



ODISHA URBAN SANITATION POLICY

2017



DECEMBER 30, 2016

GOVERNMENT OF ODISHA, HOUSING & URBAN DEVELOPMENT DEPARTMENT
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List of Abbreviations

BMC	Bhubaneswar Municipal Corporation
FSM	Faecal Sludge Management
FSTP	Faecal Sludge Treatment Plant
GOI/GoI	Government of India
JMP	Joint Monitoring Programme of the WHO and UNICEF
JNNURM	Jawaharlal Nehru National Urban Renewal Mission
HRD	Human Resource Development
HRM	Human Resource Management
HUDD	Housing & Urban Development Department, G/o Odisha
IEC	Information, Education and Communication
M&E	Monitoring & evaluation
M/o UD	Ministry of Urban Development, Government of India
MDGs	Millennium Development Goals
MHM	Menstrual Hygiene Management
MIS	Management Information System
MLD	Million litres per day
MSA 2013	The Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, No. 25 of 2013
MSW	Municipal Solid Waste
MSWM	Municipal Solid Waste Management
NAC/s	Notified Area Council/s
NUSP	National Urban Sanitation Policy, 2008
NGO/s	Non-Government Organisation/s
O&M	Operations and Maintenance
OUSP	Odisha Urban Sanitation Policy
OSPCB	Odisha State Pollution Control Board
PCB	Pollution Control Board
SBM	Swachh Bharat Mission
SBM(U)	Swachh Bharat Mission (Urban)
SDGs	Sustainable Development Goals
SFD	Sludge-flow Diagram
SHG/s	Self-help Group/s
STP	Sewage Treatment Plant
OD	Open Defecation
ODF	Open Defecation Free
ODF+/++	Open Discharge Free
OWSSB	Odisha Water Supply and Sanitation Board
PCCP	Public-Private-Community Participation
ST/s	Statutory Town/s
ULB/s	Urban Local Body/ies
UNICEF	United Nations Children's Education Fund

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INTRODUCTION

In 2011, the Housing & Urban Department, Government of Odisha notified an Urban Sanitation Strategy, with the goal of transforming urban Odisha into community-driven, totally sanitised, safe, healthy, and livable cities and towns, and outcomes in line with the National Urban Sanitation Policy (NUSP), 2008, the National Water Policy, 2002, the National Environment Policy, 2006, the State Water Policy 2007.

Since the development of this strategy, there have been a number of national and international developments that have arisen that necessitate the revision of this strategy.

First, in 2011, the Census of India released household level sanitation data for the country. While this will be detailed under the situational analysis section, at the outset it is important to point out that Odisha is among the top three states contributing to urban open defecation in the country; the other two states being Chhattisgarh and Jharkhand.

Second, on 2nd October 2014, the Government of India launched the Swachh Bharat Mission (SBM) in urban and rural areas of India with a vision to ensure hygiene, waste management and sanitation across the nation. In his address to both houses of Parliament in May 2014, the Hon'ble President of India stated that ***“Swachhata is an article of faith for my government.*** Swachhata will have an overarching impact on the quality of life and wellbeing of a person, particularly the poor. Swachh Bharat Mission has been launched to achieve a Clean and Open Defecation Free India by October 2019”.

Third, in September 2015, India became signatory to the Sustainable Development Goals (SDGs). Goal 6 demands universal access to clean water and sanitation. Within this, Target 6.2 aims at achieving ***access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.*** The SDGs are a follow-up to the Millennium Development Goals (MDGs), which aimed at extending improved sanitation coverage to the unserved households. The difference between the SDGs and the MDGs is that where the latter focused on household-level infrastructure provision within an understanding of “improved sanitation”, the SDGs cover the whole sanitation service chain, infrastructure and service provision, and aim to mitigate the adverse effects of public health due to poor sanitation.

Finally, while sewerage has been the traditional response to household and city-based sanitation needs, there is a growing realisation that depending on it as the only solution for sanitation negates the existing non-networked, on-site sanitation prevalent in the state, and for which strategies need to be devised.

These four developments have prompted the State Government to revise the existing strategy, bringing it in line with these national and international goals, both for infrastructure and services provision, as well as behaviour change and capacity development of cities for sanitation service delivery

SITUATIONAL ANALYSIS

1. Uneven spread of urbanisation in the state

While Odisha remains the least urbanised (17 percent) state in the country, it has registered a significantly *high decadal urban growth rate* of 27 percent with the urban population growing from 37 million to 42 million between 2001 and 2011. There is *considerable inter-district variation in urbanization levels*. Of the nearly 7 million urban residents in Odisha, nearly half (3.32 million) are concentrated in four districts- Khorda, and Cuttak (coastal Odisha), and Ganjam and Sundargarh (in southern and northern Odisha respectively). Further, the 2011 Census indicates that the number of towns in the state have increased from 138 to 223 over the last decade. This increase has been primarily attributed to a significant increase in the number of Census Towns¹ from 31 in 2001 to 116 in 2011. The number of Statutory Towns, on the other hand, has remained the same at 107; however between 2011 and 2015, the state government conducted a review exercise revising the current total of statutory towns to 110.

2. High Urban Open Defecation underlines the need for immediate action

The Census (2011) data on the urban water and sanitation situation in Odisha provides a somewhat dismal picture: it indicates

