



# A REVIEW: AN INITIATIVE STRENGTHENING PRIMARY HEALTH CARE SYSTEM – DELHI'S MOHALLA CLINIC

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**Abstract:** Mohalla clinic of Delhi, India is considered as a primary health care initiative with socialistic approach. As a fact, the outlay of most regimes in health sector is concentrated on secondary and tertiary health care facilities, while primary care facilities remain more or less ignored. The core objective behind Mohalla clinic is to address the case load on secondary facilities by providing basic healthcare services to poor population in an urban surrounding. Like any other public initiative, Mohalla clinic too has some challenges to deal with and has staggered growth. Still this initiative can be considered as one of its kind because of the value it adds to the life of an urban poor even though it faces challenges that range from discrimination to understaffed clinics and even to unclean surroundings. This article will focus on various aspects related to Mohalla Clinic functioning, growth and challenges associated.

**Key words:** Mohalla clinic, primary health care, urban poor, Delhi, health facilities, footfall, infrastructure.

## I. INTRODUCTION

Being in the front ranks of fast-growing global economies, India faces unique development paradox. From recent decades, the country has seen an unprecedented population growth, especially in urban areas. According to UN's prognosis of 2011, India's population would reach around 1.66 billion by 2050, surpassing every other country [1]. Urbanization is a vigorous demographic phenomenon which deals with globalization, economic growth, health, education, infrastructure, income inequality, climate change and sustainability. Today looking at urban situation, health care and awareness is crucial. There are many challenges in providing equitable health care solutions to urban poor. This article will focus on an initiative launched by the state government of the National Capital Territory of Delhi, India, towards upliftment of primary health care system.

In Primary health care system, lack of services and large population of patients are major challenges faced by a union territory like Delhi. Delhi has carved its health care system with three tiers - Primary tier as community clinics, secondary comprises of poly clinics and tertiary is provided by multi/super specialty hospitals [2]. Those who can afford, conveniently reach to secondary and tertiary health care facilities. For every common ailment, majority of urban poor population, which includes migrant laborer's seek out for local help from unqualified or unlicensed fraud providers. To address the unmet health care needs of a common population, an impactful geographical solution is required.

According to the Alma-Ata declaration of 1978, primary health care is essential. This led to the formulation of India's first National Health Policy in 1983 and also accepted later in the second health policy of 2002 [3]. Primary healthcare is of utmost importance that works as backbone of health system for any state. And, health care system for a state like Delhi is challenging due to altering characteristics of the population [4]. Delivering quality primary health care to such a large population is demanding. The primary health care approach should have community involvement, should be approachable by all, should provide curative and

preventive measures, and importantly should be cost effective. Thus, Delhi demands a local solution for primary health care which is practical, scientific and socially cogent.

In 2015, Delhi government launched the initiative named as Mohalla Clinic to provide fundamental health facilities to common population in urban settings. The word 'Mohalla' means neighborhood or community in Hindi. The state government announced setting up of 500 such community clinics during the budget session of 2015-16 [3]. The target population includes undeserved, migrants, Jhuggi Jhopri (slum) poor urban communities [5]. The first such clinic was set up in Peeragarhi region of West Delhi, situated in a slum area [3]. These clinics provide consultations, diagnostics, free medicines, family planning and other general counselling services. Guidelines say every clinic is to be run by a doctor, a nurse, a chemist and a laboratory analyst [5, 6]. Most of these clinics are functional in porta cabins, rented or government premises. These clinics should not be confused with dispensaries, which traditionally have bigger premises as compared to clinics.

An Indian newspaper, the Hindu reported on November 3, 2022, that Delhi chief minister inaugurated four Mahila Mohalla clinics (Mahila means women in Hindi). The entire staff of these clinics are female and they only treat women and children up to the age of 12 years. Government also proposed to have gynecologist, pediatrician and other specialists on weekly basis.

