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ACCESS TO BASIC AMENITIES IN RURAL AREAS: ISSUES AND CHALLENGES WITH SPECIAL REFERENCE TO BANDA DISTRICT

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Abstract

Human development and the ability to overcome the intergenerational cycle of rural poverty are based on access to basic amenities safe drinking water, sanitation, electricity, housing, education and healthcare. The rural-urban disparity in amenity coverage in India is stubbornly large, even after 60 years of planned development and with a multiplicity of flagship programmes. So in order to understand the living standard of the people ,it is that which tells us about the trajectory of development by incorporating through the lens of Basic Amenities. The Bundelkhand area, especially Banda district of Uttar Pradesh is a miniature of this challenge. Having almost 94 percent of its population in the villages, Banda is afflicted with acute depletion of groundwater, unsanitary habits, unstable power generation, lack of health and education facilities and a chronic lack of housing facilities. The present paper is a data based extensive analysis of the situation of, problems in and difficulties of providing basic amenities of rural Banda. Based on Census 2011, government dashboards, third party audits, academic research and field surveys, the study quantifies the coverage and functionality of important services. It determines the key constraints that are hydro geological, behavioural, institutional, financial and governance related that hinder universal access. Lastly, it provides a list of policy recommendations which can be implemented to close the amenity gap, and improve the quality of services and promote inclusive rural development in Banda and other backward regions.

Keywords: Basic amenities, rural development, water scarcity, sanitation, electrification, housing, primary health centres, Banda district, Bundelkhand.

1. Introduction

Basic amenities are the basic infrastructure and services needed to provide a decent standard of living: drinking water, good sanitation, good electricity, good housing, good schools, good medical centres, good roads and communication systems all year round. The United Nations Sustainable Development Goals (SDGs) clearly aim at achieving universal water, sanitation, clean energy, and proper housing as a precondition to poverty eradication and inequality reduction. In India, the responsibility in the provision of these amenities was devolved to Panchayati Raj institutions in the Constitution (Seventy third Amendment) Act, 1992, but a broad rural-urban divide remains.

The rural amenity crisis is exemplified by Banda district, which is in the drought prone Bundelkhand region in Uttar Pradesh. Having a population of 1.8 million in a land area of 4,408 sq km, Banda is majorly agrarian with high levels of social deprivation and low agricultural productivity as well as frequent water crises. There are 761 revenue villages and eight development blocks in the district: Banda, Baberu, Atarra, Naraini, Badokhar Khurd, Kamasin, Mahua and Jaspura. Although Banda is the headquarters of the Chitrakoot Dham division, it is low on most of the human development indicators.

This paper aims to:

1. Evaluate the current situation of five essential basic facilities in rural Banda: drinking water, sanitation, electricity, housing and education and healthcare.
2. Analyse the key issues and challenges that hinder universal access.
3. Give policy recommendations that are evidence based to enhance service delivery.

The paper is structured in the following way: Section 2 presents the demographic and socio economic profile of rural Banda. Parts 3-7 discuss each amenity individually, providing quantitative data and commenting on challenges. Cross cutting challenges are synthesised in section 8. Section 9 gives recommendations and Section 10 is a conclusion.

2. Demographic and Socio-Economic Profile of Rural Banda

The demographic and socio economic setting of rural Banda is important to comprehend before determining the amenity coverage.

2.1 Population and Rurality

The 2011 Census shows that the total population of Banda district is 1,799,410, with 1,523,655 (84.7 percent) of the population residing in rural areas. The district contains 761 revenue villages, an average of which is approximately 2,000 population. The rural density is 408 persons per sq km, which is less than the state average but there is a great variation across intra district boundaries.

2.2 Social Composition

Scheduled Castes (SCs) have a high number of rural population. According to the Socio Economic and Caste Census (SECC) 2011, 16,162 out of 85,375 rural households surveyed in Banda block (18.93 percent) are of SCs. In Baberu block, 11,832 out of 78,786 rural households (15.02 percent) are SCs-. These are

historically discriminated social groups and more often than not exist in the most resource deprived villages, which are the farthest to the infrastructure networks.

