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**SOUTHERN NEW HAMPSHIRE UNIVERSITY AND OPEN
UNIVERSITY OF TANZANIA**

**MASTER OF SCIENCE IN COMMUNITY ECONOMIC DEVELOPMENT
(2005)**

**FACTORS CAUSING LOW COMPLIANCE IN THE FORMATION OF
COMMUNITY WATER FUNDS: THROUGH COMMUNITY THEATRE FOR
DEVELOPEMNT APPROACH (COTDA). KIMANZICHANA VIJANA TROUPE,
MKURANGA DISTRICT TANZANIA**

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**FACTORS CAUSING LOW COMPLIANCE IN THE FORMATION OF
COMMUNITY WATER FUNDS: THROUGH COMMUNITY THEATRE FOR
DEVELOPEMNT APPROACH (COTDA).**

**A PROJECT SUBMITTED IN PARTIAL FULFILLMENT FOR THE
REQUIREMENTS FOR THE DEGREE OF MASTER OF SCIENCE IN COMMUNITY
ECONOMIC DEVELOPMENT IN THE SOUTHERN NEW HAMPSHIRE
UNIVERSITY AT OPEN UNIVERSITY OF TANZANIA.**

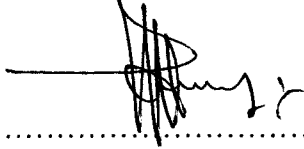
ABSTRACT

Water scarcity is the most important environmental constraint to development, particularly in areas that face limited water in terms of quantity and quality, water availability is closely linked to human welfare and health by affecting nutrition status. All in all fresh water is the source of life. Water resource is an important catalyst necessary for accelerating both economic and social development. Although most governments and donor organizations often put much emphasis on the provision of water for drinking purposes, there is clear evidence that the supply of water for other uses has equal importance especially among rural communities. Using examples from 12 villages in Mkuranga District, It is evident that water for other uses is given high priority by the communities concerned. For the success of any social project, effective execution and involvement of the beneficiaries is required. Moreover, to have a well-managed and sustainable project like water and sanitation, communities have to comply with the strategies for operation and maintenance. Operation and maintenance activities, which encompass not only technical issues, but also social, institutional and financial issues, must be directed towards the elimination or reduction of the major constraints, which prevent the achievements of sustainability. However, the main challenge for the future is long-term community commitment both in terms of well maintenance and management. Community water funds are envisaged to be necessary for sustainability of water projects, especially for the maintenance of wells and water points. Unlike of this truth, many of the rural water projects, Mkuranga being one of them, are facing problems in creation of community water funds. The purpose of this study therefore is to examine various factors that cause low compliance in the formation of community water funds, while simultaneously addressing suitable recommendations that will reinforce the implementation and effective

management of water funds for long-term sustainability of water projects. The study was conducted in Mkuranga district where AMREF in collaboration with the district Council is implementing a five-year water and sanitation project in four out of fifteen wards. At the same time trying to Explore on how community theatre for development can be used as a research method, for finding different solution in the community.

DECLARATION

I declare that this is my original work. It is being submitted in a partial fulfillment of requirements for the degree of Master of Science in Community Economic Development. It has not been submitted before for any degree or examination at any university.

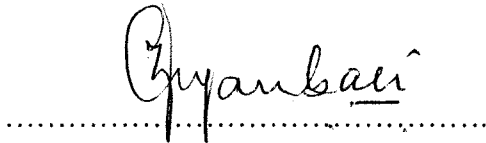


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.....24th.....Day of.....NOVEMBER.....2005

Supervisor Certification

I have read and supervised this project, and found it to be in a form acceptance for review. Undersigned certify that he has read and hereby recommend for acceptable for the review by Southern New Hampshire University a Project paper entitled Factors Causing Low Compliance in a Formation of Community Water Funds.



Peter Nyambasi

.....24th.....Day of.....November.....2005

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DEDICATION

To my beloved mother and father with my family who have always been supportive, enthusiastic, and inspirational.

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ABBREVIATIONS AND ACRONYMS

AMREF	African medical research foundation.
CED	Community economic development.
COTDA	Community theatre for development approach.
HH	House holds.
FGD	Focus group discussion.
KAP	Knowledge attitudes and practices.
PLA	Participatory learning in action.
PPP	Participatory performance practices.
SSA	Sub-Saharan Africa.
VG	Village Government.
GVT	Government.
M&E	Monitoring and evaluation.
CORPS	Community owned resource persons.
TOT	Training of Trainers.
WC	Water Committees
KVT	Kimanzichana Vijana Troupe.
O&M	Operation and Maintenance.
URT	United Republic of Tanzania
CORPS	Community Own Resource Persons

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background to water supply and the usage of Community Theatre in the country

The training and support activity combined approaches are drawn from conventional theatre for development and those of Participatory Learning in Action (PLA). Each group identifies a problem that the respective community is facing in achieving the project outputs of water and sanitation, and child survival respectively. The problem of scarcity and unsafe water ranks number one among problems facing Tanzanian, Other problems include environmental pollution, education, health, unemployment etc. But water ranges 12% of other problems.

Another method, which has been identified and selected, to be integrated in the participatory approaches for raising community awareness and mobilization is called “Community Theatre for Development”. There is pool of expertise in participatory theatre methodology within Tanzania dating back to the 1980’. This work seems to be strictly modeled on the work of Augusto Boals “Theatre of the Oppressed”.

The version of participatory system, which starts developing performances by engaging in the community research, provides the foundation in which to build interactive performances. But they have to follow all steps suggested before. Thereafter, a short drama/play is formulated based on the nature of the community problem and performed at the village general meetings. This is an opportunity for all members of the community to see and suggest some actions to be

done against their respective persistent problems, and hence be able to improve project performance.

Nearly half of the households in mainland Tanzania and over half of rural households still use drinking water from sources that can be considered unsafe. There are great disparities, particularly between urban and rural areas, and therefore the right thing is to focus its efforts on increasing the use of improved sources in rural areas. While the access of safe water is particularly an issue in rural areas. Given the large disparities between rural and urban areas, between individual regions and population groups, it would be appropriate to design a more targeted approach to the expansion of access to safe water. (Poverty and human development report 2002).

An analysis of trends in the provision of adequate, safe and clean water is complicated for three main reasons. Firstly, there is a lack of consensus on the definition of adequate, safe, clean water. All three concepts are subjective to a degree. Secondly, household surveys most typically ask respondents about their source of drinking water and the distance to that source. Judgments on the adequacy, safety and cleanliness need to be made based on this. Thirdly, while many surveys investigate households' access to water and the type of source, they do so using different questions and different categories of answers. . (Poverty and human development report 2002).

Lack of clean drinking water and sanitation services continues to plague the developing world, especially Sub-Saharan Africa (SSA). Tanzania, one of the poorer SSA nations with an average per capita income of \$250 per year and a total population of 34 million (World Bank,

2001), suffers greatly from a lack of potable water. Large investments in the water sector in the 1970's and a government target of 100% coverage in rural areas by 1991 have proved ineffective. Natural disasters such as the El-Niño rains of 1997, rapid population growth and uncontrolled rural to urban migration has exacerbated the poor water and sanitation situation in the country. Poor environmental management leading to severe erosion and distraction of potential safe water sources has also contributed to worsen the situation. As a result, water and sanitation related diseases including malaria and acute diarrhea, as well as their consequences such as malnutrition and anemia, are major contributors to the high morbidity and mortality in the country. Women in particular are overburdened having to look for water far away from home. Their health and that of their children is as a result compromised. It was a government prerogative to provide the Tanzanian population with clean and safe water, though economic difficulties have not allowed the government to fulfill this obligation. Current figures estimate that only 40% of the rural population, which is 80% of the total population, has access to safe and reliable supplies of water (World Bank, 2002).

By measuring the individual household reactions to relative availability, the importance of water as a development constraint can be put into better perspectives. Access to clean water is essential necessity for the well being of all people. This is because water availability is closely linked to human welfare, since it affects human nutrition through food production, human health through spread of water-borne, and household labor through increased time. Local communities especially in areas of variable rainfall have evolved complex strategies for coping with water shortages due to drought. These strategies include food substitution, crop diversification, intermittent wage labor, seasonal migration, destocking, and distress sales.

However some of these actions have measurable long-term demographic consequences, particularly if water stress is severe and/or repetitive. Similarly, coping strategies are likely to vary from one area to another, because different communities interact differently with the environment.

1.2 Mkuranga District

Officially established in 1995 from its sister district of Kisarawe, Mkuranga district is located 50 kilometers south of Dar es Salaam city, along Dar es Salaam - Kibiti Lindi highway. The district has 4 divisions, 15 wards and 104 registered villages. Mkuranga district is one of the six districts in the Coast region. Its creation was in recognition of the underdevelopment in the area in relation to other parts of the country and Coast region in particular. The population is estimated at 143,370 in 104 villages, mostly are subsistence farmers. Health indicators are very poor. For example, the main causes of morbidity and mortality are malaria, acute respiratory infections and diarrhea with anemia coming fourth in that order. The district also records a high rate of severe acute malnutrition estimated at over 4% among the under five children in 1998. At 104/1,000 live births, the Infant Mortality Rate (IMR) is far above the national average of 88/1,000. The under five-mortality rate is estimated at 171/1000 live births while maternal mortality rate stands at 322/100,000 live births.

The district has 20 health facilities, of which. 2 are health centers, 12 government dispensaries, 2 dispensaries under NGOs & 3 private dispensaries and 1 district hospital for referral cases.

- Top 10 diseases are malaria, upper respiratory infection, eye diseases, anemia, intestinal worms, diarrhea, gonorrhea, pneumonia, nutritional disorders and schistosomiasis.
- Latrine coverage is below 40%; in most villages and in some villages like Kisayani it is below 5%.

Access to clean and safe water is below national average. Less than 40% of households have access to hygienic sanitation. Of the 104 villages in the district, only six have access to potable water. The water table in the district is high enough to allow hand dug wells, but the population continues to obtain water from very unhygienic open sources. In addition water shortage is also a perennial occurrence. This increases the risk to acute gastrointestinal infections and vector borne diseases including malaria. The population needs assistance to realize and indeed exploit the available resources for the betterment of their own health.

While there are opportunities for water and sanitation improvement, there are also several challenges. The district experiences remarkable erosion making traditional water sources and sanitation facilities unsustainable. Over the past decade, investment in water development in the country, including Mkuranga district has dwindled as a result of a reduced development budget and many other competing needs in the social sector. However, the district authority is eager to improve water supply and sanitation as strategies to improve the health of the people. In addition, a young district like Mkuranga is yet to establish itself to effectively plan and implement social services. Additional assistance is needed to build the planning and implementation capacity in the district. Although rural, Mkuranga district is easily accessible

by road from Dar es Salaam and therefore provides an important reservoir for people migrating in and out of the capital city. This level of mobility challenges community initiatives to develop and sustain basic services.

1.3 The way forward in addressing the challenge

Clean water and effective environmental sanitation are essential pre-requisites for improved health in the general population. There has been little effort to address the need for safe hygiene and health with proper use of water supplies (World Bank, 2002). Thus, a number of institutions and agencies are addressing water supply issues in tandem with health through investments and policy changes. To address and respond effectively to the challenges of water supply in rural areas, Tanzania has established a National Water Policy (1991) whose main objective is to ensure clean and safe water accessible within a distance of 400 meters. The government aims to make lasting improvements in the water sector and has now set a new, more realistic target of 90% coverage for water services in rural areas by 2025 (World Bank, 2002).

More recently, government has allowed private sector involvement in the management of water resources. Consequently, individuals and communities can build, own and operate water systems on a cost recovery basis. The new policy environment therefore creates new opportunities for communities to take the initiative to supply and sustain their own clean and safe water.

1.4 Water and Sanitation project in Mkuranga

AMREF in collaboration with the Mkuranga District Council is implementing a five (5) years Water and Sanitation and Hygiene project. The project was initiated in January 2000, following one-year-successful pilot activities in 1999/2000. The focus is on evaluating/testing models approaches/technologies and mechanism that works in rural and low income urban dwellers. The emphasis is on affordable, acceptable, and appropriate and evidence based technology familiar with the target population. The project is designed to facilitate community participation and participatory community planning that follows the priorities of disadvantaged group. The project is implemented in 24 villages located in four wards respectively of Mkamba (7 villages), Panzuo (7 villages), Mbezi (7 villages), and Shungubweni (3 villages). Population estimated to benefit out of this project is 31,457.

1.4.1 Project goal

To contribute to a reduction in burden of diseases in the target community, while at the same time reducing the work burden of women. Specifically the project aims to reduce water and sanitation related diseases through improved and sustained water supply, sanitation and hygiene behaviors

1.4.2 Project output geared towards this goal comprises

- ❑ Increased access to improved water supply and adequate sanitation
- ❑ Structures mechanism established for community mobilization and for community participation in planning and management of environmental services and facilities (water & sanitation)

- ❑ Enhanced capacity of district personnel to support community initiatives/manage water and sanitation problems using participatory approach
- ❑ Improved hygiene behaviors.

