

Strengthening Community Healthcare: Analysing Mahila Mohalla Clinics in Delhi



11
23

| Neha Maria Benny



Discussion Paper

TABLE OF CONTENTS

1.	ABSTRACT	03
2.	INTRODUCTION	04
3.	ANALYSING MAHILA MOHALLA CLINICS	06
4.	RECOMMENDATIONS AND POLICY IMPLICATIONS	07
5.	CONCLUSION	08
6.	BIBLIOGRAPHY	09

Cover Image credits: [flickr.com/trinitycarefoundation](https://www.flickr.com/photos/trinitycarefoundation/)

If you have any suggestions, or would like to contribute, please write to us at contact@sprf.in

© Social Policy Research Foundation™

NOVEMBER 2023

Discussion Paper

Strengthening Community Healthcare: Analysing Mahila Mohalla Clinics in Delhi

| Neha Maria Benny

ABSTRACT

The Indian healthcare system faces persistent challenges and has limited government health spending. Healthcare services are primarily delivered by the private sector, leading to high out-of-pocket expenditures and overcrowding in public health facilities, particularly in urban areas. The establishment of Mahila Mohalla Clinics in Delhi, an offshoot of the Aam Aadmi Mohalla Clinics, represents a significant advancement in Indian healthcare. These clinics aim to provide tailored services for women and children, complementing universal health coverage initiatives. However, despite their positive aspects, like free treatments and improved accessibility, these clinics encounter challenges in service scope and infrastructure, requiring further enhancements. Improving services, addressing healthcare outcome disparities, and strengthening infrastructure and funding are essential for the success of these specialised community health initiatives.

INTRODUCTION

India faces critical health challenges (Maurya, n.d.) such as low government spending on health (Bhushan, 2023), the rising burden of non-communicable diseases such as diabetes (BBC News India, 2023) and hypertension (PTI, 2023), a lack of an adequate healthcare workforce, and insufficient focus on primary healthcare (PHC), among other ongoing issues (Deol, 2023). According to the NSS 75th Round data, healthcare services are predominantly provided by the private sector, accounting for around 70% of outpatient visits and 60% of hospital admissions. (NSSO, 2019). According to Patel et al. (2015), nearly 79% of outpatient visits, particularly in urban areas, are catered to by private facilities, leading to high out-of-pocket expenditures (Chawla, 2023). Although public healthcare facilities are free of charge, they suffer from infrastructure deficiencies and are burdened with overpopulation (Deep, 2023). Without established referral pathways, this leads to overcrowding in secondary and tertiary public health centres (Hazarika et al., 2016).

The National Capital Territory of Delhi houses a dense urban population, and prior to the governance of the Aam Aadmi Party, the pyramid structure of primary, secondary, and tertiary healthcare was inverted (Lahariya, 2017). Many individuals opted for secondary and tertiary government health facilities for even common ailments like fever, cough, and cold. The city boasted of high-quality specialised tertiary care, attracting global medical tourism, yet lacked well-developed primary healthcare services. Public health schemes in Delhi focused primarily on specific diseases like tuberculosis and HIV/AIDS, neglecting preventive health measures such as sanitation, hygiene and nutrition awareness. While these targeted health programs address immediate disease concerns, they often disrupt routine primary healthcare provision.

A shift towards preventive measures was needed to supplement the mission-led approach and rectify the imbalance in healthcare delivery. The Aam Aadmi Mohalla Clinics (translated to Common Man's Neighbourhood Clinics) were initiated by the Delhi government following the Aam Aadmi Party's election to office in 2015 (Suraksha, 2015). Their primary goal was to alleviate the strain on hospitals, increase accessibility to diagnostics and treatment for minor illnesses, and contribute to achieving universal health coverage (Directorate General of Health Services, n.d.). The clinics provide free consultations, medicines, and diagnostic tests, specifically targeting accessible and affordable primary healthcare for all, especially for residents in underdeveloped areas of Delhi. (Sharma et al., 2023)

The purpose behind these clinics was to alleviate the burden on crowded tertiary hospitals and decrease out-of-pocket expenses for individuals, effectively establishing the foundational tier of urban healthcare. The restructured healthcare infrastructure now positions Mohalla clinics as the foundational tier, followed by Polyclinics offering specialised outpatient services and government hospitals catering to inpatient care, distinguishing between multi-speciality and super-speciality hospital services (Lahariya, 2017).

