

Effectiveness of Community Based Management of Borehole Facilities in Urban Areas: The Case of Budiriro High Density Suburb in Harare Zimbabwe; View from Human Rights Perspective

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Abstract- This study sought to assess the effectiveness of community based management of boreholes in urban areas using Budiriro high density suburb in Harare, Zimbabwe as a case study. The general objective was to find out the community's willingness to take ownership and capability to control or at least strongly influence the development of its water system. The study employed a mixed methods approach comprising three data collection methods namely survey questionnaire, key informant in-depth interviews and focus group discussions. The sample size was 120 research participants. The study revealed that community based management of boreholes, if introduced in Budiriro, can be very effective as the respondents expressed the community's willingness to pay, and that they had capacity and ability to manage the project, highlighting the community's experience of water related disease out-breaks that had claimed many lives in the suburb. The results of this study led to the conclusion that community based management of boreholes was the only effective way and option at Harare City Council's disposal to curb water shortages and ensure efficient water supply to the community by the community, hence it should be implemented.

Index Terms- community based management, water quality, disease outbreak, sanitation and hygiene

I. INTRODUCTION

Zimbabwe, like any Sub-Saharan African country is struggling to meet the goal to reduce the number of people living without sustainable access to safe drinking water and basic sanitation (Harvey & Reed, 2004). According to the World Health Organisation (WHO) (2011) more than 12,000 deaths that occur in Zimbabwe per year are attributed to water, sanitation and hygiene (WASH) related diseases or injuries. Approximately, 40% of the total population lack access to safe water and basic sanitary facilities in the country in both rural and urban areas. The country has been facing enormous backlogs in the provision of water and sanitation services, especially in urban poor communities, which has resulted partly from the use of inappropriate service approaches, coupled with limited financial resources and rapid urbanisation and population growth (UNICEF, 2010, UNDP, 2011).

The City of Harare, like many other urban areas in Zimbabwe, is faced with serious water supply challenges (Chioreso, 2008). The current problems have been caused by rapid population growth after independence in 1980, inadequate rehabilitation and maintenance of water and wastewater treatment plants, expensive technologies and a poor institutional framework (Nhapi, 2009). This means that for Harare, the problem is two-fold, inadequate water quantity and poor water quality. Water quantity problems in Harare have been attributed to the inadequate pumping capacity at Morton Jaffrey Works and Prince Edward Water Treatment Works (Manzungu & Mabiza, 2004).

The quality of drinking water, on the other hand, has been seriously deteriorating (Nhapi et al, 2004), thereby exposing communities to waterborne diseases. Although the cholera pandemic was contained in 2009, water problems still persist as evidenced by the outbreak of typhoid and other isolated cholera cases (Manzungu, 2012).

According to UNDP (2009) the outbreak affected all ten provinces both urban and rural areas and was largely attributed to water shortages and malfunctioning sanitation systems. Burst sewer pipes underneath and above the ground started to mix with fresh water bodies, which according to UNICEF (2009), is what triggered the cholera outbreak in Chitungwiza town near Harare and Budiriro, a Harare high density suburb, which later became the epicenter of the pandemic.

A study by Zimbabwe's Ministry of Health and Child Care (2013) revealed that the Budiriro community in Harare, like other residents, experienced frequent water shortages for over 12 years due to water supply systems failure, leading to the use of alternative sources of water like deep and shallow wells at residential stands and along water streams in and around Budiriro, posing another health hazard to the community.

As an interim measure and as part of efforts to mitigate water borne and poor sanitation and hygiene related diseases, 28 boreholes fitted with a hand pumps, a facility originally meant only for rural areas, were drilled in Budiriro by UNICEF together with GAA and OXFAM. Of the 28 boreholes drilled, only 14 were functional as there was no service and repairs being done to those that were not functioning. The boreholes in question were constructed during an emergency period where the objective was to 'save lives', but three years after the cholera outbreak, the boreholes are still being used as the only safe alternative.

Early in 2012, and 2015 Budiriro high density suburb experienced yet another outbreak in the form of typhoid which was attributed to erratic water supply in high density areas, which compromised good hygiene practices (The Herald, 6 February, 2012 and 17 October 2015). There is extensive evidence according to UNICEF (2010) that newly delivered WASH services often perform effectively for a period, and then either fall into disrepair or otherwise fail to provide continuing benefits to their users. What makes the Budiriro situation even more frightening is that even though the interventions were in reaction to the cholera outbreak of 2008-9, the water and sanitation service delivery situation in the suburb has not improved since then (Manzungu, 2015).

