



SFD Lite Report

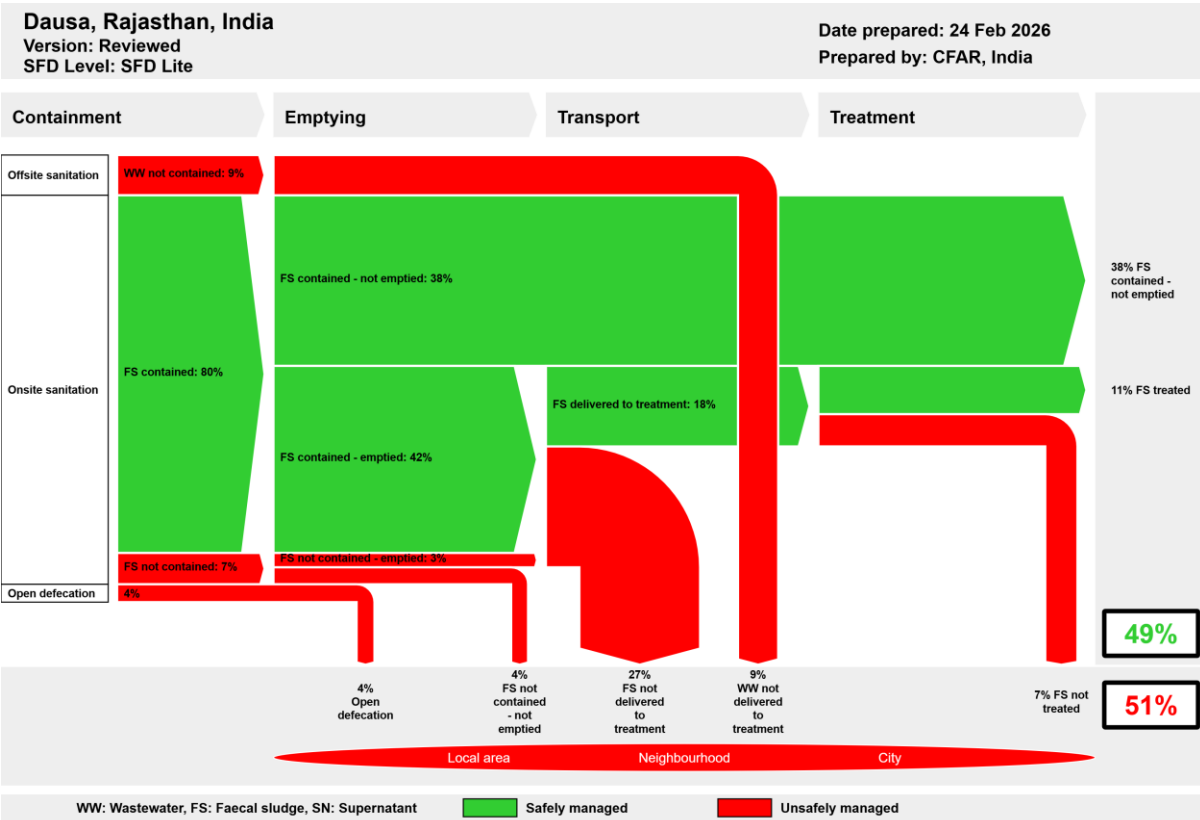
Dausa City India

Final Report

This SFD Lite Report was prepared by
Centre for Advocacy and Research (CFAR)

Date of production: 24/02/2026
Last update: 13/05/2026

1 The SFD Graphic



The SFD Promotion Initiative recommends preparation of a report on the city context the analysis carried out and data sources used to produce this graphic. Full details on how to create an SFD Report are available at sfd.susana.org

SFD graphic for Dausa City.

