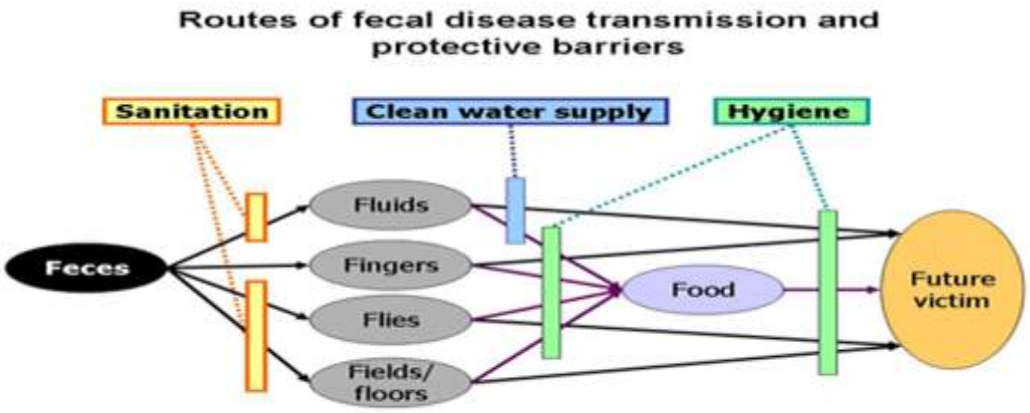
(ii) Importance of treating drinking water and proper storage of water

The treatment of water and its proper storage are key in preventing diarrhoea diseases. Diarrhoea diseases, are caused mainly by ingestion of water and food contaminated with fecal coliforms or other pathogens. Contamination of food, kitchen utensils and clothing can facilitate an increase in diarrhoea diseases that can lead to death. Improvements in hygiene, supply of quality and proper quantity of clean water, and proper storage of water can reduce diarrhoea diseases (Alan, 2007).

(iii) Routes of fecal disease Transmission

Feaces are a source of diseases and these can be transmitted through fluids, fingers, flies, fields and floors. When fecal matter gets in contact with food and this is ingested by humans, meaning they get sick through various diseases. The barriers for the transmission of disease from feces to humans is by good sanitation, clean water supply and proper hygiene as depicted in the diagram below. Hence, the importance of these elements namely, sanitation, clean water supply and hygiene in the well-being of humans.

Diagram 1: Routes of fecal disease Transmission and Protective Barriers



Source: World Bank 2016

Oyat (2007) undertook a study on water and sanitation service delivery on a medical perspective and assessed the relationship between drinking water source and diarrhea in children by determining the problems of solid waste disposal, personal hygiene and the unhygienic living conditions of the Misisi residential area in Lusaka. This study explains clearly that poor water supply and solid waste collection is the major cause of water borne diseases in shanty residential areas like Misisi which has similar features like the study areas of Chipata residential area (which lies next to Chazanga residential area and has similar characteristics), Kapoto and Mulenga residential areas. However, the researcher concentrated much on discussing the causes of diarrhea diseases and how to prevent and diagnose them which is not the objective of this study. It also failed to critically discuss the complex issues that have led to the problems of disease outbreaks and more explanations should have been made on how poor planning and overcrowding are linked to disease outbreaks in high density residential areas. The researcher should have provided

solutions on the best ways of reducing diarrhea diseases because diagnosis is not all sufficient, if prevention through community sensitization on acceptable methods of human waste disposal, solid waste disposal and use of protected sources of water is not done.

Relevant literature to this study on water and sanitation service delivery can also be obtained from Mulenga et al (2000) who linked how urban sanitation agencies can help poor community needs in Zambia, South Africa and Zimbabwe. It presented facts on how the lack of meaningful links between the poor urban dwellers and sanitation agencies affect access to sewerage services. The study indicated that almost 80% of the residents in all informal settlements principally use unimproved pit latrines as their means of human waste disposal. However, although in some areas "access" to flush toilets is there, the study indicated that it is masked by problems of gross overcrowding resulting in sharing of facilities such as toilets and taps.

UNESCO (2005) also asserts that water supply and sanitation requires participatory approaches that aim at strengthening collaboration among key stakeholders, to include governments (national government, local governments and municipalities) and the private sector (national and transnational businesses, formal and informal enterprises). This collaboration is seen in this context as effective means to establish cooperation between public and private actors and to bundle their financial resources, know-how and expertise to meet the challenges facing service provision.

b) Sanitation and hygiene practices (hand washing practices and cleaning of toilets)

(i) Sanitation

Sanitation is the provision of facilities and services for the safe disposal of human urine and faeces. It can also refer to maintenance of hygienic conditions by proper solid and waste water disposal. Poor sanitation is a major cause of diseases world-wide and improving sanitation gives significant beneficial impact on health both in households and across communities (WHO, 2015).

It is reported that in 2015, 68% of the world's population had access to improved sanitation facilities including flush toilets and covered latrines, compared with 54% in 1990. This represents almost one third of the global population gaining access to an improved sanitation facility since 1990. However, 2.4 billion people still do not have basic facilities like toilets or pit latrines. Of these, 946 million still defecate in the open, although the proportion of people globally defecating in the open has dropped from 24% to 13%. Poor sanitation is associated with diseases such as

cholera, diarrhoea, dysentery, hepatitis A, typhoid and polio. It is estimated that 280, 000 deaths annually are caused by inadequate sanitation and that it is a major contributing factor to other diseases like intestinal worms, schistosomiasis, and trachoma and indirectly to malnutrition (WHO, 2015).

In Zambia, the Joint Monitoring Programme (JMP) on Water supply and Sanitation estimated rural sanitation coverage to be 43% in 2008 (UNICEF/WHO, 2010). With this, the Government of Zambia put in a number of strategies to increase sanitation, not only in urban areas but in rural areas as well. One of the initiatives was the Community Led Total Sanitation (CLTS) piloted in Choma District in Southern Province of Zambia in 2007. Within a space of 2 months, sanitation increased from 23% to 88% and 75% of villages in the district were declared open defection free. This initiative is overseen by the Ministry of Local Government and Housing (MLGH) through Local Authorities who implement and coordinate the activities. Other stakeholders assisting the MLGH are Plan International, Oxfarm GB, UNICEF, Africare, Village water and World Vision (Mwanza, 2012).

All of the initiatives being implemented are based on the National Water Policy Framework relevant to Rural Water Supply and Sanitation strategies. These include Strategy and Institutional Framework for the Water and Sanitation Sector (1995) which specifies the institutional arrangements for provision of WSS by local authorities; National Environmental Sanitation Strategy (1998) aimed at raising the profile of sanitation in provision of basic social services, as well as outlining the strategies for provision of sanitation services), the Community Water Supply and Sanitation Strategy (2000) targeted at RWSS; and Mainstreaming Gender in Water Supply and Sanitation Sector (2000). All these strategies have an impact on the implementation of service delivery of water supply and sanitation to Zambia's rural areas (Mwanza, 2012).

In terms of Legal Framework, the provision of water and sanitation services is mainly directed by the Local Government Act No. 22 of 1991, and the Water Supply and Sanitation Act No. 28 of 1997. The Local Government Act No. 22 of 1991 gives the local authorities primary responsibility for the provision of water supply and sanitation services to all areas within the local authority boundary and are also empowered to make by-laws, set standards and guidelines for provision of services. The local authorities operate under the control of the Minister of Local Government and Housing.

The Water Supply and Sanitation Act No. 28 of 1997 specifies how local authorities should provide urban water supply and sanitation services. This Act established the National Water Supply and Sanitation Council (NWASCO) as the regulator for the water supply and sanitation services in Urban and Peri Urban areas through Commercial Utilities licensed and regulated by NWASCO.

Other legislature (though not exhaustive) that have an impact on the provision of water and sanitation services in Zambia are The Water Act, Cap. 198 (of 1948) which is concerned with the development and management of surface water resources throughout the country excluding parts of river basins that are part of international boundaries; the Environmental Protection and Pollution Control Act of 1990 which deals with protection of the environment and control of pollution; and the Public Health Act of 1995, which has provisions for the management of sanitation and prevention of pollution to water supplies by the local authority (Mwanza, 2012).

With all these legislature and initiatives, Zambia has put in much effort in ensuring that sanitation improves by clearly stipulating the roles and responsibilities of Ministries concerned. For example, the Local Government Act, the National Water Policy and the Water Supply and Sanitation Act, the local authorities and the Ministry of Local Government and Housing (MLGH) have the main responsibility over rural water supply and sanitation (RWSS). The MLGH provides policy guidance, technical and financial control, and facilitates mobilization of foreign and local funds for capital development. The Ministry of Health (MOH) has responsibility over sanitation and hygiene promotion while the Ministry of Education (MOE) has responsibility over school sanitation. The Ministry of Energy and Water Development (MEWD) is responsible for water resources management. For regulating the water sector, the Water Board and NWASCO, both reporting to MEWD, are the main institutions vested with that responsibility. The Water board is responsible for regulating the use and abstraction of surface water while NWASCO is the water and sanitation sector regular of Commercial utilities (Mwanza, 2012). Currently, the Ministry of Water, Sanitation and Environmental Protection is in charge of water and sanitation and will oversee both the extraction of surface and underground water and will be responsible for provision of water and sanitation services both in urban and rural areas.

(ii) Improved hygiene through proper hand washing and importance of keeping latrines/toilets clean.

Nwadiaro, Ehiri, Arikpo, Meremikwu and Chitchley (2015) undertook a study to assess the effects of hand washing promotion interventions on diarrhoeal episodes in children and adults in High Income Countries (HIC) and Low to Medium Income Countries (LMIC). The study summarized trials evaluating the effects of promoting hand washing on the incidence of diarrhoea among children and adults in day-care centres, schools, communities, or hospitals. It included 22 randomized controlled trials that enrolled 69,309 children and 148 adults.

The results showed that hand washing promotion at child day-care facilities or schools in HICs prevents around 30% of diarrhoea episodes, and may prevent a similar proportion in schools in Low to Medium Income Countries (LMICs). Among communities in LMICs hand washing promotion prevents around 28% of diarrhoea episodes. Effects of hand washing promotion on related hand hygiene behaviour changes improved more in the intervention groups than in the control in all the settings.

However, none of the included trials assessed the effects of hand washing promotion on diarrhoea-related deaths or the cost-effectiveness of hand washing promotions. Further, the study did not establish how to help people maintain hand washing habits in the longer term.

An earlier study conducted by Nwadiaro, Ehiri, Arikpo, Meremikwu and Chitchley (2008) on Hand washing for preventing diarrhoea was carried out using 14 randomized controlled trials. 8 trials were institution-based in high-income countries, 5 were community-based in low or middle-income countries, and one was in a high-risk group (people with acquired immune deficiency syndrome (AIDS). Results showed that interventions promoting hand washing resulted in a 39% reduction in diarrhoea episodes in children in institutions in high-income countries and a 32% reduction in such episodes in children living in communities in low- or middle-income countries.

The study concluded that interventions that promote hand washing can reduce diarrhoea episodes by about one-third. This reduction is more noticeable to the effect of providing clean water in low-income areas. However, the study did not do any follow ups on trials that test different methods of promoting hand washing.

Helder, Tronchet, Akhters, Bhuiya, Jonston and Luby (2010) conducted a study on 'observed hand cleanliness and other measures of hand washing behavior in Bangladesh'. They analyzed data from the baseline assessment of a large intervention project to describe typical hand washing

practices in rural Bangladesh, and compare measures of hand cleanliness with household characteristics. They randomly selected 100 villages from 36 districts in rural Bangladesh and field workers identified 17 eligible households per village using systematic sampling. Field workers conducted 5-hour structured observations in 1000 households, and a cross-sectional assessment in 1692 households that included spot checks, an evaluation of hand cleanliness and a request that residents demonstrate their usual hand washing practices after defecation (Helder, Tronchet, Akhters, Bhuiya, Jonston and Luby, 2010).

The results showed that although 47% of caregivers reported and 51% demonstrated washing both hands with soap after defecation, in structured observation, only 33% of caregivers and 14% of all persons observed washed both hands with soap after defecation. Less than 1% used soap and water for hand washing before eating and or feeding a child. Usually, people washed their hands only with water, 23% after defecation and 5% before eating. Spot checks during the cross sectional survey classified 930 caregivers (55%) and 453 children (28%) as having clean appearing hands.

The conclusion of the study was that minority of rural Bangladeshi residents washed both hands with soap at key hand washing times, though rinsing hands with only water was more common. They recommended that if the benefits of hand washing are to be realized, efforts to add soap to targeted communities should be included. However, this study did not explore reasons why some people did not use soap. It did not consider the economic situation of the target group to know whether they could afford to buy soap or not, or whether it was just an attitude issue. In this study, economic status of residents was considered in understanding factors that influenced the community behaviour towards hand washing. The study also sought to find out critical times residents washed their hands using systematic sampling as opposed to random sampling used in Nwadiaro, Ehiri, Arikpo, Meremikwu and Chitchley (2015) and Nwadiaro, Ehiri, Arikpo, Meremikwu and Chitchley (2008) studies.

Luby, Halder, Huda, Unicomb, and Johnston (2011) conducted an observational study on the effect of hand washing at recommended times with water alone and with soap on child diarrhea in rural Bangladesh. Fieldworkers conducted a 5-hour structured observation and a cross-sectional survey in 347 households from 50 villages across rural Bangladesh. For 2 years, a trained community resident visited each of the enrolled households every month and collected information on the occurrence of diarrhea in the preceding 48 hours among household residents under the age of 5

years. The researchers compared children living in households where persons prepared food without washing their hands, children living in households where the food preparer washed at least one hand with water only, washed both hands with water only, or washed at least one hand with soap. In households where residents washed at least one hand with soap after defecation, children had less diarrhea and there was no significant association between hand washing with or without soap before feeding a child, before eating, or after cleaning a child's anus who defecated and subsequent child diarrhoea.

These observations suggested that hand washing before preparing food was particularly important to prevent childhood diarrhoea, and that hand washing with water alone could significantly reduce childhood diarrhoea. This study was done in rural Bangladeshi, while this study was done in peri urban area of Chazanga in Lusaka, Zambia. The settings, culture and environment of the two differ and moreover, the study in Bangladeshi involved only children, while this one involved adults in the Chazanga community.

Greene, Freeman, Akoko, Saboori, Moe, and Rheingans (2012) did a study to assess the effect of a school-based WASH intervention on reducing fecal contamination on hands. This study was a large cluster-randomized control trial of 135 public primary schools in four districts of Nyanza Province, Kenya. The goal of the large trial was to assess the impact of improved school WASH on health and educational outcomes of school children and their siblings.

Results showed that a hygiene promotion and water treatment intervention did not reduce risk of E. coli presence and the addition of new latrines to intervention schools significantly increased risk among girls with a non-significant increase among boys. Efforts to increase usage of school latrines by constructing new facilities posed a risk to children in the absence of sufficient hygiene behaviour change, daily provision of soap and water, and anal cleansing materials.

The study done by Greene, Freeman, Akoko, Saboori, Moe, and Rheingans (2012) was large, cluster randomized control trial done to 135 public primary schools in Kenya. It involved school going children and their siblings. In contrast, this study involved adults, both men and women who, by virtue of them being adults, were responsible for implementing good hygiene and sanitation practices in communities and were responsible for their households upholding these practices.

Unilever, Water & Sanitation for the Urban Poor (WSUP) and Lusaka Water & Sewerage Company conducted a campaign on hand washing programme dubbed 'Lifebuoy School of 5' in Lusaka Zambia in 2012. This programme targeted 30000 pupils aged 6 – 12 years in different schools of Lusaka mainly in Mtendere, Mtendere East and Kalingalinga residential areas. This programme targeted 50 schools approved by the Ministry of Education. Its main objective was to teach children hand washing methods and at what times with soap to avoid illness. The programme used music, drama and dance being some of the strategies used to disseminate their messages. The programme recorded huge successes with all the children reciting their pledges on hand washing and changing their behaviours. Instead of reaching out to the targeted 50000 pupils, the programme reached over 103000 children with messages reaching their parents (Unilever, 2012).

A similar programme was conducted in Chazanga and an evaluation was done soon after that. However, no other study was conducted to investigate the behavior of the community years after the programme was implemented. Hence, the need for this study after 5 years of the existence of this programme. In contrast the study above targeted children aged between 6 -12 years only, while this study targeted any community member, be it male, female and children as hygiene issues affect all.

c) Solid waste management through proper disposal of solid waste

Solid waste management through proper disposal of waste is key to the success of the feacal sludge management services (FMS). This is because, if solid waste management is poor or non-existent, this results in a large amount of waste ending up in the pit latrines as there is nowhere else to dispose of it. Feacal sludge management service is an initiative provided by Water and Sanitation for the Urban Poor (WSUP) and Lusaka Water and Sewerage Company (LWSC) through funding from the Stone Foundation. This service is about emptying the pit latrines when they are full by scooping the waste from pit latrines and transporting it to bio-digesters where it is safely disposed of (Chazanga Baseline Report, 2014).

The residents of Chazanga are encouraged to dispose of their solid waste in designated places and use pit latrines for feaces and urine only. This is to enable smooth emptying of the pit latrines when they are full. Unfortunately, it has been noted that people pour acid in order to reduce the pit content. This practice, however, hardens the pit contents making it difficult to scoop out. Further, the human practices in these peri urban areas add to the challenge of solid waste

management. People dispose nappies, diapers, plastics and other solid waste into pit latrines. Newspapers are often used for anal cleaning and other solid wastes are disposed in pit latrines, thereby making empting approaches a challenge.

However, the system of empting pit latrines can be challenging to Municipalities too. According to WIN-SA(2011, pp.4), "… the need to empty them has not been given full consideration and only now are municipalities across the country waking up to the fact that latrines eventually do fill up and that something needs to be done, particularly in urban areas where relocation is generally not an option". This is also true for Lusaka peri urban areas. The Lusaka City Council has not addressed this challenge and has left it to Lusaka Water & Sewerage Company to find a way of providing the necessary sanitation.

In addition, though not much research has been conducted on the effects of handling pit latrines contents, it is known that pathogens remain active for a long time. Some studies have shown that these can be airborne too and therefore pose to be a risk factor. A research by University of Kwa Zulu Natal has shown that in some poor communities in eThekwini, up to 60% of people living within the vicinity of pit latrines have either Giardia or Cryptosporidium infections. It is also estimated that up to 80% may have Ascaris (WIN-SA, 2011).

Conditions in Chazanga are less favourable but more representative of most Peri Urban Areas of Lusaka. A support mechanism to ensure continuous operation of Feacal Sludge Management facilities in the meantime is being supported, until a context-appropriate business model is found. Similarly, toilet upgrading in Chazanga is being encouraged in order to make empting easier.

d) Marketing the pit emptying services

Sanitation marketing emphasizes on why households do or do not adapt to improved sanitation. It brings out insights into why users choose to use certain sanitation and for what reasons. It brings out reasons why and how users made sanitation decisions, including decisions to invest. Sometimes, providers of the service may impose a certain type of toilet to the poor, who may not appreciate that type and refuse to accept it. For example, an improved latrine may be given, yet people want flush toilets. Flush toilets are seen to be modern because they are made of porcelain which is smooth and considered better. After use, water runs to push the waste down the drain

and the person does not see the feaces nor does the room smell. In addition, these are easy to clean. This gives prominence to the important issues of cleanliness, aspiration and people's yearnings that are too often underplayed by sanitation programmes. This calls for providers of sanitation services to provide solutions that are responsive to the people's needs and aspirations, whether poor or middle class (WIN-SA, 2011).

Literature reviewed on the sanitation marketing services provided in Kanyama and Chazanga showed that though the programme was going on smoothly, it had some serious challenges. The pit emptiers were not happy that the Water Trust had not taken them for medical checkups as agreed in the contract signed with the Water Trust. Further, the project did not provide enough chemicals to disinfect their tools and protective clothing. In addition, the tools used were not appropriate for the kind of job, for instance, the push carts carrying barrels of sewer were hard to push in the rain season. The aspect of motivation and self-esteem on the part of pit emptiers was not researched. There is need to carry out such a research in order to understand the true feelings of these people (pit emptiers) and how society views them for the success and sustenance of the programme. However, this particular study did not cover these aspects of motivation.

2.4 Challenges that inhibit good hygiene and sanitation practices

Common poor hygiene practices in peri urban areas are evident in the use and keeping of hygienic pit latrines, general cleanliness of pit latrines and surrounding areas, hand washing practices and clean drinking water that if followed, would reduce diarrhoea diseases (Spencer, 2012).

