Urban Governance Reforms and Basic Services in West Bengal

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Introduction

Over the past two decades, the process of globalization has become all pervasive in India with increasing impact in our everyday life. The urban sections are much more influenced by this globalization factor than any other individual sector in India (Snidharg, 2008). However, Harris (2005, 2007) opines that the twin process of globalization and decentralisation are not at all the sole factors working in cities in this period. So many processes are refashioning cities simultaneously among which a few are—cities’ continual change and incremental adjustment to external markets, long term process of deindustrialization, impact of increased world competition, etc.

In many countries of the world poverty, child malnutrition and ill health are advancing again after decades of steady retreat and the credit goes to globalization (Sengupta, 2003). One of the most significant impacts of Structural Adjustment Programme (SAP) was sharp cutback in public expenditure which includes big cut in the health care, education, subsidies to farmers and the poor, and privatization of services. This reform of public services is premised on the view that the public sector in unable to act as sole provider of services. Advocates of this view such as World Bank claim that owing to the “poor” economic performance of the public sector, greater competition in the provision of services is the only means of providing better quality care and improving the efficiency of public services (Sen, 2001). However, in India withdrawal of subsidies on public welfare services such as health and education, and consequent privatization of basic services have directly and selectively started to affect the already disadvantaged groups i.e. the teeming millions living in urban slums as well as in remote and backward rural areas.

Besides lack of basic services, the poor delivery of services (education, health, water etc) is another major problem in India, indeed in much of the developing world. This creates huge gap between word and action, intent and result, policy and practice. The poor delivery mechanism is also related to the principal-agent problem, by the gap between government and citizen, school and parent/children, policy-makers and implementers (Iyengar and Surianarain, 2008). These problems of basic services are cropping up in urban areas at a faster rate because of large scale migration to urban areas driven by decaying rural economy.

In addition, a new urban middle class has emerged in the globalized cities of India which prefers better quality of service even at a higher price. Therefore, the responsibilities of planning and provision of basic services have become a major challenge for most of the Urban Local Bodies (ULB) in India. The provision of basic services is the direct responsibility of ULBs. However, no commensurate increase in income from own sources has been observed in the cities. These gaps in income and expenditure have given rise to the insufficient and ineffective delivery of urban basic services in Indian cities. According to the Ministry of Urban Development, 20 per cent of the India’s urban households are denied access to safe drinking water, 58 per cent do not have sanitation, and more than 40 per cent of garbage generated is left uncollected for want of proper waste management (Sridhar, 2007).

Although urban affairs got importance in planning since the third plan period, it is the National Commission on Urbanisation report in 1988, which first put much emphasis on urban basic services. The report raised the critical issue of funding basic services in cities (Kennedy and Zerah, 2008). The deficiency in basic amenities has been a serious hurdle in attracting private investment from within or outside the country. It is only a few large cities with economic bases that have been able to secure high credit rating and raise resources through bonds and other instruments of credit (Kundu, 2003, 2008). JNNURM has therefore, focused on these two important components of urban development—urban infrastructure, basic services to the urban poor, with governance reform as an overarching third component.

Among different instruments for improving service delivery decentralisation is an important one and in West Bengal decentralisation took place much faster than the other states in India (World Bank, 2006). In spite of different reform initiatives especially of faster decentralisation and people’s participation, the public sector services in the cities of West Bengal are still far from effective service delivery and the gaps are being fulfilled by the flourishing private sector services pushing poor people to entirely depend on the inefficient and poor quality public services.

Citizens’ Report Card prepared by Bangalore based Public Affairs Foundation in the 40 ULBs of KMA area shows that among common services,
outpatient health services, collection of property tax and to some extent water supply reflect good scores. However, most pro-poor services like Drainage, Garbage Collection, Sanitation and Approach Roads in slums have returned low satisfaction scores. Direct user feedback on service attributes and derived analysis point out that regularity, predictability and quality of services are factors that rank in the priority of users and the present basic services in cities are poor in these attributes. These observations lead to the premise that mere spread of infrastructure and deployment of staff need not translate into improvements in services.

