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# A STUDY OF MOHALLA CLINIC SCHEME IN DELHI

Delivery of primary healthcare to poor people residing in urban areas

**Tehmeena Rizvi**





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Tehmeena Rizvi

Policy Perspectives Foundation

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## **ABOUT PPF**

Policy Perspectives Foundation (PPF) was founded in 2005 as a non-profit apolitical think tank on matters of national interest and issues. The organisation's activities focus on complex and interconnected challenges to internal peace, stability and development in India. It promotes debates and dialogues with scholars, development practitioners, civil society, government organisations and other stakeholders, and implements training, research and advocacy programs on issues of national interest. Our activities broadly fall under three categories namely spreading awareness, building capacity and promoting resilience.

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## Abbreviations

WHO: World Health Organisation

SDG: Sustainable Development Goal

GoNCTD: Government of National Capital Territory of Delhi

AAMC: Aam Aadmi Mohalla Clinics

PWD: Public Work Department

MMU: Mobile Medical Units

GHED: Global Health Expenditure Data

GDP: Gross Domestic Products

PHC: Primary Health Centre

HWCs: Health Wellness Centres

CR: Chittaranjan Park

ANC: Antenatal Care

UHC: Universal Health Coverage

NCR: National Capital Region

AAP: Aam Aadmi Party

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## Foreword

Both the public and private healthcare systems in India offer services, however the poor and marginalised populations cannot afford the private systems due to their higher costs. India's public healthcare system is currently overwhelmed despite being largely free. Most of the poor/marginalised people living in Delhi are dependent on primary health care centres for minor ailments and for prolonged illnesses as well.

Mohalla clinics were started as a flagship scheme for healthcare services by the Delhi Government in July 2015. The primary motive of these clinics was to make healthcare easily affordable and accessible. This scheme has become popular in Delhi and a number of other Indian states are trying to establish similar centres. This report indicates that the main beneficiaries of this scheme are women, children and elderly.

The research on the Mohalla clinic scheme in Delhi was primarily conducted to understand the feasibility of this scheme, and also to understand the dynamics of primary, secondary and tertiary healthcare systems in India.

I am hopeful that the primary healthcare sector in India continues to facilitate quality services to people with limited access. Such initiatives are praiseworthy but there is also a need to understand the problems of poor people with a more humane approach. The author in this report has tried to understand the feasibility of Mohalla clinic scheme and suggested some measures that will further help to enhance the services on ground.

PC Haldar

President PPF, New Delhi, August 2023



## Acknowledgements

Since its inception in 2015, Mohalla Clinic Scheme has been referred as the first line of defence in underprivileged areas of New Delhi. The scheme was developed to provide accessibility of quality healthcare to poor people living in urban areas, based on a zero-cost model these clinics have gone through enormous changes to suit the requirements of people. Also, research has been carried out by different organisations such as Tata Institute of Social Sciences, Centre for the Study of Developing Societies, Lokniti etc to study the feasibility of this scheme.

I first came to know about this scheme when I was trying to examine healthcare facilities at my hometown, Budgam Kashmir. I developed a curiosity to dwell upon this subject more, which made me ponder upon the degree of accessibility to healthcare facilities for the underprivileged people in Delhi. Since, in Public Policy, we try to examine the different schemes laid down by the government and its benefits for the people, 'Examining Mohalla Clinic Scheme in Delhi; Delivery of Healthcare Services to Poor People Residing in Urban Areas' is therefore a policy analysis study which provides a thorough outlook of the scheme and its achievables on ground.

The study would not have been possible without the support of Policy Perspectives Foundation, I would like to thank president PPF Mr PC Haldar for his unwavering support and encouragement, his insights have helped me to look at the issues from a very different understanding. I am further grateful to him for his efforts in examining the report and for his continuous mentorship. I would also like to thank all the respondents, Doctors, stakeholders and experts who took out their valuable time to share important views

and comments. I am grateful to; Ms Priyanka Sharma, Special Correspondent, Mint; Dr Pratima Verma, Senior Medical Officer Delhi Government, for their useful insights.

I would finally like to thank my colleagues at the PPF for their contribution in successful completion of the report, special thanks to Manika, Pooja, Prince and Simran for their concerted efforts in review and finalisation of the document.