A study was conducted by Spencer (2012) on sanitation practices and preferences in peri urban areas of Ghana. This study, had an objective of determining sanitation practices and preferences in four communities of a rapidly growing peri urban area of Ghana. It examined differences between the current practices, preferences and assessed if the communities were satisfied with their sanitation options. It also sought to establish whether there were any demands for increased sanitation and better facilities. Reviewing this study showed that its emphasis was more on the current practices of defecation and the preferences for sanitation options. The literature did not determine the motivation behind the choice of preference (choice of toilet) nor reasons for people failing to construct personal sanitation facilities. Furthermore, it did not cover the willingness for people to pay for sanitation facilities nor whom the population thought had the responsibility

for providing these facilities. The study further did not consider the phenomenon of plastic toilet option (flying toilets), neither did it pick its respondents in a systematic way. It did random sampling of residents, a method which may not represent the area adequately as respondents may just be from one area, which may not represent the whole community. This study endeavored to cover some of these aspects that the above study left out.

Another study was conducted by Sibiya and Gumbo (2013) on Knowledge, Attitudes, and Practices Survey on water, sanitation and hygiene in selected schools of Vhembe District, Limpopo in South Africa. While this study was mostly done in urban areas (65%), it did not specifically attend to peri urban areas per se. It concentrated on schools in urban areas where most of the participants had knowledge of good sanitation practices unlike their counterparts in rural areas. In addition, the prevalence of pit latrines in urban areas was very low, only one pit latrine was found as was only used as a backup in cases of no water. All of the schools had flush toilets. In this study, though it was conducted in an urban community of Chazanga, it is a known fact that there are more pit latrines than flush toilets. The factors that affect sanitation of Vhembe District may differ from those of Lusaka, Chazanga in particular. The study conducted in South Africa, targeted schools and not the community where these children lived. Facilities offered by the government in schools differed from those offered in communities. Hence, the need to study the contextual factors that affected sanitation practices in Chazanga.

Contrasted to the study by UNICEF (2015) conducted in the Republic of Myanmar revealed that even if people had a lot of knowledge on sanitation, the majority of them were not practicing what they learnt. The study did not really go further to understand the attitude for this behavior nor the challenges that inhibited good behaviour. The objective of the current study was to understand challenges that inhibited good hygiene and sanitation practices in Chazanga community. It was not clear what the sanitation practices were for Chazanga community, neither were the people's knowledge, attitude and behavior towards hygiene and sanitation practices known. This study, enabled the researcher know and understand the reasons for the current practices, hence, the need for this study.

2.5 Justification for the study

There is a dearth of literature on theatre for development. To some extent, this is because the area has not received much research in the recent past and finding current literature proved to be a challenge.

Sloman (2011) discussed the factors for success of theatre for development and elucidated that time and process, participatory programmes, and need for monitoring and evaluation are paramount. The study of Nwadingwe (2012) emphasized the use of other media instruments like video tapes, cartoon series and posters together with theater for development for effective results. Further, this study was carried out in five urban cities of Nigeria by targeting work stations. The current study was done in a peri-urban area of Chazanga targeting the people in the community who remain at home. These are the people whom the study targeted as they were the ones practicing hygiene throughout the day and night in their settings. Since observation was used as one of the data collection tools, it was important to triangulate with the information given through detailed interviews, questionnaires and observations.

In addition, workstations comprised of people who were learned and had better understanding of issues. In this case, the researcher targeted those found at home and were assumed to have lower education level since they were not in formal employment. This, however, does not discount the fact that some people may have opted to be self-employed, or were unemployed due to economic conditions in the country.

Other studies by Nwadigwe (2007), Mda (1993) and Macharia (2005) all were successful when theatre for development was used with other media and was participatory in nature. In this study, theatre for development was used as a tool for mobilizing people and did not use the other media utilized in the studies above. This study strove to find out the role theatre played in changing hygiene and sanitation practices of Chazanga community. It also tried to find out the participation by the community and measured against some of the success factors outlined by Sloman (2011) above in order to understand whether the project was participatory or not.

The study done by Oyat (2007) on water and sanitation service delivery established a relationship between drinking water source and diarrhea in children. Further, the problems of solid waste disposal, personal hygiene and the unhygienic living conditions make the problem worse. This

study explained clearly that poor water supply and solid waste collection were the major cause of water borne diseases in shanty residential areas like Misisi. However, the research did not provide solutions or make any recommendations for community sensitizations on acceptable methods of human waste disposal, solid waste disposal and use of protected sources of water supply. It did not assess whether the people understood good hygiene practices and whether they were practicing them. This research tried to understand the extent to which the community met the objectives of the sensitization programme that included water supply, hygiene and sanitation practices, and solid waste disposal, which the study by Oyat (2007) did not cover.

A study conducted by Spencer (2012) on sanitation practices and preferences in peri urban areas of Ghana examined differences between the current practices, preferences and assessed if the communities were satisfied with their current sanitation options and if there were any demands for increased sanitation coverage and better facilities. Reviewing this study showed that its emphasis was more on the current practices of defecation and the preferences for sanitation options. The literature did not determine the motivation behind the choice of preference (choice of toilet) nor reasons for people failing to construct personal sanitation facilities. Furthermore, it did not cover the willingness for people to pay for sanitation facilities and neither did it pick its respondents in a systematic way. It did random sampling of residents, a method which may not represent the whole area adequately.

The current study strove to understand the factors affecting the sanitation practices and not only in schools but in the community. Furthermore, since this study was done 4 years after the sensitization, purposive sampling was employed in order to assess those that were trained whether or not they still practiced good hygiene. The whole area was divided into twelve (12) zones and 10 samples picked from an average of 40 households per zone picking every nth house. This way, the whole zone is adequately covered.

This study further enquired on the willingness of community members to pay for waste disposal and pit latrine empting services. It further enquired from those who were not willing to pay reasons for their unwillingness. This brought out other salient issues that could not have easily come out from the research.

The Knowledge Attitude and Practices (KAP) research by UNICEF (2015) in Myanmar revealed that even if people had a lot of knowledge on sanitation, majority of them were not practicing what

they learnt. The study did not really go further to understand the attitude for this behavior. It was not fully known what the sanitation practices were for Chazanga community, neither were their knowledge, attitude and behavior known. The study of these factors made it possible for the study to understand the reason for the current practices.

2.6 Summary

The study reviewed literature suitable for each of this study's objectives and justified the need for the study considering the gaps identified in the literature reviewed.

Firstly, the gaps identified were that from the study of Nwadigwe (2012), the study targeted employees at workplaces, while this study targeted community members in their homes. Other studies by Nwadigwe (2007), Mda (1993) and Macharia (2005) all used other media instruments like video tapes, radio just to name a few, while this study did not use any of these instruments.

Secondly, the studies of Oyat (2007), Mulenga et al. (2000) did not provide solutions or make any recommendations for community sensitization on acceptable methods of human waste disposal, solid waste disposal and use of protected sources of water supply. It did not assess whether the people understood good hygiene practices and whether or not they were practicing them. This research attemped to understand the extent to which the community met the objectives of the sensitization programme that included water supply, hygiene and sanitation practices, and solid waste disposal as a way of understanding whether they practiced and understood what they were sensitized to.

Thirdly, a study conducted by Spencer (2012) on sanitation practices and preferences in peri urban areas of Ghana emphasized much on the practices of defecation and the preferences for sanitation options. The study did not determine the reasons for people failing to construct personal sanitation facilities nor the willingness for people to pay for sanitation facilities and neither did it pick its respondents in a systematic way. This study endeavored to understand these factors as they contributed to the sanitation practices of the Chazanga community. With these, the need for this study was justified.

CHAPTER THREE

METHODOLOGY

3.1 Overview

Methodology shows the plan of how the research was conducted. It refers to the systematic and theoretical analysis of the methods used or description of methods used in a field of study (Msabila and Nalila, 2013).

In this study, the methodology was presented under the following themes: the research design, site of the study, target population, the sample size, sampling design, data collection instruments, data collection procedure, data analysis, limitations and ethical issues in the study.

3.2 Research design

A research design is a structure of a research that holds all elements of the research together (Kasonde-Ng'andu, 2013). It is a scheme, outline or plan used to generate answers to research problems (Kombo and Tromp, 2011). It can be thought of as a master plan of a research that shows how every major aspect of the research work together to answer the research questions of a study.

This study adopted the Pragmatic world view philosophy and was descriptive in nature. It adopted a concurrent mixed method design where the researcher collected qualitative and quantitative data concurrently and converged both sets of data in order to develop a comprehensive analysis of the research problem. In concurrent mixed design method, the researcher collects both the qualitative and quantitative data simultaneously, analyses it separately, compares the results to see if findings confirm or disconfirms each other and integrates the information in the interpretation of the overall results. Contradictions and incongruent findings are explained or further researched (Creswell, 2012).

The researcher used a questionnaire that had both open and ended questions. The questionnaires used closed questions for collecting quantitative data and open ended questions for the qualitative data. Qualitative questions, in open ended questions were more exploratory and helped the researcher to get more insight into the findings from the quantitative findings. The closed questions in the questionnaire helped in identifying the factors that influenced the outcome of the sensitization programme. The use of questionnaires with both closed and open ended questions

was adopted for collecting both qualitative and quantitative data from a large sample of 120 respondents concurrently, which would have been very challenging had other methods been used.

The reason for using mixed design style was to triangulate results from the quantitative data on the role theatre for development played in changing sanitation practices in Chazanga community. Results from qualitative data gave more insights on why some people behaved the way they did even after the sensitization on good sanitation practices. Additionally, both the qualitative and quantitative data provided more information on how theatre for development was applied and this data was used to compare and contrast the procedure employed in Chazanga community with the recommended practice. Further, the use of this design made it possible to generalize results found from the sample.

The mixing of data was done at data analysis and interpretation of data. The qualitative data helped explain some aspects of the quantitative data that did not clearly come out from the quantitative data analysis. The mixed method design has an advantage of cushioning the limitations of quantitative and qualitative methods when both are used simultaneously in understanding the research questions.

3.3 Study Site and study population

Population refers to an entire group of persons or elements that have at least one thing in common. Population in research is defined as a group of individuals and the group should be of interest to the researcher (Merriam-Webster dictionary, 2016). According to Kasonde-Ng'andu (2011), 'population is a group of individuals, objects or items from which samples are taken for measurement'. A target population is a subset of the universal population and it is the population that consists of key informants (Ghosh, 1992).

The target population were all the people living within the boundaries of Chazanga in the 12 zones that the sensitization programme covered. Chazanga has 18 zones with an average number of 40 households per zone. This study was restricted to zones 1 to 12 where the sensitization programme was conducted. It included all adults living in these zones.

3.4 Sample and Sampling Procedures

3.4.1 Sample

Sample refers to a number of objects selected from the population from which results will be generalized (Kasonde-Ng'andu, 2011). The total sample size was 126 respondents, broken down as follows:

2 interviewees from Lusaka Water and Sewerage Company staff , 2 interviewees from Chazanga Water Trust staff, 1 interviewee from Water and Sanitation for the Urban Poor (WSUP), 1 community leader, 120 respondents from the 12 zones of Chazanga community, representing 10 respondents from each zone.

3.4.2 Sampling Technique

Sampling technique refers to the process of selecting objects from a population such that all selected objects have characteristics representative of the whole population and results from the selected objects can be generalized to the whole population (Kasonde-Ng'andu, 2011). The sampling procedure can be probability (objects in a sample have equal chances of being selected) or non-probability (objects selected do not have equal chances of being selected) (Msabila and Nalaila, 2013).

The sampling techniques that were employed in the survey for picking respondents for the questionnaires were interval or systematic random sampling method. Systematic sampling is a type of probability sampling method in which sample members from a larger population are selected according to a random starting point and a fixed periodic interval. This interval, called the sampling interval, is calculated by dividing the population size by the desired sample size using a formula K= N/n where; N is the size of the population and n is the size of the sample (Msabila and Nalaila, 2013).

In this technique, the selection of households were picked at equal intervals, starting with a randomly selected household of each zone. To calculate the interval, the formula below was used;

K= N/n where; N is the size of the population (in this case, population of households in the zones) and n = being the size of the sample, which is 120.

In each zones, the average number of households was 40;

Therefore, K (nth number or interval) was = 480/120 = 4. So, the questionnaire was administered to every 4th household in each zone, starting with any number between 1 and 4 and picked at random using simple rotary method. This was done by writing one number 1, 2, 3, and 4 on each a piece of paper and folding the paper and dropping it into a small box. After that, the papers were mixed by shaking the box and one Assistant Researcher was asked to pick one piece of paper from the box while his eyes were closed. The papers used were of the same colour and folded in a similar way. The number picked was 4 and therefore, in the first zone randomly selected to administer questionnaires, the counting started at the 4th house and the interval was every 4th house until all zones were covered and all 120 questionnaires administered.

For selecting the first zone, each piece of paper with a number between 1 to 12, was folded and put in a box and after shaking it, a piece of paper was picked. The zone picked was 2 and was therefore the first zone where questionnaires were administered. This was done to avoid bias as people tend to settle within similar ethnic groupings or religious groupings. As was observed, most people in zones 12 are of similar religious groupings, majority of whom are of Zimbabwean origin.

Systematic sampling was chosen in order to cover each zone adequately and for representation to be sufficient since the results were to be generalized thereafter. Purposive sampling was also used to target key informants who included Lusaka Water and Sewerage Company staff and Chazanga Water Trust staff. These were purposely selected as they are people who were directly involved in implementing the sensitization programme which used theatre for development approach.

3.5 Data collection Procedures

In this study, the Researcher first of all collected an introductory letter from Directorate of Research and Graduate Studies (DRGS). This letter was presented to Lusaka Water & Sewerage Company (LWSC), Chazanga Water Trust and Water and Sanitation for the Urban Poor (WSUP) where most of the data concerning this project were obtained and employees at these organizations interviewed.

3.5.1 Piloting

Before actual data collection, a pilot was conducted to confirm that the research instruments selected were appropriate and that the data collected were responding to the research questions. A

pilot of ten (10) questionnaires was conducted on randomly selected individuals. It was observed that some questions were mixed up and overlapping with research questions (ii) and (iii). These were corrected so as to give distinct data specific to each research question. Thereafter, the main research was conducted.

3.5.2 Data collection

For data collection, the Researcher engaged 2 experienced Research Assistants. It was observed that most respondents were not competent in reading and writing. Therefore, it was decided that the questionnaires be read to those who could not read and/or write while the RA recorded the responses. The questions were translated into the local languages that respondents were comfortable with, mostly Nyanja which is commonly spoken in Lusaka.

For interviews, the Researcher interviewed the 3 purposely selected respondents. The other two did not have time to sit with the Researcher as they always were busy with other commitments elsewhere. The Researcher therefore turned the interview guide into a questionnaire and sent the questionnaire to the researcher by e-mail.

3.6 Data collection Instruments

Data collection instruments are tools that the researcher uses to collect data. Data collection instruments can be divided into primary and secondary instruments. Primary instruments are questionnaires, interviews, focus group discussions and observation check list. Secondary instruments are documentary analysis, narrative analysis, history inquiries, films, videos and photography (Msabila and Nalaila, 2013).

The instruments go with the techniques that were employed to collect data. For this study, the techniques used to collect primary data were questionnaires, interviews, and observations. The instrument used for secondary data collection was document reviews from various publications. According to Beck (2000), Primary data is data obtainable directly from first-hand sources by means of interviews or experimentation and observations. Sleeper (2001) noted that Secondary data is information that has already been collected and is usually available in published or electronic form.

In this study, primary sources included data collected through administering questionnaires, interviews, and the recording of the responses from interviews by use of mobile phone (sim card

removed) and a computer. These instruments were used because they can store information for a long time and since interviews are verbal, what is heard can easily be misrepresented or forgotten after some time. Therefore, the use of these instruments made it possible to refer to them when compiling the report. Below is a brief description of the primary instruments used.

3.6.1 Questionnaires

A questionnaire is a research instrument that gathers data over a large sample (Kombo and Tramp, 2009). The questionnaire has an advantage of collecting data from a wider audience in a shorter space of time. In this study, research administered questionnaires with semi structured questions, that is closed and open questions, were employed. Questionnaires were designed in this way so that information from close ended questions could be triangulated with information from open ended questions. The advantage of using close ended questions was for ease of analyzing quantitative data. The questionnaires were also numbered as a way of ensuring that Research Assistants collected the data and returned all the allocated questionnaires per day.

3.6.2 Interview guide

An interview is a verbal technique of collecting data mostly used in study of human behaviour (Ghosh, 1991). Interview guide, therefore, is a set of questions prepared beforehand that the researcher prepares in order to collect the required information. These vary depending on the type of interviews conducted. In this study, semi structured interviews were used. This is where some questions were close ended and others were open ended to enable the respondent elaborate more on an issue. In a situation where respondents could not avail themselves for interviews, the researcher turned the interview guide into questionnaires.

3.6.3 Observation Check list

Observations show situations as they really exist. The observation check list consists of things the researcher wants to confirm from the area under research. This is an instrument where the researcher confirms what the respondents say with what is actually obtaining in society. In some cases, respondents may say things to impress the researcher yet they do not really mean what they say nor do those things they purport to do. Confirmation or disconfirmation of data is done through observations (Kombo and Tromp, 2006).

In this study, an observational list was prepared and followed. Observational list is a guide to the researcher to enable him/her follow what is required to be observed. In this study, the

observational list included the general behavior of community members towards hygiene practices like solid waste disposal, practice of washing hands, sources of water supply, state of the pit latrines in terms of cleanliness and type and general cleanliness of surroundings. The observations were done in order to confirm or disconfirm what the community members reported on the hygiene and sanitation practices.

3.6.4 Recording instruments and cameras

For recording voices, the researcher used the computer and mobile phone. The sim card in the mobile phone was removed at the time of recording to avoid interruptions from incoming calls. Additionally, the camera in the mobile phone was used for taking photos of interesting sites and activities especially during observations. Pens and paper were used for recording responses from questionnaires and interviews.

3.7 Validation of Research Instruments

Validation of research instruments is a process of determining whether the instruments used will gather the anticipated data. In other words, it is the degree to which an instrument provides accurate and reliable data. Validation of research instruments includes methods like pre-testing, pilot testing, use of statistical methods like Kuder-Richardson coefficient and Cronbach's alpha. One of these methods can be used for validation of research instruments (Msabila and Nalaila, 2013). Validation of instruments in this study was done using pilot testing.

In the preparation of questionnaires and interview guide, literature pertaining to the sensitization programme, theatre for development and sanitation practices was reviewed. It is from these that the questions were prepared to ensure accuracy of data sought.

In addition, the study employed pilot testing of questionnaires and interviews before the actual data collection was conducted. 10 questionnaires were administered to randomly selected people and discrepancies were noted. These were corrected, which ensured that collected data was reliable and answered to the research questions. After the corrections, 5 more questionnaires were administered and these yielded the expected data.

The study gathered data from interviews, questionnaires, observations and literature review and these provided triangulation of information. In this way, reliability and validity of data were

assured. Additionally, the use of mixed design provides for triangulating data, hence validity and reliability of data is assured.

3.8 Data Analysis

Data analysis refers to the process of collecting and examining the data collected from a research and making meaning and inferences from that data (Bliss, Monk, and Ogborn, 1983). It involves understanding relationships between variables and any underlying salient factors causing some kind of relationship among variables. In agreement, Msabila and Nalaila (2013) said, '…appropriate methods of data analysis are determined by your data types and variables of interest, the actual distribution of variables and the number of cases'.

In this study, both quantitative and qualitative data were analyzed using the appropriate methods.

3.8.1 Quantitative data

Quantitative data collected from questionnaires was analyzed using simple excel sheets and IBM Statistical package for Social Sciences (SSPS) version 23. For IBM SSPS, the "Data view" window was used for coding and naming the variables from closed questions in the questionnaire. These appeared in the "Variable view" section of the system where they were checked for consistency and accuracy. After this, raw data for each coded and defined variable were entered using the codes assigned to them and the system (SSPS) produced the information required depending on the requested presentation. Information was presented in bar charts, pie charts and tables depending on how the researcher wanted to present it. As for excel, data was entered on excel sheets and a command for whatever graph was given and these were copied to word document for formatting.

3.8.2 Qualitative data

Qualitative data collected through one on one interviews and open ended questions from the questionnaires were analysed through content analysis of each theme. Here the researcher paid attention to manifest as well as latent contents of texts. Manifest analysis involved looking at what the text said thus dealing largely on giving descriptions on the visible and obvious components of the texts. This was done by presenting reality in verbatim (quotation of part of speech or the whole speech). This way, the researcher was able to draw out more insights and meaning of results from

qualitative data and was able to interpret the data with full understanding of the community under study.

3.9 Limitations

The limitations of the study are those characteristics of a design or methodology that impacted or influenced the interpretation of the findings from the research. They are matters and occurrences beyond the researcher's control that can affect the results and conclusions of a study. Every study, has limitations inherent within (Simon and Goes, 2013).

The limitations in this study was that the questionnaire was in English and some respondents were not able to read or write. The researcher, therefore, had to turn the questionnaires into interviews, and engaged Research Assistants who interpreted questions into local language when interviewing the respondents. This resulted in the data collection exercise taking longer than planned. There was also a possibility of not recording correctly the responses and, therefore, misrepresenting the facts. In cases where the respondents agreed, the researchers taped the responses as a way of mitigating this limitation.