2.3 Economic Profile

The rural livelihood in Banda is predominantly agricultural, with more than three out of five residents of the community being in the agricultural sector or agricultural labour. The soil is mostly clayey, sandy and loam which supports rain fed crops like pulses, oilseeds and millets. Nevertheless, irrigation ratio in the district is low, and hence agriculture is subjected to failure of the monsoons. As such, poverty is rife: a significant percentage of rural families are below the poverty line and rely on MGNREGA wage jobs.

2.4 Administrative Structure

The programs of rural development in Banda are carried out by eight development blocks. The main demographic parameters are summarised in Table 1.

Table 1: Demographic and Administrative Profile of Banda District

Parameter	Data
Total area	4,408 sq km
Total population (Census 2011)	1,799,410
Rural population	1,523,655 (84.7%)
Urban population	275,755 (15.3%)
Male population	965,876
Female population	833,534
Number of revenue villages	761
Number of inhabited villages	~730
Number of development blocks	8
Rural population density	408/sq km
Sex ratio (rural)	~863 females/1000 males
Scheduled Caste population (rural)	~18-19% in blocks
Primary language	Hindi, Bundeli

Source: Census of India 2011; District Census Handbook, Banda-2

3. Access to Safe Drinking Water

3.1 Status of Water Supply

The most vital basic facility in Banda is water but as it has always been, it has been the most lacking. The district is situated in semi arid region which has unpredictable rainfall, evapotranspiration and depletion of ground water. Until 2019, piped water service was available only in a small portion of villages; most used handpumps, open wells and seasonal streams.

Jal Jeevan Mission (JJM) which was introduced in August 2019 has radically transformed the situation. JJM seeks to supply Functional Household Tap Connections (FHTCs) to all rural households by 2024. In Bundelkhand the mission has been applied with special vigour. By February 2026, 98 percent of the Bundelkhand region is covered by tap water. The Banda district is leading in remarkable advancements: among 2,68,960 rural households, 2,68,722 were given tap connections, which is about 99.91 percent coverage. Absolutely speaking, Banda has a total of 540 fully covered villages under JJM.

3.2 Groundwater Reality

In spite of the impressive FHTC numbers, the reality on the ground is more complex. An exhaustive survey conducted by the Centre for Science and Environment (CSE) in 2025 revealed that despite the tap connections reported on the JJM dashboard, most of the households in the surveyed regions still rely on borewells and handpumps to fulfill their daily water requirements. The water extracted by each household is stored in an underground reservoir with a 500 litre overhead tank or in other containers. Individual borewells or tubewells can lead people to use more water than those who are reliant on the tap, producing even more grey water-18.

This is because the level of ground water in Banda has been reducing at an alarming rate. According to Central Ground Water Board (2015 16), the range of groundwater fluctuation is half a meter and is 3.20 m on an annual drop, in certain wells. There is depletion in about 71 percent of wells and over 15 percent depicts over 4 m depletion per year. Poor quality hand pumps, dry ponds and wells are prevalent especially during the summer season.

3.3 challenge of grey water management.

JJM guidelines recommend water supply rate of 55 litres per capita per day (lpcd). With a family of six, approximately 330 litres per day is consumed, with approximately 70 percent (approximately 230 litres) being converted to grey water (bathing, washing and cleaning wastewater). According to the survey conducted by CSE, it was evident that the rural areas in the Banda district cannot handle their grey water; majority of the villages lack a separate drainage and treatment system. Grey water pools around homes, breeds mosquitoes and pollutes shallow groundwater.

3.4 Key Challenges in Drinking Water

Groundwater overuse: Reliance on groundwater to meet 85 90 percent of the needs, and low recharge has resulted in secular declining water tables.