Tehmeena Rizvi

New Delhi, August 2023

## Introduction

A good health system delivers quality services to all people, when and where they need them –World Health Organisation

If we accept the definition given above, it is apparent that crucial elements of any good healthcare system should include;

- a) delivery of healthcare services to the people wherever they are,
- b) And this delivery must be appropriate and timely whenever the need arises and,
- c) With the prerequisite of providing quality services to all.

According to WHO, Primary health care is a whole-of-society approach to health and well-being centred on the needs and preferences of individuals, families and communities. It addresses the broader determinants of health and focuses on the comprehensive and interrelated aspects of physical, mental and social health and wellbeing. Stronger primary health care is essential to achieving the health-related Sustainable Development Goals (SDGs) and universal health coverage. It contributes to the attainment of other goals beyond the health goal (SDG3), including those on poverty, hunger, education, gender equality, clean water and sanitation, work and economic growth, reducing inequality and climate action. Health systems and policies have a critical role in determining the manner in which health services are delivered, utilised and affect health outcomes. ‘Health’ being a state subject, despite the issuance of the guidelines by the central government, the final prerogative on implementation of the initiatives on newborn care lies with the states. <sup>1</sup>

Both state and central governments have been active in this field. According to the World Health Organization (WHO), health is a state of complete physical, mental and social well being and not merely the absence of disease. The WHO goes on to clarify that it is the state's legal obligation to ensure uniform access to "timely, acceptable, and affordable health care of appropriate quality as well as to provide for the underlying determinants of health such as safe and potable water, sanitation, food, housing, health-related information, education and gender equality" to all its people.

Right to health is part and parcel of life and therefore right to health is a fundamental right guaranteed to every citizen of India under Article 21 of the constitution of India. Therefore India has a responsibility both at the centre and state levels. "India has a mixed health-care system, inclusive of public and private health-care service providers. However, most of the private health-care providers are concentrated in urban India, providing secondary and tertiary care health-care services. The public health-care infrastructure in rural areas has been developed as a three-tier system based on the population norms"<sup>2</sup>

## References

- <sup>1</sup> Kasthuri, Arvind. "Challenges to healthcare in India-The five A's." *Indian journal of community medicine: official publication of Indian Association of Preventive & Social Medicine* 43.3 (2018): 141
- <sup>2</sup> Ramani, K. V., and Dileep Mavalankar. "Health system in India: opportunities and challenges for improvements." *Journal of health organisation and management* 20.6 (2006): 560-572.



## Objectives of the Study

The field visits served to understand the type of healthcare services that are being offered and shortcomings (if any),

- To determine the extent to which this programme benefits women and children.
- Analyse three-tiered health care systems, specifically how secondary and tertiary levels assist primary health care systems in a complementary manner.
- To investigate the Mohalla clinic program's advantages for under-served people and citizens with limited-access.



*Pic 1: Mohalla Clinic at Paharganj*

## The Idea Behind Mohalla clinics

**According to the GoNCT-D website (2017):** The Aam Aadmi Mohalla Clinic has been conceptualised as a mechanism to provide quality primary health care services accessible within the communities in Delhi at their doorstep. The setting up of AAMCs has been envisaged in the form of Pre-Engineered Insulated Box Type Re-located Structures which are to be manufactured and installed through PWD. 1000 such clinics are proposed to be opened.

### **The clinics shall provide the following services: (Go-NCTD 2017)**

- Basic medical care based on standard treatment protocols which include curative care for common illnesses like fever, diarrhoea, skin problems, respiratory problems etc., first aid for injuries and burns, dressing and management of minor wounds and referral services.
- All lab investigations are to be carried out by the empanelled laboratory for the clinic.
- All drugs as per the essential drug list shall be provided free of cost to the patients.
- Preventive services such as antenatal and postnatal care of pregnant women, assessment of nutritional status and counselling and preventive and promotive components of National/State Health Programmes.

- Health information, education and awareness.

The clinics shall function from 8.00 a.m. to 2.00 p.m. on all day from Monday to Saturday.

Sunday will be a weekly off.