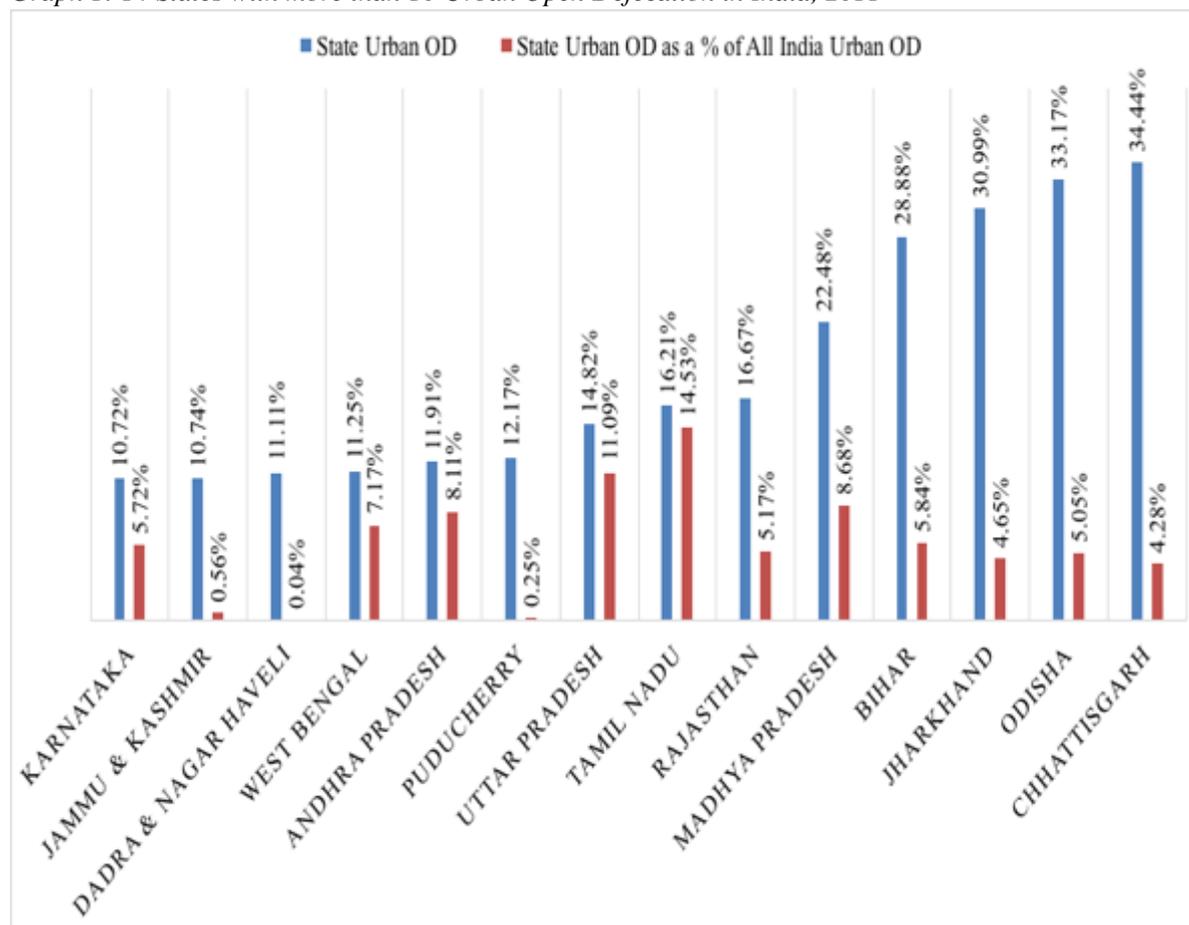
that access to safe drinking water is a major issue for almost half the urban households as only 42 percent have access to treated tap water for drinking and less than 57 percent have sources within their premises. In the case of sanitation, more than 35 percent of the urban households do not have access to toilets – a marginal 5 percent improvement over the decade- and only a little over a 58 percent have water closets, with the remaining using pit or other kind of toilets.

This has an impact on Odisha's sanitation situation vis-à-vis the rest of the country. In the graph below comparing percentage of urban open defecation in states, Odisha figures as second in the five most critical states (Chhattisgarh, Odisha, Jharkhand, Bihar, and Madhya Pradesh) with *very high urban open defecation*.

However, simply looking at the proportion of urban population in a district will not help strategize action for urban sanitation. As is evident from Table 1, even in districts such as Subarnapur with less than 1 percent of the state's urban population, there is a high proportion of people defecating in the open in the district (65 percent).

¹The Census Towns in Odisha have a population ranging between 5000-20,000

Graph 1: 14 States with more than 10 Urban Open Defecation in India, 2011



[Source: Census of India, 2011, CPR Analysis]

Table 1: District Urban Population and Urban Open Defecation, 2011 Census

S. No.	District Names	Average Urban OD (%) to District urban population	Proportion of District urban population to total urban population in Odisha
1	Khordha	53%	15.51%
2	Ganjam	54%	10.98%
3	Sundargarh	43%	10.52%
4	Cuttack	55%	10.47%
5	Sambalpur	50%	4.41%
6	Puri	50%	3.79%
7	Baleshwar	43%	3.62%
8	Kendujhar	47%	3.62%
9	Jharsuguda	37%	3.31%
10	Koraput	38%	3.23%
11	Anugul	36%	2.95%
12	Mayurbhanj	44%	2.76%
13	Balangir	52%	2.75%
14	Bhadrak	55%	2.66%
15	Bargarh	56%	2.15%

S. No.	District Names	Average Urban OD (%) to District urban population	Proportion of District urban population to total urban population in Odisha
16	Rayagada	47%	2.10%
17	Jajapur	52%	1.93%
18	Kalahandi	45%	1.74%
19	Dhenkanal	55%	1.68%
20	Jagatsinghapur	44%	1.66%
21	Nabarangapur	46%	1.25%
22	Kendrapara	42%	1.19%
23	Nayagarh	46%	1.14%
24	Kandhamal	48%	1.03%
25	Gajapati	61%	1.01%
26	Subarnapur	65%	0.71%
27	Malkangiri	53%	0.71%
28	Nuapada	50%	0.49%
29	Debagarh	45%	0.32%
30	Baudh	46%	0.29%