To date, when the project is in its fourth year (2003/2004), already 85 shallow wells, 3 boreholes, 10 rainwater harvesting jars and 2 protected springs have been put built in different places of the 24 villages

1.4.3 Problem statement

Water and sanitation and hygiene project of AMREF has responded positively to the needs of the communities in all 24 villages by assisting them with resources for the construction of shallow wells, boreholes, spring protection and promotion of latrines. Different levels of community structures and volunteers have been trained at different capacities for management, operation and maintenance respectively. However, because of the project sustainability, especially in maintaining the operation of hand pumps, it was envisaged that the communities in each village have to contribute equally in establishing their water funds and be able to open a bank account. To date, none of the 24 villages have had consolidated financing mechanisms for raising their respective village water funds. Moreover, it has been observed that 6 wells out of 85 are not working due to pump breakdown, and yet villages have failed to maintain them, as they do not have money. Reasons for this trend are not yet known, and hence the importance of this study. The study will contribute to the understanding of the factors making communities fail to contribute for water funds.

1.4.4 Problem Justification

Water project sustainability and the impact of health and economic gain expected from a water project are all subject to the existence of respective village water funds for carrying maintenances. It is clearly shown that as communities in the six wells have failed to maintain their pumps, expected health and economic gains will not be achieved. This implies communities would be forced to go back to their traditional sources of water, which caused diseases among them. Some of the most significant problems and contributing lack of clean water in Tanzania are poor maintenance and a lack of local support and contribution to water projects. Much of this complacency stems from the “free water for all” policy the government instituted in 1969 (Mughawezi, 2002). The policy failed because villagers took no ownership in water supplies and it was impossible for the government to maintain supplies without any contributions.

Table1: Villages with Water Funds

VILLAGE	ACCOUNT NO.	AMOUNT (Tsh)
SHUNGUBWENI	None	0
BOZA	None	0
KURUTI	None	0
MSLOWA	None	0
KISAYANI	6810000401	24,000
MWANZEGA	None	0
MBEZI MSUFINI	None	6,000
NGARAMBE	None	0
MPONGA	6810000741	40,000
MIHEKELA	6810000188	15,000
KIKUNDI	None	0
NYATANGA	None	0
KIBUDI	None	0
KIBUYUNI	None	0
MKULUWILI	None	0
VIANZI	None	0
KIBESA	None	0
MBEZI MLUNGWANA	None	0

Study finding will therefore suggest /recommend how communities can positively respond to financing their respective village water funds for sustaining the project, as a result of full health and economic related benefits.

1.5 Study Objectives

1.5.1 Ultimate Objective

To contribute to a sustainable community water projects in Tanzania.

1.5.2 Immediate Objectives

- a) To assess level of community knowledge and practices about regular maintenance and management of shallow wells.
- b) To define community structures and their respective roles/responsibilities.
- c) Assess the level of willingness to pay for water services.
- d) Assess the development of water funds in the villages.
- e) Identify the level of community perception for project sustainability
- f) Recommend means for effective formation, managing and sustaining village water funds.

1.5.3 Study Objectives

- To explore community theatre methodology as a tool of communication in changing peoples behavior.
- To produce a training guide of community theatre for development approach in community usage.

1.6 Research Questions

- a) What is the perception of community involvement/participation towards project sustainability?
- b) What is the level of willingness to pay? What is the economic status of the people in the villages
- c) What role does the community have to play during the project cycle?
- d) How was the water funds formed/established?
- e) How do community members perceive their current structure?
- f) f)What are the community strategies in sustaining village water fund?

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Theoretical review

2.1.1 Overview of Literature about the Water Problem

Clean water and effective environmental sanitation are essential pre-requisites for improved health in the general population. There has been little effort to address the need for safe hygiene and health with proper use of water supplies (World Bank, 2002). Thus, a number of institutions and agencies are addressing water supply issues in tandem with health through investments and policy changes. To address and respond effectively to the challenges of water supply in rural areas, Tanzania has established a National Water Policy (1991) whose main objective is to ensure clean and safe water accessible within a distance of 400 meters. The government aims to make lasting improvements in the water sector and has now set a new, more realistic target of 90% coverage for water services in rural areas by 2025 (World Bank, 2002).

More recently, government has allowed private sector involvement in the management of water resources. Consequently, individuals and communities can build, own and operate water systems on a cost recovery basis. The new policy environment therefore creates new opportunities for communities to take the initiative to supply and sustain their own clean and safe water.

Nearly half of the house holds in mainland Tanzania and over half of rural households still use drinking water from sources that can be considered unsafe. There are great disparities, particularly between urban and rural areas, and therefore right is focusing its efforts on increasing the use of improved sources in rural areas. While the access of safe water is particularly an issue in rural areas, it is important to note the failure of urban water supply. Given the large disparities between rural and urban areas, between individual regions and population groups, it would be appropriate to design a more targeted approach to the expansion of access to safe water. (Poverty and human development report 2002).

An analysis of trends in the provision of adequate, safe and clean water is complicated for three main reasons, Firstly, there is a lack of consensus on the definition of adequate, safe, clean water. All three concepts are subjective to a degree. Secondly, household surveys most typically ask respondents about their source of drinking water and the distance to that source. Judgments on the adequacy, safety and cleanliness need to be made based on this. Thirdly, while many surveys investigate households' access to water and the type of source, they do so using different questions and different categories of answers. (Poverty and human development report 2002).

2.1.2 Where does water comes from?

Water is colorless, odourless, and testless substance. All the water on earth is part of natural hydrological cycle of the earth's weather systems. Water is continuous motion within the cycle powered by the energy of the sun. This is a natural cycle of the earth's weather systems, which is of a primary importance for all life on the earth. People alter the cycle by abstracting water for

drinking, household use, industrial use growing crops and other purposes. However this water still remains within the hydrological cycle and will eventually be circulated by one route of the components of hydrological cycle. (Center for ecology and Hydrology natural Environment and research council 2002).

The components of hydrological cycle are rainfall and snow (precipitation), evaporation, soil moisture, surface water resources and ground water resources. The two components that are resources available for human use are surface water and ground water resources. Surface water comprises of rivers, rainfall, evaporation and soil moisture. Ground water on the other hand includes water from the rocks and those, which is obtained hydrogeologically (from the ground) (Peavy et al 1995).

People are able to get ground water when they drill or dug a borehole, drilled water moves up to a certain level called water table. The rock below the water table is saturated and this is the water that people use when they take water from a well or borehole. Boreholes differ in sizes; some are 1 to 7 meters (these are known as shallow wells). Those of 8 to 26 are deep wells and also are referred to bore holes. It is recommended that the higher the depth the better for water quality and quantity for human consumptions.

Ground water is often safe to drink without treatment; this makes it cost effective and thus suitable for small scale. All ground water contains natural soluble minerals derived from the soil and rocks. A total amount of dissolved solids in ground (TDS) can be estimated by measuring the electrical conductivity of water, which is often used as a rough indicator of

natural ground quality. Ground water moves slowly through the aquifer and can therefore filter or remove pollutants. This however depends on the aquifer, and the type of pollutants present in water. A hydrologist needs to take into account many factors when assessing the risk of ground water contamination however; water laboratory analysis is needed for these elements. (Peavy et al 1995)

2.1.3 A Brief Overview of Community Theatre for development Approach

Community theatre for development implies the use of theatre as a medium for development communication. It is a process through which theatre is going to be used by members of the community to research, analyze, discuss and find solutions to their problems. It is a method of continuous participatory research involving the people of the area being studied as researchers, who should take part in the investigations and not serve as passive object of study. The method of investigation, which “involves study- a criticism of study by the people, is at the same a learning process. Through this process the level of critical thinking is raised among those involved”. (Paulo Freire 1972).

Community theatre for development emerged in 1970's and was directed towards changing community to make development in their communities. In this method people are being involved in the processes of theatre creation, performances and post performances discussion. Normally organizers are going to the villages, do research, come back and create an unfinished play based on the analysis done on the findings. The play would be taken back to the village and performed in such a way that it constantly stopped for contribution; ideas and suggestion from the audience, and in this way developed to the end. The play changes as the

understanding of the participant deepens. Emphasis is placed more on the process rather than the product.

Community theatre for development can be classified as a small communication medium “structurally when compared to forms such as broadcasting and satellites, but is powerfully medium which pervades local communities in many countries in Africa” (Eberhard Chambulikazi.1995). The medium is increasingly being used as both a tool for communication and a forum for conscientisation of the rural masses on issues central to their development approach. COTDA so far has been addressing itself to those issues which impede social and economic advancement, for example; high rate of illiteracy, infectious diseases, poverty, malnutrition, even population growth, bad leadership and infant rate” (Ndube, Eyllh. 1986).

The training and support activity combined approaches drawn from conventional theatre for development and those of participatory learning in action (PLA). Each cultural group constitutes about 24 participants and was divided into two groups. Each group identified a problem that the respective community is facing in achieving the project outputs of Water and Sanitation, and Child Survival respectively.

Another method, which has been identified and selected, to be integrated in the participatory approaches for raising community awareness and mobilization is called “Community Theatre for Development”. There is a pool of expertise in participatory theatre methodology within

Tanzania dating back to the 1980'. This work seems to be strictly modeled on the work of Augusto Boal's "Theatre of the Oppressed".

The version of participatory system, which starts developing performances by engaging in the community research, provides the foundation in which to build interactive performances. But they have to follow all steps suggested before. Thereafter, a short drama/play is formulated based on the nature of the community problem and performed at the village general meetings. This is an opportunity for all members of the community to see and suggest some actions to be done against their respective persistent problems, and hence be able to improve project performance.

A thorough process of research in a community taking at least a month and usually culminating in performances by community members seems to have been fairly widely practiced in some regions of Tanzania to identify the development needs of particular communities.

Theatre is frequently used as a tool for communicating information across a range of sectors, particularly health, to bring about attitudinal and behavioral change, and changes in life style. Subjects that are dealt with include family planning, safe motherhood, safe drinking water, environmental degradation, child abuse, violence against women, rape, and HIV/AIDS education. In this kind of theatre, a group of actors or puppets perform a play containing a particular message, often with little or no audience participation or discussion. (Abah s. Oga,

1987). The community theatre methodology has been defined in various ways, by various people (Mlama, 1991, Kamlongera, 1989 Mda 1993).

The use of community theatre adopted for the research is that put forward by Mda (1993) which refers to a theatre which originates from the community, is enacted by community members for the benefit of the whole community usually with the assistance a catalyst. The implication and methodology implicit in this understanding of community theatre is that the catalyst, who should be knowledgeable about theatre and other problems, goes to the community and together with the community they research within themselves the root causes of their problems, why is that these problems remain unresolved, and what they can do themselves to solve the problems.

The catalyst then helps the community members to put together a dramatization of their problems, based on his/her theatre skills and also the dramatization of the solutions as envisaged by the community. Often, the catalyst helps them integrate their own songs and dances, which relate to the problem at hand, and then the performance is staged for the rest of the community, who can even modify the play or hold discussion about certain issues raised in the play during or after the performance. Charting a plan of action then follows, this done by the community.

The debate about the most effective way of communication development messages has not yet been resolved to a degree where any method or medium of communication can be said to hold this way (Mda, 1993). One of the inherent problems in this debate is what Felsteinhausen

(1973) refers to as a dilemma of development workers not being trained in development. Early communication models had emphasized sender receiver approaches (Shramm 1961, Klapper 1960, Mda 1973), and the community theatre methodology described above was a break from this tradition in that there is no outside source of information bringing it in, rather the community itself was the source and receiver at the same time. The community creates a word they can identify with, define its problems and propose solutions they are comfortable with. Theatre has the particular advantage of providing live examples that are available for all to see, and as they participate in the watching, the individual has an opportunity to debate with his or her conscience and to make a decision about an appropriate course of action. This influence of theatre dates way back to antiquity. For example Plato was so wary of its influence to persuade that he wanted to ban it from his Republic, while Aristotle was cognizant of its powers that he saw it as a forceful creator of a new opportunities. The Christian church at first banned it for its influence of arousing “un-godly” passions, and latter in the middle ages realized that it was a very useful method of teaching Christianity to the illiterates (Carlson 1994)

2.2 Empirical Survey

There are two published studies of household water use and water source development covering parts of Mwanza region. White et.al (1972) provide information on volume of household water consumption, and on the social and economic costs of its transportation; Drangert (1993) examines the influence of gender relations on the improvement of traditional water sources. In urban areas of Tanzania there have been several surveys of water use,

including one in Mwanza town (Kiwasila, 1994), mainly geared to answering questions on willingness and ability to pay for water supplies.

Previous work in this field has concentrated on national or district level relationships. A regional level analysis of the changes in the Tanzanian domestic water supply, using the 1978 and 1988 census data (Zaba and Kiwasila, 1995) showed that in urban areas, the worst changes occurred in the fastest growing towns, but that the opposite was true in rural areas. Domestic water source distribution did not emerge as an important pull/push factor in inter-regional migration (Madulu and Zaba, 1998). The same study examined agricultural water availability, in terms of per-capita volume of rainfall over cultivated area in each region, and found no statistically significant relationships between this variable and inter-regional migration, but concluded that the quality of regional data on cultivated areas was highly questionable. Questions on household water source have been included in Tanzanian censuses in 1968, 1978 and 1988, and some demographic surveys. Have also tried to measure outcome variables of interest, such as diarrhea prevalence and nutrition (Bureau of Statistics and TDHS, 1996). Generally, preliminary comparisons of the census data show some disturbing trends with regards to access to water.