According to the Citizens’ Report Card, though service quality needs considerable improvement, the service delivery does not seem to discriminate between the poor and the non-poor. The performance of a municipality seems to impact equally on the poor and the rest. However, an in-depth study (Firdos, 2008) on the provisions of municipal services to the urban poor living in slums of Kolkata Municipal Corporation have shown that “The basic municipal services in slum areas of Kolkata Municipal Corporation area are much below the desired levels. It suggests that the municipal authorities are far from paying attention in making provisions of services in those areas in spite of severe deficiency of such services. The delivery of services are much better in wards inhabited by influential and socio-economically and politically powerful people. The government has alienation in preferring the better off to the disadvantaged in the provision of municipal services.”

Since the beginning of the third plan period, the major focus of urban development and planning was on the large and metropolitan cities. It is only during the sixth plan period, the small and medium town received importance through Integrated Development of Small and Medium Towns (Kennedy and Zarah, 2008). Even in the existing literature, it has been found that most of the studies on urban services are focused on the large and metropolitan cities.

In the context of above discussions on the urban governance reforms and basic services, the study analyses the impact of globalization and change governance on the nature of urban basic services in the three medium sized cities of West Bengal. The basic object of this research is, therefore, to identify the pattern of changes in the governance process due to the institutional reforms and their impact on the nature of and access to the urban basic services especially in Education, Health and Sanitation. The study is based on three medium sized cities of West Bengal—Burdwan, Suri and Berhampore, the district headquarters of Burdwan, Birbhum and Murshidabad districts respectively. The method of this study includes both quantitative (collection of data from official sources and the primary data from structured questionnaire survey done in the slum areas of the cities) and qualitative techniques (open ended interview with Municipality officials, elected commissioners and NGOs, and group discussions with common citizens).

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The Cities: A Brief Introduction

The three cities selected in the study are located in the southern part of Bengal (Map 27.1) and all of them have long history especially of Burdwan and Berhampore. During the Mughal period, Burdwan town had a position in the political history of Eastern India even before Kolkata. Berhampore was also a cantonment area of British soldiers after the Battle of Plassey.

Burdwan

Burdwan, one of the old urban centres of West Bengal, started its journey as a modern urban centre in May, 1865 with the establishment of Municipality for urban governance. It is located in the midst of a rich agricultural region on the bank of the river Damodar and is the headquarter of Burdwan district. The municipal town occupies an area of 23.20 sq. km and is spread over 35 wards. The first experimental census of the town was done in 1869. According to that experimental census the then population of the town was 46,121. In the 20th century Burdwan town grew steadily and attained the size of class I

Map 27.1: Study areas of West Bengal
town in 1961 (Table 27.1). The present population of Burdwan is around 3 lakh (it was 2,85,602 in 2001). The economy of the town is based on tertiary sector activities mainly commerce and trading, and has high degree of linkages with the surrounding rural economy (Samanta, 2002). The city does not have industries except a few agro-processing units such as rice mills and oil mills. According to 2001 census 20.89 per cent of the city's population live in slums. The poverty level is still much higher as 30 per cent of the total population belong to the BPL category.

Berhampore

Berhampore Municipality is one of the oldest municipalities in West Bengal. The area boundary of Berhampore Municipality was specified in the year 1869 and in 1876 Berhampore Municipality was established. After Sipoy Mutiny in 1857, a large number British army people stayed at Berhamopore Cantonment area. In spite of being an old municipality, the town has got its own Municipal office building in 1956 (Pal, 2010). The first municipal 19 members' board was constituted taking 14 members from citizens not attached to any Government Institutions and 5 government nominated members. This trend was continued up to 1884. The District Magistrate acted as the President of the Municipality during his tenure.

Now the Municipality is comprised of 23 wards and the city government is run by Chairman-in-Council (C-I-C) form of Government. Total area of this municipality is 31.42 sq. km. and it has a population of 1,60,168 (Table 27.1). It is the district head quarter of Murshidabad. According to 2001 census 42.73 per cent of the city's population live in slums, and about 25.06 per cent of the total population belongs to BPL category. Berhampore is famous for handicraft including shoal craft, ivory craft, bell metal utensils and handloom silk.

Suri

Suri became the Sadar Town of Birbhum district during the British period in 1786. The Britishers preferred to settle in the north-western part of the town. As a consequence, a church was built in that part of the city in 1876. Later on that part of Suri came to be named as 'Bideshipara' or 'Laikurhipara'. The circuit house, present jail, two schools namely Birbhum Zilla School and Benimadhab Institution, all came up in the 19th century with the increasing attention, Suri got from the British (Mondal, 2009).

