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## A Study of Health Care Facilities in Kandhar Tahsil (Nanded District)

Dr. K. L. Kadam

### Abstract

*This Geographical Study examines the Spatial Distribution, Accessibility and Availability of Health facilities in Kandhar Tahsil of Nanded district. This study highlights the disparities between urban and rural healthcare infrastructure, identifies gaps in healthcare delivery, and suggests measures for improvement. This study presents a geographical study of healthcare facilities in Kandhar Tahsil. There are 24 Private Hospitals, one sub-district hospital, one Government Rural Hospital, five Primary Health centers, 31 health sub-centers, Medical Stores 52 available in Kandhar Tahsil. Healthcare facilities in the city are located in Various Parts of Kandhar city. The number of healthcare facilities in Kandhar Tahsil is very low because the location of this Tahsil is 13 km away. From the national highway. People from the villages around Kandhar Tahsil and Kandhar city come to this area for economic and health facilities. Most of the time, patients must go to Nanded city for major diseases. Therefore, to obtain treatment for their diseases in less time, A-class Hospitals should be built in Kandhar city. Patients in Kandhar Tahsil come to Government Rural Hospitals and Private Hospitals elsewhere for Health care; the reason for coming is that Kandhar city is close to most of the villages by road. The geographical structure of Kandhar city or Tahsil is Mountainous. The population and hospital facilities in this area are limited. In addition, the number of beds in Hospitals in Kandhar city is less than 60 in relation to the population ratio. Therefore, it is necessary to increase the number of hospital beds in proportion to the population ratio of Kandhar Tahsil. The Number of medical stores in Kandhar Tahsil is as per the requirement. However, they are scattered.*

**Keywords:** Health Facilities, Population Ratio, Bead, Medical Stores, Hospitals, Doctors, Accessibility.

### Introduction

Healthcare is a fundamental requirement for social and economic development in any region. Kandhar Tahsil includes both urban and rural areas with diverse demographic and socio-economic conditions. This study focuses on analyzing the distribution of healthcare facilities and their availability to the local population. Since the last decades of the 20th century, the health status of the Indian population has improved considerably; for example, in 1991, the average life expectancy for men was 59.7 years and for women, 60.9 years old. In 2008, it was 63.7 and 66.98 years. Health is an important component of human well-being (Phillips 1990). In the context of the World Health Organization (WHO 1947, 1948), health is defined as not merely the absence of disease or infirmity but also a state of complete physical, mental, and social well-being. Some of the national vector-borne disease control programs of the Directorate of Disease Prevention and Public Health, important for the control of the national system, are malaria, dengue, malaria, tuberculosis, swine flu, Covid-19, haemorrhage, prevention and control of diseases, blindness, and AIDS. In Health education and health promotion initiatives in India, the Union Department of Health Education stated on 6th December 1956 that financial assistance was provided to the National Health Fund established in 1997 to provide financial assistance to the poor and needy. Since the middle of the century, many efforts have been made to keep humans healthy and to maintain sterility. Many activities are performed daily to maintain health.

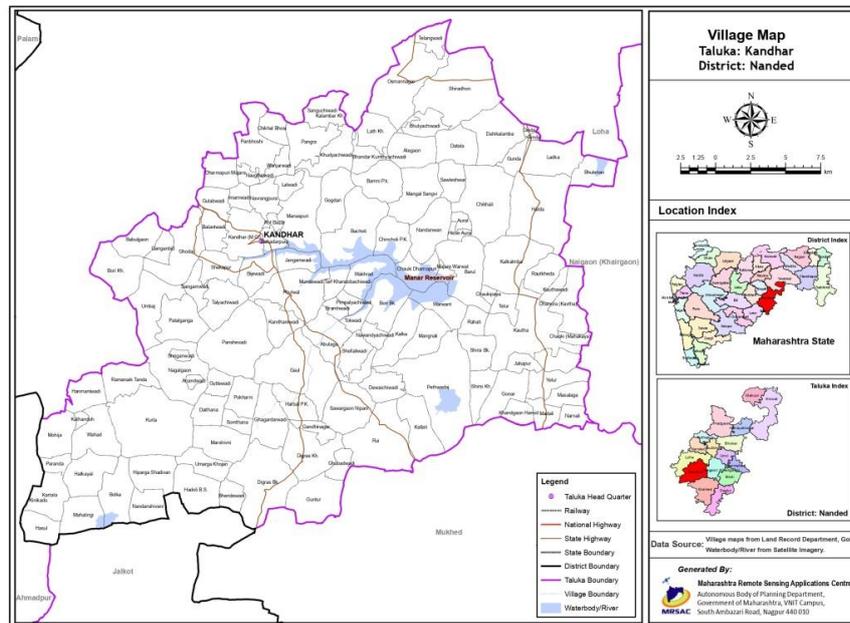
This creates an unhealthy environment in their lives. Finally, using these laws, medical and health care facilities are provided in every place where there is human society or life. Owing to the increase in population over the last two to three decades, there is a shortage of medical facilities. They have made considerable efforts to make medical facilities available in every village, tahsil, and place. We want to study what kind of healthcare facilities are available in every place because they should be available to those living in poor places, that is, living in unsanitary conditions and at the right time. The reason for studying the health care facilities of Kandhar Tahsil is that this facility should be affordable and easy for the people living there and the people of the surrounding villages. We determined the types of healthcare facilities available in the city and the areas where the hospitals are located. The study of Kandhar Tahsil will be conducted in different zones of the tahsil.