2.2.1 Effectiveness of water supply, sanitation and hygiene interventions

Water supply, sanitation and hygiene are about more than health. Saved time, particularly for women and children, is a major benefit. Beneficiaries of water and sanitation projects in India reported these benefits: less tension/conflict in homes and communities; community unity,

self-esteem, women's empowerment (less harassment) and improved school attendance (WaterAid 2001).

Improved hygiene (hand washing) and sanitation (latrines) have more impact than drinking water quality on health outcomes, specifically reductions in diarrhea, parasitic infections, morbidity and mortality, and increases in child growth (Esrey et al 1991; Hutley et al 1997). Most endemic diarrhea is not water-borne, but transmitted from person to person by poor hygiene practices, so an increase in the quantity of water has a greater health impact than improved water quality because it makes it possible (or at least more feasible) for people to adopt safe hygiene behaviors (Esrey et al 1996).

Experience shows that constructing water supply and sanitation facilities is not enough to improve health; sanitation and hygiene promotion must accompany the infrastructure investments to realize their full potential as a public health intervention. Changing hygiene behavior is complex. Hygiene promotion is most successful when it targets a few behaviors with the most potential for impact. Based on extensive research, WHO and UNICEF have identified hand washing with soap (or ash or other aid) after stool disposal and before preparing food; safe disposal of feces and use of latrines; and safe weaning food preparation, water handling and storage as the key hygiene behaviors.

A recent review (Curtis) of all the available evidence suggests that hand washing with soap could reduce diarrhea incidence by 47% and save at least one million lives per year. This is consistent with other studies, which found that 12 hand washing interventions in 9 countries

achieved a median reduction in diarrhea incidence of 35% (Hill, Kirkwood and Edmond, 2001). Many of the most successful interventions provided soap to mothers, explained the oral-fecal route for disease transmission, and asked mothers to wash their hands before preparing food, and after defecation. There are fewer studies of results of interventions to improve feces disposal, but (Hill et al.) found a median reduction of diarrhea disease of 26% (9 studies, range 0-68%), a median reductions in all-cause child mortality of 55% (6 studies, range 20-80%) and a median reduction in mortality from diarrhea of 65% (3 studies, range 43-70%).

Economic and social statistics on the countries and territories of the world, with particular reference to children's well being, are published annually in the organization's flagship publication, *The State of the World's Children*. Statistics related to water and sanitation can be found throughout the publication. These same statistics can be found, organized by country. On you will find UNICEF's key statistical databases with detailed country-specific information that was used in the end-decade assessment of progress and setbacks in implementing the 1990 World Summit for Children Declaration and Plan of Action. The site contains global and regional summary analyses and graphics of key results, in addition to new and revised data.

In Brazil, the progress achieved in the water resource sector, through the balance between Government policies and World Bank strategies, has contributed decisively to the conservation, efficient use and expansion of water supply in regions afflicted by shortage, such as the Northeast. Projects financed by the World Bank have also contributed to the

development of policies, legal frameworks and institutional strengthening which, associated with infrastructure investments, and the integrated management of natural resources, contribute to reducing the pollution and degradation of water resources. (Hutley et al 1997). Brazil holds one of the world's largest fresh water reserves, which, combined with its biodiversity and the beauty of its rivers and lakes, represents an important natural asset. On the other hand, problems related to spatial and seasonal distribution of water have represented enormous challenges for thousands of Brazilians. In this context, the role of the World Bank as a development agency is to provide technical assistance, intercountry experience, and financial support for the preparation and implementation of important sectoral programs, aimed at improving the living conditions of those who are most affected by these problems. (Esrey et al 1996).

Considering the results achieved through this productive partnership, we feel that it is time to disseminate some of the lessons learned and offer them, as examples, to other governments and institutions involved in similar initiatives. We hope that the content of this publication will be useful and informative and that, by sharing information regarding our activities in Brazil and by promoting the direct contact between our staff and all those who are or may eventually be committed to the search for a rational process of water resources management and use, we can continue to contribute to the country's development.

Throughout the world, the World Bank has established partnerships with governments and institutions in a range of projects that seek to reduce poverty, boost economies, encourage sustainable development, support the implementation of infrastructure, optimize productivity

and preserve the environment, with the improvement of living standards. (Hutley et al 1997). In Brazil, the progress achieved in the water resource sector, through the balance between Government policies and World Bank strategies, has contributed decisively to the conservation, efficient use and expansion of water supply in regions afflicted by shortage, such as the Northeast. Projects financed by the World Bank have also contributed to the development of policies, legal frameworks and institutional strengthening which, associated with infrastructure investments, and the integrated management of natural resources, contribute to reducing the pollution and degradation of water resources. (WaterAid2001).

The public health sector can do several things, in collaboration with other sectors, to help ensure that investments in water supply and sanitation result in greater health impact. Public health promotion and education strategies are needed to change behaviors so as to realize the health benefits of improved water supplies. Programs to improve hand-washing behavior appear to be feasible and sustainable especially when they incorporate traditional hygiene practices and beliefs. There is less experience with interventions that focus on changing feces disposal behavior and the results are mixed (Hill et al 2001). New, better approaches to behavior change are being developed, including a recent project that has shown excellent results through persuading the private sector (soap manufacturers and the media) to transmit health information by advertising soap and its appropriate use to prevent diarrhea (see The Story of a Successful Public-Private Partnership in Central America: Hand washing for Diarrhea Disease Prevention, 2001).

There are many implicit and explicit complementarities between activities in the water resources sector and those in the water supply and sanitation sector. The World Bank approaches these complementary sectors in a manner based on collaboration and synergy, in order to ensure that the Bank's technical assistance and investment programs in the one sector benefit from the experience and lessons learned in the other. There are numerous examples in the World Bank's water portfolio in Kenya where such transposition of approaches and ideas has successfully added to the quality and appropriateness of activities in the two respective sectors. (Hill, Kirkwood and Edmond, 2001).

Kenya achieved substantial progress with regard to the coverage of water supply and sanitation (WS&S) services over the last three decades, much of this effort being the fruit of the Government's National Water and Sanitation Program (PLANASA). In urban areas, the access to potable water supplies rose from 50% in 1968 to 91% in 1997, while sewerage coverage increased from 25% to 43% in the same period. Despite now having higher indices for water supply in Kenya than in other African countries, the current sewerage coverage level of 49% in urban areas is lower than in a number of neighboring countries. Furthermore, only about 20% of collected wastewater is treated – which, as mentioned early, has a clearly visible negative impact on the environmental quality of many of Kenya's urban river basins, as well as impacting the health of those populations exposed to this pollution. There exists a large gap in WS&S coverage levels in Kenya between the north and the south of the country in general, and between the rich and the poor in particular. Despite the significant progress made, much still needs to be done in the WS&S sector to improve the efficiency of service delivery and to increase coverage so that all of Kenya's citizens have access to these services and so that the

associated negative impacts on the environment are minimized. (Hill, Kirkwood and Edmond, 2001).

2.3 Policy Issues in Relation to Water Supply

Water supply is crucial to the ensuring of sustainable economic and social development and thus, human welfare. Realizing the importance of water, Tanzania adopted a 20-year program in 1970 with the goal of supplying clean and safe water to every citizen within a walkable distance of 400 meters from the home. The Government also formulated a program to ensure access to safe water to all and proper sanitary facilities to about 95 percent of the population by the years 2002. However, there is evidence to suggest that the water supply services have been declining since 1978. In most cases, this fall has often been compensated by a rise in the use of traditional water sources.

Recent estimated from the Ministry of Water indicate that only 50 percent of the rural population and 69 percent of the urban population in Tanzania have access to reliable water supply. As the population grows, more and more people face water scarcity. Moreover, about 30 percent of the rural water schemes are not functioning properly because little emphasis was placed on sustainability. A sharp decline in the proportion of households using piped water was noted during the 1978/88 decade as compared to the 1967/78 periods.

The 1991 Water Policy indicate a clear departure from the era of free water launched in 1967 by introducing the principle of cost sharing in the Operation and Maintenance (O&M) of water

schemes (URT, 1991). The revised Water Policy puts emphasis on a demand-responsive approach and community participation in the management and maintenance of water schemes (URT, 1999). The policy reemphasizes the importance of community involvement in the planning and provision of water services to the population. It also opts technologies that require low costs investments and that with least operation and maintenance costs.

2.4 Water Supply Situation in Tanzania

The 1978/88 intercensal interval indicates that the absolute number of rural households receiving piped water declined by 22%, although the number of households increased by 16% over the same 1st WARFSA/WaterNet Symposium: Sustainable Use of Water Resources; Maputo, 1-2 November 2000. However, some of the decline is undoubtedly due to drying out of sources probably due to rapid deforestation and climatic change, and maintenance failure of water provision schemes, especially those constructed in the 1970's.

The decline in proportion using piped water, for example, reflects the impact of rapid population growth on water supply. This decline can also be a reflection of an absolute decline in the number of households using piped water. Varying socio-economic development, environmental and climatic conditions, and non-availability of reliable water sources such as lakes, rivers and dams in particular locations causes regional and district variations with regards to access to water. Even at the village and household levels, the economic status of individual household is a significant explanatory factor of water availability, quality and type of source used. Another worrying trend shown by the census data is a fall in the number of

households benefiting from a water supply within the compound or dwelling: from 41% in 1972 to 35% in 1988. In some regions this is partly explained by a switch from wells and other sources within compounds to public standpipes. But there are many regions in which the shift in use is to more distant traditional sources, which may indicate a fall in the quantity of water available to the household. At the same time, local intensive studies have shown that the length of time spent queuing at the water source is becoming one of the main complaints of people using both traditional and improved sources. At the regional level, these changes do not correlate in any simple manner with demographic change, but district level analysis may change this impression. There are two published studies of household water use and water source development covering parts of Tanzania regions. White et al (1972) provides information on volume of household water consumption, and on the social and economic costs of its transportation; Drangert (1993) examines the influence of gender relations on the improvement of traditional water sources. In urban areas of Tanzania there have been several surveys of water use, mainly geared to answering questions on willingness and ability to pay for water supplies.

Previous work in this field has concentrated on national or district level relationships. A regional level analysis of the changes in the Tanzanian domestic water supply, using the 1978 and 1988 census data (Zaba and Kiwasila, 1995) showed that in urban areas, the worst changes occurred in the fastest growing towns, but that the opposite was true in rural areas. Domestic water source distribution did not emerge as an important pull factor in inter-regional migration (Madulu and Zaba, 1998). The same study examined agricultural water availability, in terms of per-capita volume of rainfall over cultivated area in each region, and found no

statistically significant relationships between this variable and inter-regional migration, but concluded that the quality of regional data on cultivated areas was highly questionable. Questions on household water source have been included in Tanzanian censuses in 1968, 1978 and 1988, and some demographic surveys have also tried to measure outcome variables of interest, such as diarrhoea prevalence and nutrition (Bureau of Statistics and TDHS, 1996). Generally, preliminary comparisons of the census data show some disturbing trends with regards to access to water.

CHAPTER THREE

3.0 METHODOLOGY

3.1 Study Type

Study of the research is a situational analysis in a selected case area. Hence diagnostic/exploratory research approach. The study provides a useful insight findings into a problem stated. To be able to come up with positive and relevant findings, a cross-sectional survey was undertaken in the villages in order to quantify the distribution of variables. These included:

- Physical characteristics of people, and the environment they live
- Socioeconomic characteristics such as age, education and income
- The behaviors of people and their knowledge, attitudes, beliefs and opinions that may help to explain the behavior (KAP studies)
- And events that have occurred in their population

3.2 Community Theatre For Development Approach (COTDA)

Community theatre for development implies the use of theatre as a medium for development communication. It is a process through which theatre is going to be used by members of the community to research, analyze, discuss and find solutions to their problems. It is a method of continuous participatory research involving the people of the area being studied as researchers, who should take part in the investigations and not serve as passive object of study. The method of investigation, which “involves study- a criticism of study by the people, is at the

same a learning process. Through this process the level of critical thinking is raised among those involved". (Paulo Freire 1972).

Community theatre for development emerged in 1970's and was directed towards changing community to make development in their communities. In this method people are being involved in the processes of theatre creation, performances and post performances discussion. Normally organizers are going to the villages, do research, come back and create an unfinished play based on the analysis done on the findings. The play would be taken back to the village and performed in such away that it constantly stopped for contribution; ideas and suggestion from the audience, and in this way develop to end. The play changes as the understanding of the participant deepens. Emphasis is placed is placed more on the process rather than the product.

Community theatre for development can be classified as a small communication medium "structurally when compared to forms such as broadcasting and satellites, but is powerfully medium which pervades local communities in many countries in Africa" (Eberhard Chambulikazi.1995). The medium is increasingly being used as both a tool for communication and a forum for conscientisation of the rural masses on issues central to their development Approach. COTDA so far has been addressing itself to those issues which impede social and economic advancement, for example; high rate of illiteracy, infectious diseases, poverty, malnutrition, even population growth, bad leadership and infant rate" (Ndube, Eyllh. 1986).

3.2.1 Why Community Theatre For Development

Development refers to theatre approaches known as Theatre for Development, participatory theatre, popular theatre, community theatre, legislative theatre, theatre in (health) education, educational theatre, and edutainment (Educational Entertainment).

