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Communicating consciousness on disability issues in Uganda through Theatre for Development (TfD): A critique of the Ruharo Mission Hospital Experience

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Abstract

In Uganda and Africa in general, persons with disability suffer from widespread marginalisation and exclusion from mainstream social participation. This problem is deeply entrenched in the cultural heritage of the people who have constructed myths around being disabled. For example, in many Ugandan communities, people believe that producing a child with disability is a curse which comes to the family through a woman and that being disabled is contagious. The problem of disability is rarely discussed in the communities and as a result persons with disability suffer silently. This article discusses the Ruharo Mission Hospital experience in Mbarara, Western Uganda, where Theatre for development (TfD) afforded the community, including persons with disability an opportunity to dialogue on issues of disability which ultimately awakened consciousness on the problem. Through the TfD process, the women who are normally blamed for giving birth to children with disability expressed their voice. The children with disability, who mostly suffer stigma from their immediate community were also given a voice and agency which empowered them to call upon the people to use socially embracing language in reference to persons with disability. The article argues that it was TfD's propensity to elicit people's passions and stories which facilitated such a rewarding dialogue, but more would have been achieved if a sustained amount of time had been invested in the process. In effect, the article ends by arguing that in order to lead a participating community to the level of action-the fullness of conscientisation and/or empowerment desired in TfD, the process should be allowed a sustained amount of time.

Disability in the Ugandan Socio-cultural Context

In Uganda, persons with disabilities suffer from cultural marginalization and exclusion from social, political and economic participation. The complexity of the problem of disability in Uganda can be deciphered from a study conducted by Charles Lwanga-Ntale (2003), on the socio-economic situation of disabled persons in selected districts representing Uganda's geographical regions of East (Iganga District), West (Mbarara District) and Central (Mukono District). Lwanga-Ntale discovered that there was widespread fear of disability, especially of mentally ill individuals based on a common perception that disability and mental illness are contagious. This perception was even more deep-rooted for epilepsy. Citing evidence from Mulago teaching hospital in Kampala, Lwanga-Ntale (2003) reveals that even within the medical profession, disability is given little time in training and negligible allocation of resources which increases widespread ignorance on issues of disability among medical practitioners.

In three out of four districts (Mbarara, Mukono and Iganga), Lwanga-Ntale (2003) discovered the problem of feminisation of disability whereby being disabled was considered to be "a curse" brought to the family through the woman (mother of the disabled child). In these districts, he argues, if disabled children are borne to a family, not only does the burden of care fall on the shoulders of the woman, but she too is often blamed for bringing "kisirani" (a curse) to the family. In Mbarara and Iganga districts, Lwanga-Ntale adds, disability was believed to be "transmitted" by a mother, who was sometimes blamed for failing to perform some marital rites or simply "looking at the wrong people" during the course of pregnancy, and the common remedy when a woman produces a disabled child, is for the man to find another wife (woman) who does not produce disabled children. Lwanga-Ntale (2003) further found out that disabled people were not only being lumped together as one homogeneous group that needed similar assistance, but also that most were also stereotyped as helpless, unworthy and "lacking in substance."

This article discusses how the community's passions and stories were prompted in the Ruharo Mission Hospital TfD workshop to awaken consciousness on the theme of disability in Mbarara district in Western Uganda. The TfD workshop was facilitated by final year drama students from Makerere University as part of their field practical projects in 2009. The misconceptions and stereotypes revealed in Lwanga-Ntale's study above were widespread in the stories and experiences narrated by the various peer groups of the Ruharo Mission Hospital community during

the participatory research, play making and performance and the post-performance phases of the TfD process.

