

III Care Facilities & Spatial Distribution in Osmanabad District

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Abstract

The study of health care facilities is the integral part of medical geography. Health care is the active process by which an individual achieves physical and mental well being. One of the basic determinants of social well being and development of human resources. Health plays an important role in the development of the region or the country. Health care of any country or region has an important role to play for the sustainable health care. In this paper an attempt has been made to study the health care facilities and its distribution in Osmanabad district.

Key words: health care, facility, community health center, distribution.

Investment on health is an investment on men improving the quality of his life. It is that, "health is wealth". This type of slogans can be seen always in every developing like India, in the world Health does not simply mean absence of disease or infirmity but well being of an individual horizontal and vertical linkages have therefore to be among all the interrelated with protected water supply, family planning and maternity care, this is the main agenda for any government across the country. For achievement development activities Indian government since its inception establishes several welfare during the five year plans for the welfare of its people. The ministry of health and family works after above activates in India. The health service may be analyzed in terms of the for which they serve and deal with. These services are the integral part of a particular and represent responses to the health concern and to the health needs. In this paper has attempted to analyze the existing health care facilities available in Osmanabad the units like primary health centers, Health Sub-Centers, Hospitals, dispensaries, and hospital beds, nurses, doctors available are also considered for this study.

Objectives:
1) To study the Spatial Distribution of health care facilities in Osmanabad district.
2) To find the deficiency of health care facilities in Osmanabad district.

and Methodology:

This work is entirely based on secondary data. Which is obtained from various sources. Bounding the availability of various health care facilities are collected from socio-economic and district statistical abstract of Osmanabad district and district medical and health in Osmanabad the collected data is processed and presented in the form of table.

Geographical Setting:
In Marathwada Region there are 8 districts and Osmanabad is one of them. The district between $17^{\circ}35' N$ to $18^{\circ}40' N$ latitude and $75^{\circ}16' E$ to $76^{\circ}40' E$ longitude situated partly in plateau region. Total geographical area is 7512.4 Sq.k.m. The district of Osmanabad has following sub-division like Osmanabad, Tuljapur, Omerga, Paranda, Kalamb, Lohara and Washi. It is bounded by Solapur district to the south-west Ahmednagar to the west Beed to the north Latur to the east and north-east Bidar and Gulbarga district of Karnataka State to the south.

III Discussion:
The distributions of health care service in the district throw light on general health and medical facilities. The health care facilities in the district under study as whole area as

ared to total population. the various health care facilities in the district are shown In the Table 1 indicate the health care facilities in district from 1990-91 to 2010-11.

Table : 1

Trends Of Health care facilities in Osmanabad district (1990-91 to 2010-11)

Year	Clinic	Health care facilities			
		Hospital	P.H.C.	P.H.S.C.	Bed
1990-91	11	08	41	-	72
1995-96	14	08	45	-	869
2001-02	14	08	42	-	869
2005-06	14	10	42	204	869
2010-11	18	10	42	206	1006

(P.H.C.: Primary Health Center, P.H.S.C.: Primary Health Sub Centers)

In the year 1990-91 (Table 1) there was 14 clinics and 8 hospital in the year 2010-11. The highest number of clinic was recorded (18) in the year 2010-11 and lowest 11 in 1990-91. Hospital provides their services the surrounding hinterland. Sometimes the doctors of primary health center and these hospital refer the complicated and serious cases. Hospital is generally well equipped by the infrastructure facilities. Among these residential medical officer and paramedical staff, operation theaters, equipped lab, X-Ray unit, sizable number of beds.

The Bhore committees in 1946 have the concept of primary health center as a basic health unit to provide an integrated curative and preventive health care to rural and tribal people. According to the national health plan one primary health center should provide its services to about 2000 population in hilly tribal and backward areas for getting more coverage in the year 1990-91 there were recorded 41 primary health center in the district as against 42 primary health center in 2010-11. Primary health sub center is the peripheral outpost of the primary health center which are being established on the basis of one primary health sub center for 500 population in general. The availability of number of beds in various clinics hospitals and primary health center has recorded small number.