The ownership of the boreholes was with the City of Harare who had failed to repair some broken down boreholes in the area, thereby exposing the community to diseases arising out of frequent shortages of safe and clean water due to frequent water supply systems failure in Harare (Nhapi, 2009). These problems often result from poor management of the council, which leads to erratic and dirty water supply (Manzungu, 2004). OECD (2003) pointed out that lack of an integrated framework for water facilities management and protection at national and local levels, as well as low level of public awareness are also contributing factors to disease outbreaks.

According to UNICEF (2003) some community organizations in rural and urban areas have been successful in generating the financial resources needed for the extension of services and in acting as providers of services through the operations and management of local utilities popularly known as Community Based Management (CBM). As a result Zimbabwe introduced the CBM concept in rural areas which became a successful initiative (UNICEF, 2003).

Community based management (CBM) means, as argued by Pandey and Okazali (2005), the communities are responsible and have authority and control over development of their water and sanitation facilities. Hence, this study aimed to find out the beliefs, attitude, ability and willingness of the Budiriro urban community to take ownership of the boreholes for sustainability and preservation of clean and safe drinking water for the communities that have become victims of infectious diseases like typhoid and cholera since year 2000.

Therefore this study assessed the effectiveness of community based management of WASH facilities given the failure of City of Harare to maintain the hard-to-find facility donated to save life in the community.

II. REVIEW OF RELEVANT LITERATURE

The review of literature focused on the concept of community based management, willingness of the community to pay and take risks, the capacity to organise and make rational decisions and their willingness to take ownership and provide free labour coupled with their ability to work well in groups.

2.1 Community Based Approach

The concept of community based approach is not new or unique to the water and sanitation sector (McCommon, 1990). The approach has been, and is being implemented, in forestry management, fisheries and game parks. The rationale behind is

that what the communities themselves manage on their own, in their own way, using their own resources stand a greater chance of sustainability than an externally imposed approach. Community Based approaches to services is supported by several international declarations. The United Nations Decade Era (UN, Decade dossier, 1981) which recommended a shift towards sound financial practices, improved role and participation of communities and women, institutional reforms and environmental protection. The Dublin Conference Report (1992) stated that water development and management should be based on a participatory approach involving users, planners and policy makers at all levels and that water should be managed by the users and those close to it.

Community Based Management (CBM) is just a simple but attractive concept (IRC, 1993) and is about communities being involved and active in managing their own development. According to Narayan (1998). CBM is a people centred approach and is based on the fact that sustainable development and poverty elimination requires respect for human freedom and choice as well as understanding of the environment. This concept entails communities making decisions about their future and strengthening local ownership of local problems and solutions as well as designing actions to deal with identified challenges (McCommon et al., 1990).

CBM, unlike simple participation, firmly places control over the development and upkeep of the water system by the community itself (IWSD, 2005). But before that happens, communities have to be equipped and empowered to take on its changed role (from passive recipient to active manager) and at the same time the role of local authority, government and non-governmental agencies changes to development facilitator.

In Zimbabwe, like in many other African states, CBM has been accepted among policy makers, development practitioners, NGOs and the government as the route to sustainable WASH interventions.

2.2 Theoretical Framework

To understand complex facets of social interactions to a successful community managed project, Mayer's (1995) and Cleaver's (1996) theories are more relevant to this study as highlighted below.

2.2.1 Civil Society and Social Capital Theory:

Civil society and social capital theories by Mayer (1995) and Edwards and Foley (1998) emphasize the relational aspects of community life. These theories hold that participation in informal and formal organisations builds trust in individuals and institutions and forms habits of interaction. Community based management or non-profit organisations facilitate trust and interaction by defining mutual obligations and member rights, by creating sets of specialised roles internal to the organisations, by establishing internal authority and accountability systems, by promoting norms and behavioural patterns regarded as useful to the group and inhibiting those regarded as detrimental. Organisations incorporate important accumulations of human experience and knowledge, which is social capital (Cernea, 1994).