Another limitation was that time has elapsed since the sensitization programme was implemented and therefore, the prevailing conditions had changed from 2014 to 2016 when data was being collected.

3.10 Ethical Considerations

This research followed closely the research ethical guidelines. Ethics are principles which govern the way people, individuals, or professionals do things and they thrive on moral obligation (Furrow 2004:43). Since those who were selected as samples were human beings, they had the right to protection, freedom of expression and anonymity. Therefore, there was need for their consent and assurance of their privacy. The study, therefore, requested consent from all respondents.

Consent was sought from the respondents before questionnaires were administered. A verbal consent was sought as most people who were interviewed (from questionnaires) could not append their signatures on the consent form. In addition, the respondents were assured that no information would be published without consent from the respondents and that no information would be used against or to the detriment of the respondents. Further, the information obtained from the

respondents would be treated with strict confidentiality. The respondents were told not to write their names on the questionnaires as their names were meant to be anonymous. Respondents were informed that they could withdraw from participating in the survey or interview whenever they felt like. All information collected from interviews, observations and content analysis was kept confidential and used for this research only. Additionally, the researcher sought a waiver from Directorate of Research and Graduate Studies (DRGS).

3.11 Summary

This chapter described in detail all the aspects of the methodology. It described the research design used, the site of study, the target population, the sample size, sampling design, data collection instruments, data collection procedure and ethical issues in the study.

In this study, a mixed research approach was used involving the application of both qualitative and quantitative strategies in data collection. The site of study was at Chazanga zone 1 to 12, where the sensitization programme was implemented. The sample size was 126 and the data collection instruments used were questionnaires, semi structured interviews, and observation check list.

CHAPTER FOUR

PRESENTATION OF FINDINGS

4.1 Overview

This chapter presents the findings of the study that was conducted in Chazanga Community on the role of Theatre for Development in changing sanitation practices. Data was collected using questionnaires, interviews and observation check lists. The findings are presented as obtained from questionnaires, interviews with trainers and observations made by the researcher. Questionnaires were administered to 120 respondents picked from the 12 zones of Chazanga where Theatre for development (TfD) was applied. Interviews were carried out with two Peri Urban Lusaka Water & Sewerage Company employees, two Chazanga Water Trust staff and one Water and Sanitation for Urban Poor (WSUP) employee who were facilitators of the sensitization programme.

Frequency tables and cross tabulated frequency tables were used to present quantitative data. All the findings from quantitative data were presented in either percentage form or actual numbers through charts, graphs and tables. Qualitative data were presented thematically as well as in verbatims.

The responses in this study were in line with the role of TfD in changing sanitation practices of Chazanga Community. The study attempted to answer to research questions specific to this study and as a way of refreshing, they were as follows:

i. How was theatre for development used in changing hygiene and sanitation practices in the sensitization of the Chazanga Community?
ii. What were the changes in hygiene and sanitation practices of the Chazanga Community after Theatre for development sensitization programme?
iii. What were the challenges that inhibited change in hygiene and sanitation practices after TfD?

4.2 Theatre for Development in changing hygiene and sanitation practices in the sensitization of Chazanga Community

To answer the research question 1 that sought to determine how TfD was used in changing sanitation practices of Chazanga Community, the researcher undertook a review of some documents from Water and Sanitation for the Urban Poor (WSUP) concerning this particular sensitization programme.

Document reviews showed that the background to theatre for development was through the sanitation project sponsored by Stone Foundation and the Comic Relief Project through Water Sanitation for the Urban Poor (WSUP). WSUP worked with Lusaka Water & Sewerage Company (LWSC) and Chazanga Water Trust, who are the legally established local community-based water and sanitation provider which operates under license from LWSC and under a delegated management contract. The Comic Relief Project focused on improving Faecal Sludge Management (FSM) services in Chazanga, increasing supply and demand of these services through sanitation marketing activities. This was combined with capacity building initiatives to support LWSC and Chazanga Water Trusts in improving the efficiency and effectiveness of the FSM service. It also included awareness raising activities to promote these services within the community.

However, the documents reviewed did not give details on the implementation except to mention that the facilitators used drama, dancing and songs. Details of the use of TfD were obtained from the interviews with the facilitators of Theatre for development and from respondents of the survey.

The following section reported on how theatre for development was implemented, who the participants of theatre for development were, how they were selected and involved and what technique of theatre for development was used.

4.2.1 Use of theatre for development

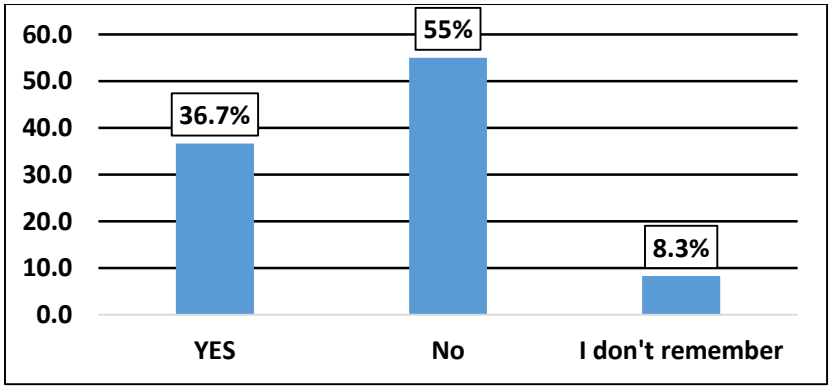
A number of points were looked at to address the question of how theatre for development was used in Chazanga Community. The study sought to find out the number of people who attended the sensitization, who were involved in theatre for development, community participation or involvement in the implementation of theatre for development, whether or not facilitators lived

within the community and what techniques were applied. In addition to these central questions, facilitators of theatre for development were asked to give reasons why they used theatre for development and how it helped them change the hygiene and sanitation practices of Chazanga Community.

(a) Attendance to the sensitization programme

The study endeavored to find out how many people attended the sensitization programme. This was necessary because attendance to the sensitization had an effect on the role of theatre for development in changing hygiene and sanitation practices. The more people attended the more they would know the need for good sanitation practices and how theatre for development affected these practices. Below were the findings;

The data presented below was collected through questionnaires.



Bar chart 1: Attendance to sensitization programme that used theatre for development

Source: Field Data, 2017

Bar chart 1 above shows that of the 120 people interviewed, 44 respondents (36.7%) witnessed the theater for development that took place in Chazanga in 2014, 66 respondents (55%) said they never witnessed and 10 respondents (8.3%) did not remember. Some people actually confirmed having heard about it but did not just attend because they thought it was not necessary. Others did not attend but allowed their children to do so and reported that their children in turn told them what they saw and learnt at these meetings.

The facilitators of theatre for development reported that the programme was not fully attended by adults, as it was mostly attended by children. One responded stated that; *"there was apathy from*

some communities to attend performances therefore mostly attended by young children". When asked how they tried to mitigate this challenge, the respondent said; "*work could only be carried out over the weekend in order to attract more households to attend as during the week most people are out working".*

b) Participation

The facilitators of theatre for development (WSUP, LWSC and Chazanga Water Trust) reported that they involved the community by engaging the community leaders, Zonal leaders, local school leadership, and personnel from the local clinic. These were informed about the sensitization programme that WSUP, LWSC and Chazanga Water Trust were planning to conduct and how the community would be involved. The local leadership identified people they would work with and used local drama groups in presenting the messages through theatre for development. One respondent pointed out; *"They were involved through engaging the local leadership who in turn identified a task group to work with".*

Another respondent explained;

> *"The drama groups that were engaged were all selected from the project area, this was deliberate so as to use local talent and also to encourage community participation. Also the local drama groups were able to interpret the messages in ways that the locals were able to relate with and understand".*

Another respondent submitted;

> *"actua-l-l-y, people who were doing the drama were not members of the community yes w-e-e, we had hired some people from Chipata mmm…yaa we had some zone leaders, we had some zone leaders and then we had some people from the clinic, from the school, police, all those people were involved, yaa because it involved the community all those people were involved."*

In a similar vein, another respondent reported;

> *"This was done by first identifying the area of need in relation to health. Then engaged a drama group and liaised with the concerned community leaders. A*

day, time and location was identified in a particular zone of the target community and a drama performance with songs and dances carried out".

The researcher also asked members of the community how they participated in theatre for development, popularly known or called as "*culture*" by the locals. Majority of respondents (99%, 119 out of 120) indicated that they were not involved but were just spectators. One respondent confirmed watching but said he did not take part in the process; "*I just watched and listened, I was not involved in the performance".*

Another respondent when asked how she was involved in theatre for development said; *"Oh, mukumba baja ba culture bamene banabwela, beenzo vina chabe ifwe teenzo tamba chabe. Banabwela kuja maliketi…." (Oh, you are asking about those 'culture people', they were just dancing, as for us, we were just watching. They came to the market….*

There was a contradiction with what Implementers of theatre for development and the community reported on participation. While Implementers of theatre for development reported that they involved the community through local leadership, community members reported that they were not involved in anything except as spectators of the performances. Additionally, facilitators contradicted themselves by reporting that they involved a local drama group, yet some reported engaging a drama group from the neighbouring Chipata residential area.

It was also established that all facilitators lived within Lusaka and not within Chazanga, except for those from Chazanga Water Trust. One responded reported; "*we do not live within Chazanga, we only meet here in the morning for the sensitization programme and when we knock off, we go to our respective homes".*

c) Technique Used

The researcher further inquired on the technique of theatre for development applied, but respondents could not mention it except to describe how the process was done. The facilitators of theatre for development (WSUP, LWSC and Chazanga Water Trust) reported that they had some sanitation messages prepared which they wanted to disseminate to the community. They then engaged a drama group from the neighbouring Community, Chipata residential area, to do the performances. This group was given the messages the trainers wanted to convey and they rehearsed these messages and came up with plays that they later staged at these gatherings. The

Chipata Residential Area Theatre Group performed some drama, dances and sang songs and in between these, they communicated some messages of hygiene and sanitation while the community watched. After these shows, to reinforce what was taught during theatre for development, trained community members conducted door-to-door PHAST demonstrations on health and hygiene practices.

One respondent reported;

> *"…we were trying to deliver this message to the community and then came up with some sketches, drama…. We rehearsed these before they were performed to the community…."*

Another respondent described the process of implementation as;

> *"ok, for drama we, we had some people we had organized to do-o drama, we were doing it from the market and then we went to public places like where people would gather like the football pitch, while there then we present the drama."*

From the description above and documents reviewed, it can be concluded that Agitprop technique was applied. There were pre-agreed messages from the sponsors that were communicated to the community using performances, dancing and songs. Below is a diagram portraying how the process of theatre for development was applied in Chazanga Community.

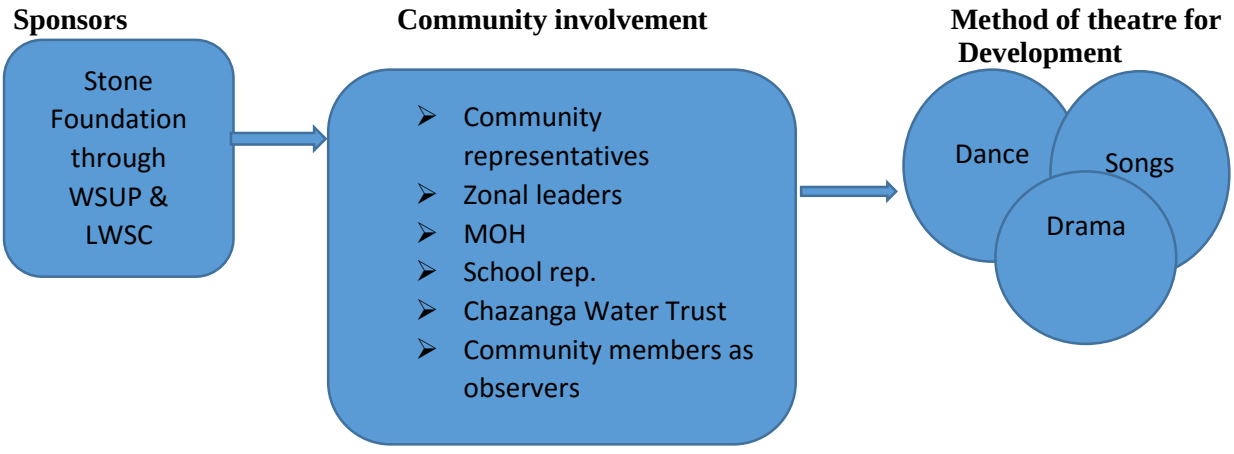


Diagram 1: Summary of how theatre for development was implemented

Source: Field data, 2017

4.2.2 Reason for using theatre for development

The respondents were asked why they chose theatre for development and how it helped them in changing the hygiene and sanitation practices of the community. This question was important in understanding why theatre for development was chosen as a tool in the sensitization of the community.

One respondent stated; "*drama and songs helped in sensitizing because they graphically conveyed messages that the community could relate with, for instance the dangers of water related diseases".* Another respondent summarized it as below;

a) *"Drama - It is easy to remember something and practice when seen physically".*
b) *"A song - is always etched on someone's mind and it can be recited and put into practice".*
c) *"Dance – children are good imitators and when parents see them do it they will always remember the messages attached to it".*

One other respondent pointed out;

> "*…we presented drama e-e-e to sensitize the same community, to do-o the same drama to depict the real life of the community, the dangers of using maybe the pit latrine which is full, e-e-e the dangers of empting it and also the advantages of using our our tap water, and not using shallow water, advantages of using Lusaka wa-water…"*

Another respondent said;

> *"The drama shows were key in raising awareness … drama shows were conducted at busy places such as markets, informing people about the exercise. The dancing and songs are deliberately used to catch the attention of the people and whilst people are watching the dancing a message is conveyed via plays. In the peri-urban areas just mere playing a drum is enough to attract a crowd".*

From the above submissions, it can be seen that Theatre for development was used in sensitization of the community due to its use as a community mobilization tool and its use of most senses of a human being. The senses of hearing by listening to messages, sense of sight by seeing the

performances and sense of feeling by participants relating to the scenes performed. Messages could be etched on the observers' minds and in this way, messages could easily be remembered. Therefore, this technique was chosen as one of the effective ways of disseminating information on sanitation and hygiene.

4.2.3 Summary of findings for research question 1.

This section discussed how theatre for development was implemented in Chazanga community. In responding to 'how' theatre for development was implemented, it looked at participation and involvement of the community and also the technique used. In addition, reasons for use of theatre for development were also asked to the facilitators so as to understand why the technique was chosen among many other methods.

Findings were that Stone foundation and Comic Relief Project sponsored a project whose focus was on improving hygiene and sanitation in Chazanga community. Water Sanitation for the Urban Poor (WSUP), Lusaka Water &Sewerage Company and Chazanga Water Trust who were the implementers of this programme engaged local community leaders in the planning stage. These identified the local people they wanted to work with and identified the venues and timings for the sensitization programmes. There was a contradiction on the selection of a drama group. Some respondents reported that a group from Chipata Residential Area was engaged to create performances of the messages while another reported that they involved a local drama group. The community reported that they were not involved in theatre for development except as spectators while the facilitators confirmed involving the community.

Agitprop technique of theatre for development was applied. The reasons for use of this technique was that it was effective in mobilizing the community and effective due to its use of most senses of a human being. These were sense of sight, hearing, feeling and messages could easily be remembered.

4.3 **Changes in hygiene and sanitation practices of the Chazanga Community after TfD sensitization programme**

In determining the sanitation practices of the people who underwent theatre for development, the study sought to find out the achievements of the sensitization programme and what the sanitation practices were before theatre for development and at the time of the study. This information was obtained from the review of Water and Sanitation for the Urban Poor (WSUP) literature, interviews with the facilitators of the programme, responses from questionnaires as well as the researcher's observations.

(b) Goal achievement by the sensitization programme

A summary of the sensitization objectives were as below;

(i) improvement of water supply;

(ii) improved hygiene and sanitation practices through proper hand washing and keeping latrines/toilets clean;

(iii) proper disposal of solid waste;

(iv) emptying of filled toilets;

Since the main focus of the sensitization programme was on the above objectives, the study examined the level of achievement on water supply, improved hygiene and sanitation practices, solid waste disposal and pit empting services. Data was collected through interviews with facilitators, questionnaires from the community, reading literature and observations or a combination of one or two techniques mentioned above. Below were the findings;

(i) Water supply

The project planned to increase the number of kiosks and communal taps so that people could easily access clean water supply. The community were sensitized on drawing their water supply from safe sources like kiosks, communal taps and house connections with treated water from Chazanga Water Trust. They were taught the advantages of using clean water to prevent diseases, more especially diarrhea diseases. Furthermore, they were taught the dangers of using shallow wells and water from other untreated and unsafe sources.

The study sought to find out the current sources of water supply and how close the Chazanga water Trust sources of water were from their residences. Distance was a factor considered as it affected sanitation and hygiene practices. If there was scarcity of water in the home because water was found at a distant place, good sanitation and hygiene practices would be compromised as these practices needed sufficient water supply all the time. Below were the findings;

(a) Source of water supply

The researcher asked the respondents to indicate their sources of water supply and below were the findings.

Table 1: Sources of water supply

Source of water	No. of people drawing water from that source	Percent of people drawing water from that source
Communal stand pipe/kiosk	65	54.2%
Piped water connected to house	37	30.8%
Shallow well	2	1.7%
Private borehole	15	12.5%
Other	1	0.8%
Total	**120**	**100.0%**

Source: Field Data, 2017

Table 1 above shows that out of 120 respondents, 65 (54.2%) used communal stand pipes/kiosks, 37 (30.8%) had piped water connected to the house, 15 (12.5%) respondents drew water from nearby private boreholes either due to distance to the nearest kiosk or lack of water of at the kiosk, 3 (1.7%) respondents used shallow wells or other sources to draw water.

The findings showed that 102 (85%) participants accessed their water from the facilities provided by the Water Trust Service. This fraction is broken down into two parts which are Communal stand pipe/kiosk 65 (54%) respondents and Piped water connected to houses with 37 (31%) respondents.

As at 2014, literature reviewed showed that most households drew their water from private borehole owners who did not treat their water. This was because Chazanga Water Trust was unable

to provide adequate water supply to all residents in Chazanga. 74,589 (96%) households drew water from taps which included those for private operators while 2,869 (4%) households drew water from shallow wells (WSUP, 2014).

Follow up questions were asked why they collected water from private boreholes and shallow wells when Chazanga water Trust kiosks were available. Respondents indicated that water from Chazanga Water Trust was not available throughout the day as it was rationed. One respondent said "*titaapa manzi ku borehole nangu mu chisiime yowashila kaili pa kakiosiki maanzi amayenda* (we draw water from those with boreholes or shallow wells for washing since water is not available always at the kiosk)".

When asked why the Water Trust rationed water supply, respondents said they only supplied water when there was electricity. The cause of the erratic supply was as a result of power outages at their pumping stations. One responded observed that "*even if the Water Trust is able to provided clean water, it is not sufficient to meet the demands of people as we are not able to pump throughout the day due to power outages…".*

The picture below shows a shallow well near the piped water supply connection from Chazanga Water Trust (CWT). The shallow well is used as alternative water source when CWT kiosk supply is not there.

Picture 1: House connection with a shallow well nearby

Source: Field data, 2017

Even if this household had a house connection, they still relied on shallow well source for their supply of water.

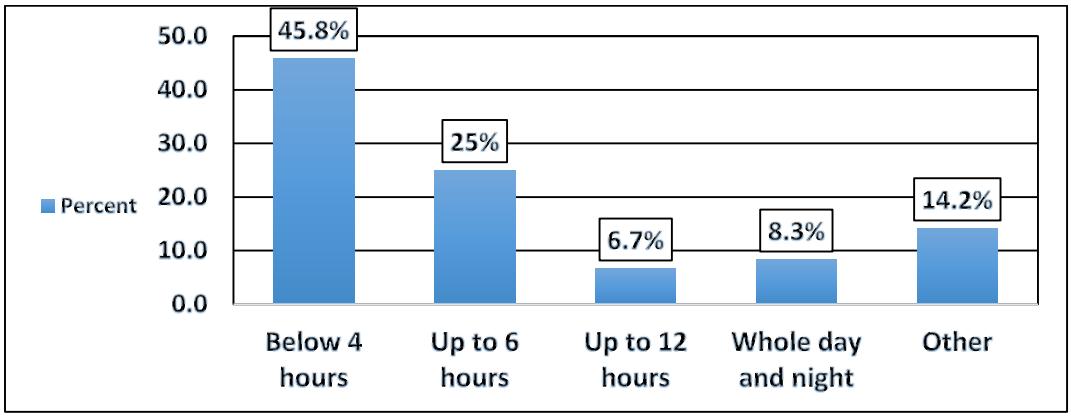
(b) Quality/Quantity of water

At the time of the project inception in 2012, the water supply situation in Chazanga was quite bad. Water scarcity was severely affecting the capacity of the Chazanga Water Trust (CWT) to serve the population. Focus group discussions confirmed that the situation imposed community members to queue at the water kiosks between midnight and 4 am (Tiberghien, 2015).