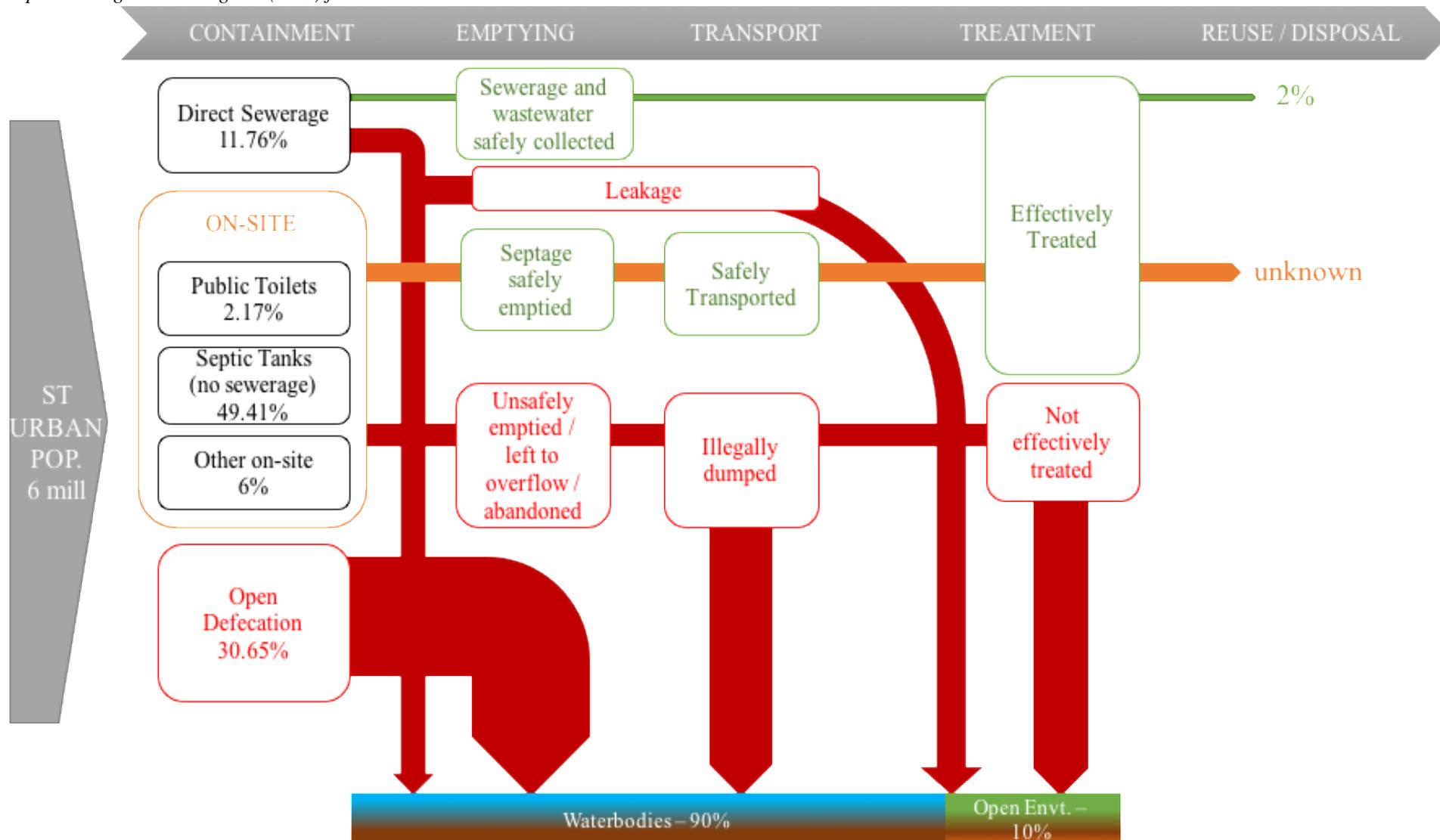
[Source: Census of India, 2011]

3. The full sanitation value chain needs to be covered in the policy

Rates of open defecation do not tell the whole story. If the full sanitation value chain is examined, then *the lack of safe containment, transportation and treatment or disposal also become significant factors in the poor sanitation outcomes of the state*. The figure below is a sludge flow diagram (SFD) constructed on the basis of Census 2011 figures for Odisha. While it is obvious that at 30.65 percent, open defecation in statutory urban areas is very high, treatment facilities for waste water and septage, even from sanitary latrines, is negligible. The practice of constructing septic tanks and connecting it to open drains is rampant and most of the septic tanks are reportedly poorly constructed. Sludge disposal systems, largely consists of disposal directly into open drains or use of cesspools services on payment provided by the municipalities or private service providers, both of which are in short supply. Of more concern is the method of sludge disposal, which is

generally dumped into an unsecured pit in a designated open area. With the growing number of toilets now being constructed and a lack of available urban land, sludge disposal is a major issue of concern. The state is concerned that it is constructing facilities and infrastructure without paying much paying attention to appropriate low cost technologies. Two sewage treatment plants (STPs) are operational in Cuttak (capacity 33mld) and Puri (15mld); a further three STPs are currently under construction in Cuttak (2) and Bhubaneswar (1) under JICA funding. Sewerage systems covering a sewer network **sewer network**, pumping stations and STPs of 40 MLD for Rourkela West district, 8 MLD for Rourkela East District, and 42 MLD for Sambalpur district have also been planned. The number of treatment plants is woefully inadequate given the spread of urbanisation across the state, and the number of statutory towns (110) in the state.

Graph 2: Sludge Flow Diagram (SFD) for Odisha



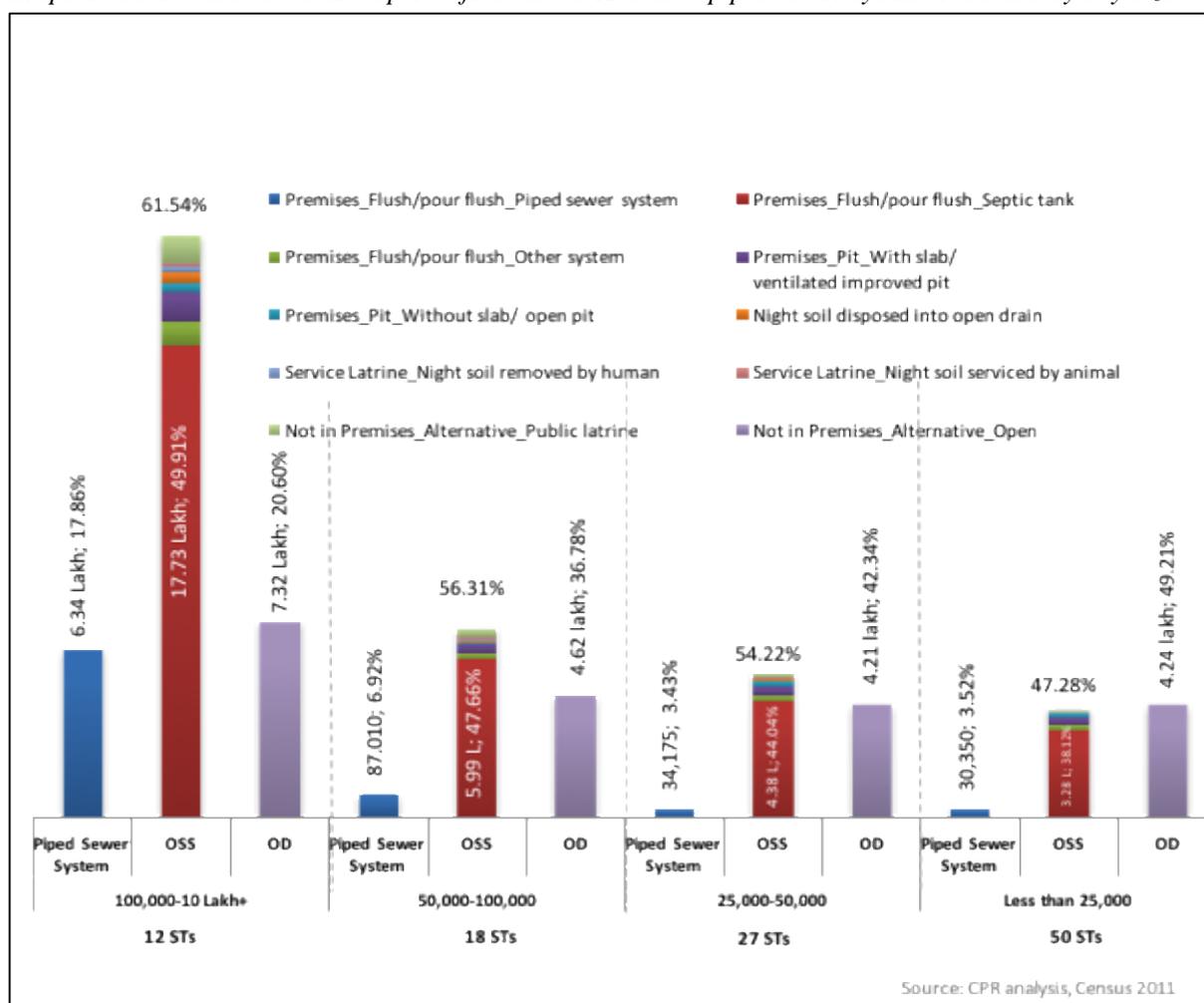
[Source: SFD developed using figures from Census of India, 2011]