The Mohalla Clinics have been lauded for providing essential free treatments in impoverished areas, earning praise from global entities such as the World Health Organization and the Stanford Social Innovation Review (Dutt, 2017; The Hindu, 2019; IANS, 2017). AAP has also begun to replicate the model in Punjab (The Times of India, 2023). Other Indian states such as Karnataka, Telangana, Rajasthan, Madhya Pradesh, Jharkhand, Jammu and Kashmir and

Maharashtra have also started similar community clinic initiatives, aiming to benefit the urban poor.

In 2019, women represented over 50% of the patients attending Mohalla clinics in Delhi, with more than 23 lakh individuals receiving treatment at 201 clinics between April and July 2019 (TNN, 2019). The easily accessible and less crowded spaces with readily available lab tests and medicines made them particularly popular among women, providing a convenient alternative to hospitals. However, female patients faced key issues such as the absence of pre/postnatal services for pregnant and lactating women and a lack of female doctors (Sah et al., 2019).

To address the unmet healthcare needs of women and children, the country's first Mahila Mohalla Clinic in Delhi was inaugurated in November 2022, exclusively catering to the healthcare needs of women and children aged under 12 (The Hindu Bureau, 2022; Jain, 2022). The female-staffed clinics provide cost-free specialised healthcare services within their neighbourhoods, catering to women's distinct health needs beyond typical Mohalla clinics. Their services span various screenings, pregnancy and family planning support, child healthcare, and adolescent health.

The initiative was introduced to respond to the necessity for female-focused healthcare services, ensuring access to healthcare for women and adolescent girls, who often face barriers due to the lack of female physicians and access to health facilities designed for their specific needs (Ishwari, 2022; Kalra, 2019; Mudit Kapoor et al., 2019). The launch of these clinics also aimed to bridge the gap in primary healthcare services, reducing the burden on larger hospitals. This commentary seeks to explore the preliminary outcomes and challenges experienced by the Mahila Mohalla Clinics in the first year of their implementation. It also provides policy recommendations to strengthen and scale up the existing facilities to achieve universal health coverage.

ANALYSING MAHILA MOHALLA CLINICS

Women's reproductive health, gynaecological issues, maternal care, and other gender-specific conditions require specialised attention and care. Studies have consistently highlighted disparities in healthcare outcomes for women compared to men. These disparities can be related to access to care, treatment provided, or healthcare outcomes. Healthcare services tailored to women address and minimise these disparities, ensuring that women receive equitable, effective, and appropriate healthcare for their specific needs.

The Women's Mohalla Clinics, similar to the existing regular Mohalla Clinics in the city, offer free tests and medications, providing a more accessible and localised healthcare solution for residents. Patients can freely access physician consultations without prior appointments at these clinics. They focus on the underserved and impoverished communities to promote equality in healthcare access. Each facility has a physician, nurse, pharmacist, and laboratory technician for outpatient services. The convenience of reduced travel time, shorter waiting periods compared to government hospitals, and the availability of cost-free consultations, medications, and diagnostics under one roof have popularised Mahila Mohalla Clinics (Upadhyay, 2023). These clinics are supposed to offer screenings for cervical cancer detection and treatment for conditions like uterine fibroids and menstrual disorders. For pregnant women, the clinics provide antenatal check-ups, identification of high-risk pregnancies, and necessary blood tests. Family planning services are also to be made available.

Women's healthcare services within the community reduce the stigma often associated with seeking healthcare outside the community. These clinics can encourage more women to seek timely medical attention without the constraints of cultural barriers. In this way, it reaches marginalised groups and those residing in underprivileged areas, ensuring they receive essential healthcare without major obstacles.

