Role of Local Elites and Village Level Sanitation

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BRAC Research Report

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ABSTRACT

This study aimed to explore the role of local elites and associated factors that prevent or promote sanitation facilities to the poor. The study was conducted in five communities of five villages of Nilphamari and Lalmonirhat districts. The three communities - Hazipara, Korollabechatari and Moulvipara of Jaldhaka/Nilphamari were selected for the role (active, non-active and newly formed) of *Gram Shahayak Committee* (GSC - a committee formed by the CFPR-TUP programme comprised of a group of local elites to facilitate the ultra poor). The other two communities selected were Babupara from Hatibandha and Balatari from Aditmari of Lalmonirhat district. Babupara was selected as 100 % sanitation community and Balatari as control community. Data were collected through qualitative approaches during February to April 2005. The study shows that all the five communities received local elite's support to some extent. The local elite's support was highest in communities with 100% sanitation and the active GSC. In different communities the factors were different which prevent the adoption of total sanitation. The preventing factors were lack of awareness, lack of land, sanitation as less prioritized issue, and poverty. In these five communities the factors associated with promoting sanitation are elite perception of disease and disease transmission, concept of ideal village with proper sanitation, notion of shame, *purdah* or just *soaber kaj*. In most cases the elites were providing help for sanitation through different local institutions. But, it was found that in most of the villages the local institutions were not being able to provide sanitation facility to the poor effectively.

INTRODUCTION

Safe and adequate supply of water along with proper sanitation are the basic needs and essential components of primary healthcare. Inadequate provision of safe drinking water and sanitation is directly and indirectly related to the communicable diseases, health risk, poor health and environment pollution. The direct benefits of water supply and sanitation can be exemplified by the reduced incidences of water-borne and water-related diseases (1).

At the beginning of 2000, it was estimated that 1/6 of the world's population was without access to improved water supply and 2/5 lacked access to proper sanitation. The majority of them live in Asia and Africa, where fewer than one-half of all Asians have access to improved sanitation and two out of five Africans lack improved water supply. These figures are shocking because they reflect the results of at least 20 years of concerted efforts and publicity to improve coverage (2).

WATER AND SANITATION SITUATION IN BANGLADESH

The national coverage of drinking water supply was 97% in 1994 with 100% in urban and 97% in rural areas. This coverage did not consider the quality of water as free from chemical and microbial contamination, which could be termed as safe water. However, tubewell water was considered as safe drinking water (2). The progress in sanitation is much slower as compared to water supply in Bangladesh. Since 1954 the Department of Public Health Engineering (DPHE) of the government of Bangladesh has been working with different organizations (like WHO, UNICEF) at different times. But, greater emphasis on water and sanitation was put during International Drinking Water Supply and Sanitation Decade during 1980-1990. By the end of 80s, the effort progressed when low cost water-sealed latrines and concrete ring slab started to appear in the local *bazaars*. Despite all of this, the sanitation coverage could not reach more than 16% at the end of 1990. Then to give new flow to improve sanitation coverage, 10 years national sanitation strategy was formulated which incorporated social mobilization approach known as SOCMOB. All these efforts raised total sanitation coverage in Bangladesh to 43% in 2000 (according to BBS/UNICEF survey) (1). Now, the government of Bangladesh has taken up an extensive programme of 'National sanitation campaign' to ensure construction of sanitary latrines, its use and personal hygiene practice by 100% of the population by the year 2010. In this phase the government of Bangladesh involved different institutions or NGOs like BRAC, Grameen Bank and many other local NGOs to meet the goal.

INVOLVEMENT OF LOCAL ELITES

All the NGOs and even the *Union Parisad* (the lowest administrative unit of the local government administration) involved the local elites to promote safe sanitation. From the experience of 'Total sanitation programme'[1] (by VERC) it was seen that the well-off people in the community supported the poor to achieve total sanitation (3). BRAC also run their programme by convincing the local elites. BRAC programme called 'Challenging the Frontiers of Poverty Reduction/Targeting the Ultra Poor (CFPR/TUP), launched in 2002, involved local elites through a committee known as GSC[2] (*Gram Shahayak Committee*). One of the agenda of the GSC is to provide safe water and latrine to the TUP members. Even the 'Total sanitation

[1] Total sanitation means safe disposal of human excreta, solid wastes and wastewater and hygiene practice by all in a geographical area or community

[2] A committee formed by BRAC with local elites to support the TUP members

programme' that are running by BRAC (like in Bogra) involved the local elites for promoting safe water and latrine for improved sanitation.

Through this study an effort was made to understand the local elite's role to provide safe water and sanitation to the poorest. Though the poor always suffer more by water and sanitation-related diseases but the non-poor are never completely immune. In 1990, the outbreak of cholera epidemics in most of the developing worlds including Latin America where the disease had not been seen for a century reminds that we have to be conscious about this communicable disease. But, research reveals that the elites in other developing countries tend to feel insulated against the diseases of the poverty (4). Then what are the prime motivators for elites in Bangladesh to provide health services to the poor? Does the threat of being infected by a communicable disease of the common poor play a role in a concern for their health welfare, or are the motivators un-related to this fear? Does that threat of contagious disease push the elites to help the local institutions in providing water and sanitation to the poor? And how far the local institutions are active with the help of local elites to provide water and sanitation provision.