Tahsilwise distribution of major health care facilities:

Tahsil wise health care facilities have been given in table-2 where the uneven distributions of health care facilities are notices in the district during the year 2010-11. 10 hospitals 18 clinic and one cancer hospital 42 primary health care centers, 206 primary health sub centers etc. served the entire district beside those 180 doctors and 431 nurses are working in various health centers.

Table-2 - Tahsill wise distribution of health care facilities in Osmanabad district (2010-11)

Tahsil	Hospital	Clinics	P.H.C.	P.H.S.C.	Doctors	Staff	Bed strength
Paranda	01	02	04	19	09	27	74
Bhoom	01	01	05	21	09	25	48
Washi	01	-	02	16	05	22	12
Kalamb	01	02	06	27	15	40	78
Osmanabad	02	04	10	42	22	66	411
Tuljapur	01	02	07	32	15	46	118
Lohara	01	-	04	18	08	29	24
Omurga	02	03	04	29	08	39	104
Total	10	14	42	204	91	294	869

Source: District Medical and Health Officer Osmanabad.

Of these agents of health services in promoting maintaining and restoring the health of peoples in the district. The highest number of hospitals and clinics and cancer hospital are 08 observed in Osmanabad Tahsil and lowest number are noticed in Washi and Lohara tahsils in the year 2010-11 Osmanabad tahsil is ranked first in number of P.H.C. and P.H.S.C. also cancer hospital during the same period. Where lowest numbers are marked in washi tahsill. There are 180 doctors employed in various health centers and treated nearly about 5,11,933 patients. In

and district hospitals primary health center and primary health sub centers are geographically situated in a different places.

Table-3 - Tahsil wise patients treated in Osmanabad district (2010-11)

No.	Tahsil	Patients treated	
		Indoor patients	Outdoor patients
	Paranda	2666	40782
	Bhoom	1624	50227
	Washi	1574	30785
	Kalamb	3606	33893
	Osmanabad	18715	186912
	Tuljapur	3041	42123
	Lohara	1440	25037
	Omerga	3887	65621
	Total	36153	475380

Source: District Medical and Health Officer Osmanabad.

When a patient is serious or needs treatment under the supervision of medical staff, He be admitted in indoor. It is excepted that every primary health center should be facilitated indoor patients department that includes words and required numbered of beds. Nearly about (table-3) patients were treated as a indoor patients in the year 2010-11 the highest number indoor patients were treated Omerga tahsil and lowest in Lohara tabsil in the same year where Paranda tahsil 2666, Bhoom 1624, Washi 1574, Kalamb 3606, Tuljapur 3041, Omerga 3887 patients were treated as indoor patients. Every primary center has O.P.D. Facilities however the number of outdoor patients investigated daily is varying it is clear from the table-3 that in about 480 patients were treated as outdoor patients in the year 2010-11. The highest number of patients were treated in Osmanabad tahsil and lowest in Lohara tahsil during the same year followed by Lohara tahsil during the same year followed by Tuljapur 43123, Kalamb 33893 and Omerga tahsil 65621 etc.

Pathological Lab : Generally various primary tests of urine, stools, bloods, spite etc have been conducted in a pathological in order to get perfect diagnosis of patients the service of pathological units is quite essential in general every tahsil has 3 or 5 laboratories to five pathological laboratories.

Operation Theater: In the study region same primary health centers have the facilities of operation theaters each tahsil has one operation theater and mainly perform minor surgery and family planning operation.

Conclusion:

To conclude the health care facilities scenario of the district which included hospitals P.H.C., P.H.S.C. pathological lab etc reveled that there is an inequality in the spatial distribution of health care facility in the district. The achievement of immunization programmes was not uniform in the study area same tahsils recorded more cases and some tahsils achieved few cases.

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