2 SFD Lite information

Produced by: Centre for Advocacy and Research (CFAR), New Delhi

- This report is compiled as part of the project entitled “*Bridging the Urban Sanitation Gap in the Small Towns in India: Khordha & Jatni in Odisha and Chaksu & Dausa in Rajasthan,*” funded by the Viega Foundation, Germany. We want to express our sincere gratitude to Mr. Kamlesh Meena, Commissioner, Dausa Nagar Parishad and Mr. Manish, Supervisor, Dausa Faecal Sludge Treatment Plant (FSTP), for providing the required information, secondary data, and their cooperation during Key Informant Interviews (KIIs). We are also thankful to household residents, caretakers of community and public toilets, local masons as well as private and government desludging operators for their cooperation and valuable inputs.
- Our appreciation extends to the field team members Ms. Asha Devi Bairwa, Ms. Suman Devi, and Ms. Neelam for their efforts in conducting household surveys, KIIs, and field visits. Special thanks to Ms. Akhila Sivasdas for her guidance in shaping the study and the Viega Foundation team for technical support.
- We also acknowledge the support of the Centre for Science and Environment (CSE) team, especially Mr. Harsh Yadava, Mr. Sarim, Dr. Sumita Singhal, and Mr. Subrata Chakraborty, for their continuous guidance throughout the process.

Collaborating Partner: Dausa Nagar Parishad, Rajasthan

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3 General City Information

Dausa City is located in eastern Rajasthan, approximately 55 km east of Jaipur along National Highway 21, positioning it as an important regional service centre and transit-linked urban node. Its strategic location along this mobility corridor has facilitated its role as a hub for trade, agro-based activities, local markets, and mineral-linked industries, while also supporting daily commuting and regional economic integration. Geographically, the city lies at 26°53'N latitude and 76°20'E longitude and is situated on slightly elevated terrain with a natural slope towards the northwest and southwest, a factor that significantly influences drainage patterns, wastewater flow, and settlement expansion¹. Dausa has a semi-arid to tropical climatic regime, marked by intense summer heat, limited and seasonal monsoon rainfall, and relatively cooler winters. These climatic conditions place sustained pressure on water availability, groundwater dependence, and seasonal stress on overall sanitation systems.

According to the Census 2011, Dausa had a population of approximately 85,960, living in 15,465 households². Subsequent urban growth and administrative demarcation in 2019 have expanded the city to 55 wards, with current Urban Local Body (ULB) records indicating a population of approximately 97,379 residing in 22,679 households³. The city covers an area of about 44 sq. km. and is governed by Dausa Nagar Parishad. Urbanisation in Dausa has largely followed transport corridors and institutional clusters, rather than planned residential layouts, resulting in uneven infrastructure coverage and service delivery gaps across wards. More recent ULB estimates project the population to be around 1.5 lakh (KII-1, 2025)⁴ reflecting rapid demographic growth driven by migration and peri-urban densification. The total population following the administrative demarcation is considered to prepare the SFD graphic of the city, as the ULB does not have any document for the current population estimation. In the Swachh Survekshan assessment, Dausa secured a state-wide rank of 72 and a national rank of 482 under the medium cities' category (50,000-3,00,000 population), indicating low performance in sanitation practices and service delivery outcomes. Table 1 shows the population growth for the city⁵.

Table 1: Population Growth of Dausa City. (Source: Census, 2011 and ULB).

Census Year	Population	Total Growth Rate (%)
1991	38,576	41.76
2001	61,601	59.69
2011	85,960	39.54
2019	97,379	13.28

¹ City Development Plan, 2011-2031

² District Census Handbook 2011

³ As per the 2019 draft order obtained from the ULB

⁴ As per KII with Mr. Kamlesh Meena (Commissioner, Dausa Nagar Parishad)

⁵ Obtained from Swachh Survekshan 2024-25 city report card

4 Service outcomes

4.1 SFD matrix

Table 2 shows the SFD matrix for Dausa City.

Table 2: SFD matrix for Dausa City.

Dausa, Rajasthan, India, 24 Feb 2026. SFD Level: SFD Lite

Population: 97379

Proportion of tanks: septic tanks: 100%, fully lined tanks: 100%, lined, open bottom tanks: 100%

Containment						
System type	Population	WW transport	WW treatment	FS emptying	FS transport	FS treatment
	Pop	W4c	W5c	F3	F4	F5
System label and description	Proportion of population using this type of system (p)	Proportion of wastewater in open sewer or storm drain system, which is delivered to treatment plants	Proportion of wastewater delivered to treatment plants, which is treated	Proportion of this type of system from which faecal sludge is emptied	Proportion of faecal sludge emptied, which is delivered to treatment plants	Proportion of faecal sludge delivered to treatment plants, which is treated
T1A1C6 Toilet discharges directly to open drain or storm sewer	7.0	0.0	0.0			
T1A1C7 Toilet discharges directly to water body	2.0					
T1A2C5 Septic tank connected to soak pit	7.0			70.0	40.0	60.0
T1A3C5 Fully lined tank (sealed) connected to a soak pit	14.0			70.0	40.0	60.0
T1A4C10 Lined tank with impermeable walls and open bottom, no outlet or overflow	59.0			46.0	40.0	60.0
T1B11 C7 TO C9 Open defecation	4.0					
T2A4C10 Lined tank with impermeable walls and open bottom, no outlet or overflow, where there is a 'significant risk' of groundwater pollution	7.0			46.0	40.0	60.0