It can be studied whether and to what extent health care facilities are adequate according to the population ratio of Kandhar city and Tahsil.

**Study Area:**

**Location:** Kandhar Tahsil lies in the southeastern part of the Nanded District in Maharashtra.

Kandhar is a historical Tahsil in Nanded district. The location of Kandhar Tahsil is from 77° 15' East to 77° 45' East Latitude and the Longitude Extension is 18° 15' East to 18° 45' North. Kandhar Tahsil is bordered by Naigaon Tahsil in the east, Mukhed in the south, Loha Tahsil in the west and north, and Ahmedpur Tahsil in Latur district in the southwest.



**Objectives:**

1. To Study the Health Centers in Kandhar Tahsil.
2. To study the availability of beds in rural hospitals and health centers in Kandhar Tahsil.
3. To analyze the medical store facility in Kandhar Tahsil.
4. To Study the Accessibility of Healthcare Services in Rural and urban areas.

**Data Base and Methodology**

In this study, the required data were collected from various sources. Primary and secondary data were collected from rural hospitals, health centers, medical stores, Kandhar doctors, and associations. Primary data were collected through field surveys and observations.

The researcher proposes to analyze the available data at various stages is being Calculated by using various statistical methods. The distributional pattern of Health Care facilities is to be investigated at the district level. Units such as P.H.C., rural hospitals, dispensaries, and the number of hospital beds, doctors, and nurses available were also considered for this study. The data used in the present study are concerned with public and public-aided institutions as well as private institutions published in the district statistical abstract by the Government of Maharashtra.

Various norms suggested by different health committees were used to calculate the expected values of Primary Health centers, health sub-centers, hospital beds, and doctors, and the percentage of deficiency was obtained. Finally, the deficient areas of healthcare facilities were demarcated.

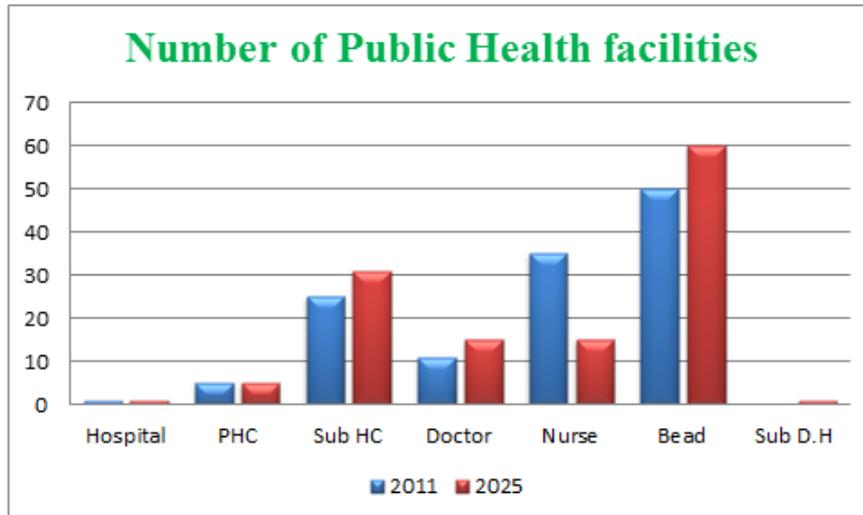
The data collected were analyzed using the choropleth method for understanding comparison, and the quartile technique was used to divide the parameters into different ranges to obtain the levels of distribution.