In 2009, as a Teaching Assistant in the then Department of Music Dance and Drama at Makerere University, later renamed Department of Performing Arts and Film, I was part of the team of lecturers who led final year drama students to the field in Mbarara district in South Western Uganda for a one week TfD programme. This one week programme implemented in June each year was the initiative of Patrick Mangeni who introduced it to the TfD training curriculum at Makerere University upon returning from Australia where he obtained a PhD in Applied Theatre from Griffith University in 2007. During this programme, Patrick Mangeni the programme convener assigned me as the facilitator of the early morning exercises aimed at preparing the student facilitators for the day's work. He also specifically put me in charge of arbitrating disputes that would arise among the students during the programme. During the evenings, I was part of the team of lecturers who guided the students in reflecting on the day's programme. I thus participated in this programme as a programme facilitator and I write drawing from my experience as a participant observer. The students conducted TfD workshops in various locations in Mbarara such as Katete, Kijungu, the Police Barracks and school premises but, it was the one at Ruharo Mission Hospital which had a profound impact on the participating community. The significance of this TfD workshop had to do with how its process elicited the passions and stories of the community and empowered the participants to dialogue on a largely ignored problem of disability. The workshop was marked by a passionate process in which members of the community participated in telling stories about the issues which oppressed their lives.

"Passion" and "Story" in Theatre for Development (TfD)

Passion and story are posited as essential interrelated constituents of an effective TfD process. The notion of 'passion' in TfD was coined by Tim Prentki (2003) and may be interpreted as involving the target community by engaging their bodies, minds and hearts in a creative process of analysis and improvisation. In Prentki's view, 'passion is of critical importance in relation to any claim for social transformation which the TfD process may wish to make' (2003: 41). In TfD, one of the ways of stimulating the passions of the community is to engage the participants in theatre games and exercises and sharing of stories. In fact, as Chinyowa (2005) puts it, 'in TfD games enable and foster empowerment through development of positive attitude and group work.' The concept of

story is quite linked to passion in that an effective TfD process is conceived as one which passionately engages the participating community in telling and retelling of their stories in order to unearth their limit situations or problems which impede their progress to better lives. Commenting on the significance of story in TfD, Prentki advises that:

> The story is the archive of the individual, the family, the community; the means by which the experience of living is made intelligible. If the NGO worker enters the community researching for issues and problems, or, worse, with a pre-set agenda of issues which the organisation has deemed important, there is an immediate distortion of experience [...]. The first step in the devising process of TFD is the organisation of an aspect of an individual's experience into the words, actions and expressions that constitute the story. The role of the TFD facilitator in the first instance is to hear these stories and to refrain from mediating them. (2003: 42)

In the same vein, commenting about the experience of building the theatre process on people's stories in Jana Sanskriti theatre organisation, Sandra Mills notes that:

> The experience of knowledge is empowering for the teller because it can produce clarity in expressing their thoughts and reconstructing them through verbal or physical language, and for the audience because it encourages empathy and identification, and can provide practical guidelines and answer questions about people's lives in general. (2009: 555)

As a cultural process, storying helps in the exploration and unveiling of contradictions beneath the oppressions of the participating community. In Prentki's view, 'when the members of the community tell their stories, the consequence is likely to be that contradictions will emerge, reflecting sectoral interests; one story will be countered by another as different realities contend for attention' (2003: 42). In another article, Prentki notes that, 'The poetics of the devising process to which these stories are subjected are directed toward communicating the main, and any subsidiary contradictions to an audience whose attempt to address them will constitute the motor of social change for that community (2008: 103). This article discusses how a Theatre for Development process through its essential ingredients of passion and story facilitated the community at Ruharo Mission Hospital to engage in an open dialogue and discussion on the complex problem of disability. It however, argues that greater community empowerment and transformation would have been achieved if the process had been sustained for a longer period of engagement.

The Ruharo Mission Hospital TfD Process

Within Ruharo Mission Hospital, there is a centre for persons with disabilities called Organised Useful Rehabilitation Services (OURS). At the centre, children with various disabilities are admitted and cared for. In order to engage this community, the student-facilitators prepared to experiment with the workshop model of TfD, a process in which they would take the community through a process of problem identification, problem prioritisation, play making, performance and post-performance discussion. In preparation for the session, the students begun with a pre-field meeting in which they planned how their team would enter and engage with the community. Aware that the community was largely composed of person's with disability, the students unanimously agreed on the proposal to send an advance team of two people to negotiate with the leadership of the centre on how they would relate with the children. The duo had to find out what kind of games and exercises would be appropriate for the community. The act of planning for community engagement beforehand by the student-facilitators was highly commendable since one of the vices that normally threaten effective practice in TfD as Christopher Odhiambo puts it is 'the casual manner in which some artists/facilitators approach workshops' (2005: 195).