Example: Functional vs. physical access: Tap connections are on paper, yet water is not always flowing, or only a few hours a day. A good number of households still depend on the traditional sources.

Quality problems: There have been reports of high levels of fluoride and nitrate contamination in some blocks, but there is no systematic district wide water quality information.

- Disposal of grey water: Lack of drainage infrastructure is making rural settlements to be unhygienic.
- Behavioural inertia: There is still cultural disconnection with traditional water bodies (ponds, wells) and inertia to water saving practices.

Table 2: Drinking Water Indicators for Rural Banda

Indicator	Data	Year/Source
Total rural households	2,68,960	JJM Dashboard, 2026
Households with tap connections (FHTC)	2,68,722 (99.91%)	JJM Dashboard, 2026
Villages fully covered under JJM	540	Millennium Post, 2026-10
Villages with piped water supply (pre-JJM)	~120 (estimated)	JJM baseline, 2019
Groundwater depletion rate (annual)	Up to 5.26 m in some wells	CGWB, 2015-16-72
Wells showing depletion	71%	CGWB, 2015-16-72
Wells showing >4 m depletion annually	15%	CGWB, 2015-16-72
Contour trenches constructed	2,605 around 260 wells & 2,183 handpumps	District administration, 2019-20-72
Grey water management status	Almost non-existent; drains absent in most villages	CSE survey, 2025-18

4. Public Defecation and Sanitation

4.1 Historical Information

Prior to the October 2014 introduction of the Swachh Bharat Mission (SBM) Gramin, sanitation coverage in rural Banda was appallingly poor. 1,49,444 eligible families in the district nearly 56% of rural households at the time—were found to lack access to toilets in a baseline study conducted in 2012. According to a 2016 Oxfam India assessment, Banda's sanitation coverage was just 56%, compared to just 26.6% in the nearby Chitrakoot district.

4.2 Application of SBM

SBM Gramin gave financial support of Rs 12,000 (in two installments of Rs 6,000 each) to qualified families (BPL, small and marginal farmers, landless laborers, women-headed households, SCs, and physically challenged individuals) for the construction of twin pit toilets. In order to alter behavior, the district administration also organized Community Led Total Sanitation (CLTS) events, employed trained sanitation volunteers, and used LED vans, banners, and street plays.

The district claimed to have built restrooms for each of the 1,49,444 identified families by 2019. However, just 62.5 percent of Banda has been covered, according to official SBM data from 2016–17. The disparity draws attention to the issue of exaggerated reporting compared to real construction and utilization.

4.3 Open Defecation Continues

Open defecation persists even in areas with built-in restrooms. According to a national research, up to 40% of rural homes with toilets still defecate outside because of cultural preferences, a lack of water in the toilet, or the toilet's use for storage. According to media accounts, open defecation is still common in a number of "ODF declared" villages in Banda, especially among Dalit households who are frequently denied access to communal restrooms or suffer prejudice when using them.

The Banda district administration used coercive tactics throughout the intense campaign period (2017–18). For example, in Bhujwan Purva village, anyone found defecating in the open was fined Rs 40 per month. Although they have produced short-term compliance, these techniques have not resulted in long-term behavioral change.

4.4 Grey Water and Solid Waste Linkages

Poor sanitation is not limited to toilets. CSE's 2025 survey found that rural Banda has no systematic mechanism for grey water or solid waste management. Soapy water from washing flows onto streets and into open drains, creating breeding grounds for disease vectors. The absence of separate drainage infrastructure means that even where toilets exist, the surrounding environment remains unhygienic.