When asked about what they thought about the quality and quantity of water from the Water Trust, respondents from the community said they were happy with Chazanga Water Trust water as it offered treated and clean water suitable for human consumption. They were further asked to indicate the number of hours they received water supply per day by ticking on the questionnaire provided.

This information was important as it showed the quality of service provision to the community. From this information, it was possible to gauge the quality of service provision against the service level guarantee given to customers in the area by the Service Provider. On average, the hours of supply as indicated in the Service Level Guarantee (2015 – 2018) by Lusaka Water and Sewerage Company is 12 hours for public places like Chazanga (LWSC, 2015).

Below were the responses from the community.



Bar Chart 2: Hours of supply

Source: Field data, 2017

Bar Chart 2 above shows that 55 (45.8%) of the respondents said that water was only available for four hours or less per day, 30 (25.0%) said they had water up to 6 hours in a day, 10 (8.3%) said

they had water day and night while 8 (6.7%) said they had water up to 12 hours and 10 (14.2%) said other, meaning that they had water for periods not stated above.

On quantity of water, most residents confirmed that even if they only received it for an average of under 4 hours per day, the quantity was good when available. One responded pointed out that *"yakabbwela, amankala yambili timatapilaatu yambiili"* (when it comes, the quantity is sufficient we are able to draw a lot).

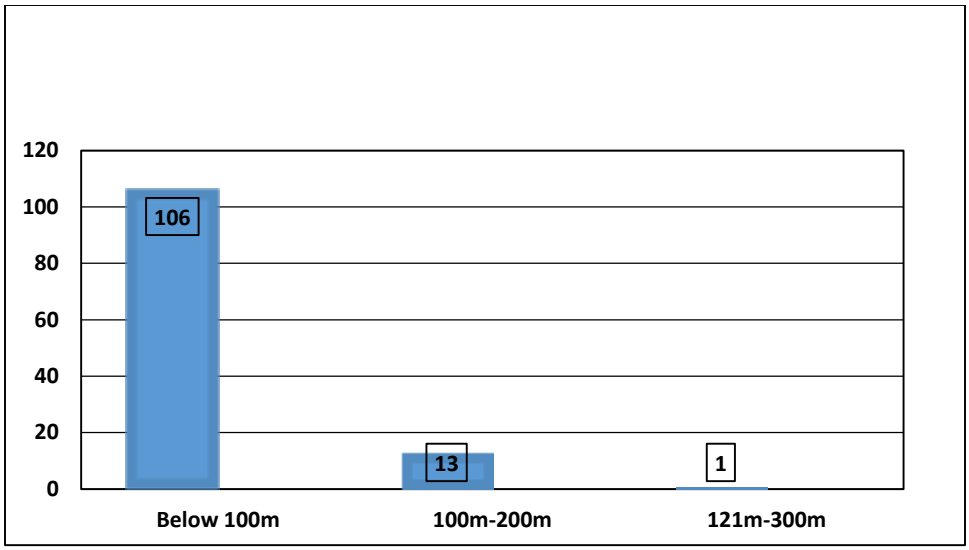
Suffice to say that even if water was not available throughout the day, when available it had good pressure as shown in the picture below.

Picture 2: Good Water pressure from one of the taps

Source: Field data 2017

(c) Distance to Water source

Community respondents were asked to approximate the distance between their homes and points of water sources. This information was necessary for the study as distance from homes to points of water supply affects the way residents use water. The further away from the points of supply from their homes the more careful people use water and chances of compromising sanitation and hygiene practices are high.



Bar Chart 3. Distance to the water source

Source: Field Data, 2017

From Bar Chart 3 above, 106 respondents (88%) said that their source of water was within a distance of 100m, 13 respondents (11%) said the water source was between 100m to 200m and 1(1%) said it was 121m to 300m.

The findings showed that 119 (99%) of respondents had their water supply between 100 meters to 200 meter distance. This was close enough for residents to draw their daily supply of water.

(d) Summary of findings on improvement of water supply

102 (85%) out of 120 respondents accessed water supply from safe sources. The distance to water sources was between 100 meters to 200 meters for 119 (99%) respondents. Even though the water source was close enough for constant water supply, water was mostly available for only 4 hours a day.

(ii) Improved hygiene and sanitation practices through proper hand washing, keeping latrines/toilets clean and other good sanitation practices

The content of hand washing programme included finding out the critical time for washing hands, use of soap for washing hands, frequency of washing hands, method of washing hands and cleaning

agent for washing hands. The other part included frequency of cleaning toilets, what cleaning agents to use, knowledge of sanitation practices and how respondents were practicing good sanitation practices. Data was obtained from interviews with the facilitators of theatre for development, responses from questionnaires and researcher's observations.

(a) Washing Hands

The study wanted to know whether or not people washed their hands at critical times. Below were the findings.

Table 2. Critical time for washing hands

Washing hands	Before Eating	After Eating	After using the toilet	After Changing diapers
YES	100 % (120)	100% (120)	100% (120)	48.3% (60)
NO	0	0	0	27.6% (33)
OTHER	0	0	0	24.1% (27)
TOTAL	100% (120)	100% (120)	100% (120)	100% (120)

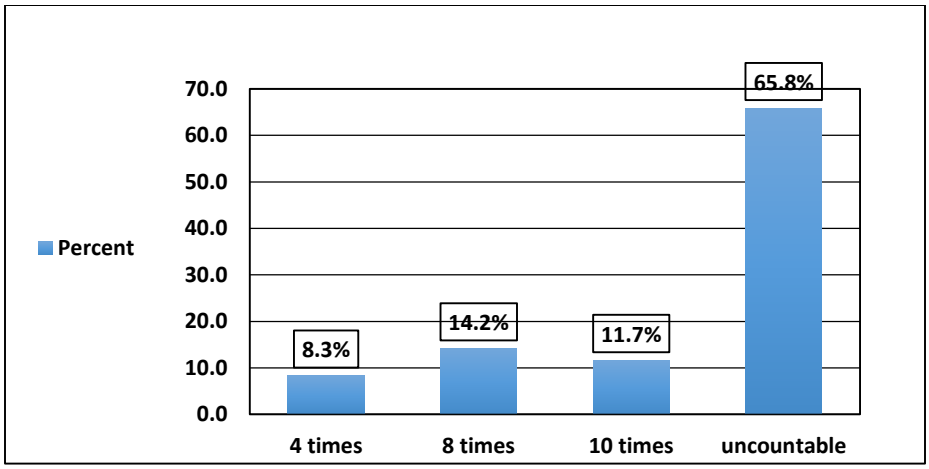
Source: Field Data, 2017

The table above shows that 120 (100%) respondents said that they washed their hands before eating, washed their hands after eating and washed their hands after using the toilet. However, 60 (48.3%) said they washed their hands after changing diapers/ nappies, 33 (27.6%) said they did not wash their hands after changing diapers/nappies and 27 (24.1%) respondents did not have infants who used diapers or nappies.

As at 2014, WSUP (2014, p. 19) report indicated that "The Focus groups findings showed that actually most people in Chazanga were aware about sanitation and hygiene messages… but when it came to practice only about 7% confirmed actual practice". From the table above, it can be seen that all respondents confirmed washing hands before and after eating, and after using the toilet. Only 60 confirmed washing hands after changing baby nappies or diapers. Respondents were then asked how often they washed hands.

(b) Frequency of washing hands

The respondents were asked to mention the number of times they washed their hands in a day. Most of the respondents did not maintain a record of the number of the times they washed their hands in a day. Many responses showed that they washed as and when it was necessary to do so, for example after using the toilet, before eating, and before cooking or touching food. Others washed as long as the hands were dirty. However when probed further to give an estimated figure, most of them washed as often as 8-10 times. A few washed less than 4 times a day and most said they washed hands after using the toilet.



Bar Chart 4: Frequency of washing hands

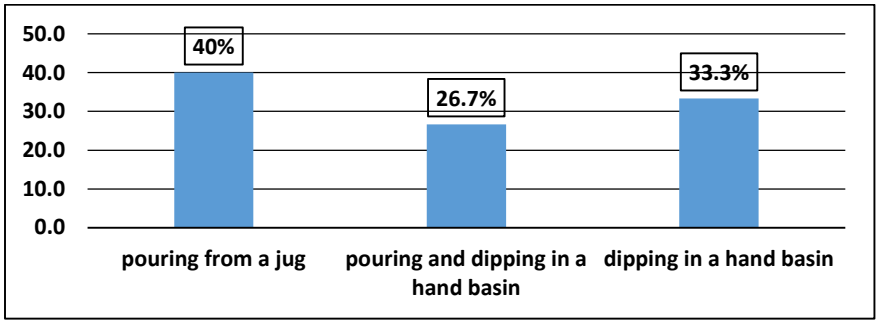
Source: Field data, 2017

The Bar Chart above shows that 79 (65.8%) respondents said they could not count the number of times they washed their hands in a day, 17 (14.2%) said they washed their hands 8 times, 14 (11.7%) said they washed their hands 10 times while 10 (8.3%) washed their hands four times in a day.

The responses from implementers of theatre for development confirmed that community members increased on washing their hands. One responded said "…they are demonstrating improved hygiene methods such as proper hand washing…."

(c) Methods of Washing Hands

The study sought to find out the hand washing methods in Chazanga. Three main methods of washing hands indicated on the questionnaire were pouring from a jug, dipping hands in water in a washing basin and a combination of the two. Respondents were asked to tick the method they used. Below were the results;



Bar Chart 5: Methods of washing hands

Source: Field data, 2017

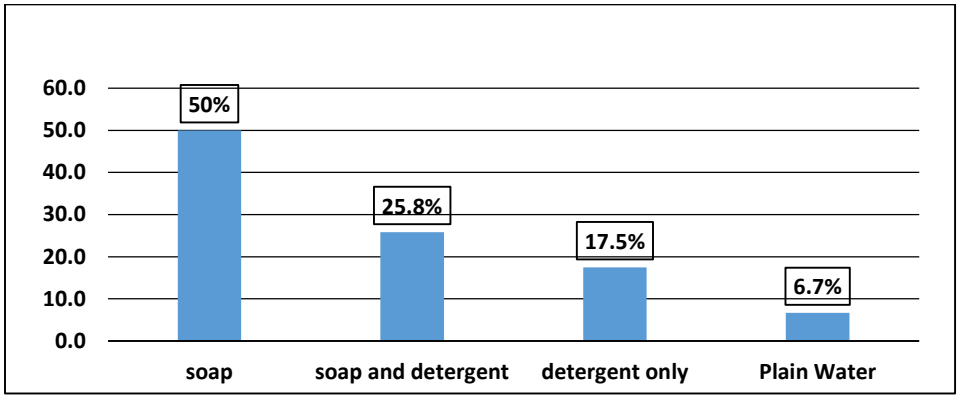
Bar Chart 5 above shows that 48 (40%) respondents used the pouring method of washing, 40 (33.3%) used dipping in a hand basin for washing their hands and 32 (26.7%) used both the pouring and dipping in the hand basin method. On average, 72 respondents (60%) use a wrong method of washing hands.

Those who used pouring method were asked why they did so. It was learnt that they did so because they did not want to re-contaminate their hands after others had washed in the same basin. One respondent said *"katutaninga ziba kuti kuli malwazi kuindulula kusamba meenda asamba bamwi, twakali kusamba antoomwe mumutiba omwe. Lino, twakaiya kutuntilana meenda kutegwa tombe lyako litayi kumuntu umbi* (before we learnt that there are diseases caused by washing hands in one dish due to re-recontamination, we used to share the same water. Now, we learnt pour method so that the dirty from your hands cannot be transferred to another)".

Implementers of theatre for development confirmed that community members had improved on methods of washing hands by using the pouring method. One responded reported that *"the community improved its hygiene practices after the sensitization programmes… by proper hand washing methods such as pouring…."*

(d) Cleaning Agent used

Respondents were asked to mention the hand washing cleaning agents they used. The findings were grouped as 'water' alone, 'soap' which meant bathing soap and 'detergents' which meant washing powder or paste.



Bar chart 6. Cleaning agent used when washing hands

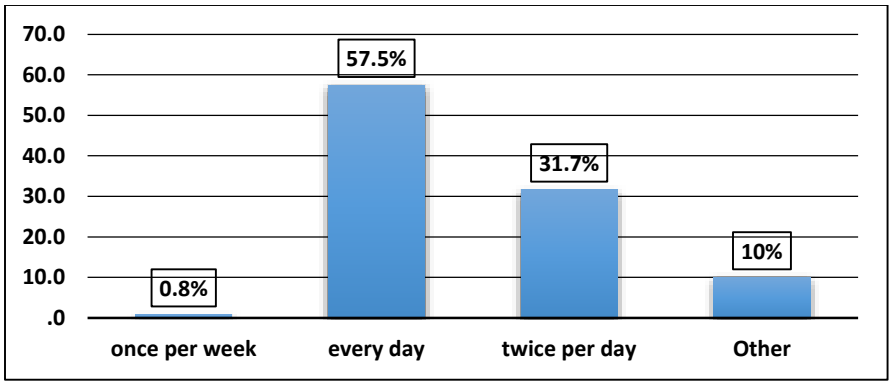
Source: Field Data, 2017

Bar chart 6 above shows that 60 (50%) of the respondents used soap when washing their hands, 31 (25.8%) used soap or detergent, 21 (17.5%) used detergent only and 8 (6.7%) just used plain water.

Prior to this programme in 2012, reports indicated that handwashing behaviour appeared reasonably good at 40% for Chazanga, but could be improved. Respondents could show the interviewer a handwashing station with clean water and soap (WSUP, 2014). From the report above, over 112 (93%) respondents used soap or some detergent of some kind.

(e) Frequency of cleaning toilets

Respondents were asked to state the number of times they cleaned their toilets or pit latrines.



Bar Chart 7: Frequency of cleaning toilets

Source: Field Data, 2017

Bar chart 7 above shows that 69 (57.5%) respondents cleaned their toilet everyday while 38 (31.7%) cleaned their toilets twice every day and 1 (0.8%) said cleaned his/her toilet once per week. 12 (10%) fell under 'other' which implied other times apart from the above mentioned.

(f) Cleaning agents used

Since it was discovered that 108 (90%) cleaned their toilets, it was also important to enquire what else was used to clean the toilets apart from water. Most of the respondents said they used chlorine for cleaning their pit latrines. Others used normal detergents, some just used water because they could not afford toilet cleaning agents. As reported by one responded *"timatila chabe manzi tikasiliza kusaamba chifukwa chakuti sitikwanisa kugula soopo yosukila chimbuzi*" (we just pour water left over after bathing since we cannot afford to buy cleaning agents for toilets). There were some toilets without floors, in this case the users just swept using a broom. Some respondents reported that they used soapy water after bathing because the toilet was also used as a bathroom. A few used ash to act as a cleaning agent. A few other respondents even went on to apply lavender on concrete floor after using toilet cleaning chemicals.

(iii) Sanitation Practices

Since the sensitization programme emphasized on changing behavior, the researcher endeavored to find out if the current practices reflected what people were taught. From the findings, the researcher would know whether or not people were still practicing what they were taught. This

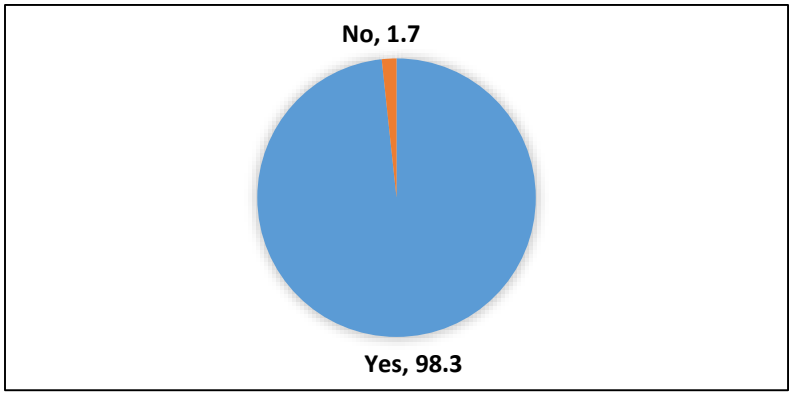
was necessary to know as time had elapsed since the time the sensitization programme was conducted. If people were still practicing good sanitation, it meant that they had understood their lessons.

Participants were taught good sanitation practices and the importance of good sanitation in the eradication of diarrhoea diseases by building proper toilets. For good sanitation to be attained, it was imperative that each household had a toilet, a toilet of particular type for easy scooping of feacal matter when it got full, and knowledge and practicing of good sanitation.

(a) Availability of toilet facility

Before the sensitization programme, the Basline survey found that 95% households in Chazanga did own a sanitation facility whereas 5% did not have one (Chazanga Baseline Report, 2014).

Respondents were asked to tick yes if they had a toilet facility within their residential area or no if they did not. Below were the results;



Pie chart 1: Availability of toilet facility per residential area

Source: Field Data, 2017

The pie chart above shows that 118 (98.3%) had toilets on their premises either pit latrine or waterborne toilets and 2 (1.3%) said they did not have any toilet at all.

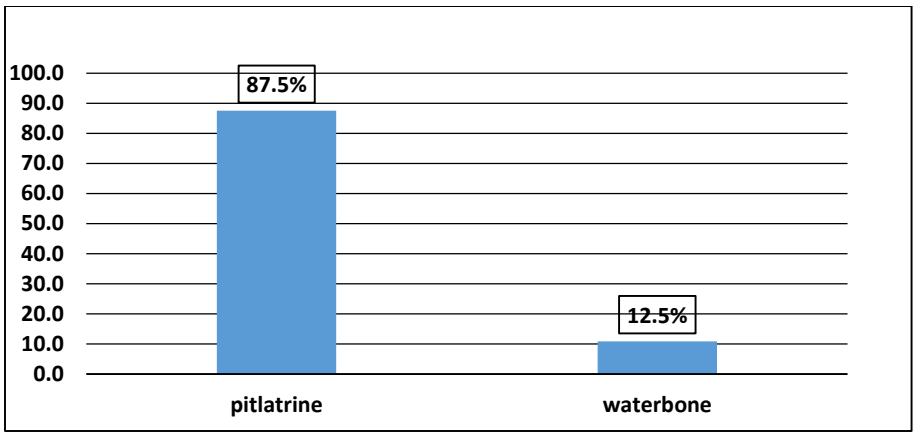
A follow up question was asked to find out where those who did not have toilets went to relieve themselves. Even though no respondent was bold enough to mention what alternative means of relieving themselves they had since they had no toilets, other respondents revealed that those residents without toilets used other people's toilets whether with or without permission from the

owners. This could be true because it was observed that there wasn't that much space in some premises for the construction of a toilet and no toilet was seen. Those that had no toilets or pit latrines were asked to give reasons as to why they did not own a toilet and the response was that, "*bene ba nyumba sibanamange, ni chito yaabo yomanga chimbusi*" (the Land Lord has not built one for us. It is the Landlord's responsibility to build a pit latrines for the tenant).

(b) Type of toilet

Respondents were asked to tick the type of toilet they had in their yard for use by their households.

Results were as shown in the figure below.



Bar Chart 8: Type of Toilet

Source: Field Data, 2017

Bar chart 8 above shows that 105 (87.5%) of respondents had pit latrines as toilets while 15 (12.5%) had waterborne toilets. With 105 (87.5%) of residents out of 120 residents using pit latrines, it was evident that there was need for a sewer line in order to avoid contamination of underground water.

Implementers of theatre for development confirmed that community members had improved on the type of toilets they were using. One responded reported that *"Households are constructing improved toilets from pit latrines".* Another respondent said; *"Households are now constructing better pit latrines that is, lined with concrete slabs because they know that once the pit is full it can be emptied and reused".*

Some households were found converting their pit latrines to waterborne toilets with septic tanks being constructed for collecting sewer. However, it was not known whether these were water tight to avoid underground contamination. Others still had deplorable pit latrines without proper shelters as shown in Picture 4 below.