When we arrived at the community, the team of student-facilitators started the process of passionately engaging with the community by performing a traditional folksong and dance from Eastern Uganda. This was a good step toward developing a rapport with the community and eliciting their passions but it would have been better if the song had been drawn from the culture of the community, that is, if it had been an Ankole traditional song.

Immediately after the traditional song, the team of facilitators led the community in playing one familiarisation game and one concentration exercise. The familiarisation game involved name calling. Standing in a circle, a member of the community would call out a name of a participant who would then call out the name of another participant. If participants' names were called and they failed or hesitated to call out a name of another participant, they would be requested to come and squat in the middle of the circle; some kind of a friendly penalty. I observed that this game brought about a relaxing excitement among the participants which increased their desire to work together.

In the concentration game, the participants continued standing in the circle and one of the facilitators whispered words into the ear of a participant near him. The words were then whispered around the circle directly into one's ear until the cycle reached the facilitator who first whispered

them. This exercise further increased excitement and passion among the participants as it was discovered that the words got distorted along the circle. When asked about which words were whispered into their ears, various participants mentioned completely different words from those whispered by the facilitator throwing the whole group into laughter.

After the exciting session of games and exercises, there was peer group formation. The children, many of whom had mental and physical impairments were put in one group, the women in their own and the men in their own. In Uganda, because of the patriarchal nature of our communities women and girls become inhibited to speak freely in presence of the men. Thus, peer grouping was done to ensure that participants shared their stories and experience with freedom. With the peer groups created, the student-facilitators divided themselves up into three groups and each group of facilitators took charge of each of the community peer groups.

In the different peer groups, the student facilitators explained the process they would take to analyse community problems through performance. There was effort to engage the peers in further familiarisation to ensure that participants in each individual group were able to work together. For example, in the children group the children were led into performing children games, songs and stories such as baby Jesus, darling Jesus and a traditional story titled *terere* by one of the children. At this point, it was evident that the action or the centre of focus was moving from the facilitators to the members of the community – it is the children who led their peers in familiarisation games. In this way, the facilitators were beginning to give voice to the participants.

After familiarisation games within the groups, the community was led into the process of problem identification within their groups through storytelling. In the women's group, problem identification started as an exciting and fun filled experience as the women told stories about other 'less serious' issues which would throw the whole group into laughter. In one of the stories, a woman narrated her experience at a party. She said, "I was invited to a reception where there was dancing and a dinner. When time came to serve the meal, I thought I would be given the best dish. To my surprise, while others were served nice dishes such chicken and fish, I was served beans..." The second story centred on the experience of women traders. The participant told the story as follows, "In our area, there were two women traders, one from Kabale and another from Mbarara. The trader from Kabale traded in sorghum while the other traded in meat. One day, the women agreed to exchange their trading items. The trader from Kabale would bring a sack of sorghum while the trader from Mbarara would bring a sack of meat..."

When the participants started narrating stories that were not connected to the idea of real problem identification, the facilitator realised it and found a way of refocusing the discussion to real problem identification. She skilfully intervened by telling the story of her own problem. Her story focused on her experience as a young pregnant student at the university. She narrated that when she had just joined university, she become pregnant and when time for delivery came, the doctors realised that she had to deliver through the caesarean section. Her problem was that the doctors had not foreseen this and that she had no support from her partner. As a result, of the facilitator's story, the rest of the participants understood that the stories they were supposed to tell had to revolve around particular problems they were facing.