The land use scenario experienced changes with the passage of time as land use diversified. The roads were developed after 1814 and residential areas gradually were expanded. In 1876, Suri became Municipality to become a proper town. However, the population size of Suri was very low that is below 10,000 up to 1931. It is from 1971 onwards, the town started to grow faster with the rapid expansion of the town especially of residential areas. At present, the town has a population size of more that 80,000 (61,818 in 2001) covering an area of 8.98 sq. km. (Table 27.1) divided into 18 number of wards. The city is entirely dependent on the tertiary sector activities including commerce, education and administration.

Urban Governance and its Reforms in West Bengal

The history of urban governance in the State of West Bengal dates back to early 18th century and Kolkata Municipal Corporation is one of the oldest municipal bodies in the country. There were 71 ULBs in the state during the period of independence and the present number is 126. Since, 1980s Left Front Government remained consistent with their policy of decentralization, started to give increasing emphasis to these ULBs (GOWB, 2003). Actually it has been a conscious policy decision with its roots in the recommendations of 'Urban Development Strategy Committee' being set into place in late 1970s. That is why, West Bengal practiced many facets of 74th Constitutional Amendment Act (CAA) before it got passed by the parliament.

Municipal reforms and change in urban governance have been been much prioritized in India especially since 74th Constitutional Amendment in 1992. This amendment enables urban local bodies to prepare plans for economic development and social justice, to levy taxes, and to emerge as forums for the political representation of hitherto marginalised section of the society (Roy, 2006). The major thrust among all the recommendations of 74th Constitutional Amendment Act (CAA) was on good governance to make urban local bodies as independent unit of self government through

Table 27.1: Population Size and Growth Rate of Burdwan, Murshidabad and Suri: 1901-2001

<table>
<thead>
<tr>
<th>Year</th>
<th>Burdwan</th>
<th>Berhampore</th>
<th>Suri</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>Decadal Growth rate (%)</td>
<td>Population</td>
<td>Decadal Growth rate (%)</td>
</tr>
<tr>
<td>1901</td>
<td>30,522</td>
<td>17.69</td>
<td>24,397</td>
</tr>
<tr>
<td>1911</td>
<td>35,923</td>
<td>3.63</td>
<td>26,143</td>
</tr>
<tr>
<td>1921</td>
<td>34,616</td>
<td>14.45</td>
<td>27,403</td>
</tr>
<tr>
<td>1931</td>
<td>39,618</td>
<td>16.79</td>
<td>41,558</td>
</tr>
<tr>
<td>1941</td>
<td>62,910</td>
<td>19.82</td>
<td>55,643</td>
</tr>
<tr>
<td>1951</td>
<td>75,376</td>
<td>43.12</td>
<td>62,317</td>
</tr>
<tr>
<td>1971</td>
<td>1,43,318</td>
<td>32.85</td>
<td>1,2605</td>
</tr>
<tr>
<td>1981</td>
<td>1,67,364</td>
<td>16.78</td>
<td>102,311</td>
</tr>
<tr>
<td>1991</td>
<td>2,45,079</td>
<td>46.44</td>
<td>115,144</td>
</tr>
<tr>
<td>2001</td>
<td>2,85,602</td>
<td>16.53</td>
<td>160,143</td>
</tr>
</tbody>
</table>
decentralisation and devolution of power and functions, and active participation of community in the governance process.

The West Bengal Municipal Act, 1993 listed 49 obligatory functions and 40 discretionary functions for making the ULBs effective local self-government in the state. Datta (2003) has attributed the achievement of West Bengal in decentralisation and participatory governance to the character of the regime rooted in the ideological commitment of the Left Front partners and the strong political will to strengthen the elected local government. May initiatives were taken in West Bengal to reform the urban governance process among which the most significant were: (a) the formation of two independent departments in the state Government for urban areas namely, Municipal Affairs and Urban Development under a single ministry of Municipal Affairs and Urban Development; (b) creation of a number of new institutions such as Directorate of Local Bodies (DLB), Municipal Engineering Directorate (MED), Institute of Local Government and Urban Studies (ILGUS), State Urban Development Agency (SUDA), and West Bengal Valuation Board (WBVB) etc. to give administrative and technical assistance for capacity building of the ULBs to accommodate changed governance more efficiently; (c) Creation of regular State Finance Commission, and (d) Creation of District Planning committee.

