



Geographical Study of Health Facilities and Policies in Palghar District, Maharashtra

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Abstract

Palghar District lies in northern coastal Maharashtra. It has a mostly tribal population and a wide range of geological features, such as coastal plains, dense forests, and hilly areas. These elements have a big impact on how health services are distributed and made available. This study looks at the district's health facilities' spatial distribution, the population's access to healthcare barriers, and the efficacy of current health policies. In order to enhance health outcomes and ensure equal service delivery throughout the area, the study offers suggests ways to address these issues.

Introduction

Health is universally recognized as one of the most fundamental aspects of human development. It not only determines the quality of life of individuals but also shapes the social, cultural, and economic progress of communities and nations. A healthy population is a prerequisite for sustainable development because it enhances productivity, reduces poverty, and promotes overall social well-being. The interrelationship between health and geography is both direct and profound, as the physical environment, climatic conditions, settlement patterns, and infrastructural networks strongly influence the distribution, accessibility, and utilization of healthcare services (WHO, 2006). A geographical approach to the study of health goes beyond the narrow medical perspective by examining how space, environment, and location interact with health outcomes. Such an approach highlights spatial inequalities, patterns of accessibility, and the variations in healthcare delivery systems across different regions. In a country like India, where socio-economic disparities intersect with geographical diversity, the study of health facilities and policies from a geographical perspective assumes immense importance, as it enables a comprehensive understanding



of inequalities in health service delivery and provides direction for targeted interventions (Sundari, 2005).

The health sector in India has undergone a long historical process of development, deeply rooted in colonial legacies and post-independence reforms. In the pre-independence period, the availability of healthcare was highly restricted and mostly confined to urban elites, while the rural masses remained largely deprived of medical services. Epidemics such as cholera, malaria, and plague, coupled with poor sanitation, malnutrition, and lack of access to medical treatment, caused high mortality rates. Colonial health policies were largely designed to protect the health of British officials, soldiers, and the urban elite rather than addressing the needs of the Indian population at large (Arnold, 1993). The situation began to change in the years leading to independence, when health reformers and committees began to articulate a vision for universal and equitable healthcare. The landmark Bhore Committee Report of 1946 laid the foundation for modern health planning in India, emphasizing the establishment of Primary Health Centres, Sub-centres, and Community Health Centres to provide accessible healthcare to rural populations (Government of India, 1946).