4. A clear policy for FSM / Septage management in addition to conventional underground sewerage systems is needed for small and medium towns

Cities in Odisha with a population of more than 1 lakh are above the state average in access to household toilets. Many of the households in this group are serviced by septic tanks, indicating greater private investment in these structures. In smaller cities, open defecation is far more prevalent; and the existence of underground drainage is negligible.

Data from Census 2011 on types of latrines by city size, (see Graph 3 below), indicates that *as city sizes decreases, the dependence on on-site sanitation and open defecation increases*. This underlines the importance of going beyond traditional sewerage solutions, and moving towards faecal sludge management (FSM) / septage management. In this regard, the Government of Odisha has already initiated action to procure cesspool trucks. The strategy, however must place this action within a wider policy of septage management across the urban areas of Odisha, particularly for smaller towns.

Graph 3: On-site sanitation and open defecation vs. Access to piped sewer system in Odisha by city size



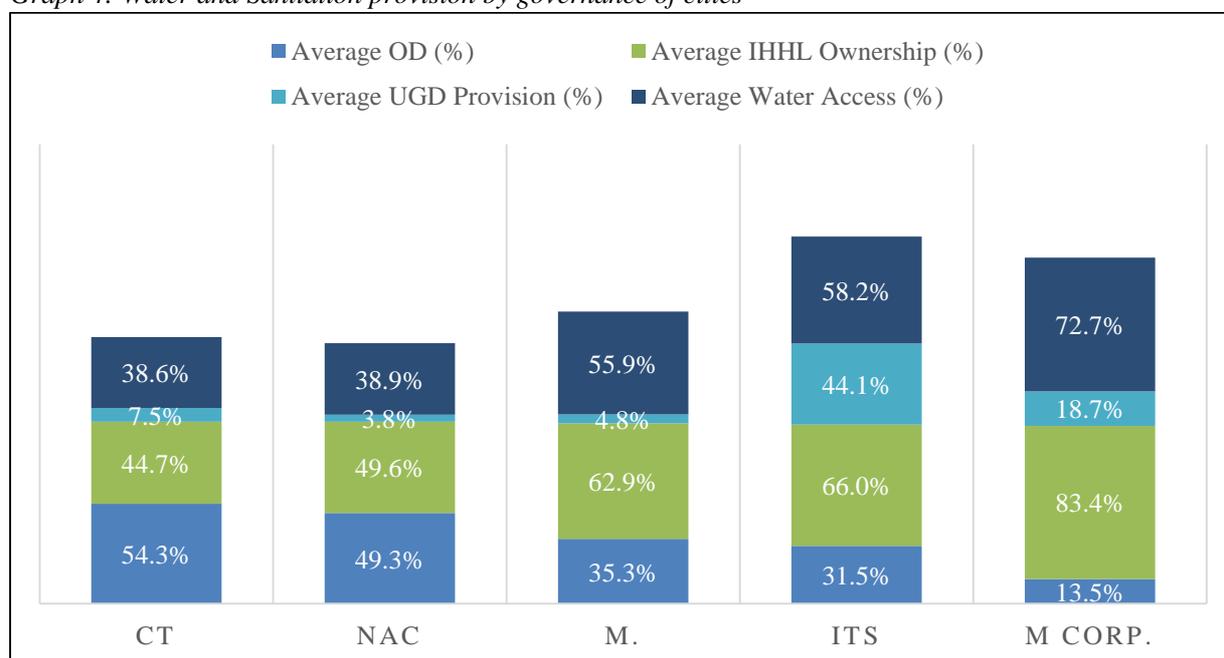
5. Census towns are likely to be areas of future concern for sanitation

Census Towns as per Census 2011 exhibit urban characteristics, but have not been formally declared urban by statute / law. Across all census towns the sanitation profile is observed to be worse than the statutory towns in the state. While Statutory Towns display a more traditional picture of decreased sanitation

infrastructure as city sizes reduce, Census Towns are mostly smaller in size and have uniformly high levels of open defecation, low levels of household latrine ownership and low drinking water provision (See Graph 4).

As the urban population grows and more census towns will be incorporated as urban areas by the state government, sanitation in these areas will also fall under the purview of the urban sanitation policy in the state.

Graph 4: Water and Sanitation provision by governance of cities



[Source: Census of India, 2011]

6. As urban growth in Odisha increases, Municipal Solid Waste Management (MSWM) must form part of the core policy for sanitation in the state

Until very recently, the collection of Municipal Solid Waste (MSW) from market places and community bins, street sweeping, bush cutting and drain cleaning, transportation and disposal at the dump yard had been carried out by most ULBs on their own. However, beginning with the

Bhubaneswar Municipal Corporation (BMC)(and now being replicated in many other towns of the State for about last five years), door-to-door collection of waste is being carried out by engaging private operators and BMC sanitation workers. It has been a gradual transition from a fully ULB-operated model to a Public-Private-Community-Participation (PPCP) model. However, scientific disposal of waste is yet to occur and the waste is dumped at the dump yard without processing or treatment; the dump yard is not scientifically designed. This has led to environmental degradation, air pollution,

ground water table pollution and poses grave health hazards. The MSW Rules 2016 designates the ULBs as solely responsible for managing solid waste in their area and states that “within the territorial area of the municipality, [ULBs are] responsible for the implementation of the provisions of these rules, and for any infrastructure development for collection, storage, segregation, transportation, processing and disposal of municipal solid wastes”. However, the ULBs in Odisha are yet to fully comply with MSW Rules 2000, and their 2016 successor. Amongst the ULBs, Puri is the first town to have arrangements since 1998 for scientific disposal and mechanized processing of solid waste into bio-fertilizer in a scientific manner. Under the Indo-Norwegian Development Corporation support and with the active participation of ULBs, a 100 TPD bio-compost plant is operational in Puri. A private firm is engaged to manage the plant. But this plant is facing difficulty for lack of source segregation of the MSW.