4.1.1 Offsite sanitation

Dausa City currently lacks a functional off-site sanitation system, with no sewerage network nor any operational Sewage Treatment Plant (STP) in place. Although a 4 million liters per day (MLD) STP and citywide sewerage coverage have been proposed, the project remains at a planning stage with no clear implementation timeline (KII-1, 2025)⁶. In the absence of sewerage infrastructure, wastewater and greywater are conveyed through open roadside drains across all wards, which merge into larger drains and ultimately discharge untreated

⁶ As per KII with Mr. Kamlesh Meena (Commissioner, Dausa Nagar Parishad)

effluent into Sursagar Lake, creating significant environmental degradation and public health risks (KII-1, 2025)⁷.

The effectiveness of off-site sanitation planning is further constrained by chronic deficiencies in the city's water supply system, which is a prerequisite for sewer-based off-site sanitation. The city lacks a reliable and fully established water distribution system. Water supply in Dausa city is managed by the Public Health Engineering Department (PHED). Out of 55 wards, only 35 wards receive a piped water supply, and that too on an intermittent basis, limited to once a week. The remaining 20 wards are entirely dependent on groundwater sources, tanker supply, and private water vendors, reflecting significant spatial inequity in service provision (KII-1, 2025)⁸. Even in wards with surface water supply, per capita water availability is far below norms, with households receiving considerably less than the recommended 135 litres per capita per day, indicating acute water stress.

During the household survey, it was frequently observed that the outlets of several household toilets are directly connected to open drains (Figure 1), particularly in Wards 14, 23, and 40⁹. In view of this practice, and for the purpose of developing the SFD graphic, households falling under this configuration have been classified under the T1A1C6 system, accounting for approximately 9% of the total population of the city.



Figure 1: Toilets are connected to open drains (Source: Rajat, Asha, Suman. CFAR. 2025).

4.2. On-site Sanitation Systems

Containments

The on-site sanitation scenario in Dausa city is shaped by the interconnection of affordability constraints, the absence of standardised design regulation, site-specific physical conditions, and limited institutional oversight. While nearly 87% of the population relies on on-site sanitation systems (OSS), the dominance of basic ring made containment reflects a cost-driven sanitation infrastructure, marked by low levels of containment safety and standardisation.

Analysis of household survey data, field observations, and stakeholder interviews reveals that basic ring made containment dominates the system. Around 66% of the total population uses

⁷ Same as above

⁸ As per KII with Mr. Kamlesh Meena (Commissioner, Dausa Nagar Parishad)

⁹ Based on the Household survey

lined tanks with semi-permeable walls and open bottoms (KII-1,3; 2025)¹⁰. These semi-lined structures, with an average volume of about 6 cubic metres, allow direct percolation of effluent into the surrounding soil, creating environmental and public health risks, particularly in low-lying and water-logged areas. In contrast, safer containment options remain limited, with sealed tanks connected to soak pits accounting for about 14%, and properly designed septic tanks covering only 7% of the population. The average volume of these sealed structures is significantly higher, at around 19 cubic metres.

Interviews with local masons highlight that containment choices and dimensions are largely determined by household affordability, plot size, soil conditions, and ease of construction, rather than adherence to standard technical norms (Figure 2). A typical lined tank built with concrete rings comprises a minimum of 3-4 rings with a depth of 8-10 feet, while sealed tanks have a minimum informed size of 6 ft × 4 ft × 4 ft. It is also noted that seasonality strongly affects construction quality, with summer offering easier excavation but higher risks of soil collapse, monsoon posing the greatest challenges due to water ingress and unstable soil, and winter being the most favourable period for safe excavation and curing. In rocky or stony areas of Dausa, excavation difficulties increase labour and costs, often leading households to reduce containment depth or compromise on lining, further reinforcing unsafe containment practices.