Following all the reform initiatives, the chief characteristic features of municipal governance in West Bengal at present can be summarized as follows (GOWB, 2003):

- Municipal areas are divided into several wards mainly depending on the population size of the municipality.
- Each Ward is represented by an elected member.
- One-third of the total seats of a municipality are reserved for women.
- Seats are proportionately reserved for the weaker sections (SC and ST).
- Municipal elections are governed at a regular interval of five years under the direct supervision of the State Election Commission.
- Mayors/Chairpersons of the municipal bodies are directly elected by the councilors.
- The corporations and municipal towns are governed by a cabinet form of local self-government through the Mayor-in-Council/Chairman-in-Council model in the ULBs.
- Respective municipalities appoint their officers and employees with approval of the State Government.
- There are Municipal Accounts Committees in the ULBs to keep vigil on municipal accounts.
- Municipal bodies are responsible for urban planning, socio-economic development of its residents, especially the underprivileged ones, providing infrastructure for basic civil services.

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- Constitution of Ward Committees in each municipal ward has been mandatory. To ensure transparency and accountability in municipal administration, each Ward Committee is required to hold at least two general meetings annually where the citizens can participate in the development plans and programmes.
- The concerned Ward Committees are to form beneficiary committees for implementation of development programmes and to maintain transparency.
- Municipalities are to prepare their respective annual development plan in consultation with the respective Ward Committees and the community development societies set-up with the women representatives of economically weaker sections.

Good Governance: Accountability, Transparency and Participation

The change in the exiting governance process to make it 'good governance' has been advised to the developing countries by the World Bank. The essential components of this good governance are accountability, transparency and the participation of common citizens in the process of urban governance. The Government of West Bengal has taken a number of initiatives to ensure these emerging concepts in the new governance process of ULBs.

Accountability

Among different aspects of new governance, accountability has a special role in improving the service delivery mechanism. The improvement of the delivery of basic services can only be ensured if there is a policy to make the service provider accountable for the quality of service. The general weakness of accountability mechanism is considered as a major barrier in improving basic services. Clearly strengthening accountability mechanisms and sparking greater citizen demand for change are therefore, important pillars of any strategy aimed at improving services in India (World Bank, 2006). In the atmosphere of perfect competition, the service providers are obliged to become more accountable to retain and expand their business. However, in the cities of India, the provision of basic services is dominated by public institutions along with the piece-meal service provided by the NGOs, CBOs and private partners. Improving access to information (including prices, forms, officers to be contacted, grievance redressal and procedures to be negotiated by applicants) helps the local government to be more accountable and the Citizen's Report is an active step in this aspect of governance. West Bengal Government has made publication of citizen's charter and the establishment of grievance redress cell mandatory for ULBs to make them more accountable to the citizens.
Citizen's charter was prepared and passed in 2007 in Burdwan, in 2008 in Berhampore and in 2009 in Suri Municipality to improve citizen's interface. The grievance redressal cells were also established for mitigating public grievance against ULB's service delivery. However, Burdwan Municipality survey report (BM, 2007: 294) states that only 4.95 of the respondents have ever lodged any complaint to the municipality. Among them 96.75 per cent opined that no action has been taken for problem-solving. The Berhampore and Suri Municipality have prepared the charter in booklet format but that has not been circulated widely among the citizens. The hoardings displaying ULBs services are also in bad conditions. The maintenance of these hoardings is not being done properly and the hoardings are partly broken in certain cases. The grievance redressal cell is also not very effective in these two cities as either people do not register complaints or the register complaints are not taken care of properly by the municipality. Therefore, in spite of institutional reforms taken by the State Government, it has not yet made the municipalities more accountable in service delivery.