Table 3: Sanitation Indicators for Rural Banda

Indicator	Data	Year/Source
Rural households without toilets (baseline)	1,49,444	Baseline survey, 2012
Sanitation coverage in 2016	56%	Oxfam India, 2016-
SBM website claimed coverage (2017)	62.5%	SBM dashboard, 2017-
Toilets constructed under SBM Phase 1	~1,49,444 (claimed)	District administration, 2019-21
Open defecation among toilet-owning households (national estimate)	40%	Academia.edu, 2022-
Villages with ODF declaration (2019)	471 (all village panchayats)	District administration-21
Grey water drainage infrastructure	Absent in most villages	CSE survey, 2025-18

5. Rural Electrification

5.1 Status of Connections

Since the Saubhagya (Pradhan Mantri Sahaj Bijli Har Ghar Yojana) initiative was introduced in October 2017, universal household electrification has been a national objective. By March 2019, Saubhagya sought to give free electricity connections and last-mile connectivity to all willing rural homes without electricity and impoverished urban households.

Dakshinanchal Vidyut Vitran Nigam Limited (DVVNL) carried out the program in Banda. Out of the 21 districts under DVVNL, Banda district had reached 88% of its Saubhagya objective by October 2018. On the other hand, nearby districts like Firozabad (55%) and Agra (58%) fell well short. APL homes paid Rs 500 in ten installments, whereas BPL households received free connections that included cables, meters, switches, plugs, and a 9-watt LED bulb.

5.2 Dependability and Quality

Reliable power is not ensured by having a connection. Only 20% of rural households in Banda reported using grid power as their main source of lighting, compared to 95% in Muzaffarnagar district, according to a CEEW research from 2018. With power swings, frequent outages, and short supply hours, many homes either had no connection at all or very inadequate access.

Residents in Bisanda Rural and neighboring places were still complaining about low voltage, frequent electrical problems, and unsecured wires that could cause accidents as late as 2024. There is a significant difference between "household electrified" (every home connected) and "electrified" (village electrified), but even in cases when houses are connected, the quality of supply duration, voltage stability, billing, and maintenance is still subpar.

5.3 Obstacles • Last-mile connectivity:

The infrastructure in isolated hamlets is inadequate; poles, transformers, and cables are frequently inadequate or absent. • Power outages and load shedding: Both planned and unplanned outages affect rural feeders, particularly in the summer and during agricultural peak seasons. • DISCOMs' financial viability: DVVNL's significant aggregate technical and commercial (AT&C) losses make it challenging to make maintenance and upgrade investments. • Behavioral barriers: Even if the first connection is free, many rural households, especially the poorest ones, cannot afford monthly power payments; others turn to solar or kerosene lamps.

Table 4: Rural Electrification Indicators for Banda District

Indicator	Data	Year/Source
Saubhagya target achievement (as of Oct 2018)	88% (highest among 21 districts)	Times of India, 2018-29
Rural households relying on grid as primary lighting source	20% (vs 95% in Muzaffarnagar)	CEEW study, 2018-
Households with poor/no electricity access (reported)	Significant proportion	CEEW study, 2018-
Voltage fluctuations & low voltage complaints	Frequent; reported in local news	Live Hindustan, 2024-
Average daily supply hours (rural)	12-16 hours (estimated)	Various sources

6. Housing: Pradhan Mantri Awas Yojana (Gramin)

6.1 Need and Scheme Objectives

A pucca home determines health, dignity, and access to other facilities in addition to providing a place to live. A large percentage of households in rural Banda reside in kutcha (mud-walled, thatch-roofed) homes, which are weather-sensitive and devoid of basic amenities. Launched in 2015, the Pradhan Mantri Awas Yojana – Gramin (PMAY G) seeks to give eligible rural households financial help of Rs 1.20 lakh to Rs 1.30 lakh per house (depending on terrain) for building a pucca house with a kitchen, toilet, and electricity.

6.2 Banda Implementation

Beneficiaries have been identified by the district administration using Gram Sabha verification and SECC 2011 data. Although more homes in Banda had been approved and finished under PMAY G by 2023, district-specific disaggregated data is not easily accessible in public dashboards. The main obstacles are:

• Identification of beneficiaries: Conflicts frequently occur regarding the inclusion or exclusion of households; many truly impoverished families are excluded.