Figure 2: Existing containment structures in Dausa Town. (Source: Rajat & Asha, CFAR. 2025).

Cost differentials emerge as a critical driver shaping the containment profile. Stakeholder interviews indicate that the minimum cost of constructing a sealed tank ranges between INR 60,000-70,000 (USD 664-775) compared to INR 12,000-15,000 (USD 133-166) for a basic ring toilet (KII-3, 2025)¹¹. In the absence of enforceable containment standards or targeted financial support, households overwhelmingly opt for lower-cost ring tank systems, even when aware of their long-term risks. Institutionally, the sanitation system in Dausa is constrained by the lack of standardised containment design norms, weak monitoring of construction practices, and limited integration of containment safety into municipal planning. Municipal interviews acknowledge that containment structures are rarely inspected beyond toilet superstructure completion, resulting in a sanitation service chain that prioritises access over safety.

Municipal officials confirmed that while all wards report individual household latrines (IHHs) coverage, an average 5% gap remains due to space constraints, tenure issues, and limited

¹⁰ As per KII with Mr. Kamallesh Meena (Commissioner, Dausa Nagar Parishad), Mr. Omprakash Bairwa (Local Mason, Dausa), household survey and field observation

¹¹ As per interview with Mr. Omprakash Bairwa (Local Mason, Dausa)

household investment capacity (KII-1, 2025)¹². Although 165 IHHLs are planned for construction in the current financial year¹³, interviews with ULB officials acknowledge that the current focus remains on toilet access rather than containment quality, with no standardised containment design norms or systematic monitoring mechanisms in place. Consequently, Dausa's sanitation system exhibits a structural imbalance, high OSS coverage, with a containment profile dominated by unsafe and partially safe systems, posing significant challenges for effective faecal sludge management.

Public/Community Toilet

As per the Swachh Bharat Mission (SBM)-Urban portal, Dausa city has a total of 29 public and community toilets distributed across the city¹⁴. Out of these, 4 public toilets were visited, and the toilet in charge and caretakers were interviewed during the field survey (Figure 3). These are located in areas with high population density and intense public movement, such as near the Government Bus Stand (Ward no. 38), Nehru Garden (Ward no. 13), Nagar Parishad Office (Ward no. 45) and Rajesh Pilot Stadium (Ward no. 17)¹⁵. These locations were selected to serve transport hubs, vegetable markets, labour congregation points (Chaukti), religious sites, and event venues. These facilities collectively cater to an estimated 800-1,000 users per day (each has a different serving population), with demand increasing significantly during festivals, trade fairs, and peak market periods¹⁶. While the spatial distribution reflects demand-based planning, the operational performance and sanitation outcomes remain uneven. Institutionally, the toilets are managed through a multi-actor arrangement. Jan Suvidha Sansthan is responsible for the daily operation, the ULB undertakes supervision, and desludging using ULB cesspool vehicles (KII-1, 2025)¹⁷. All facilities are connected to sealed tanks averaging 15 ft × 15 ft in size. Blackwater is discharged into separate tanks, while greywater from bathing areas is partially diverted to open drains or soak pits (KII-4,5,6,7; 2025)¹⁸, indicating incomplete containment and potential environmental contamination. Desludging practices vary widely. Public toilets at the Government Bus Stand, Nehru Garden, and Rajesh Pilot Stadium require desludging 2-4 times every year, due to higher usage. Conversely, it is also noticed that a few containments (Somnath Circle public toilet) have not been emptied for nearly two years, signalling serious risks of overflow, structural failure, and groundwater pollution (KII-4, 2025)¹⁹.



Figure 3: Public/Community toilet facilities in Dausa. (Source: Neelam & Suman, CFAR. 2025).