Aam Aadmi Mohalla Clinics (AAMC) is an experiment which has attracted public attention, also known as Mohalla Clinics, are primary health centres in the union territory of Delhi and state of Punjab in India. They offer a basic package of essential health services including medicines, diagnostics, and consultation free of cost. These clinics serve as the first point of contact for the population, offer timely services, and reduce the high amount of referrals to secondary and tertiary health facilities in the state. According to The Directorate Of Health services 2021, 189 Mohalla Clinics are functioning in Delhi currently. The idea partially originated from the traditional approach of Mobile Medical Units (MMU) or Mobile Vans . The first mohalla clinic of Delhi was inaugurated on 19 July 2015 at Peeragarhi area of West Delhi. It took another 9 months to set up an additional 100 clinics. By December 2016, a total of 106 clinics were added across all 11 districts and in 55 of the total 70 assembly constituencies of the state<sup>3</sup>

According to NCT- Delhi govt data Mohalla clinics had received INR 200 crore in budgetary allocation for the establishment of 1000 such clinics (at INR 20 lakh per clinic). which amounted to approximately 4% of the Government of Delhi's total health budget (total health budget INR 5,259 crores in 2016-17)<sup>4</sup>

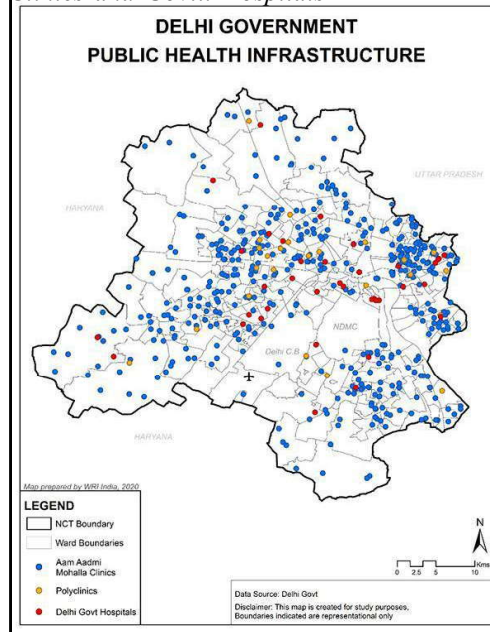
Table 1: Budget allocated to Mohalla Clinic Scheme Between 2018-2021 ( till Feb 22)

Year	Allocated	Received	Expenditure	Status
2018-19	93 CRORE	93 CRORE	Rs. 127994662	Audited
2019-20	100 CRORE	100 CRORE	Rs. 843240370.72	Audited
2020-21	150.56 CRORE	125.25 CRORE	Rs. 1494728025.21	Audited
2021- Till Feb 22	345 CRORE	190.37 CRORE	Rs. 136 CRORE	Provisional

Mohalla Clinics constitute the additional layer in the existing 3 tier Public healthcare system in India i.e. primary, secondary and tertiary facilities. The idea was to provide free healthcare services to intended beneficiaries within a walking distance from their place of stay. The focus of the project was to reach out to the people

residing in poor localities of Delhi. The clinics therefore can be said to have been started with the objective of making primary health care –accessible, equitable, and affordable. This initiative also addresses the demand-supply gap by bringing them closer to the marginalised and under-served populations.

Chart 1: Public health infrastructure in Delhi including Mohalla Clinics, Poly Clinics and Govtt. Hospitals



India is amongst the most populous countries in the world, and its hospitals are very overcrowded. If the above scheme of Delhi Govt. manages to have a

system which can relieve the pressure on the hospitals, this measure would have proved itself a successful addition to the health care system. This experiment therefore is aimed at reducing the existing burden on tertiary care hospitals in India. In that respect, there is no doubt that the experiment with Mohalla clinics have earned expectations of a good section of intended beneficiaries i.e; providing basic health care facilities to the under-served population within 5 kms distance. If the trend continues then the experiment in the medium and long term can be expected to ease the existing load on tertiary hospitals. For this to happen the current scope of medical assistance provided by the mohalla clinics particularly regarding the treatment of minor ailments would have to be augmented.

Currently, the mohalla clinics usually have a Doctor, a nurse, a pharmacist and a laboratory technician to provide basic health facilities which include immunisation, family planning and counselling services besides the treatment for minor ailments.<sup>5</sup> This limited staff in the absence of specialised doctors are ill- placed to expand the services.