Yet, even though these clinics provide medications after a primary diagnosis, women have voiced the necessity for supplementary facilities like ultrasounds and X-rays, which are currently available solely in larger hospitals. Further diagnostic services and health supplements, particularly for children, can be included; this indicates potential areas for enhancement. This raises concerns about the gap between the promised services and the actual offerings in these clinics. The mismatch in expectations and the available healthcare services highlights the need for a more comprehensive setup and expanded facilities in these clinics.

Doctors working in the Mohalla Clinics have previously highlighted the non-uniform implementation across clinics regarding tests and management issues (Dutt, 2017). The timing of the Mohalla Clinics may not suit daily wage labourers and the working class people who have to give up the day's work or revise their working schedule to visit the clinic. Moreover, there have been concerns about the reliability of the testing facilities, with reports being delayed or showing discrepancies with private laboratory results. Hygiene issues have been raised, as many clinics are situated near dustbins, raising concerns about the cleanliness and handling of samples, possibly deterring potential beneficiaries from seeking care there. This might undermine the clinics' utility and foster doubts among potential users (Rizvi, 2023; Upadhyay, 2022).

RECOMMENDATIONS AND POLICY IMPLICATIONS

A. Improving strengths:

The construction of additional clinics and an increase in investment is imperative to scale the effects as the existing clinics have proven to be cost-effective and are widely embraced (Yamini & Bodhke, 2022). Additionally, substantial investment in healthcare workforce development and retention is imperative to standardise care quality and enhance preventive healthcare initiatives.

B. Countering weaknesses:

Addressing critical infrastructure and resource deficiencies includes upgrading facilities, ensuring the availability of promised resources, and optimising the overall operational infrastructure. A double shift of timings can help the clinics reach a wider demographic. Establishing robust referral systems for specialised care is important for managing cases that require further medical attention beyond the clinic's scope.

C. Mitigating threats:

Despite being recognized as a substantial step towards universal primary healthcare, Mohalla Clinics have faced criticism from opposing political parties, who have accused them of corruption and inflating numbers (The Tribune, 2023). It is crucial to avoid duplicating healthcare facilities for political reasons (Sethi, 2023). A viable strategy involves repurposing current dispensaries after a thorough assessment, either as Mohalla clinics or polyclinics within the healthcare system. Ensuring political commitment and financial sustainability, even with regime changes, necessitates advocating for consistent funding and policy support.

D. Integration of preventive and curative services:

Mohalla Clinics are largely seen as synonymous with primary healthcare but currently emphasise curative services rather than comprehensive primary healthcare. There's a noticeable lack of focus on public health needs, such as cleanliness, sanitation, nutrition, and hygiene education. Mohalla clinics offer clinical services, while urban primary health centres (U-PHC) under the National Urban Health Mission can provide additional public health services. Coordination between state and central government health initiatives presents a sustainable model for healthcare in India.

E. Community engagement and participation:

The Mahila Mohalla Clinic is a step toward achieving universal primary health coverage. However, there is no community involvement in any aspect of programme development or implementation. Stakeholder consultation and collaboration with community organisations, NGOs, and local government bodies to address various health-related issues can ensure a comprehensive approach to healthcare services.

CONCLUSION

Since they are still at a primary stage of development, more data is needed to come to a decisive conclusion about the Mahila Mohalla Clinics' overall impact on Delhi's healthcare system. However, they have displayed the potential to be an important tool for advancing universal health coverage (UHC) through affordable and accessible models of services. These clinics have demonstrated the benefits of women-focused healthcare, reducing stigma and cultural barriers. Several improvements are needed to bridge the gap between promised and available services. The clinics must offer comprehensive care, including diagnostics and specialised treatments, emphasising cleanliness and reliability. These clinics can be replicated and transformed through coordinated efforts into efficient, inclusive healthcare centres, bridging the lacunae in the Indian healthcare system.