¹² As per KII with Mr. Kamallesh Meena (Commissioner, Dausa Nagar Parishad)

¹³ Obtained from the ULB

¹⁴ Obtained from the SBM-Urban portal

¹⁵ Based on Field Survey

¹⁶ Based on the KII with toilet caretakers

¹⁷ As per KII with Mr. Kamallesh Meena (Commissioner, Dausa Nagar Parishad)

¹⁸ As per the interview with Mr. Hanuman Gurjar, Mr. Mehak Gurjar, Mr. Mehak Gurjar, Mr. Anil Singh

¹⁹ As per the interview with Mr. Hanuman Gurjar (PT caretaker, ward no. 45)

Service quality and inclusiveness remain significant challenges. Water supply is unreliable, sourced from a borewell and supplemented by tankers during the summer months and festivals, affecting usability and cleanliness. Menstrual Hygiene Management (MHM) infrastructure is largely non-functional or absent. Sanitary pad vending machines are installed at some locations, but are not operational, and incinerators and disposal bins are missing. Solid waste management is weak, as municipal collection vehicles do not routinely service toilet facilities, leading to littering and unsanitary conditions. Accessibility and safety are also compromised, with no handrails or disability-friendly features, inadequate ventilation, lack of door locks, and missing handwashing facilities²⁰.

There are no mobile or bio-toilets to manage seasonal surges in demand. Current efforts focus primarily on maintaining existing infrastructure, with no articulated plan for upgrading containment systems (KII-1, 2025)²¹ improving MHM and accessibility, or expanding coverage, thereby constraining the effectiveness of public sanitation services in the city.



Figure 4: Open defecation field at Bairwa ki Dhani, Ward no. 1. (Source: Asha, CFAR, 2025).

During the household survey, instances of open defecation were observed at several locations at Bairwa Ki Dhani (Figure 4), Aravali Vihar, Nagauri Mohalla, Eidgah Colony, Aravali Vihar, New Mahawar Colony, Silawat Mohalla, Bansiwali Mohalla, Jhalra Ka Bas, Bansiwali Mohalla, Qila Sagar, Subhash Colony, Ambedkar Colony, Regaron Ka Mohalla, Sapera Ki Dhani, Likh Wali Dhani, located at ward nos. 1, 11, 14, 15, 23, 24, 36, 55. Due to a lack of access to individual toilets, along with the behaviour issues, people are still practising open defecation. Therefore, based on the household survey findings, field observation and interviews with different stakeholders, and IHHL delivery gaps, the proportion of open defecation is considered to be 4% out of the total population.

Emptying and Transportation

Emptying and transportation of faecal sludge in Dausa city is largely informal and dominated by private desludging operators, with the Urban Local Body (ULB) playing a limited and largely institutional role (Figure 5). The ULB owns one vehicle, and the FSTP operator (Malvika Technical Services) owns three cesspool vehicles of 4,000-litre capacity (KII-1, 2025)²². This municipal vehicle primarily services public toilets and government establishments such as hospitals and the collectorate, with household desludging provided at a fixed ULB rate of INR 800 (USD 9) per tank. In contrast, the private sector operates approximately 17 desludging vehicles, mostly tractor or truck-mounted tanks of around 2,500-3,500 litres, and caters to the bulk of residential and commercial demand across the city (KII-1,8,9,10,11; 2025)²³.

Private operators charge variable rates ranging from INR 500 to INR 3,000 per trip, depending on distance, accessibility, and location, making desludging costs unpredictable and often unaffordable for low-income households. Their services are concentrated in high-demand and

²⁰ Based on the field survey and KII with all toilet caretakers

²¹ As per KII with Mr. Kamallesh Meena (Commissioner, Dausa Nagar Parishad)

²² As per KII with Mr. Kamallesh Meena (Commissioner, Dausa Nagar Parishad)

²³ As per KII with Mr. Kamallesh Meena (Commissioner, Dausa Nagar Parishad), Mr. Pappu Kumar Meena, Mr. Vikas Kumar, Mr. Govind Topiya, Mr. Ajay Valmiki (Govt. & private desludging operators)

high-frequency desludging areas such as Silawat Mohalla, Bansiwali Mohalla, Kila Sagar, Valmiki Colony, Rajput Colony, Nagori Mohalla, Gupteshwar Road, and the Krishna Hospital area (KII-8,9,10,11; 2025)²⁴. Several rocky or high groundwater wards where shallow pits fill rapidly, requiring desludging sometimes every 2-3 months, especially in the monsoon.



Figure 5: Desludging from the containments with a suction pipe by private cesspool vehicles. (Source: Rajat, Suman & Asha, CFAR. 2025).