For me, this scenario highlighted two important points about engaging communities using TfD. First, it revealed the need to respect, the members of the community for who they are - to believe in their potential as persons who can be veritable partners in the process of community change. This point relates squarely with the issue of balancing power relations between the facilitators and the participants in a TfD process. The relationship between facilitators and participants has to be one of a subject-to-subject, where both the facilitator and the participants learn from each other, with the facilitator respecting the capability of the participants to contribute to the process. I noted that the student-facilitator in this event respected the thinking and the potential of the community. When the participants told stories which were not related to the goal of problem identification, the facilitator did not rudely intervene or stop them. She instead found a way of smoothly approaching the situation. Having observed this scenario, I concluded that activities of participants in a TfD process, as long as they are not potentially disruptive, are part of the spontaneous passions of the community that can be harnessed to get the community to work together and analyse and name their world. All that is needed is a skilful facilitator who is capable of galvanising and bridging the process. Second, the scenario underscored the qualities of a good facilitator in TfD - he/she should be a person who is alert, enthusiastic, patient, amiable and able to guide the participants to the right direction.

In the men's group, the process of problem identification was captivating and the discussion emerged from the group's efforts to interpret and understand their problems. For example, one of the members of the group noted that he had a problem of unemployment which was coupled with lack of a partner for marriage. According to the reaction of the group, his problem seemed personal and one of the members of the community noted that lack of a partner for marriage was not a

problem. This sparked off dialogue and discussion from the community with members arguing that a personal problem may escalate into a community concern if not handled with care.

Another member of the group noted that he was a total orphan. The members of the group made attempt to interpret this problem, by exploring what caused the problem, the effects of being a total orphan and how he handles the problem. Another member related that his mother died when he was five years old. He struggled with life and when he started a family his first child was born with a disability. Still there was a challenge as participants engaged with how to categorise this problem. There was a debate on whether this was a problem faced by so many in the community. A member of the group intervened arguing that it was a common problem and that more often children with disability are neglected. It was also noted that parents find it expensive to raise children with disability. Generally, the problem identification phase in the men's group revealed the potential of TfD to give an opportunity to marginalised communities to interpret and re-interpret their problems in dialogue with one another. In this particular group – the men's group, TfD offered an opportunity for people to tell their stories relating to disability problems and the stigma associated with being disabled.

The process of problem identification in all the three peer groups was lively and involved free and passionate sharing. At the end of problem identification and prioritisation, I noted that all the three peer groups prioritised one common problem that is, the neglect and stigma experienced by children with disability.

The process of problem prioritisation was followed by planning for performance. The facilitators were aware of the need to give voice to the participants and so they decided to invite participants - the members of the Ruharo community to volunteer to perform. I liked how the facilitator of the children's group inspired the children to volunteer to perform. She pleasantly asked the children, "Who of us loves to perform in plays so that she/he is able to speak aloud and be heard?" This was a very good invitation to the children who saw it as an opportunity to assert themselves. As a result, a host of children passionately volunteered to perform.

When it came to the play making, the process was very lively and participatory with the participants earnestly expressing their views. In the women's group, when the participants were challenged to make a play around the problems faced by children with disability, one of the participants excitedly inquired, "Is there any one of us who can help us and give an example of a play we shall make?" Immediately one of the participants proposed a story. Her story involved a

man and a woman who fall in love which resulted into a pregnancy. When time comes for the woman to have her child, she gives birth to a baby with a disability. The man refuses to take responsibility for the baby because it is disabled. The facilitator then intervened with an engaging question, "you have heard her version of the story for the play. Is there another person who can give us another story which brings out the problem?" The group unanimously agreed to go ahead with the story already suggested.

However, another participant contributed by suggesting how the proposed story could be improved. She advised that:

> We can make the story more revealing by adding something. Let the man go home and tell his mother and father that his girlfriend has given birth to a disabled baby and suggest that he is not the father of the baby. Then his father and mother should also support him arguing that since in their family or clan they do not produce disabled children, the baby was not fathered by their son. The mother of the baby will then suffer with the baby on her own.