Site Authorization for SWM Projects

The State Government has initiated various steps for implementation of integrated Solid Waste Management projects in various ULBs as per MSW Rules 2000. As a first step towards it, land was allotted to ULBs to gradually implement the SWM projects involving processing of bio-degradable waste and scientific disposal of processed and inert non-recyclable waste. Most ULBs have secured the site with a compound wall. However, processing facility has not been set up in any of the ULBs. At present, 100% of the sanitation budget is utilized for collection and transportation. Many of the ULBs have obtained site authorization from Pollution Control Board for setting

up processing plant and sanitary land fill. At present, waste is directly dumped in these sites without processing.

7. The urban sanitation policy must incorporate a river basin pollution abatement policy

The state of Odisha is host to a number of river systems consisting of the main rivers, its tributaries and distributaries. The major river basins in Odisha are:

1. Subranekha
2. Buddha Balanga Basin
3. Baitrani Basin
4. Brahmani:
 - a. Upper Brahmani Basin
 - b. Lower Brahmani Basin
5. Mahanadi
 - a. Upper Mahanadi
 - b. Mahanadi (Hirakund- Khairmal)
 - c. Mahanadi (Khairmal- Barmul)
 - d. Mahanadi (Barmul- Naraj)
 - e. Mahanadi Delta
6. Tel Basin
7. Rushikulya Basin
8. Vanshadhara
9. Indrabati Basin
10. Nagavali Basin
11. Kolab Basin

Map 1 below shows the 11 river basins in Odisha and with the statutory towns marked per river basin. Nearly 90 percent of urban areas in Odisha directly affect rivers in the state; the rest fall within existing river basins. With the open discharge of raw sewage into drains so dire, it is necessary for the sanitation policy to also consider action of cities within the wider ecosystem of river basin systems in the state.

Map 1: River Basins in Odisha with statutory towns affecting these systems



[Source of Map: D/o Water Resources, G/o Odisha || List of Statutory Towns: HUDD, G/o Odisha]

8. The governance of urban sanitation must be aligned to outcomes and should be supported by capacity building of institutions

The primary institution for governance of each urban area are the Urban Local Bodies (ULBs) in Odisha which comprise Municipal Corporations, Municipalities, and Notified Area Councils (NACs). Statutory towns (STs) with a population greater than 300,000 are deemed as large urban areas and are administered by Municipal Corporations. Statutory towns

with population between 300,000 and 25,000 are deemed small urban areas and are administered by Municipalities. Those STs with population between 10,000 and 25,000 are deemed as transitional urban areas and are administered by NACs. The Municipalities and the NACs are governed by the Municipal Act, 1950, and the Municipal Corporations are governed by the Municipal Corporation Act, 2003. Besides the local bodies, there are other state department sub-divisions which are responsible for the water and sanitation in all cities. The Water Resources Department is responsible for the

allotment of water to different sectors like drinking water, irrigation, hydropower, industry, etc., flood control and drainage, and maintenance of water quality. The Public Health Engineering Organisations (PHEO) and the Odisha Water Supply and Sewerage Board (OWSSB), are responsible for water supply and sewerage services in all ULBs. The Odisha Pollution Control Board (OPCB) is responsible to ensure standards and guidelines produced under the CPCB are followed in the state. The Directorates of Town Planning are responsible for the preparation of Master plans, monitoring of programs, provision of technical assistance, and regulation of the work of development authorities. The Directorate of Municipal Administration (DMA) regulates the functioning of ULBs, and monitors their development functions. In addition to these, the Odisha Urban Infrastructure Development Fund (OUIDF) provides support in policy formulation, project development activities, and funding of WATSAN projects. Additionally, from July 2015 onwards, the newly formed Water Corporation or WATCO has taken over the functions of PHEO for the towns of Bhubaneswar, Khurda, and Jatni.

According to the 74th amendment all functions related to sanitation conservancy are the responsibilities of the ULB. However, in practice more than one institution is responsible for the functions for sanitation. Even some clauses of certain state statutes allow supersession of these tasks by the state government. There are eight different functions related to sanitation. For each of these functions there are multiple institutions responsible, both in policy as well as in practice.

Capacities of ULBs in Odisha to manage an expanding need for sanitation and FSM

The capacity constraints of ULBs include a lack of clarity in roles and responsibilities of various stakeholders and institutions, the overarching responsibilities and functions, and the mixed system of personnel deployment followed in the state; the shortage of skilled staff for adequate coverage as well as enforcement; and both technical and financial shortfalls that do not allow for corrective infrastructural or management interventions. The problems of management are compounded by the need for ULBs to coordinate with multiple agencies.

There is a shortfall of engineers and other staff in the ULBs, which have not been filled-up in years because of a freeze on recruitments. However, a system of Municipal Cadres has been recently approved by the state cabinet, although it is yet to be operationalized. ULBs will be grouped into categories depending on the size of the population and human resources will be allocated to each ULB on the basis of those categories. In addition to the cadres, the frontline sanitation workers also need to be sourced, organized and trained to deliver faecal sludge / septage management services at the city level (in each ward).

There are also issues related to a lack of adequate data for better planning and management, across the sanitation cycle; to ensuring access to the un-served urban poor and the floating population; to the lack of awareness amongst communities, service providers and city managers on the consequence of poor sanitation; to the need for enhanced community participation and above all to building

adequate capacities of all stakeholders, especially the ULBs; and to the need for an integrated city-wide approach and adequate and sustained investments for both asset and facility creation as well as O&M. ULBs are especially constrained by 'inadequate personal and systemic capacities' for social mobilization and implementing user-participatory programs. Finally, the ULBs' almost complete dependence on government grants and schemes prevents them from developing their own capacities for planning and management as the funds do not make adequate provisions for sustained capacity building of this kind.

In short, the major shortcomings of the sector are weak and inadequate institutional structures and poor policy frameworks; lack of political will due to low prestige of the sector; inadequate and poorly utilised resources; inappropriate

approaches, standards and regulations; and neglect of consumer preferences. This lack of capacity is reflected in both the elected and the executive wings of the ULBs.

Currently capacity building is limited to routine departmental trainings on various thematic and functional issues through the State Urban Development Agency and its training partners, which also includes water and sanitation interventions. The capacity building interventions are limited to structured trainings and exposure visits within the framework of programmes like JNNURM, AMRUT, and SBM, and are standardised on the lines of the guidelines provided by GoI. Seldom do they respond to the needs of specific ULBs or its staff. And most often they are also limited to the elected representatives and the senior officials of the ULB and as such are of little relevance to the issues on ground.