• Delayed installment disbursement: Recipients often complain that building is halted when the second or third installment arrives late.

• Construction quality: Some homes are constructed below specifications using subpar materials and workmanship due to a lack of strict technical monitoring.

• Connection to other facilities: A PMAY home should have access to water, power, and a toilet, but these are frequently not offered simultaneously.

6.3 The Housing Shortage

Although the exact amount of housing shortage in rural Banda is unknown, it is significant considering that 84.7% of the population resides in rural regions and that many of them are marginal farmers or landless laborers. Under PMAY G, the government wants to build 2 crore homes nationwide, however goals at the state and district levels are frequently changed.

7. Infrastructure for Healthcare and Education

Just as vital as energy and water is access to schools and medical facilities. Both sectors in rural Banda struggle with inadequate infrastructure, a lack of workers, and subpar service.

7.1 Education in Schools

There are 2,036 basic and higher primary schools in rural Banda. Mr. Heera Lal, the district magistrate, unveiled a 22-point innovation plan in 2019 to enhance school facilities and instruction. The RightWalk Foundation conducted a third-party audit in March 2019 to assess how this plan was being implemented in 52 villages. The audit discovered that although many schools had made improvements to their basic amenities (such as drinking water, restrooms, ramps for children with disabilities, and boundary walls), there were still a number of gaps:

• Teacher absenteeism: Teachers assigned to rural schools frequently do not live nearby, which results in inconsistent attendance.

• Inadequate classrooms: Some schools continue to teach classes outside or in run-down structures.

• Lack of labs and libraries: Science labs and working libraries are absent from upper elementary schools.

• Mid-day meal problems: Meal hygiene and quality vary (61).

According to a 2014 report, despite numerous requests, a new school building had not been approved, and children in the hamlets of Bisanda block had to go far to get to the closest primary school.

7.2 Centers for Anganwadi

The initial point of contact for nutrition services for mothers and children is an anganwadi center (AWC). Only 279 of the 1,707 AWCs in the Banda area have a physical location; the remaining AWCs are housed in community structures, rented rooms, or government school facilities. Many AWCs lack adequate cooking facilities, drinking water, and restrooms. According to a 2022 news article, Anganwadi facilities are utilized as cowsheds, gambling establishments, or public restrooms, requiring kids to travel great distances for services.

7.3 Medical Facilities

Banda's rural public health system is woefully inadequate. According to Indian government regulations, a rural population of 30,000 people should have one Primary Health Center (PHC). One PHC in Banda served nearly 90,000 people, three times the average, according to data from the 2001 Census. The situation is worse at the Primary Sub Health Center (PSHC) level. Based on the National Rural Health Mission standard of one PSHC per 3,000 people, the area should have had more than 1,000 PSHCs, but there were only roughly 250.

Even in those cases, PHCs are frequently understaffed and devoid of necessary supplies and medications. According to a 2019 Fatehganj (Banda district) investigative report, the local PHC encouraged patients to purchase medications that were supposed to be given away for free. Because of this, only 10% of rural residents who sought medical attention went to a government facility; the remainder went to private physicians or quacks and had to pay out-of-pocket.

Table 5: Education and Health Infrastructure Indicators for Rural Banda

Indicator	Data	Year/Source
Primary & upper primary schools	2,036	District administration, 2019-61
Anganwadi centres	1,707	Banda district, 2022-
AWCs with own building	279 (16.3%)	Navbharat Times, 2022-
PHC-to-population ratio (norm 1:30,000)	1:>90,000	Scholarific/Geography document-55
PSHC-to-population ratio (norm 1:3,000)	1:12,000-15,000 (estimated)	Scholarific/Geography document-55
Rural population using government health facilities	10%	World Bank survey, 2002-03-55

8. Institutional Gaps and Cross-Cutting Difficulties

Sector-specific issues have been mentioned in the previous sections. Here, we summarize the interrelated problems that hinder advancement in all facilities.