There is no formal registration, licensing, or monitoring mechanism for private desludging operators (KII-1; 2025)²⁵, nor any system for recording service requests, trips, or disposal locations, resulting in weak oversight and regulatory control. Also, containment building and emptying practices do not follow the procedural standard as mentioned in the Standard Operating Procedures (SOPs) of CPHEED, 2018²⁶.

Emptying operations are carried out using vacuum pumps, containers, and suction pipes extending 90-300 metres, depending on site conditions; however, in poorly designed or silted pits, manual cleaning using buckets is occasionally required, indicating unsafe practices. Personal protective equipment use is minimal, generally limited to gloves and cloth masks, exposing workers to significant occupational health risks. While the ULB vehicle officially disposes of collected sludge at the FSTP or a designated 40 Bigha open land site behind Krishna Hospital. Most private operators illegally discharge sludge into open lands, agricultural fields, and low-lying areas, often at a nominal fee (around INR 100 per trip) under the belief that sludge acts as manure (KII-8,9,10,11; 2025)²⁷. Operators cite long travel distances to the FSTP, higher fuel and maintenance costs, narrow lanes, waterlogging, and difficult terrain, especially during the monsoon, as primary reasons for avoiding the treatment facility.

Seasonal factors strongly influence desludging demand, with peak requests during winter and monsoon months, when tanks overflow. Service delays of one to two days are common, and cancellations occur due to cost constraints. Overall, the emptying and transportation segment in Dausa is characterised by private-sector dominance, limited municipal capacity, absence of regulation and tracking systems, unsafe working conditions, and widespread unsafe disposal, which significantly undermines the effectiveness of the city's faecal sludge management and its linkage to the FSTP.

Treatment/Disposal

Dausa city has an operational Faecal Sludge Treatment Plant (FSTP) in service since August 2025, established under the directive of the Department of Local Bodies (DLB), with a design

²⁴ KII with private desludging operators

²⁵ As per KII with Mr. Kamallesh Meena (Commissioner, Dausa Nagar Parishad)

²⁶ Based on the field survey

²⁷ KII with private desludging operators

capacity of 31 kilo litres per day (KLD). Despite adequate treatment infrastructure, the plant is severely underutilised, receiving only about 8 KLD of its designed capacity (KII-2, 2025)²⁸. This mismatch highlights systemic inefficiencies across the faecal sludge management (FSM) service chain rather than a lack of treatment capacity. Septage delivered to the plant undergoes stabilisation and sedimentation aided by polymer dosing, followed by mechanical dewatering using a multi-disk dewatering unit and further drying through an electric dryer.

However, the resulting biosolids are stockpiled within the plant premises, with no established pathway for reuse, off-site disposal, or resource recovery, indicating a weak end-use linkage. The liquid fraction is comparatively better managed, receiving Moving Bed Biofilm Reactor (MBBR) - based biological treatment, followed by pressure sand filtration, activated carbon filtration, and ultra-violet (UV) disinfection (Figure 6). Treated liquid waste is reused for greenbelt and plantation purposes, reflecting partial compliance with treatment objectives.



Figure 6: Septage Treatment Procedure and MBBR tank at FSTP Plant. (Source: Rajat, Ravie. CFAR. 2025).

Operational performance is constrained by both institutional and physical barriers. The majority of private desludging operators, largely unregistered and unregulated, avoid the facility due to long travel distances, higher fuel costs, weak enforcement, and limited awareness, resulting in widespread illegal dumping in open areas and water bodies (Figure 7). Plant operations are further undermined by frequent power outages, reliance on diesel generators, restricted staffing hours (8-10 hours/day), and seasonal inaccessibility during monsoons, as the FSTP is located on forest land with poor road connectivity, often leading to temporary shutdowns.

While monthly effluent quality monitoring is undertaken and reported to the ULB and Pollution Control Board, the absence of performance-linked enforcement, desludging regulation, and downstream reuse planning significantly limits overall system effectiveness. At present, there are no plans to expand FSTP capacity or formalise biosolid reuse, with policy attention shifting toward future sewerage coverage, leaving critical FSM service gaps unresolved in the interim.