2.2.2 Organisational and Management Theory:

Another relevant theory to this study is organisational and management theory. The literature on organisational and management theory according to Mayer (1995), emphasizes the operational decisions and trade-offs that groups face when building their financial and political capacity. Mayer observed that decisions concerning the use of staff, choice of products and services, fundraising and marketing strategies, and even the selection of a board of directors can significantly impact the success or failure of an organisation. Decision making involves foregoing one option in favour of another. In short, organisational management decisions produce trade-offs that may be either beneficial or detrimental to the short-run or long-term viability of the organisation.

2.2.3 Responsibility theory

The community takes on the ownership of and attendant obligations of the system. They have the responsibility to plan and follow through their plans. Communities have had tendencies to associate water facilities with the service provider be it government, local authority or non-governmental organisations. As such, they see themselves as users only who are entitled to a service at any given time. With CBM, however, roles are reversed to that of facilitator (service provider) and owner (community) as stated by IWSD (2005).

2.2.4 Authority theory

The community has the legitimate right to make decisions regarding the system on behalf of the users (Deverill et al., 2002). The right extends to the choice of technology type, how and when they want a certain service. Communities are in a position to demonstrate a desire for and commitment to a new service and are prepared to make commitments over the lifetime of the service to receive it and to sustain it (Deverill et al., 2002).

2.2.5 Control theory

According to this theory the community is able to carry out and determine the outcome of its decisions. All decisions and actions pertaining to the facility are determined by the user community and not from the outside. This means that members of the community are prepared to face the consequences of their actions, either positive or negative. What is good about this theory is that the communities set targets, which they can achieve on their own and which will benefit them, using resources available to/among themselves. CBM implies the ability by the community to mobilise resources and to use them productively, equitably and sustainably in meeting the needs of that community (Thorpe, 2002).

2.3 Willingness of the Community

Barbara and Knuth (2004) argue that community based management (CBM) has progressed from the conceptual fringe to the dialogical heart of environmental management to water and sanitation. Community based management is receiving attention as a potential mechanism for increasing the efficacy, legitimacy, and sustainability of natural resources management (Basnet, 1992, Western & Wright 1994).

It is argued that literature on WASH facilities management has espoused alternatives to top-down practices. Such alternatives decentralize authority and enable communities most affected by

management decisions to have a greater say in those decisions (Christie, White & Buhat, 1994). As Renard and Cortesi (1994) note, unlike land resources, water resources are not easy to fence off and are often considered common property and available to all. They argue that protection and management of these resources is extremely difficult without the willingness, support and cooperation of the stakeholder's community. The management of water protected areas will fail without the support and involvement of the local community - a participant approach grounded in community based management (IIRR, 1998). Community management means that the communities are responsible, and have authority and control over development of their water and sanitation facilities (UNICEF, 2007). It is argued that community management goes beyond simple participation, it aims at empowering people and equipping them to own and manage own systems sustainably. In Budiriro, these initiative would have gone a long way to empower the local community.

2.4 Community's ability as a group.

Mayer (1995) observes that families in their formal way, have been the first agent of community capacity building since the beginning of recorded history. Mayer highlighted the resourcefulness of families in community management as follows:

- Commitment: Families help generate and preserve value systems (Gardner, 1991). Nature appears to assign to families the task of easing individuals into the larger community and of importing the rules and norms of behaviour. Families are designed to nurture, encourage, and support their members as their participation in the larger community increases.
- Resources: Families consume goods and services and they also produce them. They spend money and save it. Families accumulate material resources, and in doing so, demonstrate to their children necessary values and skills.
- Skills: In both subtle and overt ways, families learn, encourage learning and in essence, teach the principles of capacity building. They show their members the uses of information, material resources, and the values that underlie their acquisition and development. Families teach in varying degrees problem-solving, planning, organisational development, and management.

Emphasizing commitment, Gardner (1991) argues that a water project's success in reversing disease prevalence in the community depends on the commitment of the local stakeholders; a commitment gained and maintained through an ongoing community based management process.