**Discussion:**

This study presents a geographical analysis of healthcare facilities in the Kandhar Tehsil. There are a total of 24 private hospitals, 01 sub-district hospital, and 01 government rural hospital in the Kandhar Tehsil, 05 primary health centers, 31 health sub-centers, and 52 medical shops. Healthcare facilities in the city are located in different parts of Kandhar city. If we study the geography of the Kandhar Tehsil, we notice that there are mountain ranges in this area. Consequently, there are difficulties in providing health facilities. Because Kandhar Tehsil is 13 km away from the National Highway, the number of healthcare facilities in Kandhar Tehsil is very low. People from Kandhar Tehsil and villages around Kandhar city come to this area for economic and health facilities. Due to this, most patients come together, but the transport network in the Kandhar Tehsil is sparse. Consequently, patients do not receive immediate healthcare. Most of the time, patients must go to Nanded city for major diseases. Therefore, to obtain treatment for their diseases in less time, A-category hospitals should be built in Kandhar city.

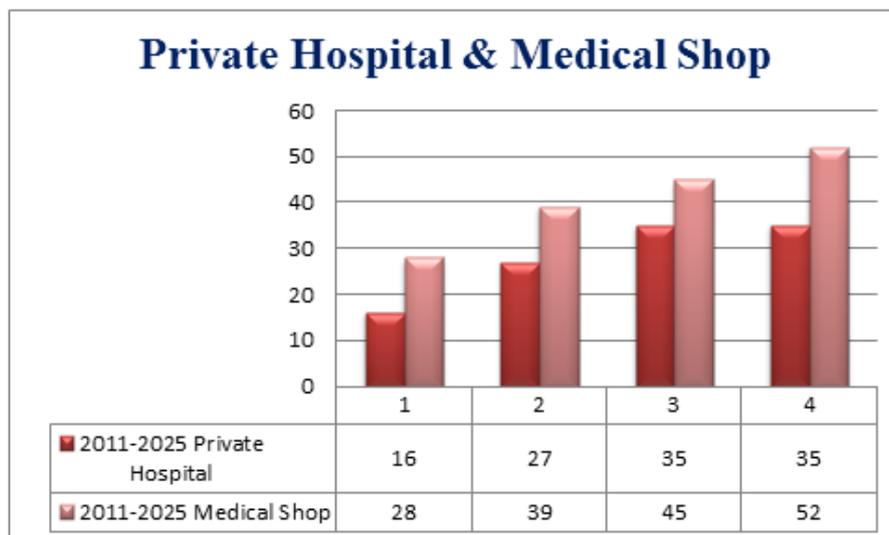
Sr. No	Number of Public Health facilities ( 2011)						Number of Public Health facilities (2025)						
	Hospital	PHC	Sub HC	Doctor	Nurse	Bead	Hospital	PHC	Sub HC	Doctor	Nurse	Bead	Sub District Hospital
1	01	05	25	11	35	50	01	05	31	15	44	60	01

Source: i) District Surgeon, and General Hospital, Nanded  
ii) Socio-economic review of Nanded



Year	2011-2025	2011-2025
Private Hospital	Medical Shop	
2011	16	28
2015	27	39
2020	35	45
2025	35	52

Source: Primary data collected from the fieldwork survey.



The sub-district hospital building was constructed in 2025. However, it has not yet been implemented. Therefore, this sub-district hospital should be provided with updated facilities and treatment for major diseases. In Kandhar Tehsil, there are a total of 35 private hospitals, 01 Sub-District Hospital, 01 government rural hospital, 05 Primary Health Centers, and 31 Health Sub-Centers, the Number of Beds is 60, and there are 52 Medical Shops. Healthcare facilities in the city are located in various parts of Kandahar. Similarly, in 2020, there were 24 Private Hospitals, one government rural hospital, five Primary

Health Centers, 25 health sub-centers, 50 beds, and 30 Medical Shops. Health Care facilities in the city are located in various parts of Kandhar city. These facilities are inadequate compared to the population. This is because the District Sub-Hospital has not yet been established in the area.

**Recommendation:**

1. Existing facilities should be improved by establishing more primary health centers with modern equipment in rural areas.
2. Improving road networks for better access to Health Services. Start Mobile Health Care Units in Remote areas.
3. Recruit and train medical personnel for rural services, and encourage doctors to serve in rural areas.
4. Organize health awareness programs to improve public knowledge of health services.

**Conclusion:**

The geographical study of healthcare facilities in Kandhar Tahsil reveals Significant Disparities in the accessibility and quality of Services between Urban and Rural areas. Addressing these gaps requires a multi-pronged approach, including infrastructure development, workforce enhancement, and community engagement. Such initiatives can ensure Equitable Healthcare for all Residents of the region.

The region has small flat plains, small hills, and a river system that affects settlement patterns and accessibility. The majority of the population is rural, with agriculture as the main occupation.

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Nil

**Conflicts of Interest**

The authors declare that there are no conflicts of interest regarding the publication of this paper.

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