3.2.2 Theatre as an educational tool

Theatre is frequently used as a tool for communicating information across a range of sectors, particularly health, to bring about attitudinal and behavioral change, and changes in life style. Subjects that are dealt with include family planning, safe motherhood, safe drinking water, environmental degradation, child abuse, violence against women, rape, and HIV/AIDS education. In this kind of theatre, a group of actors or puppets perform a play containing a particular message, often with little or no audience participation or discussion. (Abah s. Oga, 1987).

3.2.3 Theatre as a learning process

Theatre is also used to analyze, discuss and identify problems and to seek solutions with the participation of the community affected by the specific problems. Both local workshops and public performances represent a process of learning. Through dialogue, it raises the level of awareness and contributes to the empowerment of all involved. It may also mobilize people to take action and support them in processes of social and political change. This type of performance may be devised through community workshops and participatory research. Community Theatre for Development Approach (COTDA) activities of this kind may be

performed by community members or by a group of actors/facilitators. The audience may participate by acting on stage or even in writing, and in discussion.

3.2.5 Not a new concept to developing countries

The use of theatre as a tool for development is easily accepted in developing countries. It builds upon the culture and traditions such as the traveling theatre, story telling, puppet shows, sociodramas, mimes, songs, dance and riddles. For generations, rural populations have relied on the spoken word and traditional forms of communication to share knowledge and exchange information on social, health and agricultural themes, and to provide entertainment. (Nyoni F. 2002).

3.2.6 Advantages and disadvantages

The potential to entertain gives theatre an advantage over some other information and communication methods. Advantages of the use of theatre for development, identified in the literature, include:

- It can be culturally appropriate and context sensitive
- It can be a means to listen to the voice of the silent sectors of the community and allow expression of issues by peer groups rather than by agents of the development organizations
- It is a public, non-intrusive vehicle to communicate information
- It can foster ownership by the partner community, of strategies that have been developed together
- It can serve as a social lubricant for those changes

- It is portable and thus can be presented in many places
- It is record able and thus useful for broader dissemination
- It is cost-effective in terms of one performance reaching
- Many people its methods can be used by field-workers to facilitate dialogue and ensure ownership of cultural action and change
- Performances may be adaptable to local contexts, especially when accompanied by workshops
- It can be used with other media to reinforce its message (e.g. pamphlets, radio)
- It does not require a literate or otherwise specially educated public
- It does have some disadvantages:
- The cost of development and implementation, by outside performers, can be high if scriptwriting and actor fees are costly
- The time required for development and implementation means that messages requiring immediate dissemination may be slow to be released the effectiveness of the drama may be dependent on the abilities of the producers and actors. This is not true at local community level, where the presence of peers in the drama has its own contextual impact.

3.2.7 Need for support

Despite the potential of theatre to involve and reach audiences, it is perhaps misleading to expect too much from the performance alone. If people have become aware of the disadvantages of certain behavior and are willing to change, or if people are empowered to act

but their actions are blocked or given little support, then the performance without support and follow-up will only serve to generate frustration. Theatre is perhaps best used as part of broader projects or programmes, which can provide opportunities and the incentives to change.

3.2.8 Participatory performance practices (PPP)

The community Theatre for Development (COTDA) practitioner must take on a cycle of activities starting with participatory research with the community leading through to performances inside the community and beyond - and then back again. The process of COTDA is a strategic tool, which should be at the heart of any community development initiative that envisages social or behavior change. Participatory performance practices may be both process and product. Community artists can tell their own story, highlight their own concerns and develop their own strategies amongst themselves and with their neighbors. These public peer-to-peer statements are empowering in themselves. And the performances can then be addressed to a broader public or to those policy makers in the wider world who have power over their lives. There is nothing new in these aims, but COTDA has not been getting any closer to realizing them. There is a growing misconception of COTDA as a 'bolt-on accessory, a message service. Using participatory performance practices, COTDA explores a full and participatory engagement with local culture, cultural action.

3.3 Variables

All study variables have been defined based on the developed immediate objectives as to address the need of the statement problem. This was in both “Dependent and Independent variables” Some of these were measured directly and some needed to be operationalized by choosing indicators as to be measured. The chosen variables in this study were identified as community groups, which included village governments, water/health committees, women and older and young men.

3.4 Data Collection Techniques

Expected data collection techniques to be used during this research were:

1. Interview using structured questionnaires with open-ended questions to village leaders, ordinary people.
2. Focus group discussions with men, women, and both men and women to explore questionnaire (research)
3. Visit the well points and talk with the users
4. Observation on the maintenance trend
5. Using available information from the literature review
6. Using community theatre development approach (COTDA) how is it effective.

3.5 Sampling

Sampling involves the selection of a number of study units from a defined study population.

Table 2: Sampling

Problem	Study Population	Study Unit
Low Compliance in formation of vil water funds.	All 24 villages in four wards	One village in each ward

Therefore, in this case a representative sample of villages from all four wards will be chosen

3.5.1 Sampling method

It is suggested to use the Probability sampling methods where by all units of the study population have an equal chance or at least a known chance of being included in the sample. Thus to avoid a bias sampling, “ a systematic sampling” is proposed as to acquire the village representation from the 24 villages. Both cluster and multistage sampling will be used during the interviewing of men, women and men and women groups respectively and during the House Holds (HHs) survey. It is assumed that not all people will come out during the FGD and interview. This is why HH survey is proposed.

Sample Size

To have equal chance of sample representation, the following formula is used:

$$n = N / [\{ (e/Z \alpha_{/2})^2 \times (N-1) \} / pq + 1]$$

Where n = proposed sample size

N = Population size (no of villages to be researched)

e = sampling error

$Z_{\alpha/2}$ = an arbitra at normal curve; note that at 95%, $Z = 1.96$; at 90%, $Z = 1.645$; and at 99%, $Z = 2.576$

p = Probability for variable under study to be sampled

$q = 1 - P$

In any case it is suggested to attain 90% confidence level; hence the error will be 10% since error should be within the range of 1% to 10%.

$$: \quad n = 24 \text{ villages} / [(0.1/1.645)^2 \times (24 - 1) / 0.5 \times 0.5] + 1$$

$$= 17.9 \sim 18 \text{ villages to be sampled.}$$

3.6 Plan for data Collection

The research team comprised of 8 district AMREF partner staff and Kimanzichana vijana Group and one project staff undertook the exercise for interviews, FGDs, observations, theatre performance and conducting of questionnaires. The team was out in the field after all the basic activities being undertaken such as orientation and training to all district partner staff as research assistants.

3.7 Ethical Considerations

All ethical related to political and community will respectively have been noted, and the research have been friendly welcomed since is interesting all parties involved. This is because the district leaders wants to learn why there is such difficulties in attaining the village water funds; like wise to the communities themselves, they have a sense of humor to why it is happening like that!!

3.8Data Processing and Analysis

As it has been discussed earlier that the study would reflect the situational analysis in the study area, community groups were interviewed at different times using the structured and open ended questions. The groups that represented communities included Village Government, Water/Health Committee members, Women and older and young men respectively. 18 villages were visited and hence a team of research assistants interviewed four community groups and on the side of community theatre group managed to approach 8 villages. Note that one village was added in the list for logistical purposes during the last day of the field data collection. 56 questionnaires were expected to be filled, though some villages did not have all four groups as it was expected. In these villages women and older and young men respectively were not able to come for the interviews. All questions were given code numbers. Data were processed using Epi- info and SPSS. Analysis was done using the SPSS descriptive cross tabulation method. This aimed to give representation on each variable group the exact situation based on the stated objectives. Tables below reflect the analysis of each objective intended

CHAPTER FOUR

4.0 FINDINGS

Table 3: Level of Community Awareness

COMMUNITY GROUPS						
	Indicators	Older & Young Men	Village Governments	Water/Health Committees	Women	Total
Benefits of Water	Drinking	17	16	10	12	55
	Cooking	15	14	10	12	51
	Showering	5	5	3	7	20
	Irrigation	15	15	10	12	52
Water Source	T/well	16	16	9	12	53
	Improved Well	16	15	9	7	47
Construction	AMREF	10	9	5	4	28
	Partners	5	1	4	3	13
	Community	8	15	4	9	36
	Individual	0	3	1	0	4

Table 4: Roles/responsibilities of different groups

		COMMUNITY GROUPS				
		Older & Young Men	Village Governments	Water/ Health Committees	Women	Total
	Village Govts					
	Security	2	5	1	1	9
	Project Development	10	9	3	6	28
	Mobilization	2	4	1	4	11
	M & E	0	0	2	0	2
	Water Committee					
	Man. W/funds	5	5	3	1	14
	Mobilization	2	4	0	3	9
	Support VG	2	5	0	0	7
	M & E	3	3	3	6	15
	Health Committee					
	Mobilization	7	9	2	5	23
	Support VG	0	1	1	0	2
	EH Inspection	4	4	3	5	16
	Data Collection	0	0	0	1	1
	CORPs/TOTs					
	Motivators	2	1	0	0	3
	Mobilization	2	5	2	3	12
	Educators	8	7	4	8	27
	Advisors	1	0	0	1	2
	Data Collection	11	14	6	12	43
	C/M					
	Project Development	10	13	6	11	40
	Other	0	0	0	0	0
	AMREF					
	Capacity Bldg	9	11	8	7	35
	Financial Supp.	4	4	1	0	9
	Tech. Support	9	11	4	2	26
	Project Management	3	3	4	2	12
Maintenance	Community	8	3	3	1	15
	Village Governments	2	5	2	1	10

	W/Committees	3	1	1	1	6
	Pump Attendant	7	7	5	8	27
	YES	12	13	6	7	38
	NO	5	4	4	5	18
Measures Taken	Reported	4	7	5	3	19
	Repaired	6	6	1	2	15
	None	2	0	0	3	5
	YES	1	0	0	1	2
	NO	0	0	0	2	2
Amount Paid	100 - 500	1	0	0	1	2
	500 - 1000	0	0	0	0	0
	Above 1000	0	0	0	0	0
	None	15	16	14	20	65

HH water consumption	4 to 6 buckets	16	15	10	9	50
	7 to 10 buckets	1	2	0	2	5
	Above 10	0	0	0	0	0
Water Vendors	YES	7	7	5	5	24
	NO	10	9	5	7	31
Price (Tsh)	0 - 50	2	0	0	2	4
	50 - 100	3	4	4	1	12
	100 - 150	2	3	1	2	8

Table 5: Water Fund Formation in the Community

		COMMUNITY GROUPS				
	Indicators	Older & Young Men	Village Governments	Water/Health Committees	Women	Total
Benefits of Water fund	Maintenance	10	10	6	4	30
	New well					
	Construction	0	0	0	0	0
Village with W/Funds	YES	10	10	6	5	31
	NO	7	7	4	7	25
Formation	Community	7	5	5	4	21
	VG Assisted	3	5	1	1	10
When	2000	1	2	3	0	6
	2001	3	5	2	0	10
	2002	4	0	0	1	5
	2003	0	3	1	3	7
Amount raised ('000)	0 -10	1	1	1	0	3
	10 to 20	4	6	2	1	13
	20 to 40	0	1	0	0	1
	Above 40	1	2	2	0	5
	No Idea	4	0	1	3	8
Banked last 3 month ('000)	0 - 10	0	1	1	0	2
	10 to 20	0	0	0	0	0
	20 to 40	0	0	0	0	0
	None	10	9	5	4	28
Why dormant	No contribution	5	8	2	3	18
	Poverty	10	7	5	2	24
	Funds misused	9	10	5	3	27
	Inefficient of Water committee	5	9	2	3	19

Table 6: Community perception and strategies.

		COMMUNITY GROUPS				
	Indicators	Older & Young Men	Village Governments	Water/Health Committees	Women	Total
Perception	Strong	2	4	2	3	11
	Weak	15	12	8	8	43
Strategies	Strengthen WC	2	4	1	0	7
	Increase mobilization	0	4	2	3	9
	Mobilize contribution	5	3	4	3	15
	Improve relationship	1	0	0	1	2
	Introduce Water user charges	2	3	2	1	8
	None	8	3	5	6	22

4.1 Discussion of results

From the tables above, charts were drawn to determine the situation of each community group. They represent respondents on each category analyzed, which is community awareness, roles and responsibilities, willingness to pay, formation of water funds, perception and strategies.