Transparency

In the process of municipal governance, transparency is an important pre-requisite for good governance. To ensure transparency in financial dealings, Municipal Accounts Committee is to be formed in the ULBs in West Bengal. This committee is usually chaired by the opposition leader and has the power to monitor and supervise the municipal accounts as a whole. However, our field observation revealed that in cases of Burdwan, Suri and Berhampore, Municipal Accounts Committee often cannot play its role due to the lack of the presence of sufficient opposition in the city government.

In order to bring clarity in the Municipal Financial Management System, the old Single Entry System of Accounting followed by the urban local bodies has been replaced by Double Entry Accrual Based System. Necessary amendment to the West Bengal Municipal (Financial and Accounting) Rules, 1999 has been made in order to provide necessary guidelines. In Burdwan, the Opening Balance sheets were authenticated and certified by the State Government in 2007 and the Double Entry Accounting was introduced in April 2008. This reform in municipal accounting can be considered as a step forward in making the urban government more transparent. Although Berhampore and Suri Municipalities have already prepared the opening Balance Sheet under the new system from the financial year 2009-2010, those are yet to be approved by the State authority.

Participation in Urban Governance

Participation of citizens can be ensured at two stages of city governance—planning and implementation (Ghosh, Ahmed and Maitra, 1995). At the planning stage citizen's participation ensure area specific needs of different parts of the city i.e. the demand driven approach to city planning and participation in implementation ensures the quality of services. The participation of common people in urban governance has been emphasized by the Government of West Bengal through the formation and functioning of ward committee. In the ULBs of West Bengal, ward committees are operational for nearly a decade. The Department of Municipal Affairs of the Government of West Bengal has made the West Bengal Municipal (Ward Committee) Rules, 2001 to make the Constitution of ward committees mandatory for all ULBs. The Ward Committees have a range of supervisory and monitoring powers within the ward and the committee has dual accountability—they are accountable to the people as well as to the urban government (Datta, 2003).

From the field survey, it has been found that the ward committees in these cities are very regular in organizing the annual general meeting but the committee level meeting is not done regularly once in a month. The frequency of such meeting varies from once in two months to twice in a year. Although the resolution adopted in the general annual meeting should be sent to the municipality, none of the ward committees in these cities have done so. The household level survey done in the cities indicates that poor people mostly from slum areas participate regularly in the ward committee annual meeting.

On the contrary, the rich and middle class people rarely join such meeting. In Burdwan, Berhampore and in Suri, the rate of participation of poor and slum households in the ward committee meeting is 95 per cent, 73 per cent and 70 per cent respectively. However, in-depth study shows that poor people in most cases only attend the meeting on the direction of local councilor and other party members, but their demands and their voices are rarely heard by the ward committee. Moreover, they often confuse the ward committee meeting with the party meeting. This observation puts question mark on the issue of participation and its effectiveness in urban governance.

Urban Basic Services

Health

Following the Structural Adjustment Programme (SAP), the Central as well as the State governments of India have started to decrease the spending on health, and therefore, the public health facilities are continuously being replaced by the flourishing private health services putting considerable problem to the common people especially on the poor. The decline has taken place both in the share of health expenditure in the total expenditure of the government as well as in the in the share of health spending in GDP (Berman and Ahuja, 2008). In West Bengal the share of state health spending in total
state spending has declined from 5.99 per cent in 1999-00 to 4.63 per cent in 2004-05. Moreover, major share (80%) of the public expenditure on health is spent on salaries, thus increasing the revenue expenditure at the cost of capital expenditure. To cope with the increasing demand for health facilities and the inefficient public health infrastructure especially in primary health services, the Department of Health and Family Welfare of West Bengal Government has taken some reform measures (GoWB, 2002) such as introduction of user charges and pay clinics, partnership with private sector and NGOs, community participation, and so on.

Urban Health Programmes in ULBs of West Bengal

At present ULBs in West Bengal provide health services which include preventive measures for checking the spread of dangerous diseases, providing immunization including vaccination and inoculation, registering an event of birth and death, construction, maintenance and operation of dispensaries, ambulance services, etc. (GoWB, 2005). A series of primary urban health programmes were taken up in West Bengal mostly under external funding which basically target poor urban people (GoWB, 2007). Among different urban health programmes taken up in West Bengal, the following needs special mention: (a) Calcutta Urban Development Programme (CUDP)-III, (b) Calcutta Slum Improvement Programme (CSIP)-I (A) and I (B), (c) Indian Population Programmes (IPP-VIII), (d) Indian Population Programme (IPP-VIII) (Extension), (e) RCH Programme, (f) Urban Health Improvement Programme, (g) Honorary Health Worker scheme, (h) Community Based Primary Health Care Services.