The objectives of the study are to understand:

- The sanitation situation of the five study communities,
- The role of local elite in promoting safe sanitation,
- The efforts and initiatives taken to tackle the problem of sanitation,
- The preventing factors of having total sanitation,
- Associated factors to promote safe sanitation, and
- The local elite's concept about the institutional means of providing safe water and sanitation.

METHODOLOGY

A variety of qualitative techniques like community water and sanitation mapping, in-depth interviews, and informal discussion were done with the community including the TUP members and local elites. Data were collected during February to April 2005.

The study was conducted in five communities (*paras)* of five villages in Nilphamari and Lalmonirhat districts. Among these five communities, three are from TUP[3] villages- Dokhin deshibai, Pashim khutamara and Changmari of Jaldhaka, Nilphamari. The other two communities were from Lalmonirhat district. Among the other 2 communities, one was from total sanitation village of Hatibandha and another was from Aditmari village what is taken as control i.e. without any TUP programme or any intervention like total sanitation programme.

This five different communities were selected to find out the role of local elites (in providing sanitation) from different perspectives. The three TUP communities were selected according to the active/non-active/newly started performances of GSC. These three communities were Dokhin deshibai (active GSC), Pashim khutamara (non-active GSC) and Changmari (newly formed GSC). In the text, Dokhin deshibai, Pashim khutamara and Changmari community are termed as community 2, community 3, and community 5 respectively. The Hatibandha i.e. the total sanitation community is termed as community 1, and Aditmari i.e. the control community is termed as community 4. The researcher with the help of one research assistant collected the data.

WATER AND SANITATION MAPPING OF THE COMMUNITY

Water and sanitation mapping was done in all the five study communities with the help of the community people to know about the current water and sanitation status. The households with or without any safe water/sanitation and the households received elite support for sanitation were also marked.

IN-DEPTH INTERVIEWS

Twenty-six (26) in-depth interviews were done with the local elites of the five communities. The local elites included the members of the GSC, member/chairman of *Union Parisad* or *Gram Sarker* or people attached with the local *Salish babastha*, school teachers, *imam* or *purohit*. The names of the local elites were collected from the community. The interviews were done through a semi-structured questionnaire.

INFORMAL DISCUSSION

Informal discussions were held with the local community people to know about the role of local elites. The community people included the TUP members, the people visit the local tea stall, and those assisted in preparing the water and sanitation mapping of the community.

[3] The village where BRAC is running this CFPR/TUP programme.

FINDINGS

SANITATION SITUATION OF FIVE COMMUNITIES AND THE ELITE SUPPORT

Table 1 presents the details of the communities/*paras* as well as the statistics of water and sanitation situation of those communities/*paras*.

Table 1. Five studied communities at a glance

	Communities				
	Community 1	Community 2	Community 3	Community 4	Community 5
Location	Babupara of Pashim Nowdabash of Hatibandha/ Lalmonirhat	Hazipara of Dokhin deshibai of Jaldhaka/ Nilphamari	Korollabecha tari of Pashim Khutamara of Jaldhaka/ Nilphamari	Balatari of Sarpukur of Aditmari/Lalm onirhat	Hindupara of Changmari of Jaldhaka/Nilp hamari
Total no. of household	50	197	222	91	141
Major occupation	agriculture	agriculture	agriculture	agriculture	agriculture
Wealth ranking	Rich: 9% Middle class: 12% Lower middle class: 19% Poor: 60%	Rich: 9% Middle class: 10% Lower middle class: 18% Poor: 63%	Rich: 8 % Middle class: 11% Lower middle class: 19% Poor: 62%	Rich: 3 % Middle class: 7% Lower middle class: 25 % Poor: 65 %	Rich: 7 % Middle class: 12% Lower middle class: 16% Poor: 65%
Rate of education	65%	39-40%	40-42%	45%	30-32 %
Total no of TUP members	------	8	7	------	9
Proportion of HH under safe water	100%	120 (61%)	130 (58%)	48 (52%)	50 (35%)
Proportion of HH under both safe water and sanitation	100%	54 (27%)	35 (16%)	42 (46%)	41 (29%)
Proportion of HH only under safe sanitation	------	Only one	-------	------	------
Neither TW nor latrine	------	22 (11%)	57 (26%)	----	46 (32%)
Katcha latrine	----	-----	------	18	-----
GSC committee	-------	Present and active	Present and non-active GSC	----	Newly formed GSC
HH got elite support	10 (20%)	16 (8%)	11 receive GSC support (5 %)	4 (4%)	4 (3%)

Notes: HH= Households

Community 1 received the highest elite support for sanitation and community 5 received the least support. Though in communities 4 and 5, the safe water coverage was lower compared

to other communities but overall coverage for both safe water and sanitation were higher than the other communities. The elite support comes in the form of financial assistance, giving motivation for installation of latrine, and allowing the reliant to install a latrine in their land.