4.1.1 Community awareness

Chart 1 A: Community awareness

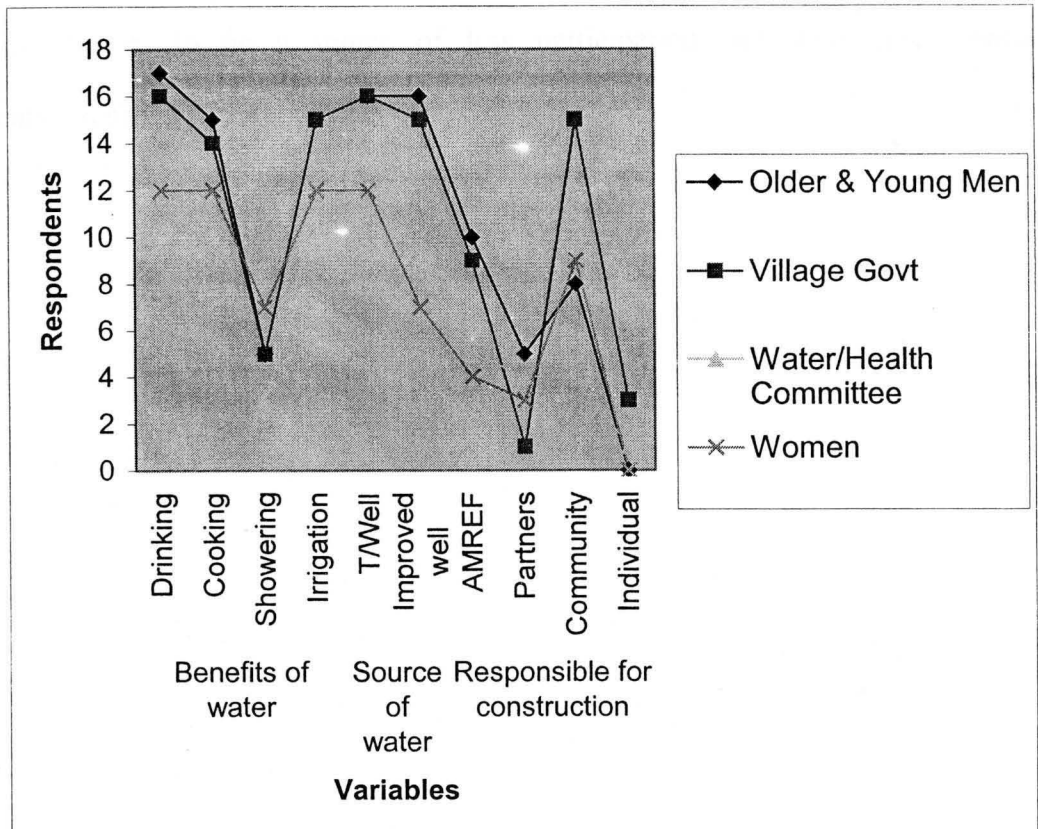
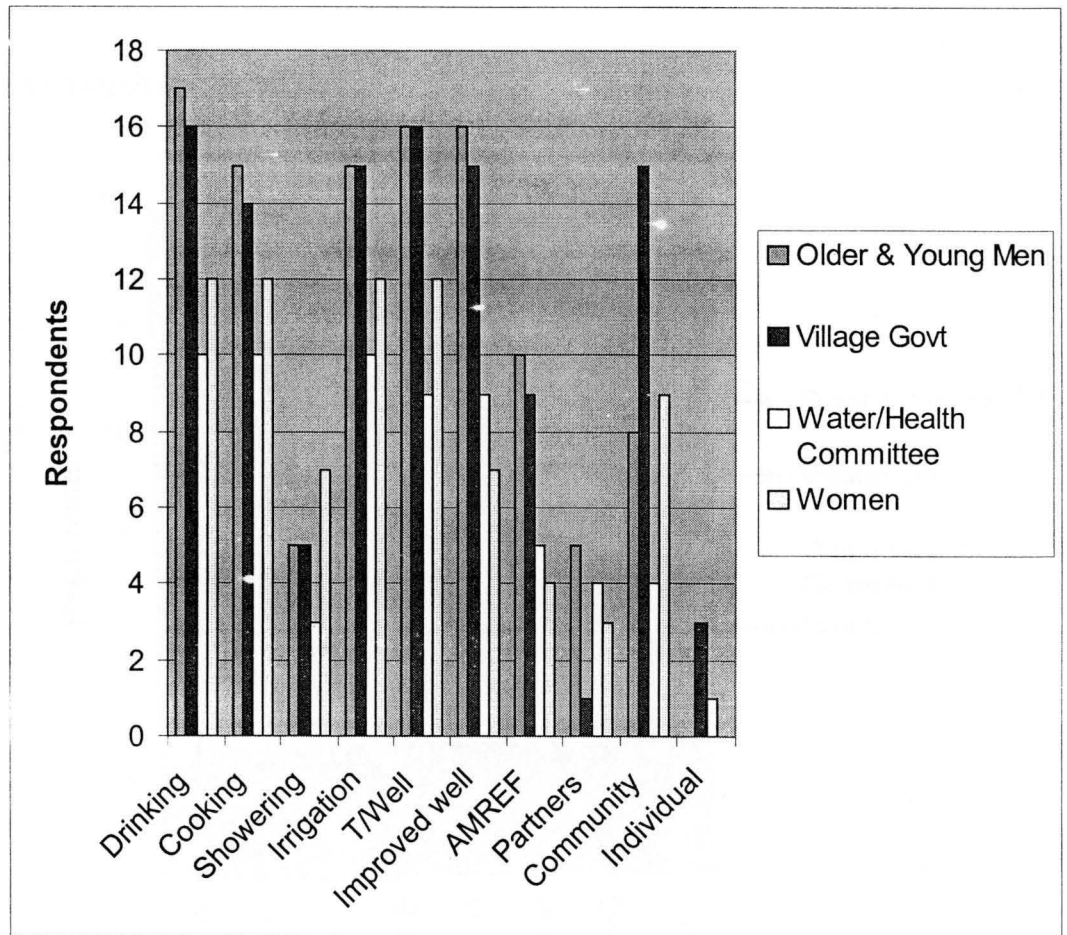


Chart 1A and 1B shows that there is a high sense of knowledge and understanding among community groups in relation to water benefits. Older/Young men and Village governments groups have high level of understanding as compared to women and water committee groups. On the water sources, though improved wells are there, still communities use local traditional wells as VG and men groups have reported it. Despite this understanding, still all groups have not conceptualized well the partnership of AMREF,

District and community that have been developed for the implementation of the project as construction of improved wells is said to be done by AMREF only. This is very proved on the chart as it shows low response across all groups.

This again proves to be a source of less participation and involvement during the implementation phase of the project.

Chart 1 B: Community awareness



4.1.2 Roles/responsibilities

Chart 2A: Roles/responsibilities

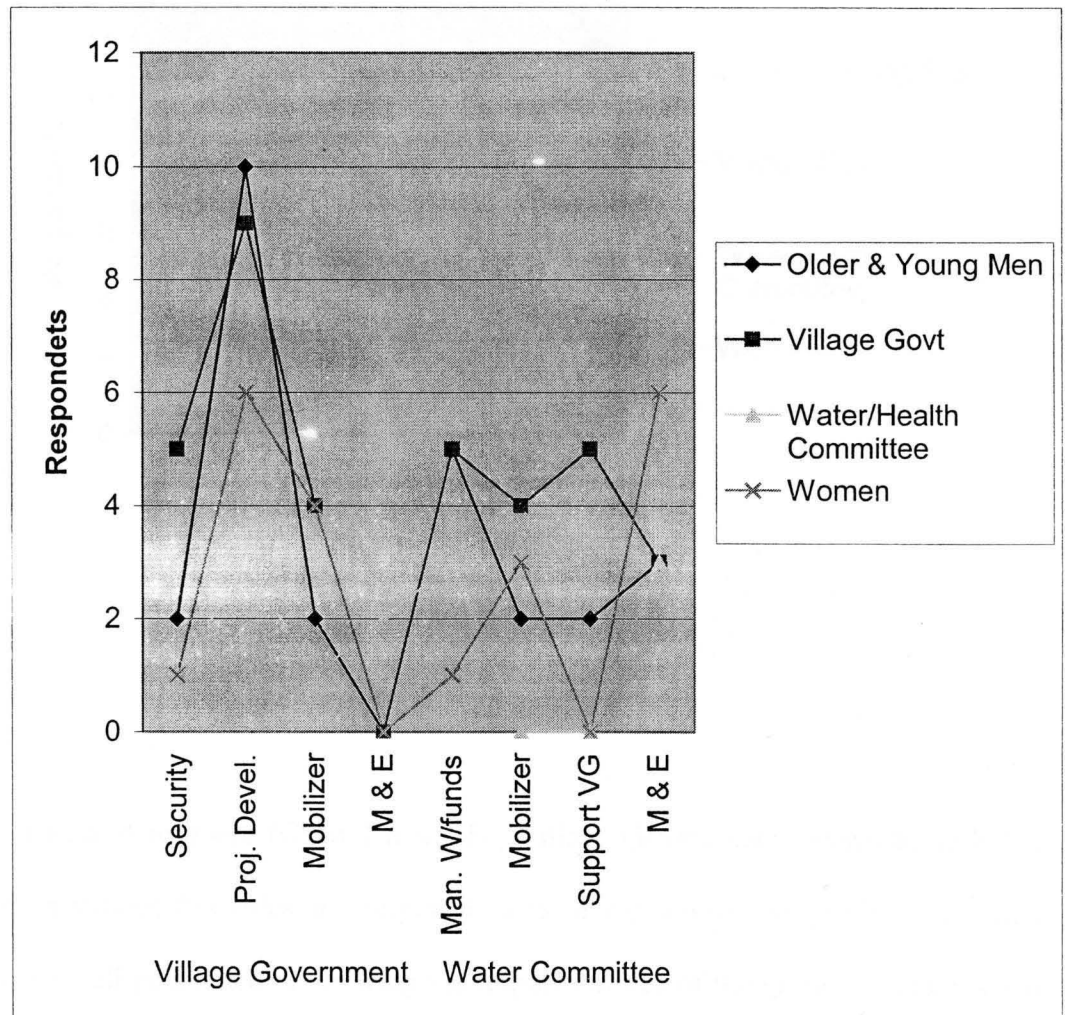
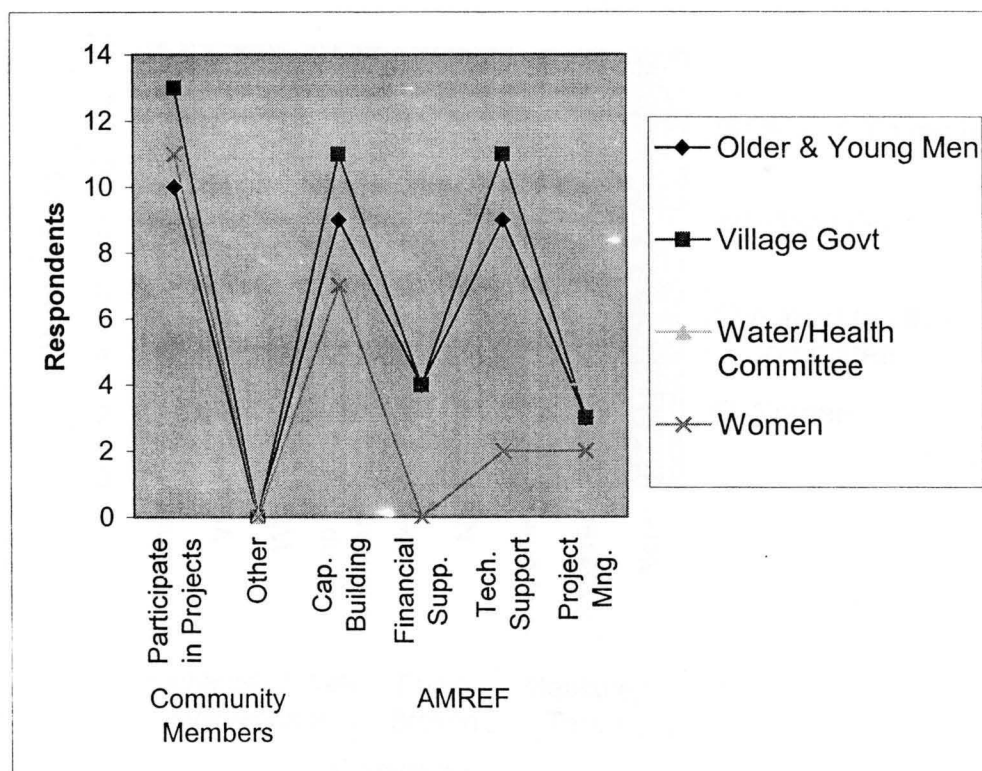
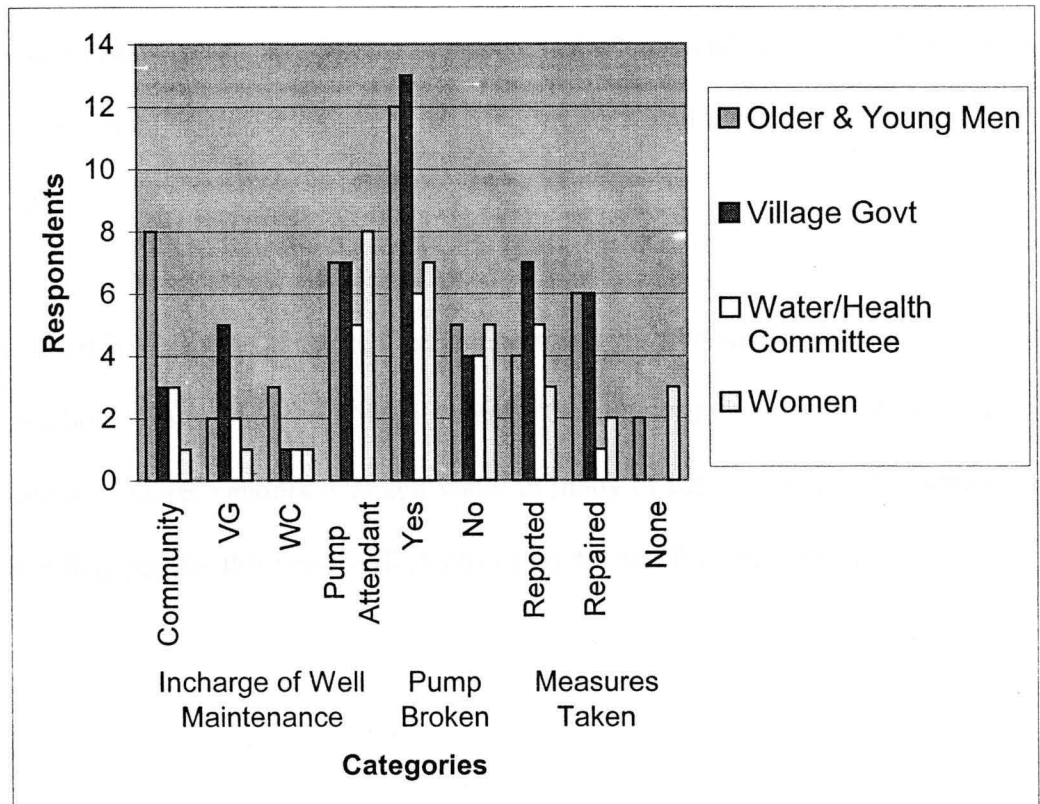


Chart 2 B: Roles/responsibilities

In every aspect of response (Chart 2 a and B), Village Governments seems to be better informed on various key roles and responsibilities of the community groups. Also men appear to be well positioned of knowing the responsibilities of the groups. Women seem not to be informed better in all aspects, they are less informed and hence less participative. Water Committees though have to be in a fore forefront in the management of the water project, they also prove to be weak even in knowing their own roles. They appear to not fully involve and informed by the VGs respectively.