VISION, GOALS & PRINCIPLES OF THE POLICY

Vision

All cities and towns in Odisha become totally clean, sanitized, healthy, and liveable, ensuring and sustaining good public health and environmental outcomes for all citizens, in line with the National Urban Sanitation Policy.

Goal

All cities and towns in Odisha become totally clean, sanitized (safe), healthy, and liveable cities / towns that are managed by ULBs with citizen and stakeholder participation.

Principles

The policy will be based on the following principles:

1. **Sanitation will be treated as a basic service:** The state government shall create opportunities and provide necessary support through which, all citizens can have access to sanitation services as their basic entitlement.
2. **Equity and safety of access and use, particularly to the vulnerable and un-served populations:** The state shall endeavour to ensure that no urban citizen, irrespective of socio-economic status, caste, gender, age, or legal status of land/status of migration is denied access to and the use of sanitation services in Odisha's cities. In the case of residents with no tenure security, the state will make effort to resolve tenure issues in providing individual household sanitation facilities or community sanitation facilities. However, where sanitation services are provided in areas without tenure security, the provision of these services will not entitle the individual/household any legal right to the land. In addition to this, the state and ULBs will ensure that access to such facilities (especially community and public) are maintained with an adequate level of cleanliness, and safety of access, especially for women. Adequate arrangements for access for the differently abled will also be made at these facilities (new / upgraded facilities).
3. **Increased awareness of the collective goal of sanitised cities:** The causal linkages of sanitation with public and environmental health need to be made more explicit to citizens, communities and institutions. In addition to the provision of facilities, sustained improvements in the quality of life are possible when supplemented by hygiene and behaviour change. The state will aim to generate demand for safe sanitation, especially among the un-served households. Citizens, communities, institutions, and cities as a whole will be encouraged to play an active role in both behaviour change towards safe sanitation, and ensuring the adoption and use of safe technology to protect the environment.
4. **Institutional roles, responsibilities and capacity development:** The policy will hinge on progressive

articulation in policy and law followed-up by operations that are in line with the spirit of the 74th Constitutional Amendment Act, 1994. Devolution of functions, funds and functionaries will need to be progressively ensured to the ULB with adequate support for building planning, and management capacities. The quality of city sanitation planning will depend upon the vibrancy of sub-city representative institutions that draw on civil society to ensure active citizen engagement.

5. **Emphasis on operations and maintenance of sanitation infrastructure:** One of the key reasons for poor sanitation infrastructure as well as high capital expenditure on sanitation is the lack of operations and maintenance of existing sanitation infrastructure. ULBs will be responsible to ensure that existing sanitation infrastructure is maintained at adequate operational levels, either through official funds, or in partnership with the private sector.
6. **Integrating broader environmental concerns in the provision of urban sanitation service delivery:** The environment (land, air, and water resources) must be considered in all development activities for sanitation provision and management. All planning and implementation will seek to ensure that adverse risks to public health and the environment are adequately minimised at all stages in the sanitation chain – containment, collection, transportation or conveyance, treatment and re-use or disposal. Appropriate protection of the environment shall be applied, including prosecution under the law as

required. The state government will prioritise those cities that directly or indirectly affect rivers or river basins in the state due to discharge of untreated domestic wastewater for setting up pollution abatement systems.

7. **Choosing technology and solutions appropriate to the context:** Under the policy, the choice of technology and solutions will be contingent upon the needs of that context. For example, if, in the course of evaluation, decentralised and on-site technologies and solutions are context appropriate, then those should be chosen as opposed to blindly applying the choice of networked sewerage systems.

Outcomes

Under the policy, over the next 10 years, the policy will concentrate on achieving the following 6 outcomes:

1. Urban areas are Open-defecation (ODF) and open discharge free (ODF+/++)
2. Solid waste is safely managed & treated
3. Sewage, septage / faecal sludge and liquid waste is safely managed, treated, and disposed
4. Safety standards and guidelines are followed in the physical handling and management of waste
5. Women and girls have access to safe menstrual hygiene management
6. Cities/towns do not discharge untreated waste (water and faecal waste) into the water bodies of Odisha

These are detailed out in the subsequent section.

OUTCOMES OF THE POLICY

1. Urban areas are open-defecation and discharge free

This shall be a key outcome of the sanitation policy. In addition to infrastructure provision, this outcome requires behaviour change at the individual, household, community, institutional and city levels. It is therefore the most crucial and challenging to achieve.

Open defecation free under this policy is understood as the termination of faecal-oral transmission determined by:

- A. No observed open defecation;
- B. All city residents have access to and use of household, community, and/or public latrines;
- C. There is adequate access and use of latrines in all institutions;
- D. All insanitary latrines (including single pit latrines) are converted to sanitary latrines, and no incidence of Manual Scavenging observed
- E. All city residents are engaged in safe hygiene practices, including hand washing;

In addition, open discharge free, under this policy shall be understood to mean an environment free from human waste which shall be determined as follows:

- F. There is no open discharge of faecal and liquid waste, or raw sewage into the open drains or environment
- G. There is safe containment, collection, transportation, treatment, and disposal of sewage, septage, and waste water.