The Mohalla Clinic initiative focuses on primary health as priority and also manages to avoid overcrowding of secondary and tertiary health care facilities. Being local it is approachable and draws public away from unlicensed consultancy [5,7]. World leaders like Gro Harlem Brundtland and Kofi Annan have come out lauding the Mohalla clinic initiative for its potential of delivering universal primary health coverage in Delhi, India [8]. In December 2016, The Lancet in its Universal Health Coverage editorial wrote about local Mohalla clinic working as a network and successfully serving population otherwise deprived of health services [5]. Many national and international newspapers suggested that this initiative is helpful in providing better health care services to the needy [5]. Greater success can be ensured upon neutralization of challenges that the initiative is facing, as discussed later.

While discussing Mohalla clinics, one cannot ignore the ambitious socialistic approach the Delhi government has taken to cater to the health needs of the masses. This article covers different aspects associated with Mohalla Clinics today as per various reports, news articles or different publications. It is expected that the review article will highlight Delhi's unique approach and its objectives.

## **II IS MOHALLA CLINIC A TRUE SOCIALISTIC PRIMARY HEALTH CARE INITIATIVE?**

A true socialistic initiative should be accessible by all and should be free of cost. The National Health Policy (NHP) recommends universal and comprehensive primary health care services based on actual needs and priorities of the community at an affordable cost [9]. According to an online article by N. Sharma of Observer Research Foundation, the Mohalla Clinics of Delhi are referred as the 'first line of Defence' in primary health care system. These clinics have managed to fill the gap between healthcare services between regions and classes. In a 2017 case study, the Tata Institute of Social Sciences (TISS) has mentioned high satisfaction rate for this zero-cost model [10].

Over the years since independence, various governments at union and federal levels have made socialistic approaches to make health care accessible by all. But an approach of this much magnitude to strengthen primary healthcare was perhaps never seen prior to the Mohalla clinics in post-liberalized India. Lahariya reports that the Mohalla clinic initiative has a good potential to contribute to the health system by improving primary health care [11].

## **III MOHALLA CLINIC – A SERVICE IN THE VICINITY**

Mohalla Clinic initiative works as primary health service at the doorstep. People walk into these clinics with various health issues including regular blood pressure and sugar level check-ups.

Some of the clinics have a token vending machine available, which provide orderly waiting number to patients. On their turn, doctor examines the patient and writes prescription. Enough supplies of medicines and diagnostic tests are availed free of cost by local poor population. According to approved government list, there are 110 medicines and provision of more than 212 diagnostic tests that are included in this free service [11, 12]. Furthermore, The Hindustan times reported in December, 2022 that the Delhi chief minister has given nod to a health department proposal for making 238 more tests free of cost from January 1, 2023. This would take the tally to 450. In almost all Mohalla clinics, the doctors maintain patient records using Android based electronic tablets. These are called Swasthya Slates (Swasthya means Health in Hindi), which doctors use to record blood sugar level, blood pressure, heart rate and body temperature.

As of December 31, 2021, Delhi has 520 operational Mohalla clinics [6]. Delhi government records show that out of the 520 operational Mohalla Clinics, 326 are running in porta cabins. According to the Delhi

government's outcome budget for the 2021-22 session, on an average, each Mohalla clinic handles 116 patient visits per day and together a total of over 60,000 patients a day. The staff cater to basic health services like immunization, family planning and counselling services [10]. Most Mohalla clinics work in the morning shift for around six hours, from 8am to 2pm on every working day with off days on Sundays and government holidays [5, 6]. Private doctors have been recruited by government to run these clinics. They provide free service to the patients on the basis of fixed rate (Rs. 30/ patient) by governing body as consultation fee [5, 6, 13].

#### **IV NEED - SHORTFALL IN EXISTING PRIMARY HEALTH CARE SYSTEM**

It has been recognized since the Alma-Ata declaration of 1978 that a functioning primary healthcare system, which is accessible within a reasonable geographical distance, is likely to take care of majority of the health needs of people. This was accepted in India's National Health Policy, 1983 and 2002 as well [3]. Like most regimes round the world, India too spends the biggest chunk of its health budget on secondary and tertiary health care facilities [14]. And in the process, the primary health care facilities end up getting neglected, rendering them to underperformance. The general public avoids visiting these underperforming facilities and flock to the secondary and tertiary health care facilities. This overcrowding affects the performance of these facilities negatively. According to the Rural Health Statistics 2021-22, there is a shortfall of doctors, specialists, staff nurses, pharmacists and lab technicians at urban community health centers [15].