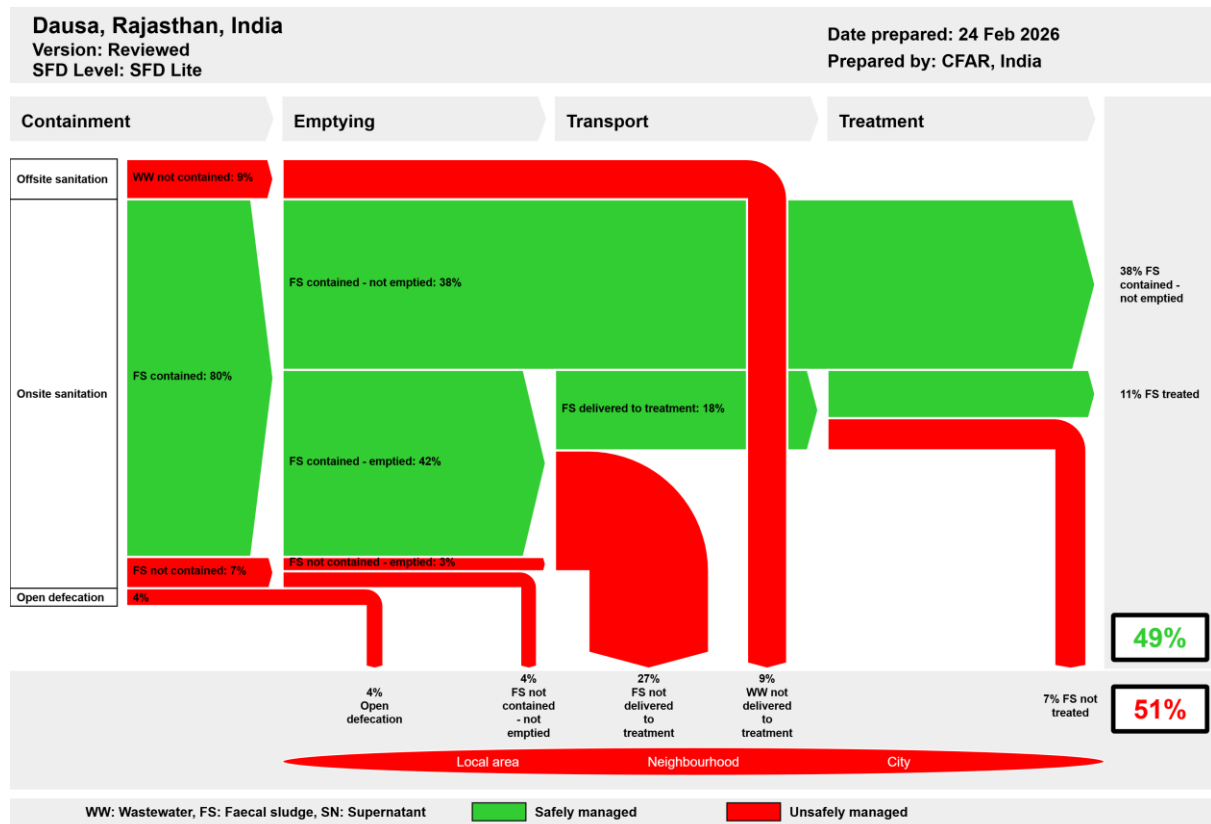


Figure 7: Illegal dumping of the contained Faecal Sludge at an undesigned place. (Source: Neelam & Asha, CFAR. 2025).

²⁸ As per the interview with Mr. Manish (In-charge, Dausa FSTP)

4.3. SFD graphic

Figure 8 shows the SFD graphic for Dausa City.



The SFD Promotion Initiative recommends preparation of a report on the city context the analysis carried out and data sources used to produce this graphic. Full details on how to create an SFD Report are available at sfd.susana.org

Figure 8: SFD graphic for Dausa City.

The outcome of the SFD graphic shows that only 49% of the excreta flow is classified as ‘Safely Managed,’ while 51% of all excreta flow is classified as ‘Unsafely Managed’ (see SFD graphic). The unsafely managed excreta originate from Faecal Sludge (FS) not delivered to the treatment plant (27%), Wastewater (WW) not delivered to the treatment plant (9%), FS not contained-not emptied (4%), FS not treated (7%), and Open defecation (4%). The safely managed excreta originate from FS contained and not emptied (38%), and FS treated (11%). The safely managed excreta generated by the 38% of the population, FS contained and not emptied, is temporary. So, once the containments get filled and FS from the containments is emptied, the percentage of unsafely managed excreta may increase.