Picture 3: Waterborne toilet

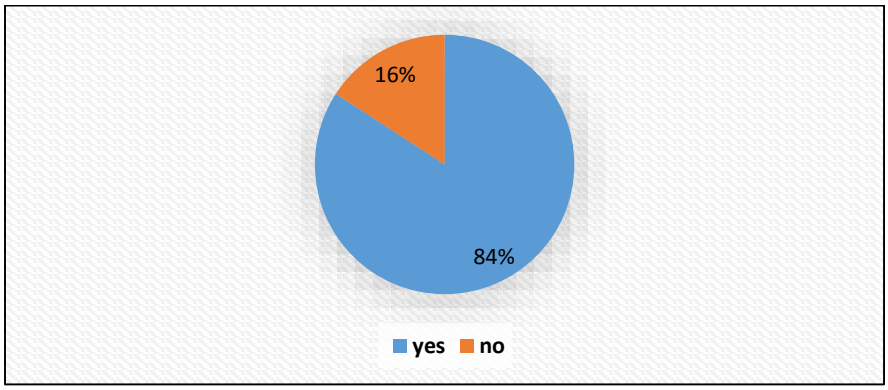
Source: Field data, 2017

Picture 4: Pit latrine protected by sacks

Source: Field data, 2017

(c) Knowledge of Good sanitation practices

Respondents were asked if they had knowledge about good sanitation practices and whether they were practicing them. In addition, they were asked to state how they conducted sanitation practices before theatre for development and after. Below were the findings.



Pie chart 2: Knowledge of good sanitation practices

Source: Field Data, 2017

When asked if they heard about good sanitation practice, 101 (84%) of the respondents answered in the affirmative while 19 (16%) said no.

Most of the respondents said good sanitation practices meant keeping the surrounding clean, like sweeping, cleaning the toilet and the "must have" of bins to throw rubbish in and avoid throwing rubbish in wrong places. Others mentioned that it was spraying the area to stop diseases and not allowing stagnant water to settle. They went on to mention sanitation practices like the need to wash hands after using the toilet, wash hands after working on anything and ensuring that the food they ate was clean. A few mentioned that food that was left over must be covered and warmed before it was eaten. A few other sanitation practices like washing plates, clothing and bathing were mentioned.

One responded said "…*nikusaamba, eee kupyanga, nachani, a a nakufundisa vakudya ukalibe kupasa baana nangu baakalamba…ichinyanja chaliafya hehehe…*" (…bathing, stammers, sweeping and warming food before giving children even adults…Nyanja is difficult…laughs….)

Another one pointed out "nikupyaanga munyumba, kufundisa vakuudya mukalibe kuudya, kusaamba patupi namumaanja, ya vambili chaabe…." (Sweeping the house, warming food before eating it, bathing and washing hands, exclaims, there were a lot….).

From the submissions above, it shows that the community understood and knew some good sanitation practices.

(d) Actual Practice of hygiene and sanitation

The respondents were further asked to explain how they were practicing good sanitation and most said they kept their surrounding clean by sweeping their premises, houses and toilets or pit latrines clean. They also washed their hands after using the toilet, washed their cooking utensils and water containers. They further dug pits to throw rubbish in. Others mentioned that they chlorinated and boiled drinking water. Only a handful mentioned activities like bathing, trimming the grass and hedges ensuring that there were no stagnant water pools, keeping the toilets and drinking water covered as well.

One responded stated,

"*There has been an improvement in social and health practices in households who have embraced the programmes being promoted in the communities…. In comparison, under this sensitization programme a lot of households were targeted and messages relayed through drama performances,… and songs etc, was effective as can be seen by behavior change practices being conducted in compounds. This is also observed by the number of reduced water-borne diseases".*

Below is an example of a pit latrine kept clean and a premises swept clean respectively.

Picture 5: Clean pit latrine and swept surroundings.

Source: Field data, 2017

From the above pictures, it can be seen that the surroundings were kept clean and the toilets were clean as well.

The information gathered through the observation checklist by the researcher confirmed that most of the households visited had swept yards and pits to throw their rubbish in. In some cases the respondents were found performing these sanitation practices. However, a few places were not so tidy and litter was found thrown around. Pits were full and some did not even have pits but just threw their rubbish behind their houses and on the streets. In one particular instance a child, above the age of 5, was seen defecating on the street near his house.

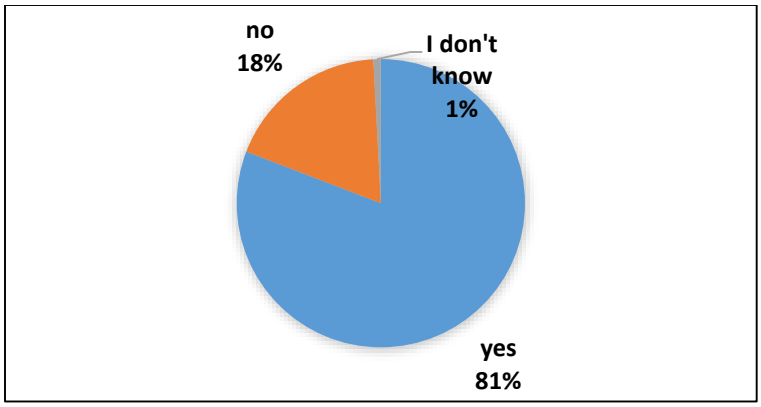
From the above, it can be confirmed that a good number of residents had knowledge of sanitation practices and understood hygiene. Others were practicing what they said while some were not.

(iv) Solid waste management through proper disposal of solid waste to avoid waste being disposed into pit latrines.

People were encouraged to subscribe to the local company providing solid waste disposal services in order to avoid solid waste being thrown in pit latrines. This made scooping of feacal matter from the pit latrines difficult. The study attempted to find out if residents knew of any solid waste disposal facilities in their areas, where they disposed their solid waste, if they paid for solid waste disposal and if not, why they did not, how much it cost for solid waste disposal services, if they were willing to pay for the same services and if they were not willing, what the reasons for not paying were.

(a) Solid waste disposal

Participants were asked to tick ‘yes’ if they knew of any waste disposal facility in their areas and to tick ‘no’ if they did not know of any. The results were as shown below.



Pie Chart 3. Waste Disposal

Source: Field Data, 2017

The pie chart above shows that 97 (81%) of the respondents said yes when asked if there were waste disposal facilities in their area, 22 (18%) said no and 1(1%) said did not know.

The respondents that had no waste facility were asked to state where they disposed their waste. Most of them said that they had dug pits where they threw their rubbish. One respondent, pointing at the pit, had this to say, "*tili namugodi motaila doti. Ukazula, timavukiila anukushya unangu*" (we have a pit where we throw our rubbish. When it is full, we bury it and dig another one).

Some of them reported that they buried their pits when they got full and some burnt the rubbish in their pits. Others reported that they burnt it on the ground while others threw their rubbish in depressions. When asked what they did to their rubbish pits when they got full, one responded submitted that *"timashoka ukazula mugodi*" (we burn the rubbish in the pit when it is full).

A unique case was of one neighbour who allowed one of the respondents to throw their rubbish in a pit behind their house as a way of filling the natural pit they found in their premises and wanted it filled. Others just threw in other people's yards and a few others threw in their own backyards without digging a pit. A few extreme cases were reported where the population threw rubbish on the street.

Below are pictures of rubbish thrown in the streets (Picture 7) and rubbish packed in sacks waiting for waste disposal truck for loading (Picture 6).

Picture 6: Solid waste in a sack

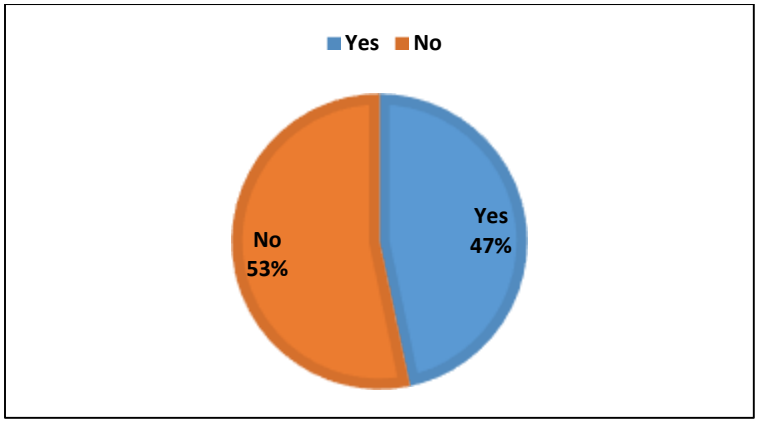
Source: Field data

Picture 7: Solid waste thrown on street

Source: Field data

(b) Payment for waste disposal

Respondents from the community were asked to indicate 'yes' if they were paying for waste disposal and 'no' if they were not paying for waste disposal services offered by a private company. Below were the findings;



Pie Chart 4: Payment for waste disposal

Source: Field Data, 2017

Pie chart 5 above shows that 56 (47%) respondents said "yes" when asked if they paid for waste disposal services while 64 (53%) said no. Conclusively therefore, it majority people did not pay for waste disposal services, it remains to be seen what alternatives they had as some people did not even have enough space for digging rubbish pits. In such situations, it was assumed that such people either threw their solid waste on the streets or in pit latrines.

(c) Cost of solid waste disposal

Those that said they paid for waste disposal were asked to state the amount they paid. The responses on the price of the garbage collection process ranged from about 3 Kwacha to 20 kwacha per 25kg sized bag but the most prominent figure was 5 kwacha as pointed out by one responded; *"tilipila K5.00 pa kasaka ka 25, na K10 bachisa cha 50"* (we pay K5.00 for a 25Kg bag and K10.00 for a K50Kg bag). Others said it was paid monthly and the figures collected were also varying in the range 20 to 100 kwacha per month.

Those who did not pay for waste collection were asked to explain why and one responded indicated that; *"bambiri bamataila mumigodi kaili ba waste disposal sibabbwera kutenga doti* " (most people used rubbish pits as the company offering waste disposal services never came to collect). One responded reported that; *"timakumba mugodi otaila doti, tili namalo…*" (We have enough land for digging rubbish pits). Some of the reasons stated were that they had enough land to dig and burry their solid waste. Some complained that the waste disposal company does not reach their area. A few gave the reason that the road was not wide enough for the vehicles that collect garbage to pass. Others reported that they had never heard of this facility in the area. A few others felt that the facility was not reliable because it lacked consistency in collecting garbage as pointed out by one responded; "*tababa serious, lelo baisa mailo tabeshile, kuti mwalipila shani*?" (They are not serious, today they are here, tomorrow they are not coming, how can you pay for such a service?). Some of the respondents however found the facility to be costly hence they did not use it.

In summary, most of the solid waste was disposed in pits despite there being solid waste disposal facilities. 64 (53%) out of 120 respondents were not willing to pay for the waste disposal services due to some challenges faced by the service provider. The service provider was unable to reach certain parts of the community due to narrowness of roads making it difficult for the tractor that transported solid waste to reach them.

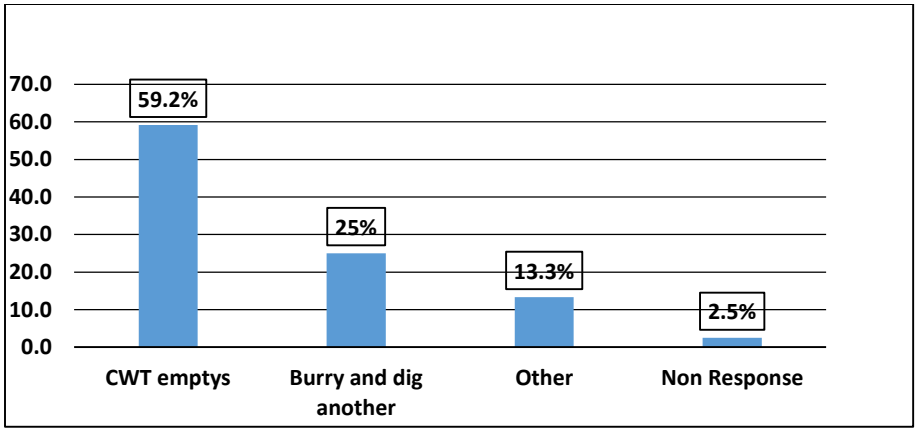
(v) Pit emptying services

Participants were encouraged to pay for pit latrine empting services whenever their pits were full and were told where to get this service and from the costs associated with this service. However, it was not known if people were accessing these services and if not, what the reasons were for not accessing these services.

This section reports on findings on what people do when the pits got full; willingness by the community to pay for pit latrine empting and the cost of empting pit latrines.

(a) When Toilet Become Full

Respondents from the community were asked to indicate what they did when their pit latrines got full. Below were the results.



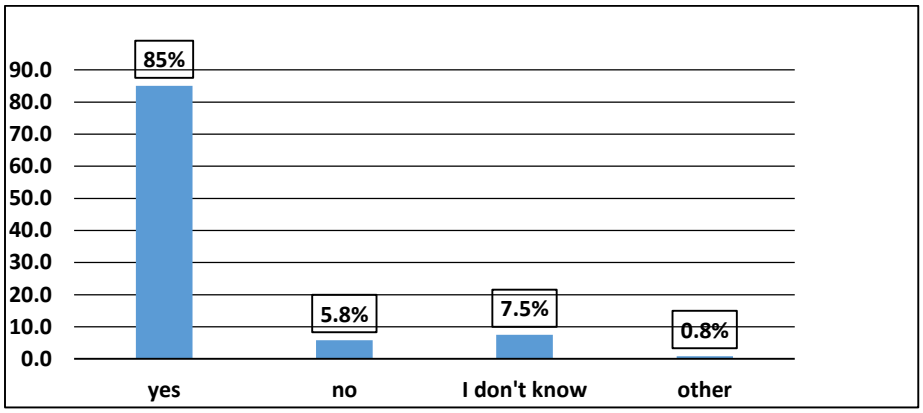
Bar chart 9: What happens when toilets become full?

Source: Field Data, 2017

From Bar chart 9 above, it shows that 71 (59.2%) respondent said that they called or would call Chazanga Water Trust to come and empty their toilet when they got full, 30 (25%) said that they simply buried it and dug another one while 16 (13.3%) said other which comprised of those with waterborne toilets and none at all, while 3 (2.5%) did not respond.

(b) Paying for Emptying Services

Respondents were asked to indicate whether or not they were willing to pay for toilet empting services. Below were the results:



Bar Chart 10: Willingness to pay for empting services

Source: Field Data, 2017

Bar chart 10 above shows that 102 (85%) respondents were willing to pay for emptying services, 10 (7.5%) did not know whether they wanted or not, 7 (5.8%) were not willing to pay for emptying services while 1 (0.8%) had other reasons.

(c) Cost of Emptying the Toilet

The respondents reported that the cost of empting services were K250.00 per pit latrine if it was done by Chazanga Water Trust. However, there were individuals who were willing to do the same job for lower amounts.

The residents felt the cost of empting toilets was a bit on a higher side. K250.00 to some people was 50% of their income and could not afford to part away with such amounts as indicated by one respondent *"K250.00 nikulu, bakabwezeko mutengo, ngaufola K500.00 nishi asiila"* (K250.00 is a lot, they should reduce the charge. If you are getting K500.00, then it is finished).

Summary of findings for research question 2

The research question sought to find out the hygiene and sanitation practices of the Chazanga Community after Theatre for development sensitization programme. The questions was subdivided into five sections according to the goals of the sensitization programme. The first section looked at water supply, which was further subdivided into distance to water source and

quality/quantity of supply. The second section presented findings on hygiene practices. These were further subdivided into hand washing practices, frequency of hand washing, methods of hand washing, cleaning agents' use, frequency of cleaning toilets and cleaning agents used for cleaning toilets. The third section presented findings on sanitation practices which were further subdivided into availability of toilets, type of toilet, knowledge of sanitation practices and actual sanitation practices.

The fourth section presented findings on solid waste disposal. These had three components; solid waste disposal, payment for waste disposal and cost of waste disposal. The fifth section reported findings on pit emptying services which were subdivided into 'when toilets get full', paying for emptying services and cost of empting services.

In summary, this research question sought to determine the hygiene and sanitation practices for Chazanga people after theatre for development. The findings were presented from the five main areas of water supply, hygiene practices, sanitation practices, solid waste disposal and pit latrine empting. For water supply, it was established that out of 120 respondents, 105 (88%) respondents had water supply within 100 meters distance between their homes and water supply points. 102 (85%) respondents collected water from communal or household connections with treated water from Chazanga water trust.

For hygiene and sanitation practices, the findings were that in as much as all 120 respondents washed their hands at critical times, 33 (27.6%) did not wash after changing baby diapers/nappies. In addition, majority people still used the dipping method which was not safe as washing in the same basin dirty is transmitted from one person to the other, even if 110 (92%) used soap and other detergents.

On sanitation, there were still some people without toilets (2 respondents, 1.7% of respondents). Those without toilets blamed it on their landlords as it was their responsibility to provide for sanitation. Others attributed it to lack of enough space in their premises. Most of the toilets found were pit latrines 105 (87.5%) and only a small number of people had water borne toilets 15 (12.5%). 107 (89.2%) cleaned their toilets daily or twice per day

101 (84%) of respondents had knowledge of good sanitation practices and were practicing them through keeping their premises, toilets, houses and eating utensils clean as well, having designated

places for throwing their solid waste, and disinfecting their water by adding chlorine. They also washed hands before cooking and after using the toilet. However, very few mentioned activities like trimming of grass or hedges, filling up of holes storing stagnant water where other insects like mosquitoes breed, keeping drinking water covered as well as toilets covered.

While 102 (85%) respondents were willing to pay for empting services, 30 (25%) still believed in burying and digging new pit latrines when the other ones got full. This was attributed to the cost for empting service which was K250.00 and appeared too high for an average resident.

However, it was also learnt that 64 (53%) were not willing to pay for solid waste disposal and dug pits for waste disposal.

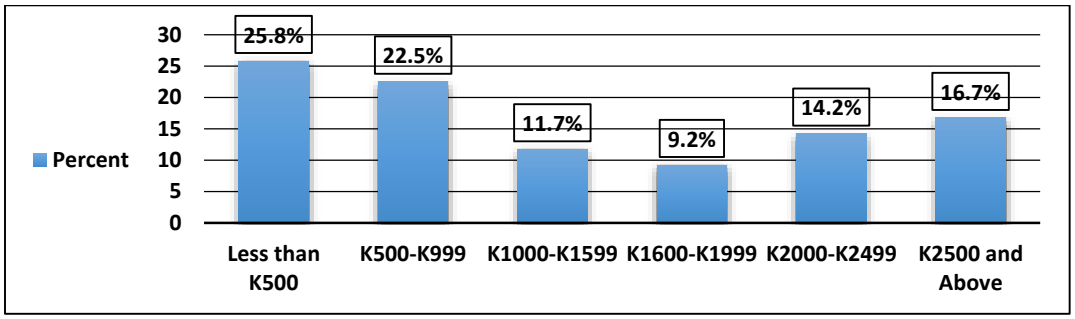
4.4 Challenges that inhibited change in hygiene and sanitation practices of Chazanga Community after the sensitization programme

This section reported findings on the challenges that influenced change in sanitation practices after theatre for development. The factors cited were low earnings, poor service delivery, solid waste disposal, poor attitude, education, population growth and unplanned settlement.

These were presented as below:

(a) Earnings

From the questionnaires, respondents were asked to pick the range of their monthly earnings. This information was important in determining the respondent's capacity to carry out some hygiene and sanitation practices since some activities needed some financial resources.



Bar Chart 11: Earnings

Source: Field Data, 2017

Bar chart 11 above shows that majority of the respondents (31) earned less than K500 making up 25.8%, 27 (22.5%) earned from K500-K999, 14 (11.7%) earned from while 11 (9.2%) earned from K1600 to K1999. 17 (14.2%) earned from K2000-K2499 and 20 (16.7%) earned K2500 and above.

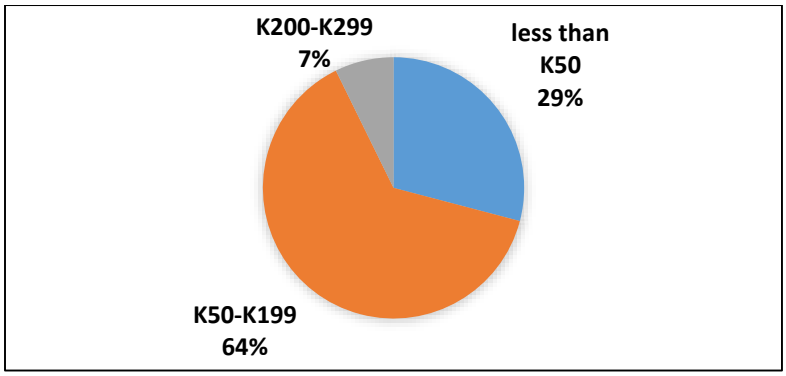
(b) Poor Service Delivery

(i) Water supply

Some respondents pointed out that reserve tanks were too small to hold enough water when there was power outage. Others complained that the time of supply was too short and sometimes water came late in the night and at awkward times like 03 AM in the morning which was dangerous for people to go out to draw water. A number of respondents were not even happy paying for the services because the service was poor. One respondent said; *"how can we pay when there is no water at the kiosk?"*

The service providers were confident that they had generally improved the water delivery service. In an interview with an official from the local water trust, the information obtained showed that there had been some positive work in ensuring that there was clean and safe water for the community through Chazanga water Trust and WSUP projects. A number of community taps had been installed and some households were given individual connections.