#### **V UPLIFTMENT - DELHI'S UNIQUE APPROACH TO PRIMARY HEALTH CARE**

Delhi, by announcing the Mohalla clinic initiative tried to counter the shortfall in healthcare that has long existed in India and other third world countries. By setting up the Mohalla clinics, Delhi has made an approach to bring down the over-crowding and excess load of secondary and tertiary health providers. As per census data of 2011, around 16% of Delhi's population reside in slums, and uncertain of attending public health facilities, they end up going to nearby unqualified providers [3].

Delhi has abolished user fees in the public healthcare facilities [12]. User fee is the fee a beneficiary has to pay in a public setup to access the service. The amount charged is generally a small part of the total expenditure. User fees were introduced to reduce unwarranted visits to health facilities and to ensure optimal utilization of limited available resources. But it is now realized that no matter how small the user fee is, it deters the poor from accessing health facilities [12]. It may also make them delay the time taken to seek care until their condition worsens [12]. The abolition of user fees in public healthcare facilities was done with the motive to encourage the urban poor to visit these facilities. As of now, Mohalla clinics work free of cost for the patients.

N. Sharma of Observer Research Foundation reported in September, 2022, that, when Delhi witnessed chikungunya and dengue outbreaks in 2016, the Mohalla clinics played a significant role in patient examining and testing.

This socialistic approach being followed by the Delhi government is starkly different from what is seen in some western capitalist countries, where the patient doesn't even have a viable option of free treatment [16, 17]. Shrestha S. et al. have reported that, if properly managed and scaled up, the 'Mohalla clinic initiative' has potential to improve primary health care and Universal Health Coverage. It may very well be a model for other Indian states too [11]. A study has found that the women beyond working age are more likely to use free or low-cost nearby health facilities, as their mobility and income reduces and dependency on other members of the family increases [18]. The attendance at the Mohalla clinics with age shows a positive association [18]. In a way, these clinics may thus be considered empowering for the portion of population who have limited decision making power.

#### **VI STAGGERED FUNCTIONING OF MOHALLA CLINICS:**

Even though Delhi's approach of setting up Mohalla clinics to counter the shortfall in healthcare was unique, it still had to face some challenges. Some of these challenges are continuously staggering this approach. According to a survey and the article published in Journal of Pharmaceutical Research International, the major reason behind urban poor to opt for Mohalla clinics is closer proximity, free services and less waiting time [19]. Most studies done to analyze the Mohalla Clinic initiative have found that a big chunk of the general public is satisfied with the services provided. Approximately, 76.2% people who visited Mohalla Clinics were willing to continue visiting and were mostly satisfied [20]. According to another study, people have shown quite a good confidence on services of Mohalla Clinics even during the COVID-19 pandemic [19]. The study also commented that the Mohalla Clinics can contribute in disseminating COVID-19 as the users have trust in the services and are certain of utilizing them during pandemic times [19]. There are some cases reported where women refrained from accessing these clinics because they were uncomfortable



consulting with the male doctor on duty [20]. Also, there are reports based on survey indicating that the social and economic status of patient impacts the doctor- patient interaction as well [21]. Studies reveal that medical practitioners assert dominance often, sometimes identified as discrimination [21]. Like long waiting time, ignorance, converse in English, avoidance of physical touch, are some observances which reflect a pattern dominance [21].

Infrastructure also played a role in staggered performance. These clinics operate in either rented apartments, government premises or porta-cabins [5]. The porta cabin-based clinics do not have diagnostic test facilities in exception to Peeragrahi clinic [3]. Upon an RTI application (RTI registration number: DROHS/R/2018/60088), it was obtained that Diagnostic tests were only offered at the Mohalla Clinics situated in rented apartments.

Delhi government in August, 2019 declared that 36 Mohalla Clinics would be working on double shifts to cater excess load. On one hand where authorities had to increase the shifts because of higher footfall than average, a few clinics had to deal with low footfall.