FINANCIAL ASSISTANCE OR PROVIDING SANITATION MATERIALS

The study reflects that in most cases the elites were not providing direct financial help for safe water and sanitation. In the case of providing financial help, marriage of any poor people's daughter (for payment of dowry) or treatment cost for any critical disease usually got priority. For such purposes the elites (2/3 together) did '*hat* collection'[4]. Even the elites' gave cash money in the case of treating diarrhoea among the poor. But, nobody inform about *'hat collection'* for providing water and sanitation materials to the poor.

The elites provided ring/slab or tubewell individually when they managed those as charity. One of the elite claimed:

> "I have very good relationship with the chairman. So, I asked for two tubewells to the chairman and he gave two tubewells from the *Union Parisad.* I installed one tubewell at my house and I gave the other to one of my poor neighbours."

One of the elite also mentioned:

> "I was the Federation chairman of RDRS and as a chairman I managed 4/5 ring/slab and distribute those to my poor neighbours."

Another elite said that he managed at least 4/5 rings/slabs from the local NGO 'Sobujsathi' and provided those to his neighbours Only one village elite said that he provided ring/slab to two of the families in the village - One was a TUP family and the other was a poor villager.

In most cases, elites provided help for tubewell or ring/slab to the poor not individually [illegible] institutional arrangements. One of the elites from community 2 said,

> "In this area for providing safe water and sanitation to the ultra poor, the elites of GSC contributed 50% and BRAC helped for the remaining 50%. The GSC members collected money from the rich persons of the village and provided some tubewells and sanitary materials to the poor."

One of the elite also explained how he participated in managing ring/slab under institutional support. He said that as a member of *Gram sarkar* they convinced the UNO (*Upazilla Nirbhahi* officer's office) to allocate some money for sanitation and received Tk. 5,000. By that money he bought 20 latrines (one with three rings and one pair of slab) and distributed those to the poor villagers. In the total sanitation village, the scenario is little different. There the chairman himself requested to contribute 5-10 taka to the elite people of the community for ring/slab. Many of the elites did that.

Though the elites did not give much financial assistance for buying ring/slab, but they provided labour cost for installation of ring/slab or tubewell. In all the TUP villages the elites, those belong to GSC, frequently helped the poor by providing labour cost to install tubewell or latrine, specially to the TUP members. The elites of one of the TUP community also said that before forming GSC nobody of the village worked for the safe sanitation.

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[4] Collecting money in the *hat* day from those who are coming to the *hat.*

In most of the communities except the control community the elites provided accessory sanitation materials like bamboo for construction of latrines. Those elites who had their own bamboo bush (*bash jarh)* usually contribute bamboo. Many of the elites said that when the poor received bamboo, in most cases they sold those or used to repair their houses.

GIVING MOTIVATION

Many of the elites told that they motivated the villagers for installation of safe water and sanitation facilities. Some of the elites said that they actually force some of their neighbours to install tubewells. One of the elite said,

> "One of my poor neighbour has the habit of defecating openly. His whole family used to defecate at the road side. Once I collected a poster from Plan Bangladesh on using of safe sanitation and fixed that in *bera* (fence) of their house and convinced them to install of a latrine. And finally I made it."

But, other elites said that they advised their neighbours, especially when they saw someone defecate openly, about the use of safe water and sanitation. The elites thought as an aware and educated person it was their duty to tell these things. One of the elite who was a village doctor (*palli chikitshok)* said that, whenever he visited any diarrhoea patient he advised the patient about installation of a latrine and of drinking safe water. But, many of the elites also informed that, the poor never bothered about the advice for installation of safe water and sanitation facilities. Some elites said that sometimes they advised the villagers to install sanitary latrine.

ALLOW THE RELIANT FOR INSTALLING LATRINE

In our country 43% of the population do not have any latrine and 5% of the people could not install latrine because of not having lands. In the study villages many of the landless people were found living on elites' land. In many cases it was seen that if the reliant asked then the elites allow their reliant to install tubewell and latrine on their land. But, it was not at all common that the landlords themselves install a tubewell or latrine for them. For those instances one of the elite said,

> "The reliant never asked me for a latrine. But, once they asked for a tubewell and I installed that."

EFFORTS AND INITIATIVES TAKEN TO TACKLE THE PROBLEM OF SANITATION

COMMUNITY 1

Previous situation

The village Hatibandha was like any other village in Bangladesh with low coverage of safe water and safe sanitation. Before the intervention of 100% sanitation activity, the total sanitation coverage was 5% and there were only one safe drinking water source for the entire village. There was enough open space (bamboo bush) in that village and people were not aware about the bad effect of open defecation and nobody ever said anything about defecating openly. So, open defecation was a common practice in that village.