Health Services in the Cities under the ULB

Burdwan, Berhampore and Suri—all being district towns of West Bengal have tertiary health care institutions i.e. district hospitals. Each of these hospitals serves large catchment areas covering their respective districts and sometimes people coming from nearby districts. Among these three district hospitals, Burdwan has the largest one which is a medical college cum hospital. These facilities are not sufficient to cater to the demand of the cities and their vast rural surroundings. This has given rise to the mushrooming growth of private sector health services in the form of private clinics and nursing homes. All these ULBs have limited roles in providing health services until recently only having preventing health care facilities. In 1998 the cities of Burdwan and Berhampore got their own health service provision through IPP-Extension programme under the financial help of World Bank, whereas Suri is being considered under the Community Based Urban Health Care Services under the State Government’s Urban Health programme.

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IPP-VIII Extension

The IPP-VIII Extension programme is a World Bank sponsored health programme for the medium sized cities of West Bengal. This programme targets reducing fertility by improving access to and demand for family planning services, and improving maternal and child health by helping to decrease maternal and infant mortality rates among slum population. The project is designed to provide opportunities to extend rapid and targeted assistance to the disadvantaged groups of people through Honorary Health Workers (HHWs). Under this IPP-VIII extension project, there are Health Centres along with the Maternity Homes, OPDs, Health Posts, and Sub Health Posts. There is one First Tier Supervisor (FTS) in each Sub Health Post.

Although Municipality Officials claim that the rate of success of these health centres in health service delivery and outreach programme for poor people of the town is around 75 per cent, our field observation does not prove that. It is basically the poorest of the poor who goes to these health centres and therefore, there is no monitoring of the quality of services rendered to them. The IPP-VIII extension health centres in most cases have OPDs which are kept open three to four hours a day. The indoor section provides some specialized services in addition to normal delivery. The project has health card facility issued for BPL families for a monthly fee of Rs. 2 which would be collected and deposited by the HHWs to avail lower fees for each and every service.

Our primary survey on the access of ULBs’ health facilities by the poor people finds that poor households in all these cities mostly depend on either State hospitals or private nursing homes located in the city. Our survey also reveals that many people even do not know the Sub Health Posts of the ULB. The people who have visited those centres once do not feel worth going there as the visiting hours of the doctors are not very regular. Therefore, they always prefer to go to the hospitals instead of going to these health posts.

Honorary Health Worker Scheme

Honorary Health Worker (HHW) is a urban health programme meant for improving the reproductive health of urban poor people. It is funded by DFID. Under this scheme a city is being divided into a number of blocks covering 150-200 BPL families in each and every block. In each of these blocks, one HHW is employed against a monthly honorarium of Rs. 1750 per month to provide health services to individual households of their respective blocks in the city. They are basically the primary health care providers and take care of health related family welfare and nutrition awareness. In Burdwan,
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Berhampore and Suri, this scheme is in operation since 2004. HHW project covers 136 blocks in Burdwan and 40 blocks in Berhampore and 14 in Suri. Our field survey indicates that although there are sufficient numbers of HHWs operating in the cities for BPL population, they do not visit the houses regularly (Table 27.2).

Table 27.2: Health Services Available in the Cities

<table>
<thead>
<tr>
<th>Existing Health Services in the cities</th>
<th>Burdwan</th>
<th>Berhampore</th>
<th>Suri</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of beds in State hospital</td>
<td>1189</td>
<td>1131</td>
<td>500</td>
</tr>
<tr>
<td>Number of private nursing homes</td>
<td>43</td>
<td>23</td>
<td>5</td>
</tr>
<tr>
<td>Number of Health Posts</td>
<td>5</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Percentage of poor people visited Health Posts</td>
<td>19</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Number of HHWs</td>
<td>136</td>
<td>40</td>
<td>16</td>
</tr>
<tr>
<td>Percentage of Poor households know about HHW</td>
<td>82</td>
<td>68</td>
<td>77.5</td>
</tr>
<tr>
<td>Percentage of Poor households regularly visited by HHW</td>
<td>37</td>
<td>50</td>
<td>43</td>
</tr>
</tbody>
</table>