2. Municipal Solid Waste is safely managed and treated

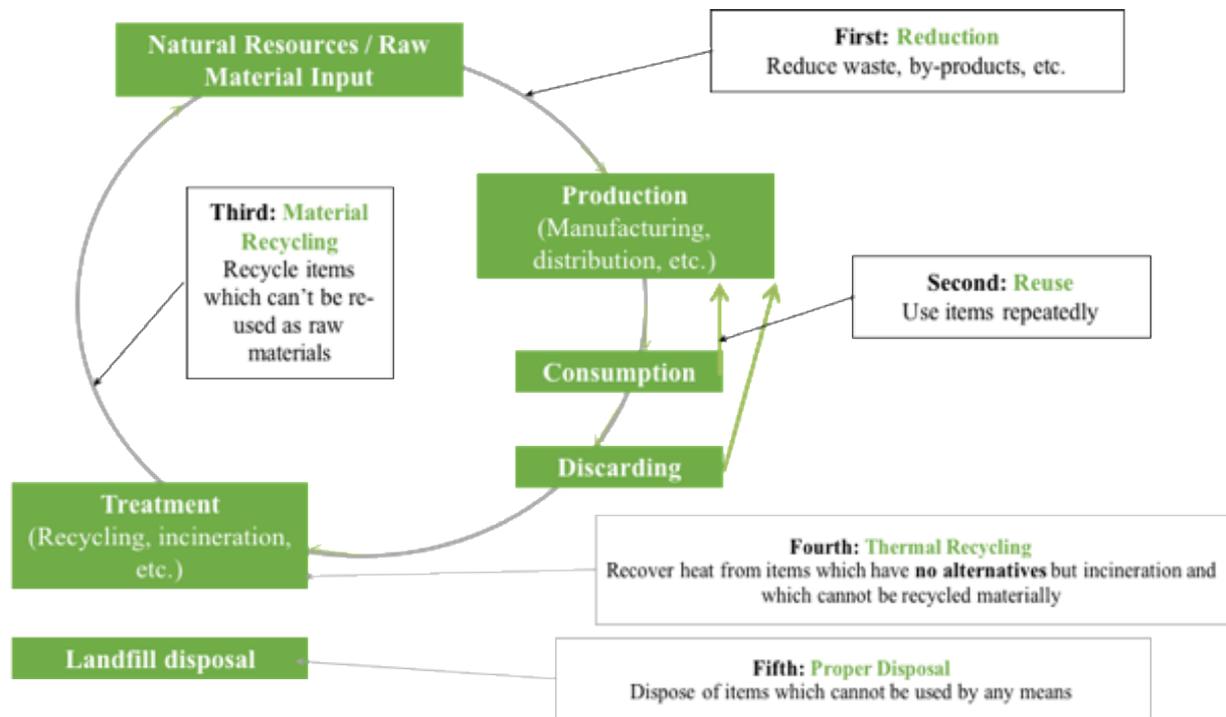
Between March and April 2016, the Ministry of Environment, Forest and Climate Change, Government of India notified the following rules: (1) Solid Waste Management Rules, 2016; (2) E-Waste (Management) Rules, 2016; (3) Plastic Waste Management Rules, 2016; (4) Construction and Demolition Waste Management Rules, 2016; (5) Bio-Medical Waste Management Rules, 2016; and (6) Hazardous and Other Wastes (Management and Transboundary Movement) Rules, 2016.

According to the SWM Rules 2016, solid waste includes solid or semi-solid domestic waste, sanitary waste, commercial waste, institutional waste, catering and market waste, and other non-residential waste, street sweeping, silt removed or collected from surface drains, horticultural waste, agriculture and dairy waste, treated bio-medical waste. This excludes industrial hazardous waste, untreated bio-medical waste and e-waste, battery waste, and radio-active waste. Municipal Solid Waste Management (MSWM) refers to a systematic process that comprises of waste segregation and storage at source, primary collection, secondary storage, transportation, resource recovery, processing, treatment, and final disposal of solid waste.

Odisha will follow a policy whereby minimal amount of waste is sent to

landfills by following the three Rs, namely reduce, reuse, and recycle. The ultimate goal will be to create value out of waste

and produce a paradigm shift from garbage as ‘disposable’ to ‘renewable resource’.



Source: CPR Presentation on “Zero Waste” at Open Seminar Series, New Delhi, 29th June 2015

The aim of this policy is to ensure cleaner streets and neighbourhoods, improved quality of life by reducing health risks (such as vector-borne diseases like dengue and malaria) associated with garbage piles, and ensure segregation of waste and doorstep collection at affordable rates. In

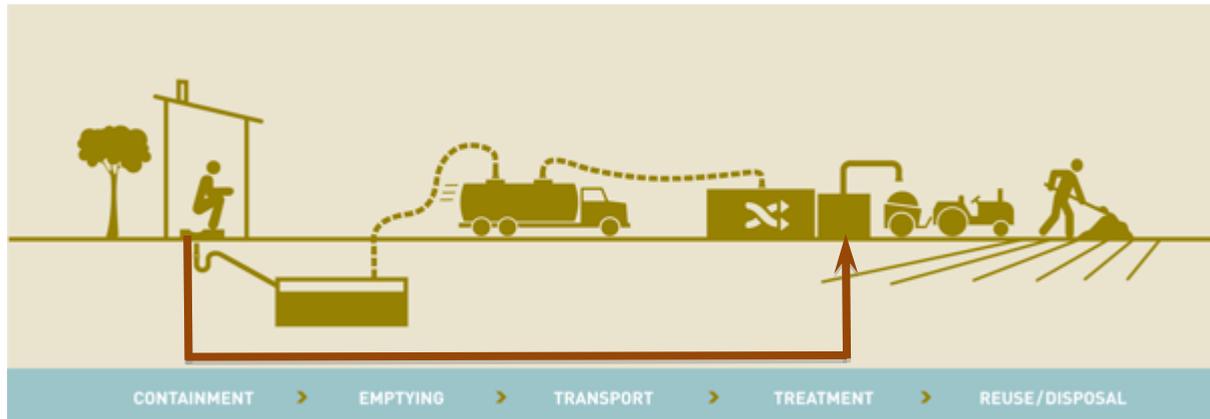
3. Sewage, septage / faecal sludge and liquid waste is safely managed, treated, and disposed

This outcome shall aim to ensure that wherever faecal waste is generated in the urban environment, it is safely confined, regularly collected, safely transported, and disposed after adequate treatment; with due care being taken of persons,

order to effect this, the state will, in the next 10 years aim to drastically improve the efficiency of waste processed, and eventually move to a decentralised system for processing waste.

machinery, materials and surroundings involved in the process. In Odisha, where the majority of households and institutions have access to on-site sanitation, the focus in these 10 years of the policy will be on septage/ faecal sludge management (FSM). In the large cities (population of 100,000 or more) with increasing urban density, the state government may, based on context and demand, bring out a separate action plan for sewerage systems in the city

Under this outcome, the entire sanitation chain will be covered. This includes:



Here toilet construction technologies will ensure safe containment of human faeces from the environment