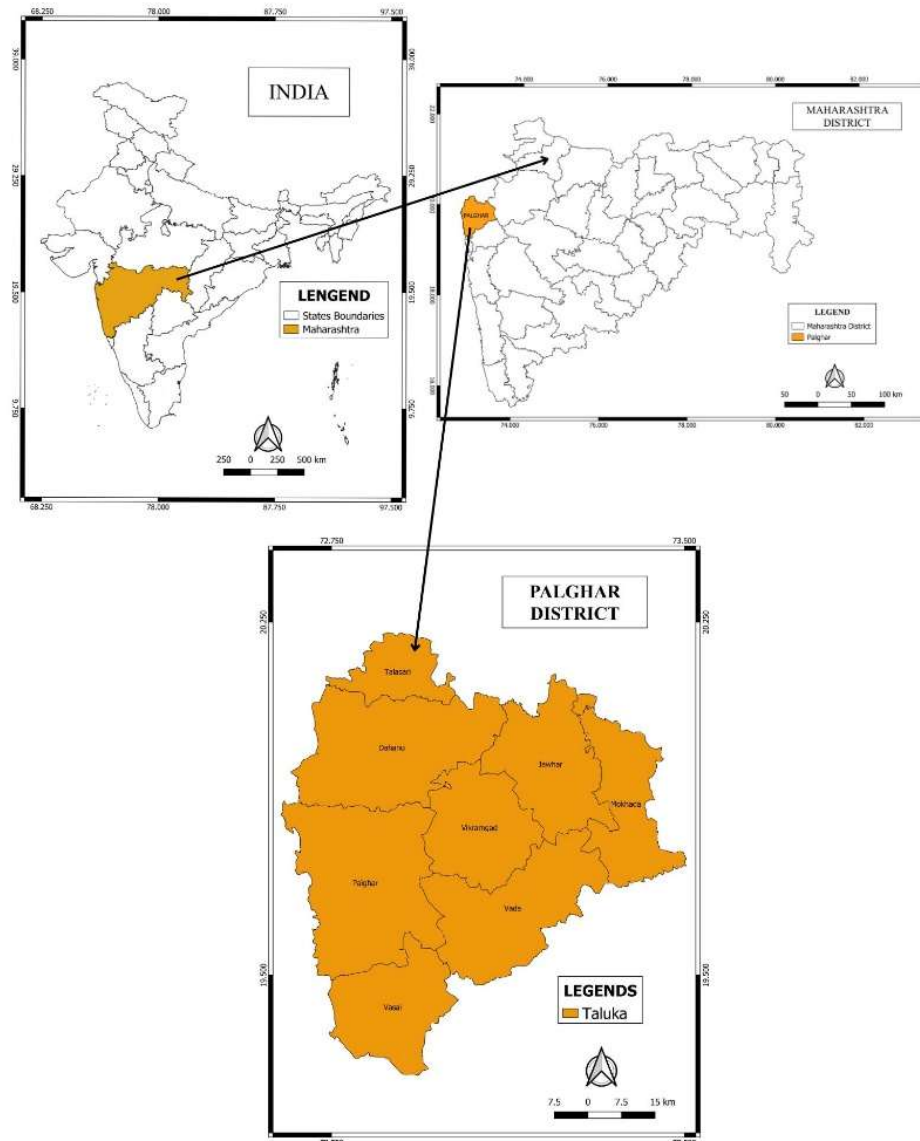
After independence, India embarked on expanding healthcare through successive Five-Year Plans and health policies. The National Health Policy of 1983 highlighted the importance of preventive and promotive healthcare, while the 2002 policy emphasized decentralization, community participation, and private sector involvement (Ministry of Health and Family Welfare, 2002). The launch of the National Rural Health Mission in 2005 marked a major milestone in strengthening rural healthcare, improving maternal and child health, and expanding outreach services through the introduction of Accredited Social Health Activists (ASHA) workers (MoHFW, 2005). More recently, the Ayushman Bharat programme launched in 2018 aimed to provide financial protection for hospitalization through the Pradhan Mantri Jan Arogya Yojana and to transform Sub-centres and Primary Health Centres into Health and Wellness Centres offering comprehensive primary care (MoHFW, 2018). Despite these significant policy initiatives, disparities in health outcomes continue to persist, particularly in tribal, hilly, and remote regions where access to medical care is hindered by geographical isolation, infrastructural inadequacies, and socio-economic barriers (Kumar & Prakash, 2011).



Healthcare access is a critical determinant of population well-being, particularly in regions with challenging geographical and socio-economic conditions. Palghar District, established in 2014, exemplifies the complexities of providing healthcare in a region with diverse terrain and a significant tribal population. The health structure of Palghar reflects these uneven patterns of development. As per functionary data handed by the Zilla Parishad, the district has forty- six Primary Health Centres, three hundred and four Sub-centres, nine rural hospitals, three sub-district hospitals, and a growing network of twenty-seven Urban Health and Wellness Centres(Zilla Parishad Palghar, 2023). Despite the presence of various government health programs, including the National Health Mission (NHM), Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), and Integrated Child Development Services (ICDS), the district faces persistent disparities in health service availability and utilization. Geographic isolation, limited infrastructure, and socio-cultural factors exacerbate these issues, making the study of health facilities and policies in Palghar essential for understanding and addressing healthcare inequities.