Diarrhoea and cholera was prevalent at that time specially among children and nobody bothered about that. Because everybody thought that it was common in the village. So, what could anyone do about that.

Present situation

The villagers stop defecating here and there. The diseases like diarrhoea/cholera/dysentry were reported less. The fertility of the soil is the same like before. The environment became soothing now. Some people said,

"We do not get bad smell when we walk through the road."

It needed a lot of publicity for securing 100% sanitation. Initially, people used the latrine with great agony because of its bad smell. But, now they are getting use to it. Now, the environment is also clean in the village. Some villagers said,

'We create a chain in this village i.e. we are trying that every household should have latrine, otherwise the flies/mosquitoes will come to the open feaces of our neighbourhood and will spread germs. The flies/mosquitoes do not need any passport."

THE TOTAL SANITATION VILLAGE: HOW IT BECAME POSSIBLE

In the total sanitation village, the first step was to raise awareness. The chairman of the *Union Parisad* arranged a meeting in 2003 with local elites. The safe water and sanitation status of the village was discussed. The meeting aimed to motivate the elites for safe water and sanitation. The *Union Parisad* (chairman and members) invited the UNO (*Upazilla Nirbahi* officer) and arranged a meeting with the villagers. These were done to create awareness among the villagers regarding safe water and sanitation.

The *Union Parisad* also pressurized the villagers by telling that if anyone did not install latrine then the head of the family would be handed over to the *Union Parisad* and instruction was given to the *chowkider* (village police recruited by *Union Parisad*) to follow that up. The *Union Parisad* also told people that the IGVGD card would be withdrawn if they did not install a latrine in their house. The *Union Parisad* also warned the parents of stopping the stipend of the students if they did not install a latrine in their house. The *Union Parisad* still do miking

that if anyone defecate openly then he/she will be charged for fine of Tk. 500 and if anyone inform about anyone's open defecation then he/she will be awarded Tk. 200. This created a fear among the villagers and they avoid open defecation. Thus, the villagers were forced by the *Union Parisad* to install a latrine at their homestead. This was considered as apart of awareness programme.

The *Union Parisad* distributed ring/slab to two ultra poor people of the village. Thus, 10/12 families (in babupara) received ring/slab from *Union Parisad* and those who are rich helped make the village 100% sanitized by contributing 5-10 taka or materials like bamboo to the poor. *Union Parisad* also convinced elites who have reliant living on their land to allow installation of a latrine on their land. Moreover, the chairman, members and *chowkider* (village police) also ensure that the villagers are using the latrine.

COMMUNITY 2

Previous situation

Since 1980, people started to install tubewell because of iron in the dug well water. People also stick to the tubewell because of its good taste. But, even 4-5 years back, there were only 4-5% sanitary latrine. People usually defecate in the bamboo bush at day time and in the open field at night. Very few people of the village understood about the use/need of safe sanitation. Even the well-off people of the village did not bother to install a latrine.

Present condition

Since 1990 people are becoming aware about the use of safe sanitation. But, the situation has been changing during the last two years. People of this village always suffered from diarrhoea and dysentery. Different awareness programmes made people understand that all these happened due to using unsafe sanitation. The role of NGOs was very important here. Specially Plan Bangladesh arranged VCD, TV, and radio that created some change among people. Moreover, people are becoming educated and also understanding the importance of sanitation. Now, there is also scarcity of open space in the village. So, many people are installing latrines. People's mobility are also not that much high compared to other regions, so it is also taking a long time to be in touch with the modernity. Most of them also have limited knowledge about unsafe sanitation-related diseases and disease transmission. Recently, people could understand the linkage of disease like diarrhoea and dysentery with lack of proper sanitation. These are the results of different NGO activity and the effect of media. Still many of the villagers who managed ring/slab from different NGO/*Union Parisad* are selling those or keeping those unused.

There are seven members in the GSC. Before GSC there were a committee named '*Jubo committee*'. One of the elites said that from that committee they advised the villagers about safe water and sanitation. For providing safe water and sanitation to the ultra poor, the GSC contributed 50% and BRAC helped for the remaining 50%. The GSC members collected money from the rich persons of the village and provided tubewell and sanitary materials to the poor. Many also contributed materials like bamboo. They helped some TUP members to install tubewell and latrine. They also helped many others by providing materials like *bash/bera*. But, they could not help much because of the lack of their financial solvency. GSC is the *Paramorshodata* or like advisory committee.

COMMUNITY 3

Previous situation

People of this village switched over to safe water 10 years back, but at that time there was almost no safe sanitation. During the last 5 years the sanitation situation has been changing. At that time, among the 100 families there were safe latrine in only 10/12 households. Since then the number of safe sanitation has been gradually increasing in the village. At first when 'Grameen Bank' came to this village, they gave three rings and one pair of slabs to each of their members. But, that time almost all the 'Grameen Bank; members sold those or used those as chicken house. The cause was lack of awareness and poverty.