4.1.3 Willingness to pay and pump maintenance

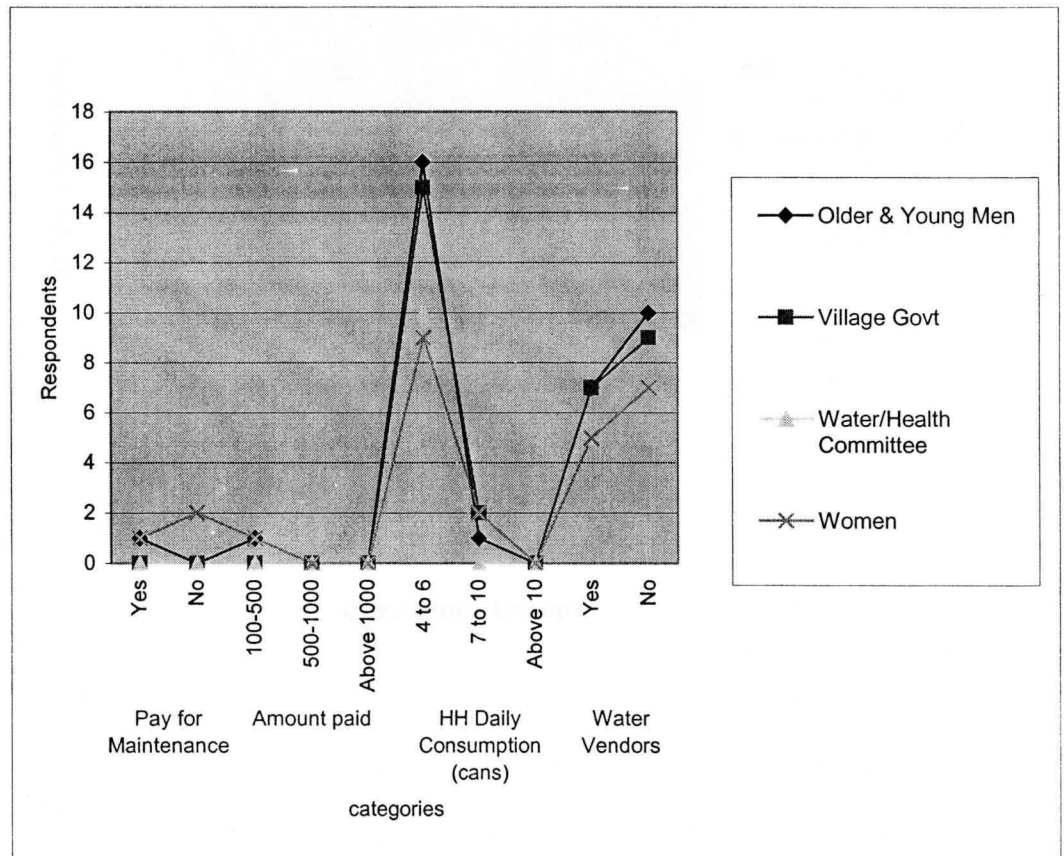
Chart 3: Willingness to pay and pump maintenance



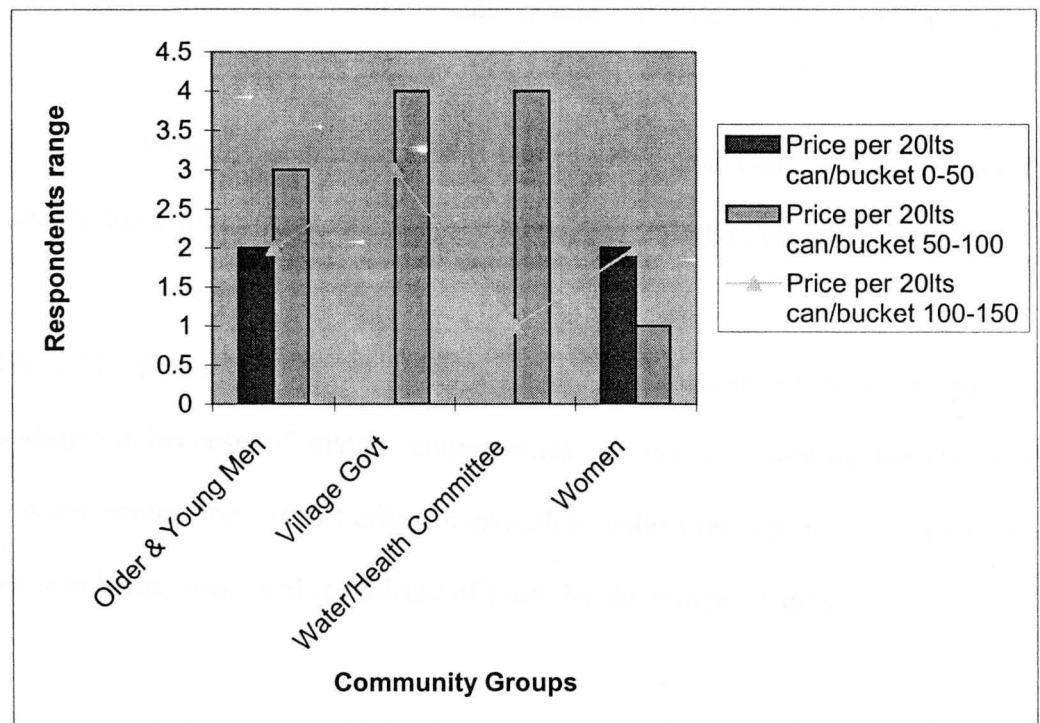
Community Groups looks to understand that the responsibility of well maintenance belongs to Pump attendants (Graph 3). Only Older and Young men realized that it is the responsibility of the entire community to participate fully in the maintenance. Furthermore it showed that some villages had broken pumps and cases were either reported to AMREF with no repair, while others repaired with their own initiatives. This confirms that there is less concern among the groups on ownership of the facilities.

Women came out with the observation that 'none' of the measures are being taken in their respective villages despite the break down of pumps. This shows the irresponsibility of both VGs and Water Committees in dealing with maintenance work. From Chart 4A, there is little evidence that communities pay for maintenance, only 2 respondents agreed that they pay for maintenance (3.6%), the rest they don't pay. The amount paid again also so little that it cannot buy any spare.

From the chart it shows that averagely, communities use between 4 and 6 buckets of water per every household. Both Older and Young men, VGs and Women strongly observed that there are presences of water vendors who sell water in many of the villages, and communities have proved that they pay for this service (Refer to Chart 4 a and B respectively)

Chart 4A: Willingness to pay water services in the community

From chart 4B, it shows that the amount being paid to water vendors is between Tsh 50 – 150 (average). HHs affords to pay these cost on daily bases, this implies communities are willing to pay for this service on voluntary basis and maximum spent is Tsh 600/= per day, hence is almost Tsh 18,000/= per month.

Chart 4 B: Willingness to pay to water vendors

4.1.4 Village water funds

All community groups have the knowledge that water funds are being used for the well maintenance (Chart 5). Number of villages has indicated that they have water fund being established, and these were formed mainly through community contribution and in some cases, village Governments assisted. Out of 19 villages visited, 10 villages mentioned to have water funds formed, and their respective village government assisted 4 villages. The chart tells further that water funds were formed between 2000 and 2002. The amount being raised for these funds mainly ranged between Tsh. 10,000 to 20,000/=, though

some groups indicated that they didn't have idea what was raised. This confirms the lack of information dissemination to all community groups for any decision or action taken.

For the existing formed water funds, field data revealed that there was no money that was banked during the last three month (by end of November 2003), (Chart 5B).

From Chart 5C, it has been noted by both village government and men groups that funds remains dormant because of mainly communities are not contributing towards the funds, poverty, water committees are not efficient enough to collect money from the people wherever the decision is being made, and the misuse of funds by the village leaders.