2.5 Determinants of CBM Effectiveness

The effectiveness of Community Based Management depends on the responsibility of the community to take ownership of and attendant obligations to the project (Mayer, 1995). McIntosh (2003) concurs that the community has the responsibility to plan and follow through their plans. Mayer argues that the community has the authority and legitimate right to make decisions regarding the water project on behalf of the users; a position the City of Harare has failed to understand. A study by Mostert (2003), revealed that CBM also means that the community must be in control and is able to carry out and determine the outcome of its decisions. Community management,

if introduced in Budiriro, therefore implies enablement of the community to mobilise resources and to use them productively, equitably and sustainable in meeting the needs its needs. It is argued by Ndair (2005) that a true community management system must strengthen and broaden the local base of effective resource control.

De Vita and Fleming (2001) believed that, community management involves a long-term and changing partnership between communities and supporting agencies. In their Research paper, De Vita and Fleming argued that partnerships strengthen the capacity of each partner and enables combined resources to be used more effectively. According to their experience, as supported by Zanetell and Knuth (2002), a community's stakeholders in the management of its water supply system may include government agencies, NGOs, the private sector and other communities. Accordingly, effective community based management of water and sanitation projects has the following aspects (WHO, 1995):

- Community decision making.
- Involvement of men, women, children of all classes in the community.
- Access to external support.
- Political support through policy.
- Willingness to pay for the services.
- Willingness to take a leading role.
- Ability to maintain and operate services.
- Community mobilisation of resources.
- Ability to prioritise needs.
- Ability to work well in groups.
- Willingness to be trained.
- Community having a common interest.
- Communities accommodating diverse interests.
- Conducive policy environment.

It is argued that effective community based management means a new role for support agencies as facilitators rather than providers, demanding new skills and offering greater opportunities (Boris, 2001). As Robison and Wilkinson (1995) assert in their agency theories, community management does not mean less work for agencies. It means a greater emphasis on the development of supporting and enabling skills and less on routine management and maintenance, more on monitoring and asset condition assessment (Misiunas, 2005).

III. METHODOLOGY

The study utilized a mixed methods approach comprising three data collection methods, namely survey, key informant in-depth interviews and focus group discussions. The survey questionnaire was administered to a total of seventy households which use borehole water installed in their area of residence to explore the understanding of the community as regards community based management of boreholes and their willingness to take ownership of the boreholes. Systematic random sampling was used to select participants surrounding the installed boreholes. The approach provides an in-depth taping of the participants' behaviour, attitudes knowledge of the CBM approach. In-depth interviews with 10 key informants from city of Harare and 3 local clinical officers who were purposively selected were held in order to gather information about how these institutions interact with the

community and their understanding of the essence of community based management of the existing boreholes in their area. Three focus group discussions with 37 local business people were held. The focus group discussions sought to understand business people's experiences on the effects of water shortages and disease outbreaks and their views on community based management of boreholes.

IV. FINDINGS

4.1 Total Boreholes surveyed

The researcher visited 28 boreholes that were drilled in Budiriro by various organisations and Harare City Council to provide the community with access to safe and clean water and save them from diseases. Of the 28 boreholes, 14 were broken-down and were not electrical but had hand-pumps. The study found out that the break-downs and non-repairs exposed the community to dirty and unsafe water as well as health risks. The borehole distribution is shown in table 1 below. One of the key informants stated: "As council, we have no funds to repair the boreholes and we expect the donating organisations to come to our rescue". Other reasons advanced by key informants were lack of community awareness programmes on community based management of boreholes and their attitudes and perceptions on taking ownership.

Table 1 distribution and status of boreholes

Residential Area	Borehole Working	Borehole/not working	Total per area
Budiriro 1	3	3	6
Budiriro 2	3	2	5
Budiriro 3	2	2	4
Budiriro 4	2	2	4
Budiriro 5	4	5	9
Total	14	14	28

4.2 Causes of borehole breakdown

On causes of break-downs, the study found out that numerous factors contributed to the malfunctioning. Four focus group participants in Budiriro 4 and 5 remarked:

While we appreciate the Donations of boreholes by UNICEF, there was little attention given by council to the community water needs and the proper safe guards of donations like water facilities. We have identified the failure factors as: negligence, overuse, lack of spare parts and vandalism.

Three key informants at Budiriro 1 and 2 echoed the same sentiments:

People needs training on how to use boreholes, you cannot just give everyone access to its use without orientation as some have never used a pump in their lives. Children will take them as recreational facilities hence the high rate of break-downs.