This proposal was unanimously taken and the group went into the process of rehearsal. In my observation of the women's process above, I noted that having the participants make their stories can be highly transformative. The opportunity to suggest a story for their play gave voice and agency to the women and they felt in control of the process of exploring their own development needs. This was clearly demonstrated by the enthusiasm and passion of the participants to contribute to the process. It also exemplified the fact that local participants however rural they may be do not lack the knowledge and potential to make good stories and drive the theatre making process from the beginning to the end. All that is needed is a facilitator who can inspire them and allow them time to be creative. Indeed, as Nogueira has indicated, 'when the members of the community are given the space to interpret and re-interpret their stories, they begin to find ways they can make their stories more enlightening and in effect evolve a deeper dialogical process'(2015: 351).

When all the three groups were ready with their performances, the team of facilitators assembled all the groups into one group to create an audience for the performances. One of the facilitators explained to the community how the performances would follow each other – the programme. He said, "We are going to have the children perform first, the women's group will follow and the men's group will come last." This was a good step towards focusing the process and ensuring that it moved progressively. In many of the TfD processes that seem to lack focus,

the problem normally arises from the fact that the facilitators have not made effort to guide the community through the process. This normally results from lack of adequate preparation and planning.

The first performance staged by the children began with a song titled *Mukundane* which means love one another. This song was so appropriate because it facilitated an atmosphere in which the participants momentarily forgot their worries. It carried a message of care and love needed for children and young people with disability. The performance featured a mother who had two sets of children. One set of children were disabled while another set were able bodied. This mother sent the able bodied children to school and left the ones with disabilities at home. The children with disabilities complained and asked their mother why others were going to school while they remained home. The mother replied that children with disabilities cannot go to school and that she could not spend her money on them. She further explained that they cannot put on shoes and that their right place was the kitchen where they could not be seen by other people.

The discussion following this performance revealed how the TfD process may suffer a blow if the process of facilitation of the post-performance discussion is not handled skilfully. This is because after the performance, the facilitator enumerated the problems and issues highlighted by the performance. He did not skilfully throw the challenge of interpreting the play to the members of the community, which would have resulted into critical reflection and interpretation of issues by the community. This facilitator understood that the role of the facilitator in TfD is to provide solutions to the problems presented to in the performance.

On the contrary, the members of the community are supposed to be given a chance to discuss issues raised by the performance so that they may understand them in a new light when the underlying contradictions are unveiled and offer the most appropriate solutions. So, the facilitator would have done well if she had intervened in the following manner, "dear friends, we have seen the performance from the children, what do we make of the issues they have presented?" The process was however, salvaged by another member of the facilitating team who gently intervened and posed some thought provoking questions, "having seen the children's play, what do think about it? Does it say the truth? What can we do to help the situation?"

Despite the earlier shortfall in facilitation, the post-performance dialogue and discussion produced good suggestions for solutions to the problem presented in the play. A man suggested that the community should love children with disability since they too are children like other

children. Another man proposed that parents should know that children do not choose to be disabled. For that reason, they should love them and even give them the opportunity to go school. He added that he had seen children with disabilities who have excelled in academics and other spheres of life than the able bodied children.

Another member of the community who happened to a disability voiced out her feeling and requested members of the community to stop using derogative words such as *ekimoga* which means helpless child in preference to *omulema,* which means a child with disability. She noted that the children with disability know that the word *ekimoga* which participants were using means helpless child and it irritates them. The discussion raised another important issue – rape experienced by the persons with disability in the community. Another woman, a mother of a disabled child noted that they love their children but they lack the means by which they can give them good care. From these dialoguing voices, I noticed that the process was moving to the level of unveiling the contradictions underlying the problem of disabled persons. I heard many members of the community reflecting on their actions and asking, "We harshly treat children with disabilities, but does a child really choose to be disabled?"

The women's performance featured an expectant couple. When time came for the couple to have their child, the woman gave birth to a disabled child. The man denied responsibility for the baby arguing that he was not responsible for the pregnancy. His reasoning was that in their clan, they have never produced disabled children. When the man broke the news to his parents, they joined him in refusing to take responsibility of the child. They argued that since it is impossible to father a disabled child in their clan, the woman was impregnated by another man. Finally the woman was expelled from home. The play ended with the song composed by the women and sung by the mother of the disabled baby. The lyrics of the song were as follows, "*nyowe kangende. Nakunda okuzara, nyazara owomulema.*" This translates that, "let me go. I loved to have a child but I was unlucky to give birth to a disabled child".