Present situation

Now a days it has become a prestige issue to have a latrine. Moreover, in each and every family children are becoming educated and aware. NGOs like Plan Bangladesh, Sabujsathi, and BRAC provide many ring/slab and sensitize people for having a latrine. Now, almost 50% households have safe sanitation.

In that *para* there are eight TUP members and all of them received ring/slab (2 or 3) from BRAC. One of the GSC member said that the latrines were provided by BRAC and the GSC members gave them the labour cost. But, another GSC member said that, "At the beginning BRAC gave some ring/slab to their TUP members at free of cost. But, I do not know if they install those latrines or not. Before forming GSC nobody worked for safe sanitation. But, nobody in the village/GSC committee helped by giving sanitary materials like ring/slab or construction materials like bamboo for installation of latrines for the ultra poor or other poor of the village."

COMMUNITY 4

Previous condition

Around 12 to 15 years back there were only one latrine, and that was in a primary teacher's house. For many years the situation was same. Later some of the religious and solvent people installed latrine to protect their women's *izzat*. Though the people of this village were poor they started to install *katcha* latrine in their household. People of this village thought the *katcha* latrines were also safe. They thought that they were defecating in a particular place, so that was safe. They did not consider diarrhoea/cholera/dysentery as communicable disease. They did not understand that from open feaces of *katcha* latrine flies could carry the germs and could cause those diseases.

Present condition

Now, 60-70% people of the village understand about the diseases that caused for not having safe water and sanitation. The community people said, they gather this knowledge by interacting with different people. NGOs like BRAC and RDRS also insist people about installing tubewell and latrine. Government also takes initiatives regarding this. But some villagers said that the government health workers or health assistants occasionally advice about installing tubewell and latrine. Those who got the IGVGD card received ring and slab from the *Union Parisad* at a cost of Tk. 200 for each. Twenty people of this village received ring/slab in this way. School teachers of the village advice the students about installation of latrine. The NGOs like BRDP, BRAC and RDRS are doing huge promotion for safe sanitation and also giving ring/slab to their members.

The poor people made a *samity* few years back. But, after running for 2 months the *samity* abolished. The members of this *samity* deposited five Tk./week. So, when the *samity* abolished the person in charge bought some latrines and gave those to the *samity* members. That also increases the number of sanitary latrines in this community.

COMMUNITY 5

Previous situation

People were using safe water since 1980-85. But, 10 years back there were no latrine at all. This is a Hindu dominated area. Conservative Hindus do not like to use the latrine used by many because of the fear of becoming 'untouchable'. This village is situated by the side of a canal. People like to defecate by the side of the canal for the availability of water. This was one of the major causes of low sanitation coverage in this village. The Plan Bangladesh and BRAC brought limited change to this village in the case of sanitation. Almost 10/15 years back cholera (diarrhoea) started as an epidemic in this village. The government hospital supplied bleaching powder for each and every dug well that the people were using. Since 2002, people concentrate on tubewell for safe water. But the issue of using safe sanitation did not come as an issue of preventing people from communicable diseases like diarrhoea and cholera. Even before 1997 only two families of the village got safe sanitation. From 2002, the situation of the village started to change. People are becoming educated and aware moreover activities of different NGOs have increased in this area.

Present situation

Of the 125 households, 5/7 households have sanitary latrine. Another 20-25 have latrines made up with ring and slab, and people of other 50 households defecate in a tin pot kept in a particular place (latrine of *tin er motka)*. But, still members of many of the households defecate in open places.

BRAC provided rings/slabs to two of its members. But, they could not install those because they are living on land owned by others. Until now the GSC members did not give any financial help to the BRAC/TUP members. Some of the members themselves installed rings/slabs at their homestead. But, GSC installed one tubewell to one of the TUP member's house.

The *gram sobhapati* of the Plan Bangladesh is from this community and in his own initiatives he installed different sanitation models in his community. So, it also increases the enthusiasm of installing latrines in the village.

FACTORS PREVENTING TOTAL SANITATION

The factors that preventing total sanitation are lack of awareness, ancestral habit of defecation, scarcity of land, installation of latrine as less prioritized issue, bad smell from the latrine, lack of knowledge about communicable diseases and financial constraints. Different communities gave importance to different issues as preventing cause.

COMMUNITY 1

The chairman takes initiatives with the help of Plan Bangladesh to promote the village as a total sanitized area. The first challenge was to sensitize the people of the village for safe sanitation and made them understood about the diseases caused for unsafe sanitation. The villagers also informed that these diseases (water and sanitation borne diseases) are communicable too. So, it is very important to have sanitary latrine for all. The second challenge was to provide the ring/slab and sometimes some other sanitary materials like bamboo to the ultra poor people, which were provided by the *Union Parisad* and the local elites. The third challenge was the people living on land owned by others. The *Union Parisad* motivated the landlords to allow their reliant for installation of latrine.