Chart 5A: Formation of village water funds

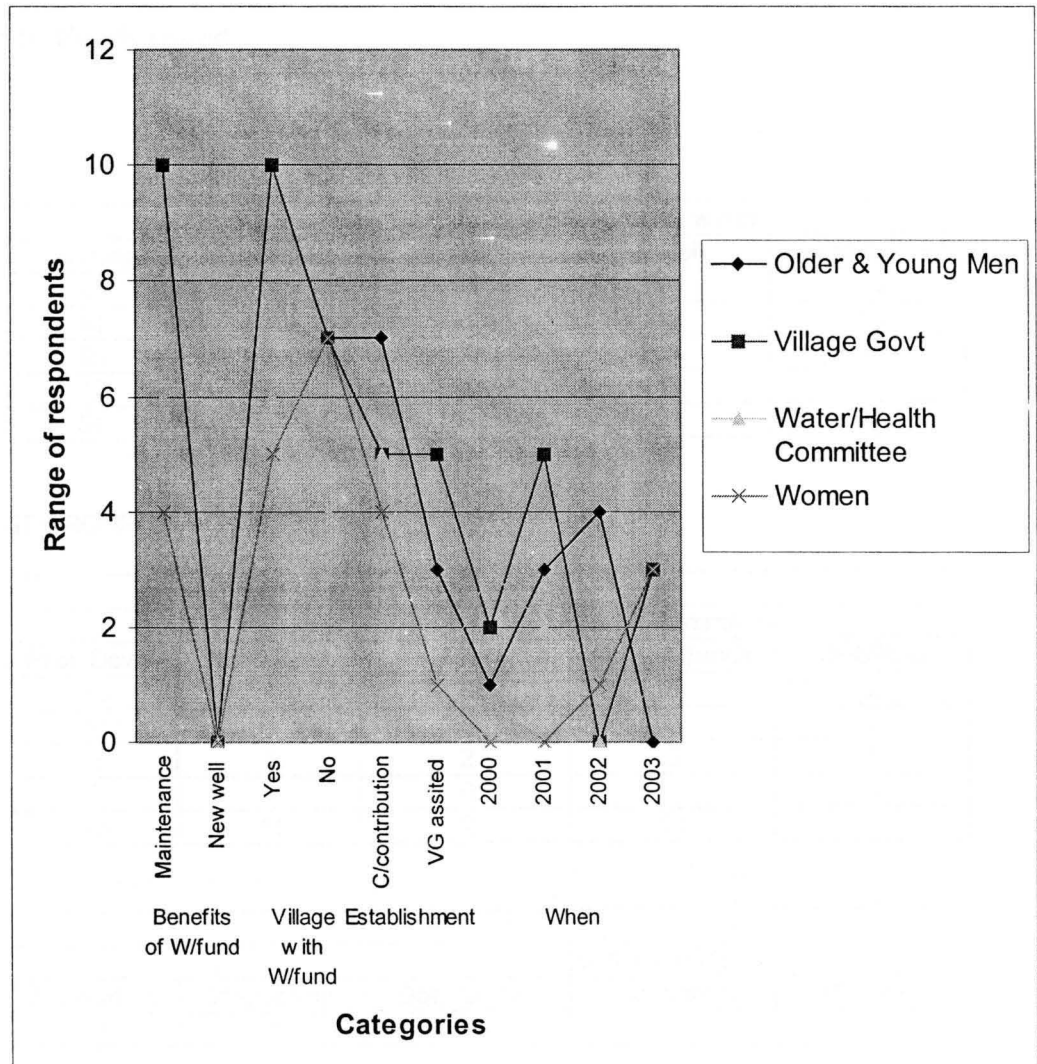


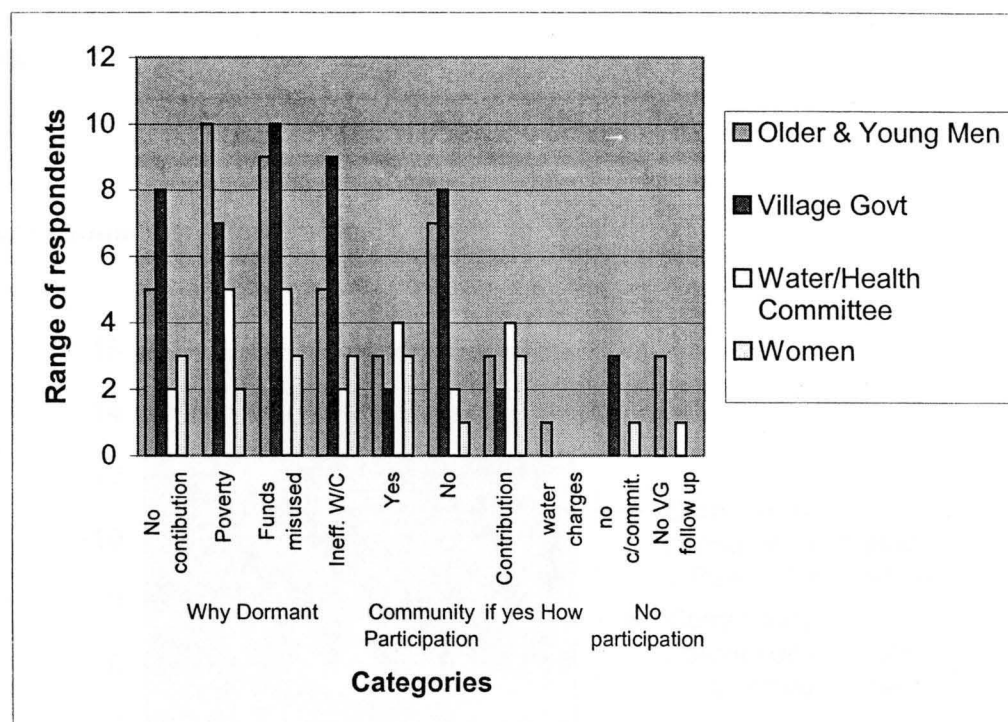
Chart 5B: Funds raised

			Source of water	
Cooking	Showering	Irrigation	T/Well	Improved well
15	5	15	16	16
14	5	15	16	15
10	3	10	9	9
12	7	12	12	7
51	20	52	53	47

VT GROUPS IN A PROJECT

			Water Committee	
Proj. Devel.	Mobilizer	M & E	Man. W/funds	Mobilizer
10	2	0	5	2
9	4	0	5	4
3	1	2	3	0
6	4	0	1	3
28	11	2	14	9

			CORPs/TOTs	
Support VG	Inspection	Data Collec.	Motivators	Mobilizer
0	4	0	2	2

Chart 5C: Position of village water funds

4.15 Community perception/strategies

Looking at the level of community perception (Chart 6A) for project sustainability based on the previous discussions, all community groups revealed that they are totally weak in all aspects of management and formation of water funds. This has been associated with a number of factors as observed before.

This implies that when AMREF phases out, there will be a possibility of all the facilities to be left unattended when they break or become damaged. Mainly community groups

have pointed out strongly that they don't have clear strategies to sustain the system (Chart 6B), though in some incidences they have mentioned on the increasing the contribution from their respective villages, strengthening of water committees and introducing the water charges.

Chart 6A: Community Perception

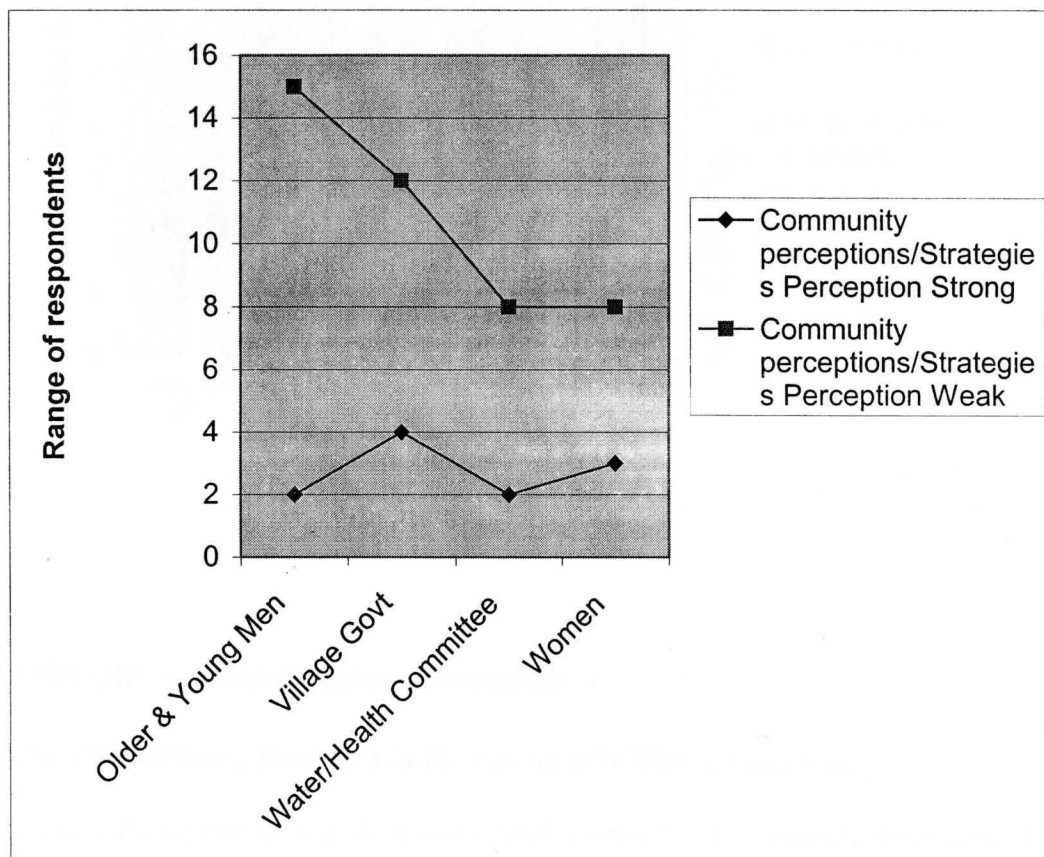
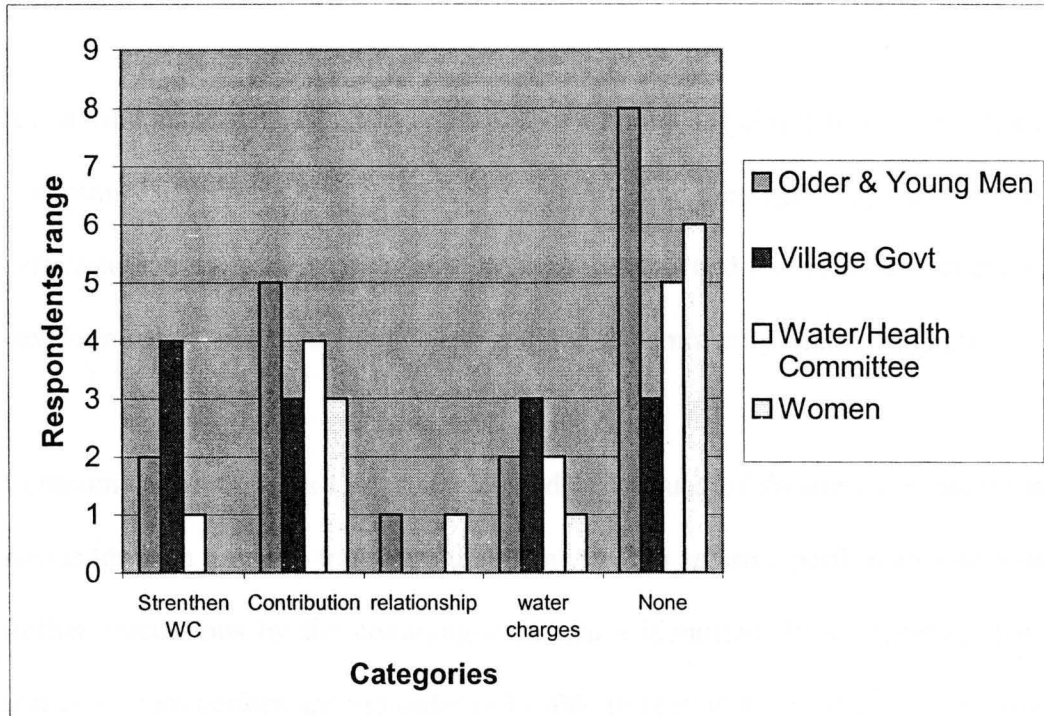


Chart 6B: Strategies

4.3 Results from the theatre performances

4.3.1 Participatory Research in the community Theatre approach

Community theatre is a participatory theatre intended to stimulate critical thinking for positive change by developing a performance in and with community members and provoking discussion on the performance as an integral part of that performance. Therefore, this technique differs from the conventional theatre of audience performer separation, in which people 'receive' the performance and the messages with no chance

to participate in a discussion. As an educational methodology, it bridges the gap between artists and audience because the two parties enter into a dialogue, identify problems together and find out our best solutions. In community theatre, there is a joker who facilitates a dialogue and a discussion between the audience and performer.

It is a product of working closely with a community and aim is to provoke discussion among community members rather than present solutions and messages. Say that this is has been used very successfully with young people in some districts and that it is particularly relevant to the development of village action plans to respond to community health programs.

Community theatre uses the principles and techniques of theatre to create theatre. The next step is for each group to transform their analysis into an artist performance in order to provoke further discussions by the community on issues identified. It is important that every group makes its own performance in order to be able to present their different view points on issues facing the community.

4.3.2 The Performances

The varied nature of the responses from the preliminary research and in view of the inter-related nature of the problems led us to create two short performances in different villages, which were responded to the major issues raised. The performances of these plays were enthusiastically received in the communities where they were performed. The training and support activity combined approaches drawn from conventional theatre for development and those of participatory learning in action (PLA). Each cultural group constitutes about 24

participants and was divided into two groups. Each group identified a problem that the respective community is facing in achieving the project outputs of Water and Sanitation, and Child Survival respectively.

The version of participatory system, which starts developing performances by engaging in the community research, provides the foundation in which to build interactive performances. But they have to fall all steps suggested before. Thereafter, a short drama/play is formulated based on the nature of the community problem and performed at the village general meetings. This is an opportunity for all members of the community to see and suggest some actions to be done against their respective persistent problems, and hence be able to improve project performance.

4.3.4 Problem Identifications

The process called W-SABA (7 W's) evolved out as exercises that were introduced to the theatre groups to help them structure their research in the community and gain deeper insights. The drama research exercise is most useful after group has analyzed the information/problem they have gathered. In order to help improvising drama/play, groups need to use this method of W- SABA or 7Ws to explore characters according to problems:

- WHO is this? (Name, gender, economic status, where do they live, is they married, education etc.)
- WHAT have they done? (Find key moments of action, turning point of in their life, in this case related to a decision to participate in community works and keep them healthier)
- WHY have they made this decision?

- WHAT are the consequences of the action to be taken? (Go forward in time)
- WHAT caused this (go back in time to find influences how things could have been different)
- WHAT will happen? (in future)
- WHEN to take action.

They used plays “STILL PICTURES” (Sanaa ya Mgando) to improvise dialogue and moved backwards/forwards in time. Sometimes replaying moments when a different action or decision could have changed the outcome for that character. Having this technique in the workshops, participants could form their own plays and perform in the community. Hence participants were trained on how to facilitate the community members and raise some discussions that relates to the play/drama. In the play examples that were demonstrated to the public, some of the key issues that were raised included among others are lack of clean and safe water, behaviors towards latrine use, lack of village water funds, poverty, traditional beliefs, malaria disease, diarrhea, malnutrition, laziness, alcoholism, HIV/AIDS and ignorance.

The actors/participants needed to develop facilitation skills in order to open up discussion between audience members in such a way that problems are aired and solutions found within the community themselves. The W-SABA exercise provided an opportunity for the performers to practice these skills, and be able to analyze the contents of “Still pictures and improvising” together with the community members. Understanding how to pursue an enquiry with the

audience in such a way that an opportunity for collective learning is created takes time, and hence for a better performance and achievements, regular practice to all groups is required.

4.3.5 Development of plays and performances

Using the rich resources of the problems being identified in the community, plays were developed with the aim of reflecting the actual perceptions and situations of local people back to them. Plays were built up through improvisations using the characters related to the community problems. The challenges were to weave opportunities for audiences' interaction into narrative and to create a piece that was able to respond to those interactions in order to open deep discussions. Audiences recognized the characters portrayed during the performance sharing their own concerns. This was demonstrated by comments overheard during and after the shows and direct audience participation within the context of the performances.

These performances had some success in providing a form where existing knowledge from within the community was shared, for example the issues of water funds and latrine promotion were seen to be the main problems that were responded to by the actors. "This is what you do: You have the main sufferers that are women. You have to convince the husband to contribute to water fund, once the water pumps are broken, the money is used for the repair instead of waiting AMREF to repair for us".