For instance, the footfall in the Mohalla Clinics in some of the posh localities of Delhi were significantly lower than the clinics located in migrant colonies. Hauz Khas and Safdarjung Enclave are the places in Delhi where the relatively well-off people stay while Peeragarhi and Munirka host multiple slums and migrant colonies. A study showed that almost all the residents of Peeragarhi used public healthcare facilities. In contrast, majority of those staying in Hauz Khas or Safdarjung Enclave opted for private health care centers over government ones, which may explain the low footfall in the Mohalla Clinics over there [22].

Keeping the socialistic aspect of the initiative in mind, it must also be thought that even though the patients need not to pay the user fee, they incur many indirect costs. Long waiting hours, multiple visits required to see the doctor, money spent on diagnostics and drugs, loss of wages and travel cost etc. all fall under indirect costs [13]. Overall, this initiative is quite helpful to urban poor but some issues need more attention.

## **VII AMID COVID-19: UNDERUTILIZED POTENTIAL OF CLINICS**

During lockdown period of the COVID-19 pandemic, though the governing bodies refrained from ordering for closure of clinics, many Mohalla Clinics remained shut [23]. Still, a majority of the Mohalla clinics were functional, and could have been used for rapid testing and awareness among populations of semi-urban areas. However, these clinics were underutilized amidst lockdown [24]. Even prior to COVID-19, these clinics were facing multiple challenges and the pandemic only manifolded the problems. Throughout the pandemic, a shortage of manpower in many clinics was experienced. A study shows that the high demand for facilities needed for combating COVID-19 was not met adequately in Delhi [25]. Many doctors and staff had also complained about shortage of preventive gears [19, 23, 24]. During the pandemic, the Mohalla clinics were solely dedicated to treat COVID-19 cases. This made the patients with chronic illness and those who visited the clinics for receiving their regular dosage of medicine to suffer [24].

People with comorbidities (chronic patients) have higher chances of contracting COVID-19 [24]. So, these clinics could have used their medical data to help break the chain of transmission by tracing out such potential carriers [24].

In September, 2020 Mohalla Clinics started conducting diagnostic tests for COVID-19 [23]. Anonna Dutt from Hindustan Times reported that Mohalla Clinics conducted the tests during second shift from 2pm to 5pm after the regular six-hour shift. The staff were paid on per patient basis for the tests. By the mid of 2022, many of these clinics started providing COVID19 vaccines.

A study shows that, because of accessibility, availability and affordability these clinics could have played a crucial role in curbing down the pandemic in some parts of Delhi [18]. But enough time was lost before starting COVID-19 tests at these clinics. Also, Mohalla Clinics could have teamed up with ASHA (Accredited Social Health Activist), Anganwadi workers to spread awareness, which was largely ignored. ASHA is a community health worker employed by the Ministry of Health and Family Welfare as a part of India's National Rural Health Mission [26] while Anganwadi workers are employed by the government to provide supplementary healthcare and nutritional services to pregnant women and children under Integrated Child Development Services (ICDS) Scheme [27].

## **VIII REPLICATION IN OTHER STATES:**

Many other Indian states such as Jammu and Kashmir, Telangana, Madhya Pradesh, Jharkhand, Karnataka, Rajasthan, and Maharashtra have shown interest in replicating a model similar to Mohalla clinics [19, 28]. While it sounds good that health is being given priority by multiple federal governments, the challenges on ground cannot be ignored. The urban settings which have high population density and loaded with migrant population, who are apprehensive about attending other facilities, make such clinics viable and

popular. This idea might not comparatively work that successfully in rural settings which have low population density [3].

Additionally, Delhi has a higher number of per capita doctors and nurses than most of the other states [29]. So, recruitment of staff for such clinics would be relatively easier in case of Delhi.

Also, the funding for the setting up of Mohalla clinics and for recruitment of staff is being borne by the state government and Delhi is a budget surplus state [5, 6]. The respective state government may think of the load if the idea is replicated in a budget deficit state.