BIBLIOGRAPHY

- BBC News India. (2023, June 9). Lancet study: More than 100 million people in India diabetic. BBC. <https://www.bbc.com/news/world-asia-india-65852551>
- Bhushan, I. (2023, February 4). On Budget 2023: Health in Amrit Kaal. The Indian Express. <https://indianexpress.com/article/opinion/columns/on-budget-2023-health-in-amrit-kaal-8422946/>
- Chawla, A. (2023, June 1). How Much Do Indian Households Spend on Healthcare Every Month? The Wire. <https://thewire.in/health/how-much-do-indian-households-spend-on-healthcare-every-month>
- Deep, P. (2023, April 21). Queue for queues, packed online slots, and the endless wait to be treated at AIIMS Delhi. Newslaundry. <https://www.newslaundry.com/2023/04/21/queue-for-queues-packed-online-slots-and-the-endless-wait-to-be-treated-at-aiims-delhi>
- Deol, T. (2023, January 20). Poor infrastructure, staff crunch continue to plague healthcare in rural India: Centre. Down To Earth. <https://www.downtoearth.org.in/news/health/poor-infrastructure-staff-crunch-continue-to-plague-healthcare-in-rural-india-centre-87250>
- Directorate General of Health Services. (n.d.). Aam Aadmi Mohalla Clinics | Directorate General of Health Services. Directorate General of Health Services. Retrieved November 3, 2023, from <https://dgehs.delhi.gov.in/dghs/aam-aadmi-mohalla-clinics>
- Dutt, A. (2017, February 20). Mohalla Clinics: Kofi Annan praise fine, but will Delhi govt fix these 4 issues? Hindustan Times. <https://www.hindustantimes.com/delhi/mohalla-clinics-pat-from-kofi-anan-is-fine-but-will-govt-resolve-these-four-problems/story-o9n8QNHfbfnbuTBkp0vKSP.html>
- Dutt, A. (2017, February 7). Seven things to know about Delhi's mohalla clinics praised by world leaders. Hindustan Times. <https://www.hindustantimes.com/delhi/7-reasons-why-world-leaders-are-talking-about-delhi-s-mohalla-clinics/story-sw4IUjQQ2rj2ZA6ISCUbtM.html>
- Hazarika, N., Nithya Srinivasan, N. S., & Sharma, T. (2016). Mohalla Clinics: Will they address the health needs of the Aam Aadmi in Delhi? [Report]. In Delhi Citizens Handbook: Perspectives on Local Governance in Delhi. Center for Civil Society. https://ccs.in/sites/default/files/2022-10/delhi-citizens-handbook2016_0.pdf
- IANS. (2017, July 21). Stanford Social Innovation Review praises Delhi's Mohalla Clinics. Business Standard. https://www.business-standard.com/article/news-ians/stanford-social-innovation-review-praises-delhi-s-mohalla-clinics-117072101660_1.html

- Ishwari, P. (2022, May 28). NFHS Data Shows 60% Women Face Trouble Accessing Healthcare. NewsClick. <https://www.newsclick.in/NFHS-data-shows-60-per-women-face-trouble-accessing-healthcare>
- Jain, P. (2022, November 3). Delhi gets country's first 'Mahila Mohalla Clinic', 100 more to come soon. India Today. <https://www.indiatoday.in/india/story/delhi-mahilla-mohalla-clinic-arvind-kejriwal-women-healthcare-service-2292644-2022-11-03>
- Kalra, R. J. (2019, August 21). Access to health care difficult for most Indian women. DW. <https://www.dw.com/en/access-to-health-care-a-distant-dream-for-most-indian-women/a-50108512>
- Lahariya, C. (2017). Mohalla Clinics of Delhi, India: Could these become platform to strengthen primary healthcare? *Journal of Family Medicine and Primary Care*, 6(1), 1. https://doi.org/10.4103/jfmpc.jfmpc_29_17
- Maurya, L. (n.d.). India's Health Crisis Insufficient allocation for the health sector pushing 7% of Indians below the poverty line and about 23% of the sick can't afford healthcare. Down To Earth. https://www.downtoearth.org.in/dte-infographics/india_s_health_crisis/
- National Sample Survey Organization (NSSO). Ministry of Statistics and Programme Implementation Government of India. (2019). Key Indicators of Social Consumption in India: Health. NSS 75th round (July 2017- June 2018). Retrieved from https://www.mospi.gov.in/sites/default/files/publication_reports/KI_Health_75th_Final.pdf
- Patel, V., Parikh, R., Nandraj, S., & Balasubramaniam, P. (2015). Assuring Health Coverage for All in India. *The Lancet*, 386(10011), 2422-2435.
- PTI. (2023, June 9). Over 11% Indians diabetic, 36% have hypertension: Lancet survey shows. *The Economic Times*. <https://economictimes.indiatimes.com/industry/healthcare/biotech/healthcare/over-11-per-cent-indians-diabetic-36-per-cent-have-hypertension-lancet-survey-shows/articleshow/100875071.cms>
- Rizvi, T. (2023). A study of Mohalla clinic scheme in Delhi: Delivery of primary healthcare to poor people residing in urban areas [Report]. Policy Perspectives Foundation. https://ppf.org.in/assets/web/images/category/Mohalla_clinic_Final.pdf
- Sah, T., Kaushik, R., Bailwal, N., & Tep, N. (2019). Mohalla Clinics in Delhi: A Preliminary Assessment of their Functioning and Coverage. *Indian Journal of Human Development*, 13(2), 195-210. <https://doi.org/10.1177/0973703019872023>
- Sethi, C. K. (2023, January 28). 5 scandals dogging AAP mohalla clinics in Punjab: 'Rs 30 cr for publicity, holy names dropped'. *ThePrint*. <https://theprint.in/politics/5-scandals-dogging-aap->

