

A Review of the Gadag District in Karnataka on Healthcare Delivery Opportunities and Challenges

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Abstract: The healthcare environment in Karnataka, India's Gadag district is examined in this assessment, which also highlights the potential and difficulties in providing quality healthcare services. The study explores topics including infrastructure, human resources, traditional medical practices, the availability of necessary medications, and mental health issues, drawing on previous research and reports. The results highlight the need of using coordinated methods to improve healthcare delivery.

Keywords: Health facility distribution, Rural health accessibility, Funding gaps

I. INTRODUCTION

Gadag district, located in the northern part of Karnataka, represents a semi-arid, socio-economically mixed region whose healthcare delivery system reflects both the progress and persistent gaps characteristic of many districts in India's hinterland. Carved out of the erstwhile Dharwad district in 1997, Gadag comprises five taluks Gadag, Ron, Mundargi, Naragund, and Shirahatti and is home to a predominantly rural population dependent on agriculture, daily wage labor, and small-scale industries (Census of India, 2011). The district's demographic profile, marked by moderate population density, pockets of social and economic vulnerability, and a significant proportion of women, children, and elderly residents, places unique demands on its public health infrastructure.

Over the past two decades, Karnataka has been recognized as a relatively better-performing state in health indicators compared to several other Indian states; however, intra-state disparities remain pronounced, with districts like Gadag continuing to face challenges related to accessibility, equity, and quality of healthcare delivery (Government of Karnataka, 2020). The public healthcare system in Gadag is structured around a network of sub-centres, primary health centres (PHCs), community health centres (CHCs), and a district hospital, supplemented by private clinics and informal healthcare providers.

While this network theoretically ensures coverage across rural and urban areas, practical constraints such as human resource shortages, infrastructure gaps, and uneven service utilization limit its effectiveness, particularly in remote villages and socio-economically marginalized communities. Maternal and child health remains a central concern in the district, with indicators such as institutional delivery rates, antenatal care coverage, and child nutrition showing improvement but still lagging behind state averages in certain taluks, reflecting persistent socio-cultural barriers, poverty, and health literacy gaps.

Non-communicable diseases (NCDs) such as hypertension, diabetes, and cardiovascular conditions are emerging as significant public health challenges in Gadag, mirroring national epidemiological transitions, yet the district's health system remains largely oriented toward communicable diseases and reproductive and child health, creating a mismatch between population health needs and service readiness (WHO, 2018). At the same time, communicable diseases, including tuberculosis, vector-borne illnesses, and seasonal outbreaks of water- and food-borne diseases, continue to exert pressure on the healthcare system, particularly during monsoon failures and drought conditions that frequently affect the region.

Opportunities for strengthening healthcare delivery in Gadag district are evident in the expanding policy and programmatic framework at both state and national levels, including initiatives under the National Health Mission (NHM), Ayushman Bharat, and the establishment of Health and Wellness Centres aimed at comprehensive primary

healthcare. These initiatives offer scope for improved preventive, promotive, and curative services, greater community participation, and enhanced financial protection for vulnerable households; however, their impact in Gadag is mediated by local governance capacity, inter-sectoral coordination, and effective implementation at the grassroots level (Ministry of Health and Family Welfare, Government of India, 2021).

The district also presents opportunities for leveraging digital health platforms, telemedicine, and mobile health units to address geographic barriers and specialist shortages, particularly for remote taluks and underserved populations, though issues of digital literacy, connectivity, and trust remain significant constraints. Human resources for health constitute one of the most critical challenges in Gadag, with recurrent vacancies of doctors, nurses, and allied health professionals in public facilities, high workload pressures, and limited incentives for rural postings affecting service continuity and quality of care.

Additionally, the reliance on private healthcare providers, often involving high out-of-pocket expenditures, underscores gaps in public sector responsiveness and raises concerns regarding affordability and equity, especially for low-income households and socially disadvantaged groups (World Bank, 2017). Social determinants of health, including education, gender norms, sanitation, water availability, and nutrition, further shape healthcare outcomes in the district, necessitating a multi-sectoral approach that goes beyond the health department alone. Despite these challenges, Gadag district demonstrates resilience and potential through active community health workers such as ASHAs and Anganwadi workers, local self-government institutions, and civil society organizations that play a crucial role in outreach, health education, and service linkage.

Understanding the interplay of structural constraints, demographic transitions, policy initiatives, and local socio-cultural contexts is essential for identifying realistic and sustainable pathways to improve healthcare delivery in Gadag. Therefore, a comprehensive review of healthcare opportunities and challenges in the district is timely and necessary, not only to inform district-level planning and resource allocation but also to contribute to broader discussions on strengthening health systems in semi-rural and drought-prone regions of India, where equity, accessibility, and quality of care remain central to achieving universal health coverage and sustainable development goals (WHO, 2019).