8.1 Hydro-Geological Limitations

Banda is located in a semi-arid region with high evaporation, little and irregular rainfall, and hard rock aquifers with little ability for recharge. Depletion of groundwater is not just seasonal; it is systemic. No number of tap connections can guarantee year-round water availability without extensive artificial recharge and demand management.

8.2 Social and Behavioral Barriers

Electricity is supplied but homes are unable to pay bills; toilets are constructed but not used; tap connections are present but hand pumps are still used. Social hierarchies exacerbate behavioral inertia: Dalit households frequently experience discrimination while trying to utilize shared facilities or maintain their restrooms.

8.3 Weaknesses in the Institution

In Banda, the Panchayati Raj system—which is meant to design, carry out, and maintain rural infrastructure—is inadequate. Gram Panchayats lack proper funding, technical personnel, and true autonomy. Due to a lack of funding or community ownership, assets (such as hand pumps, restrooms, and school buildings) are neglected.

8.4 Budgetary Restrictions

State and municipal matching payments are sometimes delayed, even in cases where projects receive full funding from the federal government. Beneficiaries of PMAY G are forced to take out loans or give up on building midway due to delayed installments. JJM covers capital expenditures for pipelines and treatment facilities, but it does not sufficiently cover operation and maintenance (O&M) costs, which causes systems to deteriorate.

8.5 Transparency and Data Gaps

Although national dashboards (JJM, SBM, Saubhagya) indicate extensive coverage, the actual situation on the ground frequently varies. There isn't a separate, instantaneous verification system. The public does not have access to disaggregated village-level data on water quality, bathroom usage, electricity supply hours, school attendance, and health-seeking behavior.

8.6 Degradation of the Environment

Water scarcity has been made worse by the loss of natural water bodies, deforestation, degraded soil, and uncontrolled sand mining. Villages are becoming hazardous places due to poor solid waste and gray water management.

9. Suggestions for Policy

The analysis leads to the following suggestions for enhancing rural Banda's and comparable areas' access to basic amenities.

9.1 Water Sector

1. Transition from coverage to functionality: JJM needs to stop counting FHTCs and start making sure that water is available around-the-clock in the required quantity and quality. Every year, independent third-party audits ought to be carried out.

2. Make an investment in grey water management: Each village should have decentralized treatment (soak pits, artificial wetlands, or reuse for horticulture) and an inexpensive drainage infrastructure.

3. Rainwater harvesting on a large scale: Rooftop rainwater harvesting should be installed in every government building, school, and anganwadi. MGNREGA monies should be used to expand pond rejuvenation and contour trenching.

4. Village-level water budgeting: Every Gram Panchayat should create an annual water budget that accounts for both supply and demand, as well as put demand-side measures like metering, leak detection, and water-efficient fixtures into place.

5. Groundwater regulation: Limit excessive extraction by heavy users by enforcing the Uttar Pradesh Ground Water (Management and Regulation) Act.

9.2 Hygiene

1. Pay attention to usage rather than merely construction: SBM Phase 2 should use positive deviance models, social audits, and behavior change communication to encourage consistent toilet use.

2. Caste-sensitive approach: Make sure Dalit households have access to restrooms and that manual scavenging is eradicated with respect and rehabilitation.

3. Integrate sanitation with water and housing: To guarantee simultaneous access to water, a toilet, and a house, toilet construction under SBM should be connected with PMAY G and JJM.

4. Solid and liquid waste management: Each Gram Panchayat should create a waste management strategy at the village level using straightforward, reasonably priced technologies.

9.3 Power

1. Enhance supply quality: DISCOMs should make investments in feeder separation, reconductoring, and the installation of distribution transformers with sufficient capacity. Smart meters can enhance invoicing and lower losses.

2. Encourage decentralized renewable energy: Solar water pumps and micro grids can lessen reliance on the unstable grid and supply dependable power for vital loads (schools, health centers).