Study Area

Palghar District is located in the northern part of Maharashtra and shares boundaries with the Arabian Sea to the west and the Western Ghats to the east. The district comprises eight tehsils: Palghar, Dahanu, Talasari, Mokhada, Wada, Jawhar, Vikramgad, and Vasai. Its population, estimated at approximately 2.99 million, includes a high proportion of Scheduled Tribes, who predominantly inhabit remote and forested regions. The district's geography ranges from coastal plains to hilly and forested areas, significantly affecting the placement, accessibility, and functionality of health facilities. Urban areas such as Palghar town and Vasai have better-developed healthcare infrastructure, while interior tribal regions often remain underserved. These characteristics make Palghar a suitable case study for examining the influence of geography on healthcare accessibility.



Objectives

The primary objectives of this study are:

1. To analyze the spatial distribution of health facilities in Palghar District.
2. To assess the accessibility of healthcare services for tribal and rural populations.
3. To evaluate the effectiveness of existing health policies and programs in addressing local healthcare needs.
4. To identify gaps and challenges in the provision of healthcare services.
5. To propose practical solutions aimed at improving healthcare access and quality across the district.



Problem

Palghar District faces several interrelated problems in healthcare delivery. Firstly, the distribution of health facilities is highly uneven, with a concentration in urban areas like Palghar and Vasai, while remote tribal regions such as Mokhada, Jawhar, and Vikramgad are significantly underserved. The district also lacks a tertiary care hospital, limiting access to specialized medical services and emergency care, which forces residents to travel long distances for advanced treatment. Geographical barriers, including hilly terrains, dense forests, and poorly connected roads, further impede timely access to healthcare, particularly for tribal communities living in isolated areas.

Another significant issue is the shortage of medical personnel. Many rural PHCs and sub-centers operate without specialist doctors, such as gynecologists, pediatricians, and radiologists, and have inadequate numbers of nurses and support staff. Infrastructure deficiencies, including insufficient diagnostic equipment and limited emergency care units, reduce the capacity of health facilities to provide effective care. Additionally, socio-cultural factors influence healthcare-seeking behavior. Tribal populations often rely on traditional medicine, and low health literacy or cultural beliefs may delay the pursuit of modern medical treatment. While government programs like NHM, PM-ABHIM, and ICDS are in place, gaps in monitoring, policy implementation, and cultural adaptation reduce their effectiveness, leaving many residents underserved.

Solutions

Addressing healthcare challenges in Palghar requires a multi-faceted approach. Strengthening health infrastructure is crucial, including the establishment of a tertiary care hospital to provide specialized medical services and upgrading existing PHCs, sub-centers, and rural hospitals with modern equipment and diagnostic tools. Enhancing accessibility is equally important. Developing and maintaining roads to connect remote villages with healthcare facilities, deploying mobile health units, and integrating telemedicine services can reduce barriers for isolated populations.

Human resource strengthening is another key solution. Recruiting and incentivizing doctors, nurses, and paramedical staff to serve in tribal and rural areas, along with providing ongoing training, will enhance the quality of healthcare delivery. Community



engagement and health awareness programs are also essential. Educating residents about preventive care, maternal and child health, and nutrition, while involving local leaders in health planning, ensures culturally appropriate interventions and encourages the use of available services. Finally, effective policy implementation, with monitoring and adaptation to local geographical and socio-cultural conditions, can maximize the impact of government health initiatives. Emergency preparedness, including ambulance services and rapid response teams, will further enhance the district's capacity to handle critical and maternal health cases.

Conclusion

Palghar District illustrates the complex interplay between geography, culture, and healthcare access. The uneven distribution of health facilities, geographical barriers, shortage of medical personnel, and socio-cultural factors contribute to persistent disparities in health outcomes. However, by strengthening infrastructure, improving accessibility, increasing human resources, engaging communities, and ensuring effective policy implementation, these challenges can be mitigated. A coordinated and context-sensitive approach is essential to provide equitable and high-quality healthcare for all residents, particularly in underserved tribal and rural areas.

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