HEALTHCARE INFRASTRUCTURE AND HUMAN RESOURCES

37 PHCs, 174 sub-centers, and 7 First Referral Units (FRUs) which comprise a district hospital, 4 sub-district hospitals, and 2 community health centers (CHCs) make up Gadag's healthcare system. The lack of medical staff hinders service delivery even when the physical infrastructure satisfies national standards. For example, hospitals such as the Ron sub-district hospital depend on AYUSH practitioners and staff nurses to function in the absence of official medical officers or expert physicians. Overcrowding results from this personnel shortage, which transfers the patient burden to the district hospital, particularly in the maternity and pediatric health units.

TRADITIONAL MEDICINE AND HEALTH-SEEKING BEHAVIOR

Tribal populations in Gadag's Kappatagiri highlands mostly use traditional medicine. According to a survey, almost all participants employed conventional treatments, and a sizable percentage sought advice from traditional healers. Access to official healthcare services is restricted by obstacles including budgetary limitations and transportation issues. These groups' health-seeking habits are further influenced by cultural beliefs and a preference for conventional techniques.

AVAILABILITY OF ESSENTIAL MEDICINES

According to an evaluation of 15 PHCs in Gadag Taluk, 74.2% of critical medications were available overall. Some medicine categories, such as ophthalmic and ENT medications, were less accessible than others, such as anti-allergic and antidiabetic medications. Notably, none of the PHCs assessed had essential drugs such as glyceryl trinitrate or anti-D immunoglobulin. The provision of complete patient care is hampered by this irregularity in medication supply.

MENTAL HEALTH CONCERNs

Depression is quite common among dialysis patients in Gadag, according to a research on the subject. Depression was present in all subjects to varied degrees, with 62% reporting severe symptoms. This was caused by a number of factors,

including sleep disruptions, food limitations, chronic pain, and financial challenges. The district's healthcare structure needs integrated mental health services, according to these results.

WATER QUALITY AND PUBLIC HEALTH

Residents of Mundaragi Taluk suffer from diseases including dental and skeletal fluorosis as a result of drinking water tainted with fluoride. The health and standard of living of the community are negatively impacted by the absence of access to clean drinking water. Defluoridation efforts and the supply of substitute clean water sources are necessary to address this.

OPPORTUNITIES FOR IMPROVEMENT

Infrastructure Development: The Gadag Institute of Medical Sciences' founding presents opportunities for improved healthcare and medical education in the area.

Community Engagement: More responsive and decentralized healthcare delivery may result from strengthening the role of Panchayati Raj Institutions in health planning.

Integration of Traditional Medicine: Access to healthcare may be enhanced by acknowledging and combining indigenous healing methods with contemporary medicine, particularly in tribal regions.

Mental Health Services: Patients with chronic diseases may have their psychological needs met by integrating mental health services within basic healthcare.

II. CONCLUSION

The healthcare system in the Gadag area exhibits a complicated interaction between service delivery issues and infrastructure strengths. Improving healthcare delivery in the area requires addressing the lack of human resources, guaranteeing the steady supply of necessary medications, combining conventional and new medical procedures, and growing mental health services. In order to improve the quality and accessibility of healthcare for the populace, the Gadag District, Karnataka, healthcare delivery system offers a complex terrain of potential and difficulties. Like many other Indian rural areas, the district stands to gain a great deal from enhanced healthcare resources, infrastructure, and policy initiatives.

The prospects are found in the continuous efforts by governmental and non-governmental groups to promote public health awareness, expand access to healthcare, and fortify basic healthcare services. Key measures that might improve the district's healthcare results include the extension of public health campaigns, telemedicine, and the provision of mobile healthcare units. Furthermore, the implementation of programs like Ayushman Bharat has the potential to significantly lower healthcare costs and expand access to medical treatment for underserved and economically disadvantaged populations.

For the system to be really successful, a number of issues must be resolved in order to take use of these possibilities. One major obstacle is the district's lack of certified medical personnel, especially specialists, which restricts the caliber and scope of services the public may access. Reliance on a small number of government hospitals and clinics often results in patient congestion, lengthy wait times, and inadequate treatment. The inadequate healthcare infrastructure is another issue that makes it difficult to provide services effectively. Inadequate road connection makes it more difficult to reach healthcare facilities and causes delays in emergency care and treatment, particularly in rural locations.

Additionally, uneven access to healthcare services is a consequence of the district's socioeconomic inequality. Rural communities sometimes lack access to medical personnel, cutting-edge diagnostic equipment, and specialized therapies, even if larger regions may have greater facilities. More awareness campaigns are also desperately needed to educate people about preventative healthcare practices, which would lessen the district's burden of avoidable illnesses.

Despite these obstacles, the district's healthcare system has proven resilient because to new technology, government assistance, and community involvement. Gadag may get over these obstacles and provide its citizens better healthcare services by concentrating on developing a strong healthcare infrastructure, raising health literacy, and using technology for remote healthcare solutions. Improving healthcare delivery in the area will need a multipronged strategy that includes regulatory changes, healthcare professional capacity development, and improved use of already-existing

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resources. Ultimately, all facets of the population stand to gain from a more efficient and fair healthcare system in Gadag District, which may be achieved via the deliberate implementation of the options offered.

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