4.2.1 Negligence

There was no training offered to residents on the care and maintenance of the boreholes. Some young persons get excited by

pulling up and down the pump recklessly without due care resulting in the pumps dis-engaging from the pressure rigs.

4.2.2 Overuse

Some of the participants thought that the main cause for breakdowns was overuse, especially, when only 50% of the drilled boreholes were still functional.

4.2.3 Lack of spare parts

It was reported by 80% of the respondents that the borehole parts were not durable and were not meant to stretch far, while the rest 20% were not sure what was causing the breakdowns.

4.2.4 Vandalism

Some unscrupulous elements in the high density suburbs move in and around wards looking for welding steel iron-bars from boreholes. They vandalise the borehole equipment to get the iron bars.

4.3 Current Responsibility for Operation and Maintenance

On a rather disappointing note, contrary to the ownership results, when asked on who was responsible for borehole maintenance, 68% of the respondents indicated that it was the responsibility of the Council, while 20% were not sure. On the other hand, 6% indicated that it was the user community and another 6% indicate that it was NGOs, as shown in Figure 1. Some residents pointed out that borehole maintenance was the responsibility of those living around the borehole area, stating that with the distances they were travelling to fetch water, it was not possible to be involved in daily operation and maintenance issues relating to the boreholes. The majority of respondents (68%) further explained that it was the Council's responsibility because they are the ones who had first failed the residents.

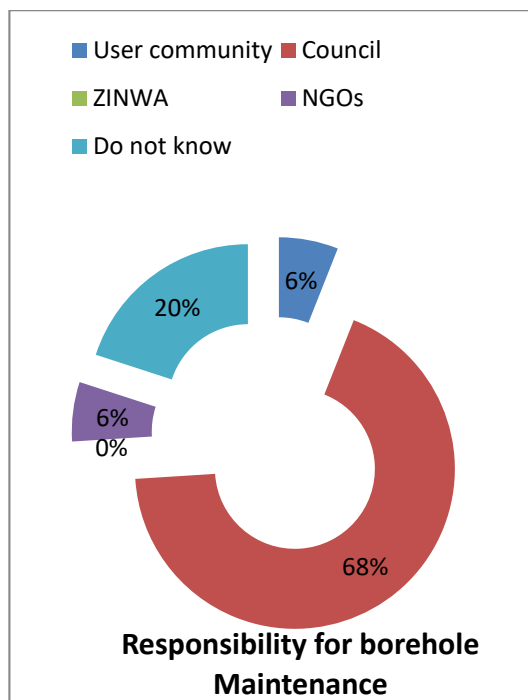


Figure 1: Responsibility for Borehole maintenance (n=70)

4.4 Ownership and Maintenance of Borehole

The study established that all the boreholes were owned and maintained by the Harare City Council. On maintenance, ten participants in three focus group discussions concurred:

There were no repairs being done to the broken-down boreholes due to liquidity problems and poor management. Some boreholes needed very little attention but the council officials seemed to have no concern or attention to them. The impact of their state could not be underestimated and those who helped in financing them maybe discouraged to invest in future WASH facilities if no care is given to donated life-saving facilities.

Against the background of unreliable piped water, residents were finding it difficult to source water far away from their homes, a situation now resembling rural areas.

4.5. Willingness to contribute towards Operation and Maintenance.

The respondents were of the opinion that council should reduce water bills or stop charging residents who were using borehole water. The research findings established that 88.3% of respondents strongly agreed that they were willing to take a leading role, 68.4% strongly agreed that the community was willing to pay for services and make contributions for maintenance, and 65.9% indicated that the community was willing to be trained as indicated in Table 3.

In-depth interviews with key informants (council officials and community leaders) was intended to get real issues about the council's perceptions on the introduction of CBM in Budiriro. The officials who were interviewed separately had almost similar perceptions about the residents' willingness and capacity to own and manage the boreholes.

One of the official said:

These people are not honest, they refused CBM at the earliest period of the problem and they accuse council for failure to supply adequate water yet they don't even know how expensive water treatment is and the scarcity of materials. Some are owing council a lot of money and they think they can run-away from paying their debts by adopting CBM. Council at the moment has no money to repair boreholes, let alone paying staff salaries.

The other council official said: "Those residents who want CBM of council boreholes should clear their debts first then approach council for the CBM, otherwise council is not ready to handover its boreholes to the community as they will be tempted to refuse paying council bills".