mohalla-clinics-in-punjab-rs-30-cr-for-publicity-gurus-names-dropped/1339144/

Sharma, M. G., Grover, A., Shekhawat, K., & Popli, H. (2023). Patient satisfaction with access, affordability and quality of diabetes care at Mohalla Clinics in Delhi, India. *Frontiers in Public Health*, 11. <https://doi.org/10.3389/fpubh.2023.1160408>

Suraksha, P. (2015, July 20). 1st of 1,000 mohalla clinics inaugurated. *The Times of India*. <https://timesofindia.indiatimes.com/city/delhi/1st-of-1000-mohalla-clinics-inaugurated/articleshow/48138525.cms>

The Hindu Bureau. (2022). Delhi gets four 'Mahila Mohalla Clinics'. *The Hindu*. <https://www.thehindu.com/news/cities/Delhi/delhi-gets-four-mahila-mohalla-clinics/article66087566.ece>

The Hindu. (2019, March 9). Visitors rue the absence of gynaecologists in Delhi's Mahila Mohalla Clinics. *The Hindu*. <https://www.thehindu.com/news/cities/Delhi/Kofi-Annan-praises-mohalla-clinics/article17105541.ece>

The Times of India. (2023, August 12). Punjab CM Bhagwant Mann to inaugurate 76 new mohalla clinics on August 14. *The Times of India*. <https://timesofindia.indiatimes.com/city/chandigarh/punjab-cm-bhagwant-mann-to-inaugurate-76-mohalla-clinics-on-august-14/articleshow/102675914.cms>