Other Health Service Providers

Among the other health service providers in the cities, the major share goes to the district hospitals. These tertiary health care institutions operate under the Health and Family Welfare Department of the State Government and each of those cover a wider area including the same and the surrounding districts of southern West Bengal. Other health service providers in the cities also include private practitioners, nursing homes, NGOs and Charitable Institutions. There is a broad range of private health service providers, including modern solo private practitioners, qualified providers of Indian System of Medicine (ISM), operators of small nursing homes (Polyclinics) and medical diagnostic centres, pathological laboratories etc. in all the cities. However, the level of private service provision is much better in Burdwan than that of Berhampore and Suri.

Although private health care services are mushrooming in all the cities, there is absolute lack of information in the ULBs on the health services provided by the private clinics and nursing homes and therefore, those services remain unaccounted for. The relation of those institutions of health care services with the ULBs is the issue. There is absolutely no control of the ULB over the fee structure and the quality of those private health services. It is compulsory for private nursing homes to take trade license from the ULB and operating license from Chief Medical Officer of Health (CMOH). In the towns there are some running nursing homes, which are not in the records of CMOH. In the absence of a stringent quality control system, the quality of health care in private sector is always under question (GOWB, 2008). Although there are NGOs in the cities, they usually provide preventive health care services to the citizens.

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Sanitation

The increasing pace of urbanisation along with the increasing use of plastics, and packaging of commodities, has aggravated the environmental problems in the cities making sanitation a major issue of concern among the basic urban services. Sanitation includes a number of aspects such as the Drainage and Sewerage facilities, Latrine and Toilet facilities, and Solid Waste Disposal and Management facilities. Among all these components of sanitation, solid waste has become the most significant aspect of concern.

In West Bengal cities of higher order are better served than those of lower order (Ghosh, 1993). Integrated Low Cost Sanitation Scheme (ILCS) programme is running in all the ULBs of the state under the joint venture of the Central and State government since 1991. Although this programme has helped to abolish the system of carrying night soil by head loads in the cities to make the cities scavenger free, it could not have much impact in the overall sanitation scenario in the cities especially in the slum areas. The staff pattern for the conservancy services did not change much and no considerable increase in the man power took place in the recent time in the cities of our study.

Drainage and Sewerage

Underground sewerage facility is very rarely found in the cities of West Bengal. In Burdwan, Berhampore and Suri, there is absolute lack of sewerage lines and the open drains are mostly found. These are often used for multipurpose activities such as dumping the garbage into it creating problems of drainage and leading to the waterlogging in different parts of the cities in the rainy season. In Burdwan about 68 per cent drains are pucca and 20 per cent of the households do not have any drainage facility (BDA, 2004). Recently initiatives have been taken by the Burdwan municipality under JNNURM to cover a few big drains to make them roads. However, this is aggravating the water logging in different parts of the city after heavy rains. There is also no sewerage treatment plant in Burdwan city and most of the drains pour the sludge into the Banksa river flowing through the city. According to BDA survey report 51 per cent of households face the problem of water logging if there is heavy rain for long hours in the city (BDA, 2004). In Suri, although the kuchha drains are being converted into pucca ones, still 29 per cent of all the drains in the city remain kuchha (Table 27.3) and the drains are mostly open (Mondal, 2009). In Berhampore city the problems of drainage is more acute in nature as most of the drains outpour the drainage and sewage water in the wetlands of surrounding Panchayat areas. About 27 per cent of the total drainage lines are still kuchha in nature (Pal, 2010).
Solid Waste Management

Solid Waste Management has been identified as one of the obligatory functions of the ULBs in the West Bengal Municipal Act, 1993 (Article 260-273). Although it has become mandatory for the ULBs in the state to take the responsibility of cleaning, removing and recycling the solid wastes, with the rapid pace of urbanisation, the lack of financial resources, and institutional weakness have worsened the situation of solid waste management in the ULBs of West Bengal (GOWB, 2003). In the Action Plan for solid waste management system (2006) in West Bengal, it is stated that “Disposal of waste by municipal waste by uncontrolled open dumping which is a general practice of almost all the municipalities, is no more permissible now, rather than a punishable offence. There is no way other than going for recycling and reusing, processing the waste and sanitary landfill of the residue”.