Table 2: Willingness to Ownership and Obligation
n=70

	Questions	SA%	A%	U%	D%	SD%
1	Do you think the community is willing to take a leading role?	88.3	3.8	3.1	2.2	2.5
2	Do you think the community is	68.4	9.4	15.7	3.1	3.1

	willing to pay for services or make contribution for maintenance?					
3	Do you think the community is willing to be trained?	65.9	18.9	9.4	3.8	1.9

Key; strongly agree (SA) Agree (A) Undecided (U) Disagree (D) Strongly Agree (SA)

4.6 Community capacity to contribute and making binding decisions

On community capacity to contribute and making binding decisions on CBM of boreholes, the survey revealed that 88.3% of the respondents strongly agreed that they had the capacity to manage upon taking ownership and control of the borehole, 65% strongly agreed that the community could mobilize resources for the proper functioning of the boreholes, while 63.4% strongly agreed, to contribute towards maintaining and operating services of the boreholes, as shown in the Table 4.

Focus group discussions were intended to find out the willingness and preparedness of the local entrepreneurs to assist the community with resources as and when they are required as well as to take part in the programme as local residents experiencing the same fate. The discussions were quite fruitful and showed that the entrepreneurs were ready to go for it as there were no exceptions to the water challenges facing the Budiriro residents.

One group was bitter about what it termed corruption in council. The alleged:

A borehole in Budiriro 4, meant for the community, was taken over by a service station owner who has since removed the hand-pumps and covered the borehole with plastic and sand in a suspected bid to conceal it until everyone forgets about it, then

they will use it as theirs at their service station . What is council doing about it?

Table 3: Capacity to Contribute and Decision Making
n=70

	Questions	SA%	A%	U%	D%	SD%
1	Do you think the community can take ownership and control of the borehole?	88.1	4.0	3.0	2.3	2.5
2	Do you think the community can mobilise resources?	65.0	9.4	9.4	6.0	6.6
3	Do you think the community can contribute towards maintaining and operating services of the borehole?	63.4	13.5	6.3	9.4	6.9

Key: strongly Agree (SA), Agree (A), Undecided (U), Disagree (D), strongly Disagree (SD)

4.7 Ability to execute plans and decisions (n=70)

The study revealed that 68% strongly agreed that they were able to work well in groups of CBM of boreholes, 85% strongly agreed that they needed external support from council, government and NGOs, while 65% asserted that the community had a common interest in borehole water project. Of those 7%, 6% and 7% disagreed with all the three statements as indicated in Figure 6 below.