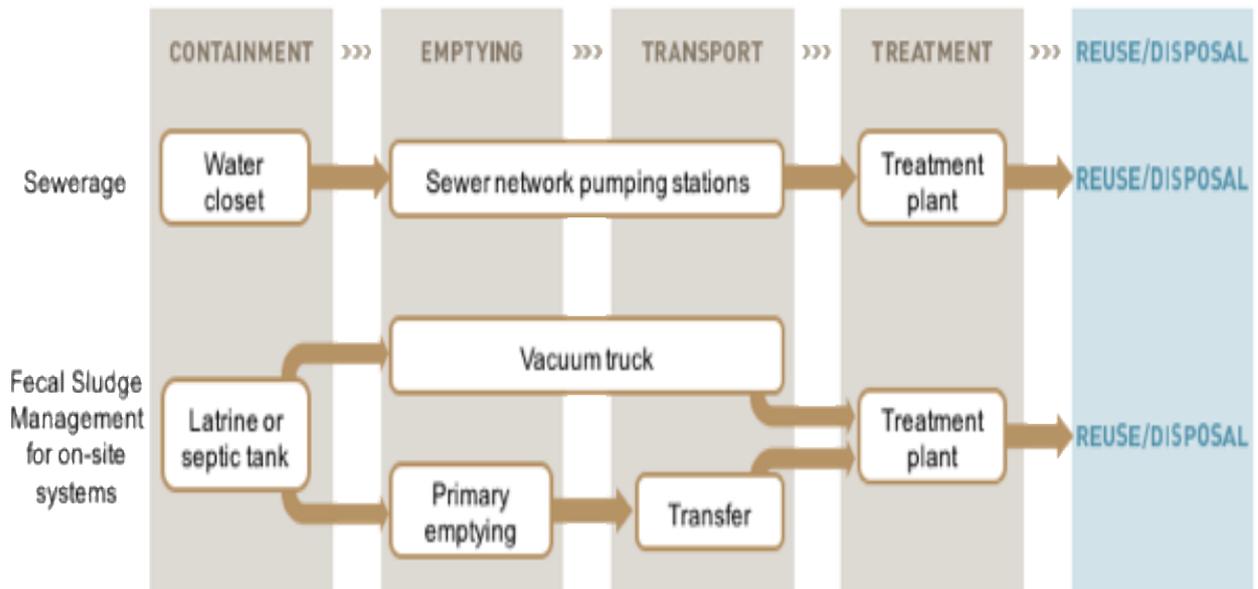
Regular de-sludging of septic tanks and other on-site systems will be undertaken in a safe and scientific manner

The transportation of this sludge to the treatment site shall be undertaken to approved treatment sites designated by ULBs

Only approved and designated treatment facilities by ULBs shall be used. This may be either at an existing Sewage Treatment Plant (STP) designated for treatment of sewage and sludge, or at an independent faecal sludge treatment plant (FSTP)

This involves treatment of solid sludge for reuse by composting, with the final effluent discharged into surface water, or re-used for gardening or agricultural purposes after due processing

The state government will cover the entire sanitation chain as follows:



The state government will strive to create opportunities and provide necessary support through which all the citizens can have access to septage management services; while enjoining the household to be responsible for maintaining sanitation facilities and ensuring safety as declared by the ULBs.

4. Safety standards and guidelines are followed in the physical handling and management of waste

The Prohibition of Employment as Manual Scavengers and their Rehabilitation Act was passed by the Union Government on 19th September 2013 (MSA 2013). While the list of definitions is exhaustive under the MSA 2013, the following definitions are important for the current Policy and have been reproduced below for ready reference:

- “*manual scavenger*” means a person engaged or employed, at the commencement of this Act or at any time thereafter, by an individual or a local authority or an agency or a contractor, for manually cleaning, carrying, disposing of, or otherwise handling in any manner, human excreta in an insanitary latrine or in an open drain or pit into which the human excreta from the insanitary latrines is disposed of, or on a railway track or in such other spaces or premises, as the Central Government or a State Government may notify, before the excreta fully decomposes in such manner as may be prescribed, and the expression “manual scavenging” shall be construed accordingly
- “*hazardous cleaning*” means cleaning by an employee, in relation to a sewer or septic tank, means its manual cleaning by such employee without the employer fulfilling his obligations to

provide protective gear and other cleaning devices and ensuring observance of safety precautions, as may be prescribed or provided in any other law, for the time being in force or rules made there under

- “*insanitary latrine*” means a latrine which requires human excreta to be cleaned or otherwise handled manually, either in situ, or in an open drain or pit into which the excreta are discharged or flushed out, before the excreta fully decomposes in such manner as may be prescribed. Provided that a water flush latrine in a railway passenger coach, when cleaned by an employee with the help of such devices and using such protective gear, as the Central Government may notify in this behalf, shall not be deemed to be an insanitary latrine.

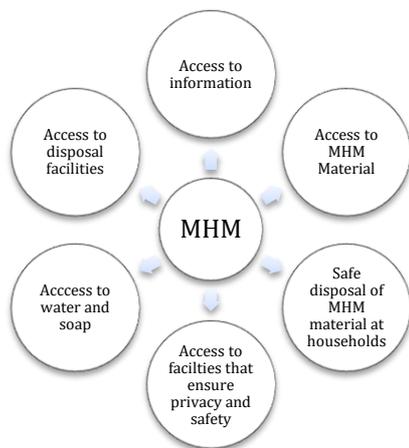
5. Women and girls have access to safe menstrual hygiene management (MHM)

In 2012, the Joint Monitoring Programme (JMP) of the WHO and UNICEF defined Menstrual Hygiene Management as follows: “Women and adolescent girls are using a *clean menstrual management material* to absorb or collect menstrual blood, that can be *changed in privacy as often as necessary* for the duration of a menstrual period, *using soap and water for washing* the body as required, and having *access to safe and convenient facilities to dispose* of used menstrual management materials. They *understand the basic facts* linked to the menstrual cycle and *how to manage it with dignity and without discomfort or fear.*”

The key challenges faced by women and girls during their periods of menstruation include:

1. A lack of sanitary protection materials leading to embarrassment and stress due to leakage and malodour.
2. A lack of menstrual hygiene-friendly facilities in the home, workplace, and common/community areas, which results in a number of women being unable to change materials in dignity and safety. This results in absence from work and schools.
3. A fear of using the latrine due to staining, the lack of privacy, inadequate disposal facilities, or unsafe location of latrine facilities.

The state government shall promote the access of women and girls to safe Menstrual Hygiene Management in public, community, and private institutional sanitation facilities as follows:



The strategy document will outline the activities that the state government

To ensure effective and timely action under the policy, the state government may bring out appropriate instructions for phasing of cities under each outcome on a yearly basis, and the budget for this may be based on context-specific technologies being proposed / considered for those cities.

undertakes to ensure that safe and effective MHM is available to all who need it.

6. Cities/towns do not discharge untreated waste (solid, liquid, and faecal waste) into the water bodies of Odisha

The aim of this outcome is the elimination of urban pollutants – septage / faecal sludge, and municipal solid waste – into the rivers and river basins of Odisha from urban and peri-urban areas thus ensuring the protection, conservation restoration, regeneration and integrated development of river sand river basins in Odisha.

At present, cities are disposing septage/sludge directly into water bodies, either through non-functional drains, natural drains, or through open defecation. This is compounded by solid waste being disposed into rivers/river basins. Under this outcome, Odisha will focus on a combination of strengthening the constructed drainage systems, strong FSM / septage management, and/or underground sewerage networks where relevant (including treatment plants), and interception, diversion, and treatment of septage and waste water flowing through natural drains.

IMPLEMENTATION OF THE POLICY

The Housing & Urban Development Department (HUDD) of the Government of Odisha will be responsible for developing a strategy to implement the policy covering all the 6 outcomes, along with the necessary institutional framework, provisions and guidance for planning, monitoring, evaluation, capacity building and funding.