Respondents were asked how much they spent on water supply per month. Below were the findings:



Pie Chart 5: Amount spent on Water per month - Cost

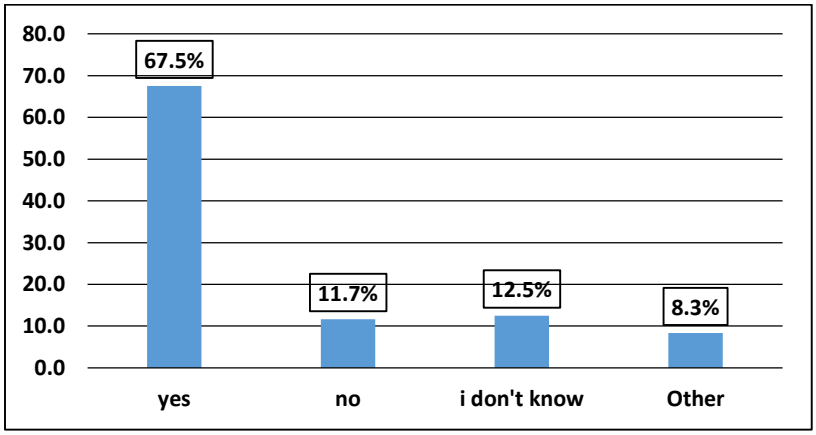
Source: Field Data, 2017

The pie chart 5 above shows that 77 (64%) respondents used between K50 to K 199, 35 (29%) used less than K50 and 8 (7%) used between K200 to K299 per month.

(ii) Willingness to pay for water service

The study also established that majority community members were willing to pay for water supply service. Since the number of those accessing water supply from CWT sources increased, the Water Trust could now improve its service provision.

Respondents were asked to indicate whether they were willing to pay for water service by ticking on 'yes' and if not on 'no'. Below were the findings;



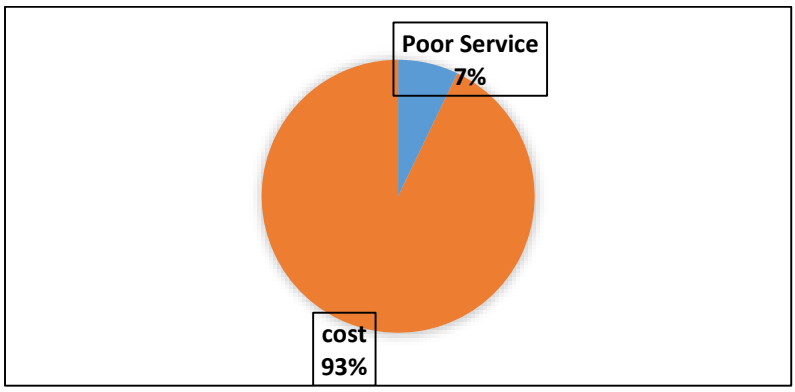
Bar Chart 12: Willingness to pay for water service

Source: Field Data, 2017

Bar chart 12 above shows that 81 (67.5%) respondents were willing to pay for water supply services, 14 (11.7%) said they were not willing, 15 (12.5%) did not know whether they wanted or not and 10 (8.3%) gave other reasons.

(iii) Reason for unwillingness to pay for water service

Respondents were asked to indicate the reasons that made them not to pay for water services. Below were the results.



Pie Chart 6: Reasons for unwillingness to pay for water supply

Source: Field Data, 2017

Pie Chart 6 above shows that among the respondents that answered why they were not willing to pay for water supply services, 112 (93%) said it is was costly while 8 (7%) attributed it to poor service delivery. The researcher enquired on how much residents paid for water supply and established that a 20 litre container cost K0.50 from Chazanga Trust while the private providers, from private boreholes charged K0.40 for the same size of container. On average, residents were spending K5.00 per day, which worked out to be K150.00 per month and this was considered expensive for them.

(iv) Cost of Emptying the Toilet

The respondents reported that the cost of empting services were K250.00 per pit latrine if it was done by Chazanga Water Trust. However, there were other people going round the area asking for lower amounts.

(c) Solid Waste management

The general findings showed that waste management from both the community and the service providers were poor. These were caused by a number of factors including financial, settlement, service delivery and attitude. The comments from the respondents on waste management from the respondents mostly suggested that waste collection must improve. Respondents showed concern that the service was done by private individuals who chose where and when to collect garbage. Some went on to suggest that there was need to come up with garbage disposal schemes that would ensure that the process was done on time. Others thought that the government should take up the responsibly because they believed that it could be more fair in pricing and service delivery. Others said that the service should not be provided at a fee, but should be free hence the reason why people resort to disposing on the street. Others, however, said that the government should make proper roads to enable garbage collectors reach every household as opposed to the prevailing situation where garbage collectors are unable to reach everyone due to narrow roads. As one respondent reported; "*sibanga fiike kwatu kamusebo nikang'oono motooka singapite, bakakuliseko misebo bamene aaba ba government" (they can't reach our place, the road is very narrow, they (government) should expand the roads).*

From the above findings, it was established that even if the community were willing to subscribe to waste disposal services, the service providers were unable to reach every household as in some cases roads are narrow and impassable. As a result, people find other options of disposing their solid waste.

(d) Attitude of community members

From the responses of some community members, the study found out that issues of hygiene and sanitation were known but not practiced in some cases due to wrong attitude of people. One respondent said; "… *there is no sanity. People are just not hygiene conscious, they throw diapers on the street and they throw rubbish in other people's yards"*. The other respondent said "*there are several things but key among them is attitude and culture"*. Some said there was need for more lessons on hygiene for people to change their attitudes. Others suggested that the local authorities should carry out inspection for hygiene practices in order to encourage people to

practice hygiene. Yet others pointed out that sanitation was directly related to the economic status of the local people; most of the local people had low income, thus a life of hygiene was expensive to maintain. Some suggested a reduction of the cost of hygiene related products and services, so that every person could afford them.

From observations, it was noted that some households kept their surroundings clean and had places for disposing their solid waste. They even had clean pit latrines which had no stench. Suffice to say other people had dirty surroundings with stinking pit latrines even if they knew about good hygiene practices. Others attributed this condition to a requirement by Chazanga Water Trust for upfront payments of water. One responded expressed her concerns that; "*Chazanga water service provider should give time to members to raise the money required to pay the water bills because most people in this community struggle to raise money"*. Furthermore, upfront payments were a problem because at times people had no money to pay which meant them going without water. Others felt that they were not obliged to pay for water and were not willing to do so because to them water was supposed to be free.

(e) Employment Pattern

The study investigated the employment pattern of Chazanga community and the findings were reflected in the table below.

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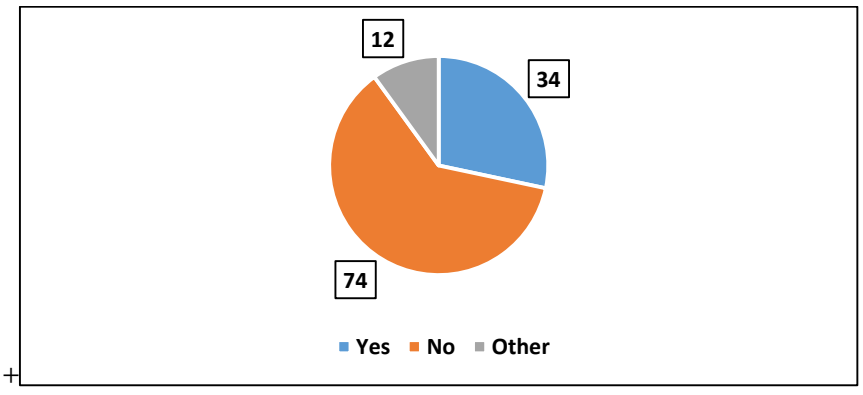

Pie Chart 7: Chart of the Employment pattern

Source: Field Data, 2017

On employment, 41 (34%) were employed, 89 (74%) were unemployed and 14 (12%) respondents were self-employed.

The high unemployment rate meant that people did not have stable income on a monthly basis and were therefore unable to afford payment of sanitation services.

(f) Education

It was expected that education had a bearing on hygiene and sanitation. The expectation was that the higher the education levels, the better the practices of hygiene and sanitation since people had an understanding for practicing good sanitation and hygiene practices. Thus the researcher requested respondents to indicate their highest level of education. The table below shows the pattern of the findings on education.

Table 3. Educational level attained.

Educational Level	**Frequency**	**Percent**
Primary School	56	46.7
Secondary School	54	45
College	7	5.8
Other	3	2.5
Total	**120**	**100%**

Source: Field data, 2017

Table 4 above shows that out of the 120 sampled respondents, 56 (47%) had primary education as the highest form of education. This category was followed by 54 (45%) who attained secondary education as the highest form of education. Those that attained collage and other higher learning only made 10 (8%) of the population.

It was important to understand the education level of the community as education is key in understanding hygiene and good sanitation practices. Education is important as educated people understand the reasons for good hygiene and sanitation practices. Educated people understand why they should keep their environment in a good sanitary condition, and the reasons for good hygiene practices in their homes and as individuals.

(i) Population growth

At the time of the study, it was established that the population of Chazanga, as reported by one key informant from Chazanga Water Trust, was more than 120,000 people and was growing. At the implementation of the project in 2014 the population was just about 86, 000 people (Chazanga Baseline Report, 2014). When asked to give a comment on the view of service delivery this is what he had to say:

> *"…we are not providing adequate water because the community is growing every day. When you compare when the program was introduced in 2014, we had a population of about 75,000 but now it has gone to more than 120,000 plus….meaning the services we are providing are not enough because the community is growing everyday…."*

(j) Unplanned Settlement

From observation, the settlement pattern is generally unplanned. The residential area has poor road networks and drainage systems. It is located on a hill and mostly affected by water running downstream and creating natural drainages that affect the existing roads and housing infrastructure.

Summary of the findings for research question 3

More than 97 (81%) respondents earned less than K500.00, 1 (0.8%) earned between K500.00 and K999.00 per month. With this low income level, it was difficult for people to spend on some secondary expenditure like garbage collection when they had other more important things like food and accommodation to spend their money on.

Poor service provision for water and garbage collection discouraged people from paying for these services. As a result, people ended up diverting money for such services to other services that they got satisfaction.

It was also reported that some people had bad attitude towards good hygiene and sanitation practices. Some respondents suggested that more lessons were needed if the community had to change its attitude for the better.

Some demographic constraints which included employment, education and population growth were reported. It was found out that 89 (74%) were unemployed and 56 (47%) respondents had only primary school education with most of them unable to read or write.

Population of Chazanga had grown from an average of 75000 in 2014 to over 120000 as by 2016. The service providers were unable to meet the demand for the community in water supply.

Unplanned settlement made service provision difficult for the Authorities vested with this responsibility.

4.5 Other related findings

People were asked to give some final remarks and majority made a plea for a sewer line to be constructed so that they could easily dispose of their sewer without a hassle. Majority said they were willing to pay for this service as it would make the area attractive to live in. In addition, there would be no contamination of underground water. As pointed out by one resident who said; *"tifuna ba Sewerage batifakileko ma sewer kwati ku Mutendere na Kalingalinga. Banatiuuza kudaala ati abbwela, talema kuembekeza*" (we want Lusaka Water & Sewerage Company to put sewer network as they promised long time age, just like they did in Mtendere and Kalingalinga residential areas).

CORRELATION BETWEEN GOOD SANITATION PRACTICE AND THEATRE FOR DEVELOPMENT

Table 4: Correlation between good sanitation practice and Theatre for Development

		Good sanitation	Theatre for Development
Good sanitation	Pearson Correlation	1	.109
	Sig. (2-tailed)		.238
	N	120	118
Theatre for Development	Pearson Correlation	.109	1
	Sig. (2-tailed)	.238	
	N	118	118

From the table above, we can see that the Pearson correlation coefficient for Good Sanitation and Theater for development is .238, which is significant ($p < .001$ for a two-tailed test).

Good sanitation and Theater for development have a statistically significant linear relationship ($p < .001$). The direction of the relationship is positive (i.e., Good sanitation and theatre for development are positively correlated and the magnitude, or strength, of the association is moderate ($.3 < | r | < .5$).

4.6 Summary of major findings

The major findings from this study were as pointed out under each research question below;

(a) Use of theatre for development in changing hygiene and sanitation practices in Chazanga Community

The study established that the Implementers of theatre for development in sensitizing Chazanga residential area used Agitprop technique. Stone foundation and Comic Relief project sponsored a project whose focus was on improving hygiene and sanitation in Chazanga community. Water Sanitation for the Urban Poor (WSUP), Lusaka Water &Sewerage Company and Chazanga Water Trust who were the implementers of this programme engaged local community leaders in the planning stage. These identified the local people they wanted to work with and identified the venues and timings for the sensitization programmes. The group from Chipata residential area was engaged to make performances of the messages from the implementers and the message was disseminated intermittent with the dances, songs and drama. The audience was only involved by observing the performances.

(b) Change in hygiene and sanitation practices of the Chazanga Community that underwent TfD sensitization programme.

The sources of supply were mostly from communal and house connections. These were located at a distance of less than 100 metres which was near enough for people to draw water and use it for hygiene and sanitation practices, even if the hours of supply were limited.

People were practicing good hand washing practices, although 33 (27.6%) did not wash hands after changing baby diapers. The method prominently used was pouring, however, 40 (33.3%) still used dipping method even though 112 (93.3%) washed with soap or other detergents.

118 (98%) people had toilet facilities at their premises, 2 (2%) had none. It was not known where these people relieved themselves as no one came out in the open to mention what alternatives they had. Those without toilets blamed it on their landlords as it was their responsibility to provide toilets. Others attributed it to lack of enough space in their premises which would accommodate construction of toilets. 106 (88%) were in form of pit latrines. 107 (89.2%) respondents cleaned their toilets daily or twice daily, which was a good practice. It was worth noting that 19 (16%) had no knowledge of sanitation practices.

Even though 97 (81%) respondents had knowledge of waste disposal facilities, 64 (53%) were not willing to pay for these services. 30 (25%) still buried and dug new pit latrines whenever the old ones got full.

101 (84%) respondents had knowledge of good sanitation practices and were practicing them through keeping their premises, toilets, houses and eating utensils clean, having designated places for throwing their solid waste, and disinfecting their water by adding chlorine. They also washed hands before cooking and after using the toilet. However, very few mentioned activities like trimming of grass or hedges, filling up of holes, keeping stagnant water where other insects like mosquitoes breed, keeping drinking water covered as well as toilets covered. Even if people were knowledgeable of hygiene and sanitation practices, some were not putting it into practice as evidenced by the 33 (27.6%) who never washed hands after changing baby nappies.

(c) Challenges that inhibited hygiene and sanitation practices of Chazanga Community after the sensitization programme.

More than 97 (81%) of respondents earned less than K500.00, 1 (0.8%) earned between K500.00 and K999.00 per month. With this low income level, it was difficult for people to spend on some secondary expenditure like garbage collection.

Poor service provision for water and garbage collection discouraged people from paying for these services. As a result, people were not willing to pay for water supply, pit latrine emptying services and garbage collection services.

It was also reported that some people had bad attitude towards good hygiene and sanitation practices. Some respondents suggested that more lessons were needed if the community had to change its bad attitudes.

Some demographic constraints including employment, education and population growth were reported. It was found out that 89 (74%) were unemployed and 56 (47%) respondents had only primary school education with most of them unable to read or write.

Population of Chazanga had grown from an average of 75000 in 2014 to over 120000 as at 2016. The service providers were thus unable to meet the demand for the community in water supply.

Unplanned settlement made service provision difficult.

There were calls from the community for Lusaka Water & Sewerage Company to provide sewer lines in the residential area to ease the burden of sewer disposal from the residents to the company mandated to do so.

4.7 Summary

This chapter presented the findings of the study that was conducted in Chazanga Community on the role of Theatre for Development on changing sanitation practices. The findings presented were obtained from questionnaires, interviews with trainers and observations made by the researcher.

The study established that Agitprop technique was used in sensitizing the Chazanga community on good hygiene and sanitation practices. The community had good knowledge of hygiene and sanitation practices. However, some people did not practice hygiene accordingly.

Some factors that influenced hygiene and sanitation practices were earnings, poor service provision, bad attitude of community members, demographic constraints like unemployment, education, rapidly growing population and Chazanga being an unplanned settlement.

CHAPTER FIVE

DISCUSSIONS OF FINDINGS

5.1 Overview

This chapter discussed findings on this study that sought to find out the role of theatre in changing sanitation practices of Chazanga community. It discussed salient issues coming out of the findings. It focused on the four objectives of the study which were: to examine how theatre for development was used in changing the hygiene and sanitation practices of the Chazanga Community; to determine the change in hygiene and sanitation practices of the Chazanga Community after Theatre for Development (TfD); and to determine the challenges that inhibited change in hygiene and sanitation practices of Chazanga Community after TfD.

5.2 Use of theatre for development in changing hygiene and sanitation practices of Chazanga Community.

The role Theatre for development played in changing sanitation practices was diverse. It played the role of community mobilization by bringing people together. As mentioned by one respondent, merely playing the drums in the community is enough to bring people together. In the olden times, beating of drums was one way of communicating and passing messages.

Theatre for development uses the five senses of human beings in that it depicts the real life of the community. In acting a performance, people are able to see real life situations shown in a play, hear the messages, feelings and emotions relating to a scene being portrayed and touch the real life theme being shown. Sometimes, even taboos or issues that are not easy to discuss can easily be conveyed through a performance. It helps people analyse their own situation as they observe the performance and are able to quickly learn lessons drawn from there (Munukonda, 2013). In the case of Chazanga, lessons were drawn from the real life situations of consequences of bad hygiene and sanitation practices. The plays were acted by local people who understood the culture and day to day life of the community and these were able to interpret messages in ways that the local people were able to relate with and understand. Plays disseminated information on dangers of using untreated water from shallow wells and boreholes as opposed to using treated water from Chazanga Water Trust (CWT). There was a reduction in people using shallow wells from 2014

when it was 4% to 2016 when it dropped to 1.7%. The figure could have been even higher had CWT consistently supplied water throughout the day.

The drama shows were key in raising awareness as these were conducted at busy places such as markets. The dancing and songs are deliberately used to catch the attention of the people and whilst people were watching the dancing, messages were conveyed through plays. Drama and songs helped in sensitizing because they graphically conveyed messages that the community could relate with. Lessons from Plays were easy to remember, while songs were easy to recite and put messages into practice. As for dances, while making it fun and entertaining, were easily imitated by children and in this way, there was continuity of teaching others who may not have been present at these performances like parents.

Other factors that showed that the role of theatre for development was critical in changing hygiene and sanitation practices were that people improved their toilet structures to conventional ones that they were taught to erect for easy scooping of feacal matter, thereby, making it easy to reuse the toilet. Some structures that had no slabs were also improved and this made it possible for people to clean their toilets even more regularly as shown in Picture 5. In addition, people were now washing hands more frequently more especially before preparing food, eating and after using the toilet. This was seen from the way people behaved after theatre for development and as confirmed by the facilitators.

Surprisingly, a lot of people (93%) were using soap or other detergents to clean their hands even when their incomes seemingly appeared low. It shows that people understood the importance of good hand washing hygiene practice compared to 40% prior to the programme.

Involving community leaders in the process was a critical success factors as these individuals were respected by members of the community. Usually, community members trust them and whatever they say or agree to do is accepted by the community.

Even so, studies of Nwadingwe (2012; 2007), Mda (1993) and Macharia (2005) all pointed out that theatre for development was an effective tool for communication and educating masses especially when used with other media like video tapes, cartoon series and posters. From this study, it was noted that even when used alone for mobilizing the community, it gave an impact as most people were found practicing good hygiene and sanitation practices. As Sloman (2011)

alluded to, even if this technique was low in participation, audiences retained information, supported informal post-performance discussions and potentially encouraged change in short-term behavior. 101 (84%) out of 120 participants had knowledge of good sanitation practices and were practicing them through keeping their yards, toilets, houses and eating utensils clean, having designated places for throwing their solid waste, and disinfecting their water by adding chlorine. Majority participants were practicing good hand washing methods more especially at critical times like before and after eating, after using the toilet or pit latrine, before preparing meals and generally after touching anything dirty. The method prominently used was 'pouring' method where 58 (40%) participants used it, and 32 (26.7%) used a combination of 'dipping and pouring' method. This showed that to some good extent, people understood what they were taught using theatre for development and were still practicing them.