This performance was also followed by a post-performance discussion. The facilitator of the dialogue and discussion gave a good and engaging prelude to the discussion. She started by asking the community, "are there women in our community who are suffering from such gruesome experiences?" The answer from the community was a resounding yes. She then turned to the men and asked, "The men in this gathered community, do you subject mothers of disabled children to

such painful experiences?" The men also answered yes. Finally she posed an appropriate question: "what should we do?"

Some brilliant contributions from the community unveiled more contradictions underlying the problem of persons with disabilities. One of the members of the community, a disabled person, noted that a disabled child belongs to both the mother and the father. Another member of the community advised that men should accept children with disabilities because the men are the seed. If a woman gives birth to a child with disability, such a child is the fruit of the seed of the man. For me, this was quite a critical contradiction which required further exploration through collective discussion and analysis. If I was the one facilitating the discussion, I would have challenged the community to reflect on the question whether it is true that it is men who sow seeds of disability in children. I would have focused the discussion to facilitate further understanding.

The men's performance featured a man who was confused and bemoaning being a father to a child with disability. He was being advised by his friends to seek the help of witchdoctors or sorcerers. The child/son complained to the father that he suffers stigma at school caused by both the teachers and fellow learners who describe him as useless (ekimoga). In one of the episodes as the boy was going to school, he was bullied and abused by an able bodied adult.

In the post-performance discussion there was a heated discussion concerning the language used by people in the community in reference to persons with disability. The children voiced their feeling through their friend and requested the people to call them *abalema* instead of *ebilema:* "Do not call us ebilema. Rather call us abalema". Translated in English, the word *abalema* means persons with disability and is more graceful compared with *ebilema* which is quite derogative as it articulates a feeling that such people are not worth living.

After all the performances from the three peer groups and the post-performance discussions following each performance, a facilitator who moderated a final general discussion took the floor. This facilitator displayed considerable strength in the facilitation of the TfD process. He started by amiably addressing the community, "ladies and gentlemen, you have seen all our three performances. All of them treated one key problem – lack of sufficient care for persons with disability. Now what should we do to make the situation better?" To me, this was a good attempt at bridging the discussion and taking it to another level. Clearly, this facilitator was leading the community to a direction in which they would be able to forge and strategise for relevant action. Facilitation in TfD is about engendering a space in which the community attains critical

consciousness and critical consciousness reaches its highest level when the community takes action.

During this post-performance discussion, the members of the community agreed upon three possible actions that could be taken to attend to the needs of persons with disability. These included the need to lobby government to do more about the needs of persons with disability, the need to expand facilities such as OURS to cater for the large number of children with disability and an invitation to the able bodied people in the community to begin supporting in a special way the persons with disability.

With the above process, it is apparent that the TfD workshop afforded the community to dialogue on the problem of lack of effective care and stigma for persons with disability. The women who are normally blamed for giving birth to disabled children were able to voice out their grievances and be heard by the community. The children who normally suffer from stigma were also given a voice and agency about their needs. They were able to voice out their discontent on the denigrating language which was being used by the community in reference to persons with disability. "Please, do not call us ebilema, rather call us ebilema." They pleaded with the participants in the participating community. As participant observer, looking at the level of enthusiasm of the participants I noted that the people were growing in their level of consciousness about the needs of disabled children.

It needs however, to be pointed out that whereas the workshop experience awakened the consciousness of the participants, the process was yet to grow into conscientisation and/or empowerment the desired outcome of an effective TfD process. Prentki and Selman observe that, 'conscientisation goes beyond what is usually intended in consciousness raising, in that it includes not only awareness of reality…, but also a programme to change that reality' (2003: 39). Like Prentki and Selman, Srampickal observes that 'consciousness raising reaches its full extent only when people are enabled to analyse and find out the relations between various issues, how an event happening in their village falls in line with the national or worldwide oppression' (1994: 39). Whereas the end product of conscientisation is informed action upon critical reflection, consciousness-raising stops at 'enabling individuals and groups to see more clearly than they did before the nature of the social and cultural forces which impinge upon their lives' (1994: 38). This is what the process achieved in the Ruharo Mission Hospital community.