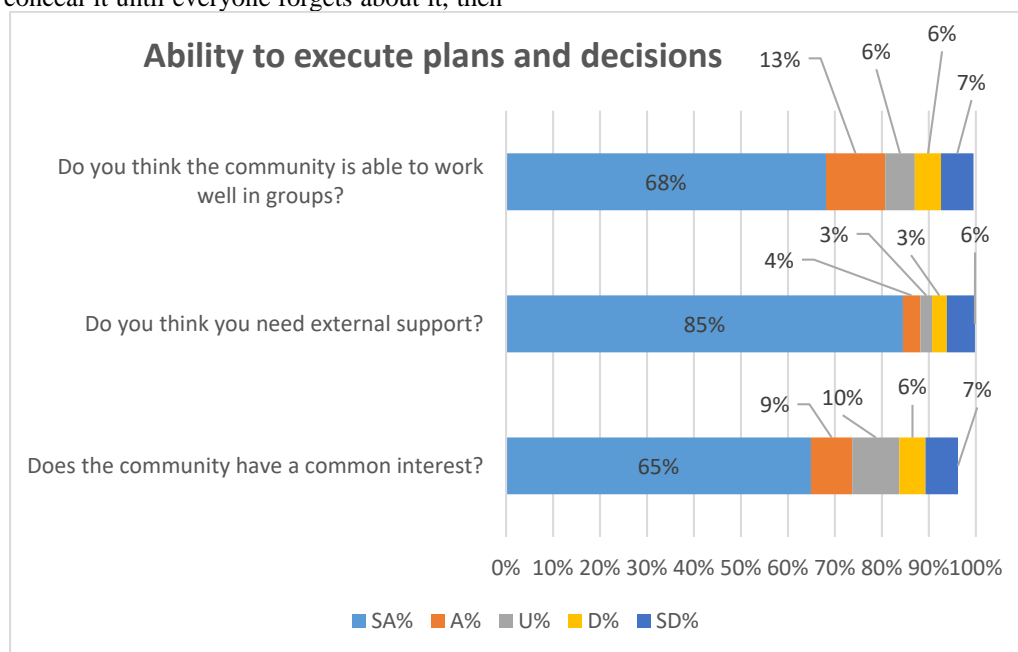


Figure 1: Ability to Execute Plans and Decisions

V. DISCUSSION

5.1 Towards a Framework for Integrated Community Based Management of Boreholes

The foregoing findings indicate that the high levels of enthusiasm and resourcefulness shown by residents imply that there were ready to take over the CBM of boreholes, if given a chance. In addition the community wanted council to conduct meetings about the project where they would be ready to tell council about their intentions and preparedness to roll-out the programme.

5.2 Knowledge and perceptions about the CBM

The findings suggest that the community had no knowledge of how the CBM works and the legality of the programme, particularly, ownership by the community. Upon explanation by the researcher the community became so excited and were ready to take charge of the boreholes. The community's perception of the CBM was that they would not pay council water bills even when they use council water sparingly against the background of inadequate water supply. Others were of the opinion that council borehole water would be paid for, thereby creating another bill. For this perception to be cleared, awareness meetings could help to enlighten the residents about the benefits of the programme, particularly, in eradication or minimising chances of disease outbreaks due to water shortages.

5.3 Attitudes and Beliefs

The interviews held exposed the community's growing desire to own water sources. Experience of frequent diseases outbreaks had taught the community to develop a positive attitude and find their own source of water to an extent that some have their own wells at their residential homes. The positive attitude about CBM would help to effectively implement the programme with certainty as the community was desperate for an alternative water supply considering council failure and poor administration in the water supply systems. The community belief was that council should own and maintain the water supply and no resident should pay for the borehole repairs as they were paying rates to council.

5.4 Willingness

The community's willingness to own the water project makes it easy to implement the programme. In any community project, willingness to be involved is key to its success. The findings suggest that CBM would be a better alternative to ensure constant supply of safe and clean water for their daily use.

5.5 Capacity

It is a fact that willingness and capacity are different variables. While one can be willing to undertake a project, capacity can be a limiting or driving factor. Studies by Mayer (1995) established that where there is willingness, capacity can be easy to mobilize. The findings suggest that the majority of the respondents have capacity to contribute and make decisions.

5.6 Ability

The CBM's success is also determined by the community's ability to execute its plans and decisions as this calls for commitment and discipline (WHO & UNICEF, 2010). There was

need to have a high sense of responsibility to be able to succeed. Ability is a key attribute to human success. Ability of the community to work as a group driven by common interest can also attract assistance from external. The study established that the community would be able to execute the project if it was given a chance to do so.

VI. CONCLUSIONS

The study found out that the council has no financial capacity to maintain the boreholes for it had too many liabilities in its hands. Without the NGOs' assistance council would not afford the projects. Additionally, the neglect of donated water facilities discouraged would-be funders to intervene with funds when the need arose. The broken-down boreholes have been neglected for too long against the background of frequent disease outbreaks in Budiriro. The willingness, capacity and ability of the community to take ownership was real for they had experienced a lot of hardships due to water supply systems failure. Surrounding stakeholders and local entrepreneurs were ready to intervene with cash or kind in the event that council decides to handover to the community the boreholes as a community based managed project.

VII. RECOMMENDATIONS

In view of the finding that the government has instituted community based management of water and sanitation programmes in rural areas at a time government could no longer afford to do everything for the community, this paper recommends that the Harare City Council should follow what was done by the government by handing over the donated boreholes to the community after educating them on their rights and dynamics of community based management. Such an arrangement could enable the council to save money and lives.

To ensure improvement in service delivery, there should be specific legislation for urban water management by the community, which clearly explain, all the processes involved and rights in the management of water by the community.

To ensure stakeholder involvement:

- There is need to run awareness and sensitization programmes.
- Water the council should ensure residents are involved at all stages in management.

Further studies can also be extended to community based management of solid waste and sanitation facilities.

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