COMMUNITY 2

Lack of awareness of the people is the main reason of this community for not having enough safe sanitation. People of this village still do not feel comfortable to use a latrine. As a reason, they mentioned about frogs, snakes and sometimes about evil spirit for not using a latrine even after installation. The other reasons that come frequently from the villagers is the bad smell of the latrine (ring/slab). Some also mentioned about lack of space and financial crisis for installation of a latrine.

It comes out from the study that still there are lots to do about creating social awareness for sanitation. Because the SOCMOB of the government that stopped in 1998 could not do much on creating awareness about safe water and sanitation. The elites are also far lag behind even to understand about the need of a safe sanitation. Some of the elites expressed their opinion by saying, "The situation of safe water and sanitation is like this for ages and people are habituated in this way. It is not an issue that the people will ask you for help."

Many of the elites said that it was a total waste of money to install a latrine. Even one of the elite who was a member of the *Union Parisad* did not have a latrine at his own house. Another member from the village expressed his views by saying, "*UP* member do not elect for the whole life. If he gives too much pressure on such an unimportant issue then probably they (the poor) will be angry and may not elect him again for the next time."

Many of the elites agreed that the lack of awareness exists in both sides (with both poor and rich). They also informed that it happened with many of them that, the poor villagers took bamboo from them for installation of a latrine but ultimately sold those bamboo or repaired their house with that.

COMMUNITY 3

This is a densely populated community and anyone hardly find any open place for defecation. So, people are installing latrines. But, on the other hand, there are at least 12-14 families who

do not have any land of their own for installing latrine. It is also not very uncommon with the TUP members i.e. those who are ultra poor. Even after providing them ring and slab they could not install those. The poor, those who are living on other's land, also do not dare to request or ask the elite for a latrine. Probably they think it is enough that the elites allow them to live on their land.

Many of the community people also mentioned about the bad smell of the latrine and that also discourages people for installation of a latrine.

COMMUNITY 4

In this community, to help to install a latrine is not a priority of the elites. The elites prefer to help in treatment, paying dowry for marriage, allowing the poor to live on their land, supplying housing material, resolving clash among community people than helping in installing safe water and sanitation facilities. One of the elite said, "People not having safe water and sanitation, is not a big problem. The problem is people's empty stomach".

Not only the elites, the poor people of the community also think similarly. They also keep water and sanitation issue as a less priority issue when asking for elites' help. Regarding this one of the elite said: "Actually poor people of the village do not feel the need of latrine. So, how could I help anyone if they do not ask for any help for this purpose?" The poor also said, "There are alternatives for latrine (*bash-jarh),* but there are other problems where asking for help become a must."

COMMUNITY 5

The most common issues that come out as main problems from this community are the lack of knowledge about communicable disease and the financial crisis of the villagers. The village is situated next to a canal. Many of the villagers use the side of the canal as a place for defecation. That also restricts the installation of latrine in this community.

Almost all the community people mentioned about financial crisis. But, the intensity was higher in this community to indicate financial crisis as a cause of not installing latrine. The elites of this community mentioned, " Whenever we ask them for installation of latrine they answered- give us help then we will install latrine". There is also such groups who do not repair latrines that were installed once. One of the elite mentioned, the poor usually say, "We are poor, we earn 40 taka per day. The cost of 2 kg. rice is 36 taka. So, could you imagine how we are running our life? So, do not you think it is impossible for us to install a latrine?"

FACTORS ASSOCIATED WITH PROMOTING SAFE SANITATION

Factors those plays role for promoting safe sanitation are, elite's perception of relation between different diseases and sanitation, sanitation borne diseases as communicable diseases, open defecation and clean environment, considering open defecation as a threat to the *purdah* of women and considering latrine as a issue of prestige. In different communities, different reasons of promoting safe sanitation get different degree of importance.

Almost all of the elites from all of the community agreed that the safe water and sanitation were needed because lack of safe water and sanitation cause diseases like diarrhoea, dysentery, cholera, jaundice, worm infestation, and many more. So, it affects those who are not using safe water and sanitation. But, in most of the communities the elites also included tuberculosis, pox, gastric, goiter as the diseases caused by unsafe water and sanitation. Diarrhoea and dysentery comes as first or second prevalent diseases from almost all of the communities specially for children. The situation reflects that though many are taking safe water but for unsafe sanitary situation they are suffering from these diseases. Almost all of the communities considered diarrhoea/dysentery and cholera as serious diseases for children but not for adults. But according to many elites, use of unsafe sanitation and water were not only the reason for diarrhoea/dysentery for children. Some of the elites thought, 'weak mother produce weak children' or 'the mother could not maintain proper hygiene and the child suffered from diarrhoea'.

COMMUNITY 1

All of the elites as well as the community people had a clear idea about the effect of safe sanitation for preventing communicable diseases like diarrhoea/dysentery/cholera. They also understood that only sanitation for all could protect everybody from communicable disease. Many of the village elite understood that they should help their neighbours for safe water and sanitation specially for safe latrine for preventing the communicable disease like diarrhea, dysentery and cholera. All of the people of this community, knew about the transmission of diseases through flies and mosquitoes from the open feaces.