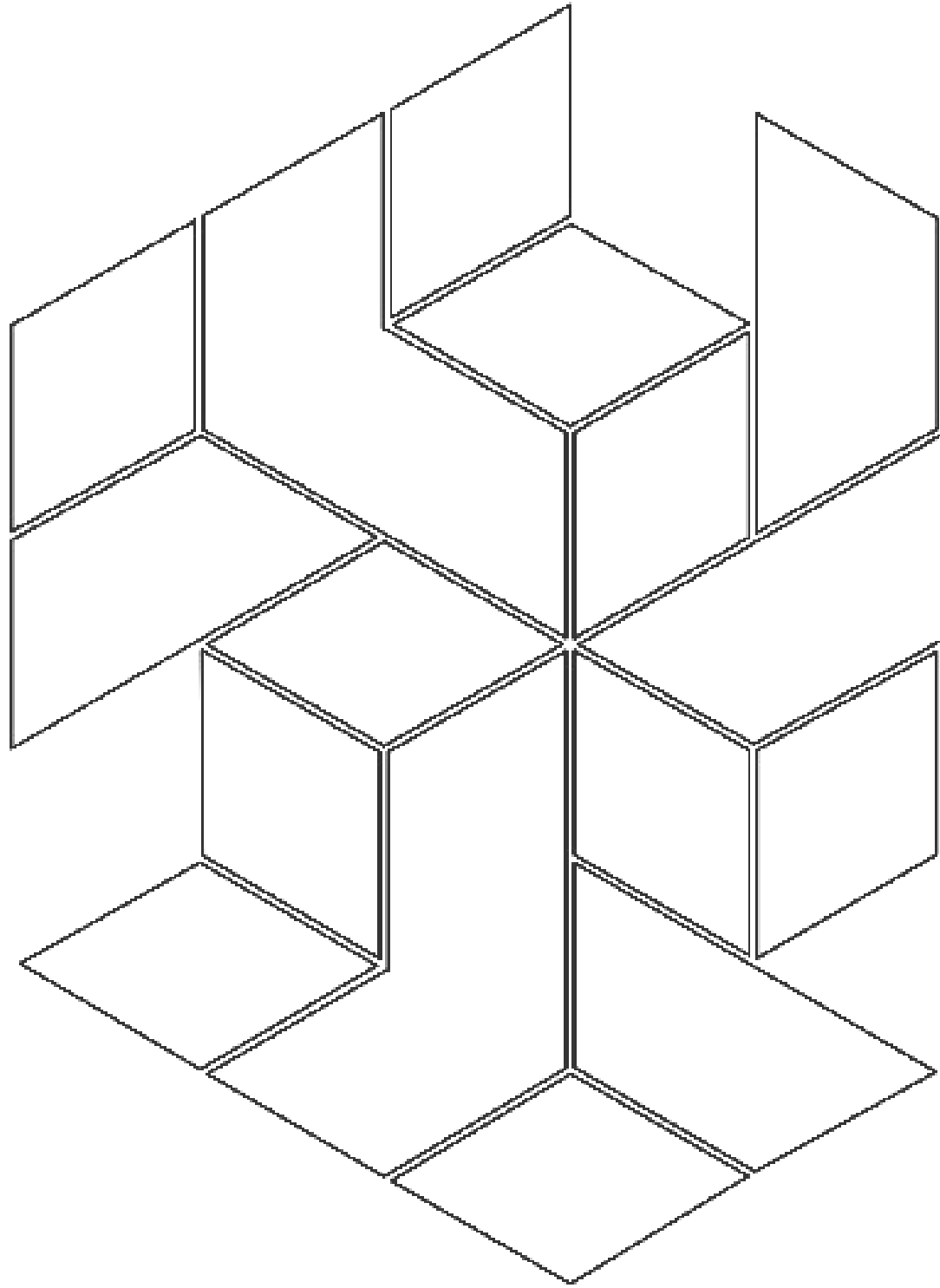
The Tribune. (2023, October 16). 160 patients daily at mohalla clinic raises eyebrows; Patiala DC marks inquiry. *Tribune India*. <https://www.tribuneindia.com/news/punjab/160-patients-daily-at-mohalla-clinic-raises-eyebrows-patiala-dc-marks-inquiry-553349>

TNN. (2019, September 7). Over 50% of patients at mohalla clinics women, says Satyendar Jain; cites easy access. *The Times of India*. <https://timesofindia.indiatimes.com/city/delhi/over-50-of-patients-at-mohalla-clinics-women-says-jain-cites-easy-access/articleshow/71017482.cms>

Upadhyay, A. (2022, April 4). What ails Delhi's Mohalla clinics. *The New Indian Express*. <https://www.newindianexpress.com/cities/delhi/2022/apr/04/what-ails-delhis-mohalla-clinics-2437658.html>

Upadhyay, A. (2023, January 16). Mohalla clinics for women start in Delhi: Short queues, need for diagnostic machines. *The Indian Express*. <https://indianexpress.com/article/cities/delhi/mohalla-clinics-for-women-start-in-delhi-short-queues-need-for-diagnostic-machines-8383918/>

Yamini, & Bodkhe, N. (2022). Assessing the Effect of Mohalla Clinics on Healthcare System in Delhi: Evidence from a Primary Study in West District. *Indian Journal of Human Development*, 16(3), 493-512. <https://doi.org/10.1177/09737030221143220>



WWW.SPRF.IN