Our field observation indicates that the piles of uncollected garbage on the roadside and the overflowing waste bins are found in parts of all these three cities, Burdwan, Berhampore and Suri. The Burdwan and Berhampore Municipality has introduced door to door garbage collection but in a few wards only. The separation of waste into bio-degradable and non-biodegradable is being done although in a small area of the city in Berhampore but not in Burdwan. The Burdwan Municipality’s own report states that although door to door collection has been introduced in Municipal area, the system is not very regular. In Suri, door to door garbage collection has not been introduced at all. The waste vats still continue in the major parts of all these cities and those are not cleared regularly. The heaps of garbage from the overflowing vats lie scattered over the streets sometimes narrowing the width of the roads. In Burdwan, the overall solid waste management is done by the municipality except in a few commercial areas where there is outsourcing from private organisation. In Berhampore the entire responsibility of solid waste management is still with the municipality alone and they are doing well relatively. However, private operators are there in Suri under the supervision and monitoring of the ULB.

In these cities, no Systematic SWM has been introduced for the slums areas. Our household survey reveals that 35 per cent of slum households in Burdwan, 36 per cent in Berhampore and 80 per cent in Suri dump garbage in open spaces, ponds and in drains (Table 27.3). The garbage are indiscriminately thrown out at the door steps in most haphazard manner due to non-availability of garbage bins or vats at various points as well as due to the lack of awareness. Burdwan and Berhampore municipalities have dumping grounds measuring about 8.2 acre and 2.19 acre land area respectively at the periphery of the town. The solid waste presently disposed off by open dumping method and more that 50 per cent capacity of the dumping grounds has almost been exhausted in both cases. Recently each and every city is trying hard to have SWM project for recycling and vermin composting under PPP model.

Bio-Medical Waste Treatment

The Government of West Bengal has taken steps for management of Biomedical Wastes of the cities following the Bio-medical Waste Management and Handling rule of the Government of India (1998 and 2003). The initiatives have been taken by The State Pollution Control Board to manage bio-medical wastes under PPP mode and an agreement with SembRamky, the only private partner for all the ULBs in West Bengal. Under this scheme, five treatment plants have been developed in the state. The cities of Burwan, Berhampore and Suri are under Mongalpur plant of western Burdwan District, which has been developed in 2006. The multiple agents’ (Development authority, ULB and the private partner) arrangement in this PPP deal, has made it difficult to monitor the activities of private partners. The field observations reveal that the private partner is not collecting bio-medical waste from smaller cities (Berhampore and Suri) as these cities do not generate considerable volume of waste to make the transport economically viable. Therefore, the system of bio-medical waste treatment in West Bengal is not running well in small and medium cities under PPP.

Conclusion

West Bengal is one among the states of India, which took initiatives for institutional reforms in urban governance before the 74th Constitutional Amendment Act (CAA) got passed by the Indian Parliament. A number of steps were taken in the state to decentralize the process of urban governance to make it ‘good governance’. A number of new institutions were created for decentralisation of the governance process and for capacity building of the ULBs. Initiatives were also taken to increase the income of the Municipalities through the enhancement of property tax, and introduction of water tax and user charges. Even if there is an increase in the levels of income of the urban government, most of that extra income goes for revenue expenditure (expenditure for staffs and infrastructures) thus cutting the real improvement of capital expenditure which is directly spent on basic services such as health, education, sanitation, water supply etc.
In West Bengal, the major provision of basic services is still under the help of external funding (DFID and World Bank), which is not sustainable over a long period of time in future as these funds would be available for a specific time period only and the demand for those basic services would increase significantly with the increasing size of population in the town and cities. The services of health and sanitation are grossly insufficient to cater the increasing demands of the city people. Privatization of each service has increased to a large extent in the last two decades which is beyond the capacity of the poor to avail. Therefore, the poor people still depends on the poor quality of basic services provided by their respective ULBs. Lastly it can be said that the whole range of reforms in urban governance including institutional reforms, programme reforms and process reforms, have therefore, not been able to improve the delivery of and access to basic services especially in the context of small and medium cities in West Bengal.

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