COMMUNITY 2

The elite of this community related environmental cleanliness with sanitation. Few of them also related the idea of 'ideal village' with total sanitation. Some of them explained in the way that the low coverage of sanitation was a threat to their 'ideal village' concept.

COMMUNITY 3

Many of the elites from this community could not set any specific reasons for helping the poor in the case of installation of safe water and sanitation. They considered helping them for that as '*soaber kaj*' or social duties or a way of getting God's blessing. In this community, helping the poor for water and sanitation never got priority. The community people remarked that the elites usually worked for their self-interest. The elites felt more comfortable to help the poor where the poor felt their need. And the elites thought that it would keep the elite's reputation in good book of the poor and would help the elites in their future need.

COMMUNITY 4

In this community, having a latrine is considered as an issue of prestige. The elites also thought that installation of sanitary latrine could protect women's *purdah* or *izzat* and that promoted the sanitation in this village. One of the elite said, "In Muslim family, if a woman defecate openly and other people see that then both of them will be in the *jahannam*. So, as a good Muslim we should help the poor to have a latrine." The elites also explained that, many young people of the village were now studying in the city and they wanted to follow the city life in the village. So, they emphasized on installation of latrine. It also increases the number of sanitary latrines in the village.

COMMUNITY 5

The elites of the community thought that the safe sanitation could secure individual good health and women's *purdah* and those reasons were promoting safe sanitation in this village. Some of the elites mentioned that, open defecation caused environmental pollution or air pollution and that polluted air entered through respiration or sweat glands and cause diseases like diarrhoea, dysentery or cholera. This type of story cause from all of the elites of this community.

THE ROLE OF ELITE'S SUPPORT AND THE LOCAL INSTITUTIONS

Bangladeshi local elites believed that a huge task like providing safe water and sanitation for all is not a job for any individual. In all of the villages, the elites believed that it was not possible to become 100% sanitation village without the help of any institution, or any local institution could not work properly without the help of local elites. The elites identified some areas where the local elites did an enormous job for providing safe water and sanitation to the poor with the help of institutions. The different institutions active in the study villages are

1. *Union Parisad*
2. *Gram Sarker*
3. *Gram* Committee by Plan Bangladesh
4. GSC of BRAC

COMMUNITY 1

The total sanitation village: an example of elite and institutional cohesion

In the total sanitation village, the first step was to raise awareness. The chairman of the *Union Parisad* arranged a meeting in 2003 with the village elites where safe water and sanitation status of the village was discussed. The aim of the meeting was to motivate the elites for installing safe water and sanitation facilities. The *Union Parisad* (chairman and member) invited the UNO and arranged a meeting with the villagers. These were done to create awareness among the villagers regarding safe water and sanitation.

The *Union Parisad* also created pressure on the villagers by telling that if anybody did not install latrine then the head of the family would be handed over to the *Union Parisad.* Accordingly instruction was given to the *chowkider* (village police recruited by *Union Parisad*). The *Union Parisad* also told the people who had IGVGD card that the card would be withdrawn if they did not install a latrine at their homestead. The *Union Parisad* also asked the parents of school children to install latrine otherwise the stipend of their children will be cancelled. The *Union Parisad* also announced that if anybody defecated openly then he/she will be charged for a fine of Tk.500, and the informer would be awarded Tk. 200. This created a fear among the villagers and they avoided open defecation. People of the village were forced by the *Union Parisad* to install latrine. This was considered as apart of awareness programme.

The *Union Parisad* chairman distributed rings/slabs to two ultra poor families of this village. Thus, 10/12 families received rings/slabs from *Union Parisad* and those who were rich help to make the village 100% sanitized by contributing some money or material like bamboo to the poor in this purpose. *Union Parisad* also convinced those elites who had reliant to allow them to use their land for installing latrine. Moreover, the chairman, member and *chowkider* (village police) ensured that the villagers were using latrine.

The work of the *Union Parisad* in this community is more like individual initiatives. Most elites informed, the chairman of the *Union Parisad* about their enthusiasm to make their village 100% sanitized. According to the chairman, "As a good chairman the government agenda 'sanitation for all by 2010' motivate me a lot and I want to make my village a total sanitation village. So, that, many government officers will visit my village and it will be

considered as an ideal village in Bangladesh." The total sanitation campaign may not be successful in other villages in the absence of a chairman like him.

COMMUNITY 2

This is a STUP community and the GSC is quite active. A GSC member said, "The elites of GSC contributed to the poor a lot. In many cases, the GSC contributed 50% and BRAC helped 50% for installation of latrines. The GSC members also collected money/sanitary materials from the rich persons of the village and provided tubewell and sanitary material to the poor." One of the GSC objectives is to provide safe water and sanitation to the TUP members. So, the GSC members try to fulfill at their best. But, they are more egger in distributing sanitary materials than raising awareness about safe sanitation. But, the other institutions of the community like the *Union Parisad* or *Gram* Committee formed by Plan Bangladesh is not that much active.