5.3 Change in hygiene and sanitation practices of the Chazanga Community after TfD sensitization programme;

5.3.1 Water supply

In determining the hygiene and sanitation practices of the community, it was important to understand the availability of water supply as water is key in hygiene and sanitation practices. The sources of supply were mostly from communal and house connections located at a distance of up to 200 metres and 119 (99%) respondents drew water from these sources. Water supply appeared adequate when compared with reasonable access as defined by Cairncross and Valdmanis (2006) that "good access is the availability of at least 20 litres per capita per day from a source of 1 kilometer of the user's dwelling". Since majority people collected water from sources below 200 meters, it was expected that residents had adequate water supply for hygiene and sanitation practices. Improved water supply increased hygiene and good sanitation. By reducing the distance between the water points and homes increased hygiene as people are able to replenish their supply easily and did not minimize its use. As Cairncross and Valdmanis (2006) report, 'Convenient access to "improved" water in quantity encourages better hygiene and limits the spread of diarrheal disease'. Findings showed that access to water facilities provided by the Water Trust improved. As at inception of the programme in 2012, literature reviewed showed that most households drew their water from private borehole owners who did not treat their water. This was because Chazanga

Water Trust was unable to provide adequate water supply to all residents in Chazanga. 4% households drew water from shallow wells (WSUP, 2014) whereas in 2016 only 1.7% still drew water from shallow wells. This was a positive change the programme attained.

However, 55 (45.8%) respondents reported that they received supply for only 4 hours a day and 30 (25%) received it for only 6 hours. This resulted in people collecting water from shallow wells or boreholes whose water in most cases was not safe as it was not treated. As observed by Cairncross et al (2010), "…lack of access to clean water had adverse effects on general daily life as well as to sanitation…." The short number of supply hours of 4 to 6 hours were not adequate to support good hygiene and sanitation practices. Inadequate water supply could compromise hygiene and sanitation practices as argued by Oyat (2007) whose study found out that poor water supply… was the major cause of water borne diseases in shanty residential areas. However, since the pressure was very good whenever water supply was available, it was assumed that people were able to draw enough water to fill up their containers for use in their homes. This was yet another positive attainement.

5.3.2 Practice of washing hands

It was established that people were practicing good hand washing practices, although 27.6% did not wash hands after changing baby diapers. It appears people did not know that feaces from babies were equally harmful as those of adults, hence, caregivers saw no need of washing hands after changing soiled diapers/nappies. These findings were consistent with those of Nwadiaro, Ehiri, Merimikwu and Critchley (2015) who observed that in some cultures, baby feaces were regarded as innocuous. In some cases, care givers cleaned baby bottom with bare hands and did not even wash with soap thereafter. The argument advanced by Nwadiaro et al was that baby feaces were equally harmful as those of adults and that evidence showed that feaces for children may contain higher concentration of pathogens than those of adults due to children's exposure to contaminated materials in their surroundings. With this cultural understanding that baby feaces were less harmful, there was need for sensitizing the community to adhere to hand washing practices after changing baby nappies/diapers.

It was further established that 78 (68.5%) people washed their hands numerous times throughout the day. However, 40 (33.3%) used the dipping method, and 32 (26.7%) used the mixed method of pouring and dipping while 48 (40%) used pouring method alone. Even if 40% used the correct

method, the majority 72 (60%) still used unhealthy methods of dipping or a mixture of the two. Dipping method was regarded as ineffective as other people who washed after the first one got contaminated with the pathogens from the first person. Culturally, in Zambian settings, washing before meals starts with older people before the younger ones do so. In dipping method, it means the younger ones gets more pathogens than the older ones who dipped hands in the same bowl. This puts the life of the younger ones more at risk of getting diseases. This is in agreement with Prüss, (2002) who opines that this practice may contribute to, rather than prevent, food contamination as pathogens present on contaminated hands of household members can be transferred to those who subsequently dip their hands in the same bowl of water. Ehiri (2001) confirmed that this practice was common among low income countries. This practice of washing hands before meals is common among people using bare hands for picking food into their mouths as it is done in Zambia when eating nshima (local staple food). There is that possibility of contaminating food with bare hands washed in a bowl of water by dipping even if people washed with soap. The recommended method is that of pouring with a lot of running water for washing and the used water discarded in a safe place. As Luby et al (2005) commend, 'washing hands with soap under running water or large quantities of water with vigorous rubbing was found to be more effective than several members of a household dipping their hands into the same bowl of water (often without soap)'.

It was not known why people still practiced unsafe methods of washing hands like dipping in the same bowl. It could be that people did not just change behaviour even after undergoing sensitization due to non-availability of supporting infrastructure, material or cultural factors or because of lack of proper dialogue or raising of generative themes together with the community as earlier mentioned above. For hand washing behaviour to be sustained, there was need for knowledge of best practices, availability of soap and water, hand washing infrastructure per household and a culture that supports these practices. However, these practices take time to develop and need extra resources like trained personnel and community organization as alluded to by Nwadiaro, et al. (2015). Lack of access to hand washing resources deter people from practicing hand washing.

In contrast to the general understanding and recommendations from health practitioners that people should wash hands with soap all the times, Luby et al (2015) argued that promoting hand washing

exclusively with soap may be unwarranted as washing hands even without soap reduced diahroea diseases, more especially in Bangladesh where he did his study. Their argument was that in countries where economic situations could not allow people to have soap all the time, even hand washing with water alone was better than not washing hands at all. Their argument was that instead of focusing too much on washing with soap at all times, facilitators needed to focus on encouraging people to wash with soap at critical times like after handling feacal matter (using the toilet, changing baby nappies/diapers or touching animal dung), before preparing food and before eating. If people washed with soap at these critical times, even if they washed with water alone at other times, would be a better strategy for reducing diseases than insisting on washing with soap at all times, even when low income families were struggling with resources for buying soap. This would not yield good results.

From the aforementioned, it can be seen that there was still need for theatre for development to change some of the bad practices. However, not all these could be attributed to limitations of theatre for development. Some of the reasons could be that only 36% of people attended these sensitization programmes, so the people who may be perpetrating these bad practices could be those who did not attend. In addition, people who were trained could have moved places and relocated to other areas as the study was done two years after the end of the programme.

5.3.3 Sanitation practices

It was noted that 118 (98%) respondents had toilets at their premises, 105 (87.5%) had pit latrines and these were cleaned daily, which was a good practice. Households that lacked basic needs for sanitation like toilets tended to defecate in open spaces and exposed anyone coming into contact with the excreta to diseases. It was also amazing to find pit latrines covered with sacks and old pieces of blankets as shelters as shown in Picture 4. The floors were made of mud and poles supporting the floor. In such latrines, there was that risk of children falling into the hole. This was in agreement with Nwadiaro et al (2015) who observed that households that lacked proper hygiene practices and sanitation facilities were prone to exercising wrong sanitation practices as children found it easy to defecate outside the facilities and even where facilities were available, they were not suitable for them. Nonetheless, since majority residents had their own sanitation facilities, was a positive achievement of theatre for development.

In addition, residents were converting their pit latrines to improved versions of pit latrines that had provisions of scooping feacal matter when they got full. This was a good practice as toilets would remain active a long period of time as opposed to digging new ones whenever the old ones got full. In an area where already space was scarce, this would preserve the available spaces for other things and households remained with a sanitation facility. In some cases, they were constructing water borne toilets with septic tanks. This was another positive change theatre for development achieved.

It was also established that 101(84%) participants had knowledge of good sanitation practices and were practicing them. This was evidenced by the way they kept their premises clean and toilets clean. However, the streets and some back yards were full of litter, a situation that could have been avoided had the local authority enhanced solid management activities within the residential area. With 97 (81%) out of 120 indicating that there were waste disposal facilities in their area and 56 (47%) indicating that they were willing to pay for these services, it was evident that people were interested in subscribing to this facility except that it was not reliable. Participants complained that they were not willing to subscribe to the providers of the service because the rubbish was not picked regularly.

In addition, the vehicle the service provider used could not reach their premises due to narrow roads. As a result, some of the rubbish thrown on already small backyards ended up on the streets and made the whole residential area appear dirty. For some with a bit of space, they dug some pits where they threw their rubbish, but the challenge was that they sometimes burnt these thereby, causing air pollution. Had the facility been functional, perhaps there would be less environmental pollution. This was true had the service providers offered sanitation services that provided solutions that were responsive to people's needs and aspirations as advocated by WIN-SA (2011). Additionally, had theatre for development been used more often by the Local Authority or those with delegated functions for solid waste management, local people would have suggested better approaches to resolve some of these problems.

On preference of sanitation facilities, residents wanted water borne toilets with a sewer network laid so that the local authority would take care of the sewer effluent and avoid building pit latrines time and again. They were looking forward to having this facility just like their friends in Kalingalinga and Mtendere peri urban residential areas. WIN-SA (2011) argued that it was

imperative that Local Authorities consulted the local people on the preference of sanitation facilities they preferred other than making them simple recipients of whatever donors saw fit. Similarly, a study by Spenser (2012) agreed with this approach where people living in peri urban areas of Ghana were asked to indicate their preference for sanitation facilities. People preferred waterborne toilets to pit latrines in whatever form as the water borne toilets were perceived to be 'modern' and offered better environment for use. A person using a pit latrine was made to squat in a way making defecating uncomfortable, more especially for children and the elderly. In addition, pit latrines usually smelled and attracted flies, which made open defecation in the bush more attractive where there were no waterborne toilets. Waterborne toilets were viewed as better options since the toilet had a good support for one to sit, shit in there and flush with dignity, with much smell being absorbed by the water in the bowl. Mostly, these were placed within the house and neighbours would not see the individual when they went to relieve themselves, as opposed to pit latrines where they were built away from the main building and any person entering there would be seen by neighbours. In addition, some pit latrines had no proper shelters or doors for privacy and when full, were dangerous to use, more especially for the elderly and the children. Hence, the request for a sewer network.

From this study, it was established that people were willing to pay for these services and were actually eagerly waiting for the Lusaka Water & Sewerage Company to provide a sewer line. This would reduce underground contamination of water resources as the sewer would be transported safely for treatment at the right designated places. This was yet another role that theatre for development played in changing the attitudes of people towards paying for services offered by LWSC.

5.4 Objective 3: Challenges that inhibited change in hygiene and sanitation practices of Chazanga Community after the TfD.

The study established that even if theatre for development was used to change hygiene and sanitation practices, there were some external challenges that inhibited change. Some of the sited challenges were economic factors, poor service provision, knowledge and attitudes of residents and lapses in the use of TfD.

5.4.1 Economic status of residents

It was established that 98 (81%) respondents earned less than K500.00, 1 (0.8%) earned between K500.00 and K999.00 per month and only 3 (2.5%) earned above K2500.00. With these low earnings, it was difficult for people to spend on some secondary expenditure like buying soap and tissue for hygiene and sanitation other than buying food and paying for accommodation. As argued by Greene et al (2012), even if the number of pit latrines increased, as long as residents failed to provide other sanitary facilities like tissue for cleaning the anus after defecating, contamination of hands with e-coli was high and this resulted in diseases. When there is no tissue for cleaning the anus, people tend to use other materials like pieces of cloth, leaves, paper, corncobs and children may even use hands and smear feaces on walls.

In addition, Luby (2011) argues that in low income households, soap is judicially guarded and placed in places where not all may reach it. Asking mothers to wash hands numerous times in a day would require more use of soap and hence more money. People who are already struggling with basic needs may not afford it.

However, it was noted that 112 (93%) respondents used soap or detergents to wash hands and most residents used chlorine and other detergents for cleaning toilets. Suffice to say that even without much money, people still managed to afford soap or detergents. The explanation could be that people did not give the correct amount of income they got as 89 (74%) were not employed and 14 (12%) were self-employed and this category of people may not have added their daily takings they got on daily small jobs as it was not regarded as monthly income. Alternatively, the price of soap was low and almost everyone could afford. A small detergent of paste or soap cost between K3.00 to K5.00 and therefore, people could afford. Nonetheless, the action of washing hands with soap was one of the achievements of the programme that theatre for development brought about.

5.4.2 Poor service provision

Poor service provision for water and garbage collection discouraged people from paying for these services. Findings from the community showed that Chazanga Water Trust pumped water for an average of 4 to 6 hours per day. As for waste disposal, even if 97 (81%) participants confirmed knowing the availability of a waste disposal facility, 64 (53%) were not willing to pay for these services since the service was not reliable. As a result, people were not willing to pay for water supply and garbage collection services.

5.4.3 Knowledge and Attitude of residents

It was also reported that 101 (84%) respondents had knowledge of sanitation practices. Majority people were practicing them as evidenced by the way surroundings appeared. Most premises were swept clean and had pits where they threw the rubbish in. Even when asked about what they knew about sanitation, they were able to narrate how they were practicing them.

However, it was also reported that some people had bad attitude towards good hygiene and sanitation practices. Some respondents suggested that more lessons were needed to be given to the community in order for change of attitude to occur. On one hand, it was suspected that the resistance to change could have been due to low education level. 56 (47%) respondents had primary education and could not confidently read and write English. It is possible this category of residents genuinely did not understand why and what they should do in order to practice good sanitation. It could also be that they fell under the category of those that did not experience theatre for development during the sensitization programme. No wonder some residents requested for more lessons to be conducted again in the community. However, on the other hand, this situation was similar to that experienced in the study conducted in Myanmar by UNICEF (2015), where it was found that even if people had knowledge of good sanitation practices, majority were not practicing them. This can also be attributed to the fact that only 44 (36.7%) confirmed attending the sensitization programme, while 66 (55%) did not and 10 (8.3%) could not remember. If people could not remember attending, what more remembering the content of the meeting? In addition, people move a lot from one place to another and this could have contributed to people not knowing theatre for development

In the case of Chanzanga, the above discussed factors had an impact on the way people exercised good sanitation practices. There was a call for a sewer line to be laid so that everyone could have a decent sanitation facility as opposed to pit latrines. This would add to the millennium development goal (MDG) 7, Target 11 where it was planned that by year 2020, 100 million of slum dwellers should have decent sanitation (WHO, 2004).

In addition, residents were requesting for improved solid waste management so that heaps of garbage strewn on the streets could be removed and managed properly. People resorted to throwing garbage on the streets due to inadequate solid waste management facility.

5.4.4 Lapses in use of theatre for development

The study established that Agitprop technique was employed in the implementation of theatre for development. Agitprop technique is a technique where the creators of messages come from outside the communities with prepackaged messages which they create themselves, and present to the people.

However, while this technique was easy to implement and did not take much time, it had low participation levels by the audience. Real participatory techniques tend to take a longer period to implement and require more resources and most sponsors or project implementers do not have much time to follow all the steps as required in full participatory theatre for development. This is in line with what Sloman (2011) found out that this technique, even if low in participation, audiences retained information, supported informal post-performance discussions and potentially encouraged change in short-term behavior and was mostly used as a foundation for other participatory methods. In this case, the implementer could have used a blend of other techniques in order to make it more participatory. They could have used a blend of Agitprop and Forum techniques where after performing the 'problem of sanitation and hygiene', the play was halted and community members were asked to play the solution. Different solutions would have been tried out until a consensus was reached. This would have brought sustainability and ownership of the hygiene and sanitation solutions in the community and would not have taken much time since the process would have been shortened. As Breed (2002) suggested, theatre for development could be varied in order to suit the audience as that of theatre for development by Augusto Baol.

The advantage of this approach was that it offered a means where all possible paths would be examined until a best solution was found. Consciousness would be raised from inside as a group of social reality and power relations. As spectators become actors, there was no need of experts as the spectators (community members) would take control of their situation and implement the solutions agreed upon. The group and individuals would learn lessons and make sustainable action plans that were implemented by themselves as a community. The community members would take ownership of the programme (Warritay, 1998).

As per the Agitprop technique espoused by Warritay (1998), the community members were involved in theatre for development as "spectators" or "consumers of the product". At this point, participation was at the lowest level where community members had no say in the programme but were expected just to take in and accept whatever they were being told. In this study, it was found

out that the creators of messages came from outside the community with prepackaged messages which they created themselves, and gathered information about the community through their baseline survey that was conducted and from this, they prepared messages for the people that were later performed. In this way, theatre was oriented towards the people. While facilitators argued out that the role of theatre for development was in arousing awareness of the problems in the community, the fact that messages were prepackaged by external people could mean that certain aspects of the community were left out creating the 'them' and 'us' attitude.

Additionally, in this agitprop technique, the level of critical awareness on specific themes of the community were low since it was raised by outsiders and not the community members. There was very little participation of the community as the community members were only mere consumers of the final product, even if the community leaders were involved in planning the venues, timings and drama group for performance. This is against what Freire espoused in the theory of problem posing using generative themes. The experts needed to have engaged the learners (community) in investigating their common reality or generative theme, and from this point, the expert needed to have prepared the content of the theme in depth and finally allowed learners to reflect on the theme, find solutions to it and act upon it using dialogue. In this case, there wasn't any form of dialogue between the facilitators and the community as the community were mere consumers of the final product. Dialogue could not be reduced to a level of the expert depositing knowledge into other people, nor could community members just consume the final product as argued by Freire (1970).

Another issue considered was that other techniques like participatory theatre required that implementers live within the community for some period of time so that they get acquainted with the community members' culture, values and beliefs. In this way, they would understand the community's problems in depth. In the case of theatre for development that happened in Chazanga community, the implementers did not live within this community since they dwelt within Lusaka and could not have moved residence just for the sake of this sensitization programme. In addition, it was possible that these facilitators lived in homes where conditions were more conducive than in this residential area. Even if this was the case, real participatory theatre requires that facilitators live within the community so that they understand other subtle factors that may not easily be noticed unless the facilitators become accepted as part of the community that is when the community can open up and share or display those factors.

Qualifications, experience and knowledge of theatre for development was another issue considered. It was not known whether implementers of theatre for development had trained in theatre for development or if they had experience in other participatory approaches for community mobilization. Drama groups or dancing troupes usually used Agitprop technique, and not other techniques like participatory theatre or forum theatre due to lack of experience and know-how. This is in line with Manukonda (2013) whose argument was that people did not take up a career as a theatre development provider and there were no or few employers in this area. The performers mostly did it voluntarily but this was not sustainable as people needed to be paid for their time and others did it for survival. Therefore, it was most probable that the providers were not experts in this area and could not provide more participatory techniques. This was another area of research where a study could be conducted to investigate whether or not providers of theatre for development in Zambia had the necessary training, skills and experience in this field.

Furthermore, while theatre for development was seen as an important participatory tool, no much attention was paid towards its full use and funding. Theatre for development needs funding in order to succeed and in most cases, its importance was not fully appreciated and the governments and sponsors did not allocate resources towards this important tool (Manukonda, 2013). Literature reviewed on the project did not show how much was allocated to the sensitization process and therefore the study could not ascertain whether or not the funding was adequate. It was also difficult to get this information from the implementers of theatre for development. Therefore, it was difficult to make accurate conclusions on the adequacy of funding for theatre for development in Chazanga.

While theatre for development provides participatory approaches, women are usually left out in participating due to cultural influence. In our Zambian culture, women do not participate freely in the presence of men and do not mix freely with men, especially in rural settings. There are still some religious groupings that teach that women should learn in silence when in public worship and ask their husbands at home if they were not clear on an issue. This was consistent with the argument by Munukonda (2013) to the effect that women were usually left out even if they participated (through presence) in participatory approaches due to culture. In this case, even if the issues performed affected women mostly, they had to be represented by people who did not even have a slight idea of their feelings and what their experiences in life were. Munukonda further

contented that 'while theatre for development was key in development, it was confronted with ambiguities of power, agency and representation of participants'. This was unfortunate, since in this study, 73% of participants were women and they are the ones that were found in homes taking care of households. It meant, therefore, that even if they may have been the majority at these performances, chances were that they may have been left out on cardinal issues relating to sanitation and hygiene. In addition, these were the primary people to implement good hygiene and sanitation practices in homes and if they were not free to participate, it would be difficult to implement something they never fully understood. That is why it was important to use other participatory approaches where women would be met alone and allowed to express their views without fear of being reprimanded by the menfolk.

The fact that Agitprop technique was 'one way communication' the target group, especially women never spoke out their challenges or intrinsic issues pertaining to hygiene and sanitation. It could be that the community did not like using pit latrines but needed water borne toilets as it was revealed during this study. People of Chazanga were eagerly waiting for sewer network to be laid so that they could have toilets for flushing. This would have been captured had the sensitization used other participatory approaches. As WIN-SA (2011) argued, Municipalities and other Project funders were inclined to impose sanitation facilities on recipients who were seen to be vulnerable and assumed that they could accept any sanitation facility imposed on them. While the project funders thought they are showing a good gesture to the needy, the needy were actually suppressed because facilities were imposed on them. This agreed with Freire's (1973:71) theory of banking education that stated that;

> *…Banking education resists dialogue; problem-posing education regards dialogue as indispensable to the act of cognition which unveils reality. Banking education treats students as objects of assistance; problem-posing education makes them critical thinkers…. Problem-posing education bases itself on creativity and stimulates true reflection and action upon reality…and creative transformation.*

In banking education, learners were seen as empty vessels where the teacher deposited knowledge, and for this, Freire considered the learners as oppressed. In context of theatre for development, this was 'theatre for' the people in which the experts pumped knowledge into the spectators who are merely recipients of that knowledge. In the case of Chazanga's sensitization, learners were given knowledge of good hygiene and sanitation practices, while the experts pumped this

knowledge into the 'empty' vessels of the community. Despite the fact that people learnt something, in true sense, it was oppressive in nature as people had no chance of expressing themselves or choosing the kind of sanitation they really wanted. There is usually a danger of imposing the expert's choices of sanitation on the people as the people are considered vulnerable and therefore should just receive whatever the 'giver' (expert) had to offer.