The limitation of the Ruharo Mission Hospital experience is that since the workshop was a one-off experience implemented in one afternoon, little time was allowed to ensure effective ownership of the process beyond the workshop and to ensure that the agreed action points were implemented. Regarding the question of the amount of time allowed for the TfD process, Prentki points out, 'there has to be more or less a fixed period for the animateurs' involvement before full self-reliance takes over' (1995: 392). Accentuating the centrality of the factor of time in TfD practice, Prentki in another article reveals that, 'time is required to work with the participants on what happens after the performance; on what the performance is for; and on how it might best be used in the service of broader aims of sustainable change within the community' (2003: 46). Elsewhere, Prentki observes that, 'Especially when working with groups who have long social and cultural histories of oppression and silence, it is unreasonable to expect the TFD process to be implemented rapidly' (1998: 421).

A suggestion like lobbying government to increase support for persons with disability was fronted, but it needed a sustained amount of time to be translated to tangible terms? It would require the community to put the action point suggested in writing and then approach the relevant government institutions such as the district local government and central government organs such as parliament and the relevant ministry. Again the action point of having able bodied persons take responsibility of the persons with disability would only become tangible if the community put in place a programme to locate all the persons with disability in the community and put in place modalities of meeting the needs of these persons. In short, the three suggestions would only yield fruits if appropriate follow-up action was forged. Such action would for example involve putting in place a follow-up committee comprised of selected members of the community. These would continue with meetings aimed at finding ways they would involve government in expanding care facilities for persons with disability. Such a process needed a sustained period of engagement beyond a one-off community process.

Applied theatre practitioners such as Chinyowa (2011) and Aitken (2009) have debated whether one-off TfD sessions can engender the desired empowerment or conscientisation. For instance, Aitken is of the view that conscientisation is not something which may be achieved in a 'single setting or human exchange' (Aitken, 2009: 504). She argues that:

> It would seem facile to suggest that any one-off applied theatre intervention could in and of itself be 'empowering' in this wider sense and one of the severest tensions for an applied theatre company is surely the question of what impact their short-term

interventions can be expected to have within the ongoing reality experienced by participants (Aitken, 2009: 504-5).

When ample time is given to a TfD process, the community becomes imbued in the process, ensuring the possibility that the process of empowerment will continue even after the animateurs of the process have left. The idea of investing ample time in a TfD process relates to the theoretical foundations of the process of conscientisation or empowerment. For example, commenting on the empowerment process, Darder *et al* argue that 'it is a recurrent, regenerating process of human interaction that is utilised for constant clarification of the hidden dimensions of reflections and actions' (2003: 15). Similarly, Blackburn notes that, 'rather than seeing empowerment as a goal or an endpoint, it may be more useful to regard it as a state of mind: an ongoing encounter with reality, which is itself permanently changing' (2000: 05).

Conclusion

This article has shown that a TfD process can be used to mobilise and engage communities on issues of major concern including the most complex. In Ugandan and African contexts where persons with disabilities suffer in a culture of silence and community indifference, the Ruharo Mission hospital TfD process afforded the community, including those often silenced such as the women and children with disability a voice and agency concerning their situation. However, it needs to be pointed out that efficacy in TfD practice need always to be enhanced by investing a sustained amount of time in the process. When this is done, the community grows in ownership of the process and ensures that its benefits are safeguarded. In the Ruharo Mission Hospital experience community ownership of the process was only limited to play making, performance and post-performance dialogue. The process empowered the community to come up with plausible solutions to the problem of disability, such as lobbying government, expanding care facilities for children with disability and increasing community vigilance about the needs of persons with disability but these could not be realised in a single afternoon in which the process was implemented.

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