3. Assure last-mile connectivity for everyone: Particularly in isolated hamlets, a time-bound drive should locate and connect any remaining unconnected homes.

4. Reasonably priced rates for the underprivileged: Direct benefit transfers and cross-subsidization can guarantee that the poorest households are not deterred from using power.

9.4 Housing

1. Transparent beneficiary selection: To eradicate corruption and inclusion errors, use SECC 2011 data in conjunction with Gram Sabha verification and publicly publish lists.

2. Timely delivery of installments: Make sure that the second and third installments are released as soon as milestones are met by using digital payments and mobile-based monitoring.

3. Quality control: Teach local masons how to build structures that are resilient to disasters. At every stage, require technical inspection.

4. Convergence: Make certain that each PMAY home receives a Saubhagya power connection, an SBM toilet, and a JJM tap connection at the same time.

9.5 Health and Education

1. Boost school infrastructure: Every elementary school should have a pucca building, separate restrooms for males and girls, drinking water, a ramp, and a boundary wall. Upper primary schools should have scientific kits and libraries.

2. Teacher accountability: To lower absenteeism, use biometric attendance and local residency requirements. Provide hardship payments to encourage postings in remote locations.

3. Revitalize Anganwadis: Every AWC should have a separate structure with a kitchen, restroom, and water supply. Anganwadi personnel should receive capacity building and timely wages.

4. Strengthening health facilities: To satisfy population standards, expand the number of PHCs and PSHCs. Make sure each PHC has a minimum of two physicians, a staff nurse, a pharmacist, and a lab technician. Ensure that necessary medications are available by building a strong supply chain.

5. Telemedicine and mobile health units: Utilize technology to provide rural villages with expert guidance. Set up a set plan for the deployment of mobile medical vans.

9.6 Convergence and Governance

1. One village, one plan: Every Gram Panchayat should create a thorough village development plan with annual budgets and a five-year timeline that covers all amenities.

2. Community-based monitoring: Establish School Management Committees (SMCs) and Village Health, Sanitation, and Nutrition Committees (VHSNCs) with actual authority and funding.

3. Social audit: An impartial organization should conduct an annual social audit of all major schemes, and the results should be presented to the Gram Sabha.

4. Technology use: Establish a village-level public dashboard that displays the current state of FHTCs, bathroom usage, energy hours, school attendance, and medical visits.

5. Panchayat capacity building: Educate elected officials and Panchayat secretaries in asset maintenance, financial management, and planning.

10. Conclusion

Access to basic amenities is a fundamental right and a prerequisite for human dignity, health, and productivity; it is not a philanthropic gift. Recent years have seen tremendous advancements in the rural Banda district, particularly in the provision of toilets under SBM and tap water connections under JJM. Nonetheless, there is still a significant disconnect between the provision of infrastructure and the actual provision of services. Water flow is not guaranteed by tap connections; open defecation is not guaranteed by toilets; dependable power is not guaranteed by electrical connections; and learning is not guaranteed by school buildings.

Hydrogeological limitations, institutional inadequacy, behavioral inertia, financial deficiency, and environmental deterioration are structural obstacles. To overcome these, a systems approach that incorporates planning, finance, capacity building, community participation, and independent monitoring must replace project-based, target-driven implementation.

Innovation lessons are also available in the Banda district. The 22-point school reform plan, the usage of Jal Chaupals for community water budgeting, and the rainwater harvesting campaigns spearheaded by local administrators are all replicable examples. These solutions must now be scaled up, institutionalized to assure their sustainability, and the underlying causes of amenity deficits must be addressed.

In the end, the objective is not just to construct additional infrastructure but to establish thriving rural communities where each household has a pucca house, a working school, a clean toilet, dependable electricity, safe drinking water, and an easily accessible health center. If political will, administrative capability, and community involvement come together, Banda, like hundreds of other underdeveloped districts in India, can achieve that aim.

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