4.4 Conclusion and recommendations

4.4.1 Conclusion

It is important to remember that an individual will not be able to make the change completely and immediately on the first attempt. Behavior change is the process, and, as such, takes time. There will be times when the individual lapse in anger or frustration. This does not mean that the individual has failed at making the behavior change. Reverting to the old behavior is natural. Learning something new, whether it is skill or change in behavior, take time, perseverance, practice, and support from others to successful. We have to keep in mind that human behavior can be manipulated through behavior technology, by giving rewards or punishment as real forcement for certain way of acting. By using community theatre for development approach we believe that community will change behaviors in the use of artist method in psychology- that has advantage of avoiding the difficulties and uncertainties, which arise through depending on introspective reports.

Based on this study findings, it is now noted that the factors that contributes not to have effective village water funds are:

- Little motivation to all community members in the adaptation of paying for the service.
- Communities are still weak in the involvement and participation processes as to take there responsibilities.
- There is little or no transparency in the financial management within communities.
- Women as key beneficiaries are left behind for most of the decisions done by village leaders.
- Poverty
- Water committees are claimed to be irresponsible in doing their respective roles.

- The approach that was used seemed to be a Supply-driven (Institution ...to.. Community). The approach does not favor participatory decision making from the communities; hence create some rigidity in action taking.
- Mistrust among community members and village leaders causes communities not to act for any decision made.
- Communities still believe that AMREF will continue doing maintenance wherever there is breakdown. ie too much dependence to AMREF.
- There is no sharing of information from the village leaders to the community members.
- Sense of ownership is weak, as most of them still use traditional water sources in the presence of improved wells.

Communities are still on dependency way of life. They expect donors or influential people like their member of parliament to support them and solve out their problems. So far one can tentatively say that theatre can actually be good conduit for social mobilization especially if it starts and carried forward by the people themselves.

4.4.2 Recommendations

To be able to overcome the challenges and make the villages create and maintain sustainable community water funds, it is recommended that,

- More capacity building is required to all community members as to ensure clear understanding of the roles and responsibilities of different community groups
- Enhance involvement and participation of women in the decision-making and empower them for effective management and sustainability of the project.

- Village leaders should exercise information sharing to all members of the community for effective and smooth operation and maintenance of projects through meetings at village and hamlet levels respectively.
- Water committees should exercise their power effectively for better management of water funds.
- As to promote sense of project ownerships, communities need fully involvement and participation during the planning and implementation, and M & E. Approach always should reflect demand – driven (Community ...to Institution) or demand – responsiveness with co-responsibilities.
- To build on a sense of willingness to pay, communities need to understand other factors, like perceived benefits, price of water, opportunity cost of time, policy environment, social cultural factors and perception of ownership and responsibilities.
- Transparency among all community members should be an agenda. Information board should be introduced at each village offices where community members can access different news that are being sent or decided by them for action taking.
- Adapt the water user charges at hamlet level. The hamlet members to decide on the model of contribution for its users and time limit for such a contribution. Person to collect all contribution to be chosen from among the members themselves, and this will make a reliable system and efficient.
- AMREF and the district of Mkuranga have to learn on best practices already developed or adopted from other implementing agency. This will be learning what others have succeeded on the water funds.

It is important that this work be done in other areas with similar problems in order to increase the validity of the approach, so that we can be more certain that things did not happen by chance, particularly as it was not possible to isolate any other factors that could have been at work. So far one can tentatively say that theatre can actually be good conduit for social mobilization especially if it starts and is carried forward by the people themselves.

CHAPTER FIVE

5.0 IMPLEMENTATION OF RECOMMENDATIONS

5.1 Overview

In the implementing the assignment we have managed to develop the training model for the communities, and this model is titled “Steps towards behaviors change” Community facilitators guide. This guide is attached at the appendices

This is an operational guide to be used by Community Facilitators (CF) to facilitate the COTDA process in the village to the point where a village Health Plan is produced. Community workers, theatre practitioners, social workers, community leaders, development practitioners, adult educators, and other personnel engaged in improving the conditions of communities, specifically the conditions of the disenfranchised groups, find community development both challenging and an exciting task. However, quite often they face many frustrating situations. An enthusiastic worker or volunteer who undertakes the process with the intention of helping communities to help themselves, frequently ends up developing projects for the community rather than with the community, pushing the people to be silent beneficiary at the receiving end of trickle-down process.

This Community facilitators Guide proposes a powerful and effective strategy for community development workers, practitioners, and community leaders who seek solutions to challenging process of project through this technique of Community theatre for development. The underlying theme in this Guide is “STEPS TOWARDS BEHAVIOUR CHANGE” through

Community theatre for development approach which geared towards empowering community members to make changes on behaviors and be critical partners in a trickle-up process, utilizing their development potential.

This guide has been organized primarily as a tool for training community development and theatre practitioners, social workers, theatre groups who are working with people-centered development projects, and other similar groups to carry out their responsibilities effectively. The focus is to enable them to identify, plan, implement, and evaluate small-scale theatre development projects for the community. However many others can use this guide in a number of ways in communication purposes. In essence, the intended audiences for this guide are all those people who are searching for an effective methodology and systematic process to make a progressive change in the community life.

Theatre for development is increasingly considered to be one of the most effective media for development communication among many rural communities in Tanzania. Its effectiveness is measured by participation of the community in producing and consuming development information, as well as, in the use of communication to influence changes in attitude, knowledge and practice.

However, most theatre for development initiatives in Tanzania do not make a certain those ideas and voices of different groups are heard and heeded. The most disadvantaged groups are women and children, who, according to an outdated cultural tradition in many countries in Africa, are to be seen not to be heard. The community facilitators guide comprises with four

sections in section one, we are going to see the introduction to behavior change and strategic communication, steps to behavior change model and its basic principles. The community facilitators Guide uses the stages of change Theory of individual behavior change and sales up this process to the community level. Many individuals pass through typical stages as they make changes in they think or act and this is the summary of the community facilitators' guide.

5.2 Strategic communication

Strategic communication is communication with a vision. It is based on a clearly defined strategy and designed to achieve specific goals established in advance. The debate about the most effective way of communication development messages has not yet been resolved to a degree where any method or medium of communication can be said to hold this way, one of the inherent problems in this debate is what refers to as a dilemma of development workers not being trained in development. Early communication models had emphasized sender receiver approaches and the community theatre methodology described above was a break from this tradition in that there is no outside source of information bringing it in, rather the community itself was the source and receiver at the same time. The community creates a word they can identify with, define its problems and propose solutions they are comfortable with.

The Pweza (Octopus) is a fish living in the sea and has got eight tales for its movement, when moving uses its tales simultaneously without leaving other tales, I have taken its movement as comparison in strategic communication and call it Pweza Process. So Pweza process is a framework that tells you step by step how to develop a strategic health communication

program. It is a road map to guide you from the first rough notion that you might want to promote a specific health practice-like family planning, HIV/AIDS prevention, breastfeeding, child immunization, or stopping drug abuse- to a completed program with a demonstrated impact.

5.3 Analysis

Analysis is the first step to effective communication, just as it is the first step in any effective action. Changing health knowledge, attitude, behavior, and advocacy through communication starts with accurate information and in-depth understanding of the problem, the people, existing policies and program, active organization, and communication channel. Qualitative as well as quantitative information is needed. Message development combines science and art, message must not only be guided by expert analysis and strategic design conducted in the first two stages, but also they must have the emotional power and artistry to influence people who are neither expert nor actively involved in the program –a dual challenge.

Produce efficiently and promptly. Produce high –quality materials in large volume, since in large volume, since this is cost-effective, and promptly so that products are available as soon as needed. High quality materials are most likely to hold their value, to be reused many times, and to generate revenue.

Good management follows the strategy and implementation plan, assigning clear responsibility and setting up coordination mechanisms. Implementation emphasizes maximum participation,

flexibility, and on- the- job training. Monitoring track outputs to be sure that all activities take place as planned or, if problem arise, that they are promptly addressed.

5.4 Implementation Evaluation

Impact evaluation shows whether a program met its objectives, changing knowledge, attitudes or behavior of the intended audiences, or influencing policy –making. Programs that are not evaluated waste time and money because they have little impact on future development. By identifying the effects of different activities on different audiences, sound program evaluation can support program advocacy, stimulate program improvements, and guide cost –effective funding allocations in the future.

Like other communication intervention is an ongoing process. Planning for continuity means a long-term goal, keeping functional conditions together and keeping data and arguments. Communication is an ongoing process, not on –time effort or product. Significant sustained changes in attitudes, behavior, and community norms require time and repeated effort.

5.5 Background of community Theatre for development approach

In section two we are looking at the background of Community Theatre For Development Approach (COTDA), Community theatre for development implies the use of theatre as a medium for development communication. It is process through which theatre is going to be used by members of the community to research, analyse, discuss and find solutions to their problems.

5.6 Community Theatre for development approach.

It is method of continuous participatory research involving the people of the area being studied as researchers, who should take part in the investigations and not serve as passive object of study. The method of investigation, which “involves study- a criticism of study by the people, is at the same a learning process. Through this process the level of critical thinking is raised among those involved.

And looking at its advantages and disadvantages, the potential to entertain gives theatre an advantage over some other information and communication methods. The community Theatre for Development application (COTDA) practitioner must take on a cycle of activities starting with participatory research with the community leading through to performances inside the community and beyond - and then back again.

The process of COTDA is a strategic tool, which should be at the heart of any community development initiative that envisages social or behavior change. Participatory performance practices may be both process and product. Community artists can tell their own story, highlight their own concerns and develop their own strategies amongst themselves and with their neighbors. These public peer-to-peer statements are empowering in themselves. And the performances can then be addressed to a broader public or to those policy makers in the wider world who have power over their lives.

There is nothing new in these aims, but COTDA has not been getting any closer to realizing them. There is a growing misconception of COTDA as a 'bolt-on accessory, a message service.

Using participatory performance practices, COTDA explores a full and participatory engagement with local culture, cultural action.

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5.7 Researching problems

The essence of research in any field is too obvious to expound. In theatre however many practitioners either take it totally for granted, ignore it completely, or rush through a few

brainstorming sessions and all that research. Part of the reason for this attitude probably lies in the scientific perception of research both conceptually and methodologically, as opposed to theatre whose activities whose activists want to think artistically and socially. Any effective COTDA facilitator must first and foremost abandon this casual attitude about research for it is the foundation participation and collaboration with all the stakeholders in the program. The weaker foundation, the less effective will the participation be; and with poor participation no meaningful education can be experienced however aesthetic the actual performance are.

5.8 Steps and methodology in research

- ❑ What are the natures of the social problem?
- ❑ The COTDA team holds in house discussion among themselves.
- ❑ The discussion must be as participatory as possible.
- ❑ The problem is analysed from every point of view-economic, social, political, biological, climatic etc.
- ❑ Tasks are shared out in the group with different task forces researching further on the specific aspects of the problem.
- ❑ Any task force depending on the nature of the task can use library research.
- ❑ Personal interviews with various people very informally to get their views on the problem.
- ❑ The various task forces report back to the group.
- ❑ Reports are discussed, analyzed and specific attitudes isolated and established for further criticism,
- ❑ The group may invite a known expert in the field to give them a talk.

5.9 Basic steps of COTDA in process

5.9.1 Initial preparations

Communities need to be prepared for COTDA in order to ensure that they understand why it is important for them to participate and ensure broad based participation by all community groups. Therefore, in order to prepare for COTDA, CF should organize the following activities. First village consultative meeting, Village chairperson, VEO and sub-village chairs.

5.9.2 Data Collection and Community Mapping

At the time agreed upon by the animator chosen in the village assembly (or immediately after the village assembly if they agree) the process begins. The animators are divided by their age /gender groups and then go through the following process

5.9.3 Problem Identification and analysis

Another method is, once they have drawn their maps, the next stage is to analyze the reasons for the risk areas/ behaviors and the nature and the extent of the impact of Health matters on the community. Thus the key steps are:

- ❑ Answering the probing questions given below and any follow up questions arising out the answers. Secretary writes their answers on a flip chart.
- ❑ Filling in the analysis matrix
- ❑ Filling on the prioritization matrix
- ❑ Discussion of resources available
- ❑ Filling in the summary matrix, including solutions.

5.9.4 Participatory Community Theatre Creation

Assisting the village animators to transform, analyze data into community theatre form.

Rehearsal by animators, Selection of the JOKER and recruitment, Selection of village health committee members.

5.9.5 Theatre performance and discussion

Issues to note,

- ❑ Preparation for the village assembly.
- ❑ How to conduct the village assembly.
- ❑ Theatre performance and village discussions.
- ❑ The working relation between the MC (ward facilitator) and jokers.

5.9.6 Village Health Committee

The village Health Committee is a group of selected by the village community to plan, implement, supervise and monitor the activities derived from the participatory planning process to respond to environmental and health issues. The relationship between VHC, School Health Action Committee (SHAC) and the Village Social Services Committee (VSSC) is that:

- ❑ The SHAC is concerned only with the school but shares its activities with the VHC
- ❑ The VSSC is a broader committee of the village government. It deals with water, education and health issues in general.

The formation of VHC is in line with the National Policy and Strategy on intensification of Response to Health issues in the implementation of MTP III through a multisectoral approach.

5.9.7 Supervision, Monitoring and Evaluation

Evaluation generally implies measurements, appraisal, or making judgments. Frequently, it is a process designed to assess the degree to which the intended objectives have been archived. In project situation, evaluation implies a systematic examination of the project to determine its Relevance, effectiveness, impact, or benefits to the target population.

Last section we have tried to give some basic facilitation techniques and games for energizer.

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