Delhi is a unique case as it is a metropolis and also a union territory which has its own state government. And if the idea is replicated in another Indian metropolis, it must be thought as who among the state and local municipal governments would be funding the programme. However, in order to effectively address the health concerns of the urban poor population, the Ministry has launched a National Urban Health Mission (NUHM).

## **IX EXISTING CHALLENGES:**

The NCT Delhi government initially had a vision of setting up the Mohalla clinics at road side locations and at schools, but had to drop this idea because of disapproval from Central agencies [30], (Delhi being a union territory, the land rights of the public lands are not with the state government). Adding to the trouble, the pace with which the initiative is moving forward has become staggered. It was in December, 2016 that Delhi Chief Minister announced that 1000 Mohalla clinics would be set up by March, 2017; a promise yet to be fulfilled [24, 31, 32]. According to a report by Ankita Upadhyay published in The New Indian express in April, 2022, understaffed clinics is a major challenge that the initiative is facing. There are multiple Mohalla Clinics which face an overload of footfall and which require more manpower to cater to the grown demand. Some clinics even got shut temporarily because they couldn't manage the crowd. The report further states that despite the free medicines and cheap treatment, the unhygienic conditions of slums and jhuggi clusters have become a major drawback when it comes to maintaining the general health of the patients. Then there are some clinics which are facing lack of supplies. There are instances reported where the patients visiting the clinics had to leave without being treated due to lack of supplies [19, 23]. A majority of Mohalla Clinics lack diagnostic testing facilities. With the exception of the Mohalla Clinic at Peeragarhi, the other clinics that are operating in porta cabins lack diagnostic testing facilities [30].

Multiple instances of discrimination have also been reported in some clinics. People have complained of not getting access to some of the clinics, operating in rented premises because some so-called upper caste house owners didn't allow people of oppressed castes to enter the clinic [30]. There was this instance where the doctor refrained from touching the patient and even using the thermometer because the patient belonged to a lower caste [30].

Mohalla clinics function as centers for primary curative treatment, which concentrates on the primary treatment for a disease after its diagnosis. And, the prevention relies on anticipatory actions. Disease and disability are affected by environmental factors, disease agents, and lifestyle choices, and are dynamic processes which begin before individuals realize they are affected. And hence, preventive healthcare consists of measures taken for the purpose of disease prevention [31]. People would have been benefitted in a better way, had the clinics been providing preventive public healthcare as well [6, 23].

## **X SUGGESTED SOLUTIONS:**

The Mohalla Clinics are spread throughout the territory of Delhi. Each clinic has its own challenges, depending upon the locality, the footfall and the facilities available. Hence, the solutions must be specific and unique to the challenges as observed at specific locality. The diagnostic testing facilities must be made available in all the clinics including the porta cabins. As of now, the government is working upon this as part of its expansion efforts. Additional budgetary allocation is needed for expansion and upgradation of existing infrastructure. The deficit manpower could be supplemented by seeking voluntary work from trained workforce. The services of postgraduate students, interns, and senior officials in government health facilities for these clinics could be upscaled [3]. The caste related discrimination can be countered by ensuring adequate representation of staff from the oppressed castes [30]. Along with providing primary curative treatment, the service of Mohalla clinics may also be expanded to preventive public healthcare. Adequate female staff must be given charge in the localities where women refrained from visiting the clinics because of absence of a female doctor. Plans of establishing more Mahila Mohalla Clinics are in the pipeline. Undoubtedly, Author finds Mohalla Clinic as a true socialistic venture which needs more manpower and infrastructure.

**XI CONCLUSION:**

A successful health care system needs to be effectively efficient and must rest on strong foundations. The socialistic approach made by the Delhi government for realization of the idea of Mohalla Clinic has proven helpful to the general public, which can be manifested by the satisfaction levels of those who visited these clinics. Though, there are multiple challenges that the Mohalla Clinics are facing, assuredly these challenges can be overcome by proper planning and implementation of remedial tactics. This review is an insightful attempt to provide information about various aspects associated with these clinics and suggestive measures towards upliftment of primary health care system in Delhi region.

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