5 Data and assumptions

- Secondary data was taken from the census of 2011, which was used as a reference for the detailed analysis, and IHHL figures were collected from the Municipality office.
- Primary data is obtained from the key interviews with different stakeholders, site visits, and Household surveys.
- Population figures as per the municipality area demarcation in 2019 are considered for generating the SFD graphics.
- About 100% of the contents of septic tanks (Rs) were considered as faecal sludge, as these systems were only connected to soak pits (T1A2C5).

- Similarly, 100% of the contents of fully lined tanks (Rt) were considered as faecal sludge, as these were also connected exclusively to soak pits (T1A3C5).
- Furthermore, 100% of the contents of lined tanks with impermeable walls and open bottoms, and all pit systems (Rp) were considered as faecal sludge, as these systems were identified as having no outlet or overflow (T1A4C10 and T2A4C10).
- Faecal sludge generation by a person per year is considered to be 120 litres.
- Proportion of OSS emptied is considered to be 70% for septic tanks and fully lined tanks (as calculated using the septage generation method), and two-thirds of the calculated value is considered for lined tanks with semi-permeable walls and open bottom, as observed in the survey.
- The proportion of Faecal Sludge transported to the treatment plant is assumed 40% based on the extensive practice of illegal dumping by desludgers and based on the number of cesspool vehicles coming to the FSTP
- The proportion of treated faecal sludge after transporting to the treatment plant is assumed 60% based on the site observation of the treatment plant and the quality of treated water colour, KII with the plant staff. As per the KII with FSTP in charge, the function of the plant is underutilised.
- The proportion of off-site systems consisting of toilets directly connected to open drains and discharging to water bodies is considered based on the household survey findings.
- Based on the field survey, it is assumed the 10% of the total population dependent on the lined tanks with open bottoms have a higher risk of groundwater contamination due to their location in low-lying areas and close to the water bodies.

6 List of Data Sources

Reports and Literature

- District Census Handbook 2011 for Dausa (Available at <https://censusindia.go-v.in/-nada/index.php/catalog/43867>)
- Households by availability of type of latrine facility, Rajasthan-2011 for Dausa (Available at <https://censusindia.gov.in/nada/index.php/catalog/8671>)
- Swachh Survekshan 2024-25 report for Dausa (Available at <https://ss2023.sbmurban.org/#/scorecard>)
- Dausa Master Plan 2011-2031 (Available at <https://www.lsg.urban.rajasthan.gov.in/content/raj/udh/ctp/en/master-plan.html>)
- CPHEEO, MoHUA. 2018. Standard Operating Procedure (SOP) for Cleaning of Sewers and Septic Tanks (Available at <https://sbmurban.org/toilet-2.0>)
- Rajasthan Gazette, 2019. Draft order for wards formation.

Key Informant Interviews

- KII-1, 2025; Interview with Mr. Kamallesh Meena (Commissioner, Dausa Nagar Parishad)
- KII-2, 2025; Interview with Mr. Manish (In-charge, Dausa FSTP)
- KII-3, 2025; Interview with Mr. Omprakash Bairwa (Local Mason, Dausa)
- KII-4, 2025; Interview with Mr. Hanuman Gurjar (public toilet caretaker, ward no. 45)
- KII-5, 2025; Interview with Mr. Mehak Gurjar (public toilet caretaker, ward no. 17)

- KII-6, 2025; Interview with Mr. Anil Singh (public toilet caretaker, ward no. 38)
- KII-7, 2025; Interview with Mr. Dhaneshwar Mishra and Raman Kumar Jha (public toilet caretaker and Supervisor, ward no. 13)
- KII-8, 2025; Interview with Mr. Pappu Kumar Meena (Government desludging operator)
- KII-9, 2025; Interview with Mr. Vikas Kumar (Private Desludging Operator)
- KII-10, 2025; Interview with Mr. Govind Topiya (Private Desludging Operator)
- KII-11, 2025; Interview with Mr. Ajay Valmiki (Private Desludging Operator)

Field Visit

- Field survey of Public Toilets (4 public toilets)
- Visit to the FSTP plant
- Visit to Water Discharge locations
- Visit 90 households with randomly selected low, medium, and high-income families across the city.
- Visit to open septage discharge and waste dumping areas.

Dausa City, India, 2026

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