In contrast to the lower level of consciousness in Agitprop technique, is the higher level of consciousness that is achieved through problem posing using dialog, with an ultimate aim of liberating and humanizing the learner through other techniques that are participatory in nature. In these participatory techniques (participatory theatre and forum theatre), the oppressed (learner) engages together with the teacher in investigating the common reality, and the oppressed confronts the reality critically and acts upon it. The teacher and leaner share or become co-investigators in their common realities in which they live. Generative themes are posed by the learners themselves, while the teacher facilitates on the posed theme by preparing the content of the theme in depth and pauses necessary questions arousing the conscious of the leaners. The learners reflect on the themes and find solutions and take action. The ultimate goal is liberation, or praxis, which is the action and reflection which is continuous as opined by Freire (1993). In this case, the learners (Chazanga Community) and the teacher (experts) would be equal partners using dialog as a means of transformation. The adult learner in Chazanga community would have become aware of their assumptions, beliefs and values and transformed those assumptions into new perspectives. This would have resulted into true transformation of individuals and ultimately the whole community since critical reflection and collective action would have been the key to this process of transforming the oppressive reality.

Agitprop technique, sometimes missed its target group as children easily ran to wherever drums were being beaten while adults may take a 'wait and see' approach. As reported by one of the respondents, even if she heard he drums and singing, she remained at home simply because she thought it was mere entertainment for children. Only her children ran to see what was going on. In addition, these performances were done during day time when some people were out of their homes working, mostly men who are providers of finances to their households did not observe them or learn anything. These were key as they are decision makers and if these practices were to be supported, they needed financial support from the heads of households.

Facilitators of theatre for development gave contrasting views on who the players of theatre for development were. One responded mentioned that a group from Chipata residential area was selected to do the performances while another one reported that they used the local drama group. It was difficult to establish why the contradiction, but one would simply assume that they may have been aware of the accepted norm for participation as so they reported having used the local drama group. In addition, it could be that they did not know the exact boundary between Chazanga and Chipata residential areas, and so the one who reported use of the local group could have thought it was one residential area or vice versa.

It can be deduced that the mishandling of the technique could have led to some failures in achieving the goals as discussed above. Nonetheless, the technique is an effective tool and theatre for development always brings positive change (Sloman, 2011).

5.5 Summary

In conclusion, the chapter discussed major findings from chapter 4 relating them to literature reviewed and the theoretical framework. It presented the discussions of findings using objectives as subheadings.

In summary, the first objective sought to determine how theatre for development was implemented in changing hygiene and sanitation practices of Chazanga Community. The discussions around this objective were that theatre for development played the role of community mobilization, information dissemination and change in attitudes and behaviours of the community.

The second objective sought to know the changes in sanitation practices of the community members after theatre for development. Discussions around this objective were that majority community members practiced good hygiene and sanitation practices, improved in hand washing practices, number of people drawing from shallow wells reduced as they understood the dangers of using untreated water, improved in cleaning their toilets and surroundings, water supply improved and people become more willing to pay for services offered by LWSC.

The final objective looked at the challenges that inhibited change in sanitation practices of Chazanga people after undergoing theatre for development. The major discussions were that economic factors could have affected the way people exercised sanitation practices. As the issue was, people had other primary expenditure to spend their meagre earnings on before thinking of

secondary expenditure of sanitation and hygiene. In addition, poor service provision of water supply and solid waste management affected sanitation practices. In conclusion, theatre for development played a role in changing hygiene and sanitation practices of Chazanga community. The next chapter presents the conclusion and recommendations of the study.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1 Overview

The previous chapter discussed findings from chapter 4. This chapter presents a summary of the whole report, conclusion, recommendations based on the research objectives and the findings, and the theoretical framework on the role of theatre for development in changing sanitation practices of Chazanga Community.

6.2 Summary of the study

The study was based on three objectives: i) to examine how theatre for development was used in changing the hygiene and sanitation practices of the Chazanga Community; ii) to determine the change in hygiene and sanitation practices of the Chazanga Community after Theatre for Development sensitization programme; and iii) to determine challenges that inhibited hygiene and sanitation practices of Chazanga Community after the sensitization programme; and answered three research questions; i) How was theatre for development used in the sensitization of the Chazanga Community? ii) What were the changes in hygiene and sanitation practices of the Chazanga Community after Theatre for development sensitization programme? And iii) what challenges inhibited change in hygiene and sanitation practices?

The study adopted a concurrent mixed method design. It had a sample of 126 respondents; 120 respondents for questionnaires from the 12 zones of Chazanga selected using systematic random sampling; and 6 purposely sampled interviewees from the facilitators of theatre for development, namely; 2 from Lusaka Water and Sewerage Company, 2 from Chazanga Water Trust, 1 from Water and Sanitation for the Urban Poor (WSUP) and 1 Community Leader. Data was collected using interviews, observations and questionnaires. Qualitative data were analyzed using themes while quantitative data were analyzed and presented in descriptive statistics in form of pie charts, tables and bar graphs.

The first objective and research question sought to find out how theatre for development was applied in the sensitization of the Chazanga Community, and these were answered. The findings

that theatre for development played the role of community mobilization, information dissemination and change in attitudes and behaviours of the community.

The second objective and research question, which sought to understand the change in hygiene and sanitation practices of people after theatre for development, followed the four objectives of the sensitization programme namely; a) improved water supply; (b) improved hygiene through proper hand washing as well as the importance of keeping latrines/toilets clean; (c) solid waste management; and (d) pit emptying services and results were as follows:

For water supply, it was established that majority respondents had water supply within 100 meters distance between their homes and water supply points and collected water from communal or household connections with treated water from Chazanga water trust.

For hygiene and sanitation practices, the findings were that in as much as all respondents washed their hands at critical times,some did not wash after changing baby diapers/nappies. In addition, majority people still used the dipping method which was not safe as washing in the same basin transmitted dirty from one person to the other.

On sanitation, there were still some people without toilets but the number had reduced from 2012 before the programme. Those without toilets blamed it on their landlords as it was their responsibility to provide for sanitation. Majority cleaned their toilets daily or twice per day and upgraded their pit latrines to more conversional ones that had easy access for scooping feaces.

Majority respondents had knowledge of good sanitation practices and were practicing them through keeping their premises, toilets, houses and eating utensils clean. In addition, they had designated places for throwing their solid waste and disinfected their water by adding chlorine. They also washed hands before cooking and after using the toilet. Nonetheless, majority people exercised good hygiene and sanitation practices.

The third objective and research question were answered. They aimed at establishing factors that influenced change in changing hygiene and sanitation practices. The study established that participatory approaches used and the involvement of other stakeholders were key in the success as well as ownership and sustainability of the programme.

The fourth objective aimed at determining the factors that inhibited change in hygiene and sanitation practices of Chazanga people after TfD. Factors cited were low earnings, poor service delivery, poor solid waste management, and poor attitude by community members, low education levels of community members, population growth and unplanned settlement.

Majority respondents earned less than K1000.00 per month. With this low income level, it was difficult for people to spend on some secondary expenditure like garbage collection as opposed to buying food for their households and paying rent for their accommodation.

Poor service provision for water and garbage collection discouraged people from paying for these services. As a result, people were not willing to pay for water supply, pit latrine emptying services and garbage collection services.

It was also reported that some people had bad attitude towards good hygiene and sanitation practices. Some respondents suggested that more lessons were needed if the community had to change its bad attitudes.

Some demographic constraints including employment, education and population growth were reported. Population of Chazanga had doubled, thereby making it difficult for service providers to meet demand. Unplanned settlement made service provision difficult.

There were calls from the community for Lusaka Water & Sewerage Company to provide sewer lines in the residential area to ease the burden of sewer disposal from the residents to the company mandated to do so. Residents were willing to pay for this service, and even with theatre for development, as long as there wasn't a proper sewer network, residents would continue having challenges practicing good sanitation.

6.3 Conclusion

In conclusion, the study established that even though majority people were practicing good hygiene sanitation practices, there were still a number of bad practices that needed addressing. Bad practices like dipping hands in one bowl when washing hands, not washing hands after changing baby diapers, not having toilets at all as well as the Chazanga Water Trust providing water supply for an average of 4 to 6 hours as opposed to having water supply throughout the day

still needed to be addressed in order for theatre for development to have been regarded as fully successful.

In addition, in spite of theatre for development, there were other factors that affected the community even after theatre for development. Poor service provision for water and garbage collection, bad attitude towards good hygiene and sanitation practices, unemployment, education and population growth were some of the factors cited. Even if people had good knowledge of hygiene and sanitation practices, these factors hindered their exercise of good sanitation practices. In addition, it was also possible that even if these people had knowledge of good sanitation practices, they may have decided not to practice them deliberately.

From the foregoing, it can be seen that despite theatre for development, some people still heaped garbage in undesignated areas, used shallow wells and unconventional pit latrines due to the factors discussed above that affected sanitation practices. In addition, the use of Agitprop technique left people out and made them feel that they did not participate in theatre for development. Thus, some people still remained exercising bad practices as there was no full transformation of individuals as they were not fully involved through dialogue, neither were they involved in coming up with generative themes.

On one hand, it could be that these people still practicing bad practices were those that did not attend theatre for development. The study has established that a good number of respondents reported that they did not attend the sensitization programmes and therefore, they could be the ones perpetuating bad practices.

On the other hand, the fact that majority had good knowledge of sanitation practices and were practicing them means that people learnt the benefits of exercising good sanitation practices. For those that attended and had good knowledge of the good practices, theatre for development played a role in educating them. This is in agreement with Sloman (2011) who argues that even if Agitprop technique is used which is low in participation, people still get information and are able to change behaviour in short term. Theatre for development appeals to people's emotions and are able to act to solve that problem presented through performances. This agrees with Freire's guidance that after generative themes are developed, they should be coded through a media that people can easily understand using their emotions. When emotions are touched, people respond

by acting to solve that problem. However, had Freire's approach on problem posing using generative theme development used in totality, more would have been achieved.

Freire's theory of problem posing using generative themes has proved true in a sense that when people are fully involved in developing their generative themes according to their world views, transformation in behaviour takes place and the opposite is true when people are not fully involved. When they are moved from the lower level of consciousness through dialogue to higher level of consciousness, they become alive to their environment and who they are and are able to transform freely without coercion. If this happened, all residents of Chazanga would have transformed and exercised good sanitation practices.

6.4 Recommendations

Based on the findings, discussions and conclusion, the study makes the following recommendations:

i) Lusaka Water & Sewerage Company, Chazanga Water Trust and Water and Sanitation for the Urban Poor should use more participatory theatre techniques where members of the community are fully involved from inception to the evaluation of the project.

ii) Water supply hours should be increased from the current average of 4 hours to at least 8 to 12 hours per day.

iii) Since the causes of short hours of supply were associated to power outages by the power company, alternative sources of power like solar could be used so that water supply can be continuous throughout the day;

iv) Lusaka Water & Sewerage Company installs a sewer line network so that it transports the sewer effluent to designated places for treatment before it is discharged in the environment; and

v) More sensitization in the residential area should continue as requested by residents.

6.5 Summary

This chapter concluded the findings of this study in relation to its purpose, objectives and theoretical framework. It also presented recommendations based on findings

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APPENDICES

Appendix 1: Questionnaire for Community Members

Identification #.....

THE UNIVERSITY OF ZAMBIA

SCHOOL OF EDUCATION

DEPARTMENT OF ADULT EDUCATION AND EXTENSION STUDIES

Topic: THE ROLE OF THEATRE FOR DEVELOPMENT IN CHANGING SANITATION PRACTICES FOR CHAZANGA COMMUNITY OF LUSAKA.

Questionnaire for Community Members

INTRODUCTION

Dear respondents,

I am a student from the University of Zambia, carrying out a research on the role of Theatre for Development in changing sanitation practices for Chazanga Community.

I am kindly requesting you to participate by responding to the questions outlined in this questionnaire. The information you will provide will be treated as highly confidential and will be useful in finding the solution to the problem of sanitation practices. You are also free to decline participating in this research and you may withdraw at any time should you feel so.

INSTRUCTIONS

1. Kindly complete this questionnaire by ticking (☐) where appropriate and writing on the spaces provided.
2. Please do not write your name on the questionnaire.

Thank you for your time.

QUESTIONNAIRE

SECTION A: socio-economic and demographic characteristics	**FOR OFFICIAL USE ONLY**
Q1. What is your gender? 1. Female ☐ 2. Male ☐	☐
Q2. Which age group do you belong to? 1. 20-24 years ☐ 2. 25-29 years ☐ 3. 30-34 ☐ 4. 35-39 ☐ 5. 40 and above ☐	☐
Q3. Are you in gainful employment? 1. Yes ☐ 2. No ☐ 3. Other specify……..	☐
Q5. What is your monthly disposable income (take home pay)? 1. Less than K500.00 ☐ 2. K500 – K999.00 ☐ 3. K1000 - K1599.00 ☐ 4. K1600 – K1999.00 ☐ 5. K2000 – K2499. ☐ 6. K2500.00 and above ☐	☐
Q6. What is your highest level of education? 1. Primary School ☐ 2. Secondary School ☐ 3. Collage ☐ 4. University ☐	☐

5. Other please specify ……	
SECTION B : Current Practices and Factors Affecting Sanitation Practices	
(i) : Sanitation	
Q 7. Have you heard about good sanitation practice? 1. Yes ☐ **2.** No ☐	☐
Q8. If YES, what do you know about good sanitation practice? …… …… ……	
Q9. How are you practicing good sanitation? …… …… ……	
Q10. Do you have a toilet on your yard? 1. Yes ☐ 2. No ☐	☐
Q11. If No, where do you go to relieve yourself? ……..... ……...	☐
Q12. If Yes, what type of a toilet is it? ……	
Q13. If you have no toilet/pit latrines, what is the main reason for not having one? ……	
Q14. What do you do when your pit latrine is full? …… ……	

……	
Q15. What improvements have you made to your latrine in the last 2 years?	
Q16. Are you willing to pay for empting services? 1. Yes ☐ 2. No ☐ 3. I don't know ☐ 4. Others (specify)……..	☐
Q17. How much does it cost to empty a pit latrine? 1. Less than K500.00 ☐ 2. K500 – K999.00 ☐ 3. K1000 - K1599.00 ☐ 4. K1600 – K1999.00 ☐ 5. K2000 – K2499. ☐ 6. K2500 and above ☐	☐
(ii) : Hygiene	
Q18. What is your main source of water? 1. Communal stand pipe /Kiosk ☐ 2. Piped water connected to house (Chazanga Water Trust Supply) ☐ 3. Shallow well ☐ 4. Private Borehole ☐ 5. Other ……..….(specify)	☐
Q19. How far is your water source from your home? 1. Below 100m ☐ 2. 100m – 200m ☐ 3. 121m – 300m ☐ 4. Over 300m ☐	☐
Q20. How many hours in a day do you receive water supply?	☐

1. Below 4 hours a day ☐ 2. Up to 6 hours a day ☐ 3. Up to 12 hours a day ☐ 4. Whole day and night ☐ 5. Not at all ☐ 6. Other (specify)……..	
Q21. On average how much do you pay for water in a month? 1. Less than K50.00 ☐ 2. K50 – K199.00 ☐ 3. K200 – K299.00 ☐ 4. K300 and above ☐	☐
Q22. Are you willing to pay for water supply services? 1. Yes ☐ 2. No ☐ 3. I don't know ☐ 4. Others (specify)……..	☐
Q23. If not why? ……	
Q24. How many times do you wash your hands in a day? ……	
Q25. What method of washing hands do you use? …… ……	
Q26. What do you wash your hands with? ……	
Q27. When do you wash your hands? (free to tick more than one) 1. Before eating ☐ 2. After eating ☐ 3. After using the toilet ☐ 4. After changing diapers ☐	☐

Q28. How often do you clean your toilet/latrine? 1. Once per week ☐ 2. Every day ☐ 3. twice per day ☐ 4. Others (specify)…….	☐
Q29. Apart from water, what else do you clean the toilet/latrine with? ……	
(iii) : Waste disposal	
Q30. Are there any waste disposal facilities in your area? 1. Yes ☐ 2. No ☐ 3. I don't know ☐ 4. Others (specify)……..	☐
Q31. If not, where do you dispose your household waste? …… …… ……	
Q32. If yes, do you pay for waste disposal? 1. Yes ☐ 2. No ☐	☐
Q33. How much do you pay? K…….	
Q34. If you do not pay for waste disposal, why? …… …… ……	

SECTION E: Theatre for development sensitization programme	
Q35. Did you witness the sanitaion and hygiene sensitisation programmes offered by LWSC, WSUP, Chazanga Water Trust and MOE in 2014 (characterised by drama, song and dance)? 1. Yes ☐ 2. No ☐ 3. I don't remember ☐	☐
Q36. If you did, what did you learn from the sensitization messages? …… ……	
Q37. How were you involved? …… …… …… ……	
Q38. Do have any last remarks, please indicate in the spaces below……	
THANK YOU VERY MUCH FOR YOUR VALUABLE TIME. IN CASE YOU WISH TO CONTACT ME, MY DETAILS ARE: 0968440138 **e-mail address: fhatontola@lwsc.com.zm**	

Appendix 2: Interview Guide for Facilitators of Theatre for Development

INTERVIEW GUIDE FOR FACILITATORS OF THEATRE FOR DEVELOPMENT (CHAZANGA WATER TRUST, LWSC EMPLOYEES, WSUP, COMMUNITY)

Introduction

I am a student from the University of Zambia, carrying out a research on the role of Theatre for Development in changing sanitation practices for Chazanga Community.

I am kindly requesting you to participate by responding to the questions in this interview. Note that the information you will provide will purely be for academic purposes only and will be held with high confidentiality. You are also free to decline participating in this research and you may withdraw at any time should you feel so.

Interview Guide

1. What were the goals of the sanitation sensitization goals carried out in 2014?
2. To what extent were these goals been met?
3. In what ways did the project meet the objective of improved waste/sewer disposal?
4. In your view, to what extent has the community improved their sanitation facilities?
5. How do you compare the water supply before and after the programme?
6. In what ways has the community improved its hygiene practices after the sensitization?
7. What were the main challenges you experienced during the sensitization programme?
8. In what ways did you solve the above mentioned challenges?
9. How did you implement the sensitization programme using theatre for development (drama, songs and dances)? (Briefly describe the process)
10. How did you involve the community in theatre for development from concept to implementation stage?
11. Who were the players in theatre for development?
12. Did the facilitators of theatre for development live within the community?
13. How did theatre for development (drama, songs and dance) help you in sensitizing the Community?
14. What do you think are factors affecting sanitation practices for Chazanga community?

THANK YOU FOR YOUR TIME!

Appendix 3: Consent Form

CONSENT FORM

You are being asked to take part in the research study "The role of Theatre for Development in changing the sanitation practices for Chazanga Community in Lusaka District, Zambia".

Right to Refuse or Withdraw

Your participation in this study is entirely voluntary and you may refuse to take part in the study at any time without affecting your relationship with the researcher. You have the right not to answer any single question, as well as to terminate the interview at any point should you feel so at any point during the process; additionally, you have the right to request that the interviewer not use any of your interview material.

Confidentiality

This study is anonymous. The researcher will not be collecting or retaining any information about your identity. No information will be asked of you that might lead to your identity being discovered; only your signature and date of interview will be required. The information gathered from this study will be used for purely academic purposes. No harm will befall you as a result of taking part in this study, to ensure this you are guaranteed of total anonymity.

Right to Ask Questions and Report Concerns

You have the right and are encouraged to ask questions about this research study and to have those questions answered by the researcher before, during or after the research. If you have any further questions about the study, at any time feel free to contact the researcher, Fearless Hatontola at email fhatontola@ahoo.co.uk or by mobile phone number 0968 440138 or 0954 287284.

Sign…… Date:…….

Appendix 4: Work Plan

ACTIVITY	DISCRIPTION	2016						2017					
		J	A	S	O	N	D	A	M	J	J	A	S
Secondary Data Collection	Review of literature of related data												
Proposal Writing	Drafting of the proposal												
Proposal Editing	Proof reading and making corrections												
Submission of the Proposal	Handing in proposal												
Field Work	Collection of primary data												
Data analysis	Evaluation and interpretation of data												
Draft Report	Compilation of analyzed data												
Finalize Report	Report writing, proof reading and correction of errors												
Submit Report	Handing in report for marking and defending												