COMMUNITY 3

This is also a STUP community but the GSC is not at all active. The GSC elites informed that they did not have any connection with the BRAC officers at least for three months. One of the elite said, "Your officer is our power. So, if they do not come then obviously we do not have any power." Another elite echoed with that member saying, "BRAC officers fix dates of meeting but they do not attend the meeting. So, the GSC cannot work properly. Moreover, the members of the GSC also did not have that much understanding among themselves."

But, the GSC members agreed that, BRAC was the first in this village who worked for safe sanitation. But the GSC members never helped the poor by providing sanitary materials like ring/slab or construction materials like bamboo. The GSC members also did not bother to ask the members whether they installed the rings/slabs provided by BRAC or not. The elites also informed that those who installed latrine in this village frequently complained about the bad smell of the latrine. But, none of the elites identified that the incorrect installation of latrine were causing bad smell .

COMMUNITY 4

In this community, a different scenario was seen. Almost all the poor defecated in a particular place but did not install any ring/slab latrine. The elites motivated and sometimes forced them to defecate in a particular place but never suggested about rings/slabs for latrine. No one understood about the diseases that could be caused from open defecation. The elites also did not have much idea about the diseases that could spread without having proper latrine.

COMMUNITY 5

The elites informed that none of local institutions was active for providing safe sanitation in this community. Moreover, the elites those were not involved with *Union Parisad* raised question about the trustworthy of that institution. One of the elites said, "The *Union Parisad* has money from UNDP for giving safe latrine to the villagers. Sometimes *Union Parisad* receives government donations too. But the *Union Parisad* members divide that money among them. Each of them spend 40-50 thousands to one lak taka for election. Do not they have to raise the money?"

The elites informed that the poor people needed financial assistance for installation of latrine. But, except the *Union Parisad* the other local institutions have very less financial ability. The *Gram Sarker* also does not have that much money. The GSC of BRAC and *Gram* committee of Plan Bangladesh also have little financial ability to contribute. But, the elites said

that the poor also did not trust them. A poor man said, "They receive a lot of money from the government for providing safe water and sanitation to the poor. But they embezzled the money and push the poor to install latrine by their own."

DISCUSSION AND CONCLUSION

The local elites are providing safe water and sanitation to the poor in a limited way. The extent of help also varies greatly. The type of help varies from financial assistance, motivation to allow the reliant for installation of tubewell and latrine. The elites are more interested to help the poor where they have interest. The study findings show that the sanitation sector is not that much popular sector where the poor ask for help. So, when the elites provided help to the poor they always gave less priority to this sector.

During the last few years different NGOs, the government, and media played an active role which has changed the sanitation situation a lot. The factors preventing total sanitation are lack of awareness, ancestral habit of defecation, scarcity of land for installing latrine, low priority in latrine installation, bad smell from the latrine, lack of knowledge about communicable diseases, and financial constraints. The factors played role for promoting safe sanitation are: elite perception of relation between different diseases and sanitation, perception about communicable disease, clean environment, and considering open defecation as a threat to the *purdah* of women and latrine as a issue of prestige. The communities where the GSCs were active emphasized more in providing water and sanitation material than raising awareness. So, in those communities people do not have a clear idea about the communicable diseases that could cause in lack of proper sanitation for all. Except in community 1, even the presence of Plan Bangladesh could not make much difference about the sanitation situation. So, the local institutions (except in community 1) failed to make the elites understood about the need of sanitation. The GSC members knew about the 'communicable diseases' from other sources. In most cases, the elites think that the sanitation is needed for 'clean environment' and 'individual good health'.

It is also difficult for elites to work alone for providing safe water and sanitation to the poor specially for financial crisis. The local institutions are not financially independent or trustworthy. These are more targets driven than raising awareness. In communities where local institutions were working successfully, the elites were found more egger to help for providing safe water and sanitation and understand the need of sanitation for all.

It is clear by revealed from the study that the elites would like to help in those cases from where they could also be benefited. So, it is important to spread the message that 'the diseases cause by unsafe sanitation could also affect those using safe water and sanitation.' The local institutions should launch awareness campaign not only for the elites but for all. So that, the interest of the poor could also grow for safe water and sanitation. The local institutions are giving priority to safe water and sanitation (because of government agenda "sanitation for all by 2010"), and all of the institutes involve the local elites in the committee formed for providing safe water and sanitation. So, they in fact create pressure on the elites to tell or sometimes to provide safe water and sanitation to those who do not have those facilities. This type of approach are increasing the safe water and sanitation coverage temporarily but many of the elites said that once the latrine became out of order they (the poor) again started to defecate openly even the TUP members.

In conclusion, we can say that the knowledge of communicable diseases should be spread in the communities, so that the poor people can also feel interested to install and use latrine. The institutions should also do something for the poor who cannot install latrine due to financial crisis.

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