**Pic 2: Mohalla Clinic at Hauz Rani, Malviya Nagar**



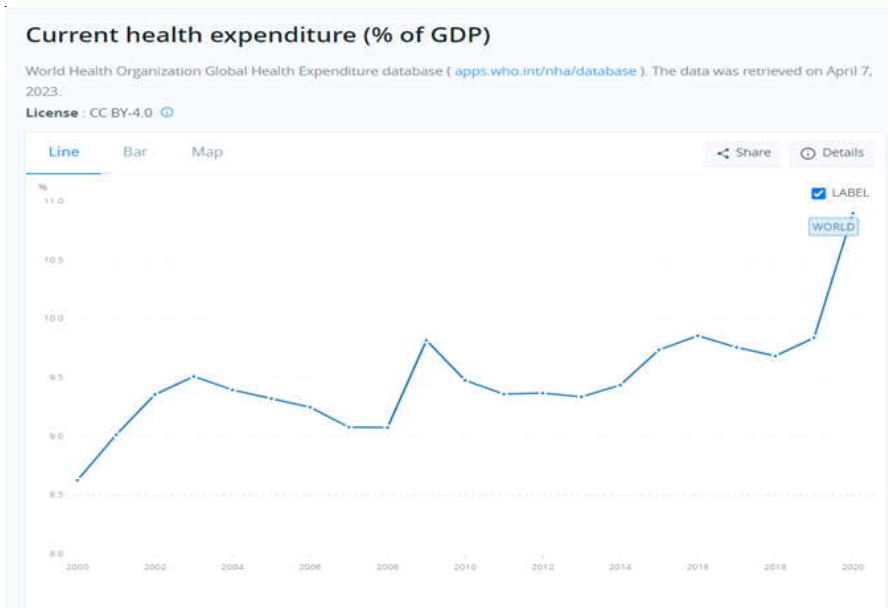
## References

- <sup>3</sup> (Lahariya, Chandrakant. “Mohalla Clinics of Delhi, India: Could these become platforms to strengthen primary healthcare?.” *Journal of family medicine and primary care* 6.1 (2017): 1.)
- <sup>4</sup> (<http://health.delhigovt.nic.in>)
- <sup>5</sup> (<http://health.delhigovt.nic.in>)

## Analysis of Global and Indian Data

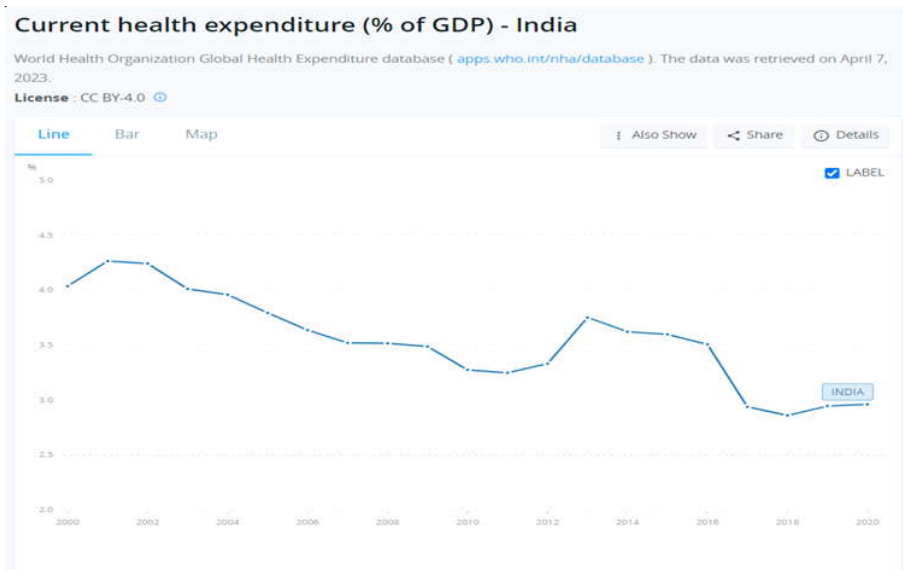
The Global Health Expenditure Database (GHED) provides comparable data on health expenditure for more than 190 WHO Member States since 2000 with open access to the public. Health spending indicators are key guides for monitoring the flow of resources, informing health policy development, and promoting the transparency and accountability of health systems. The database can help to answer questions, such as how much countries spend on health, how much of the health spending comes from government, households, and donors, and how much of the spending is channelled through compulsory and voluntary health financing arrangements.

Pic 3: Current Health Expenditure ( % of GDP) World Data



The data which has been mentioned below does not project a very favourable position of India's total healthcare expenditure. According to the National Health Accounts estimates India's total healthcare expenditure was 3.84 percent of GDP (NHA; Ministry of Health and Family Welfare, 2018), However, the health expenditure for both low- and middle income countries was approximately 6.3 percent of GDP in 2016 according to WHO, 2018.

Pic 4: Current Health Expenditure ( % of GDP) India

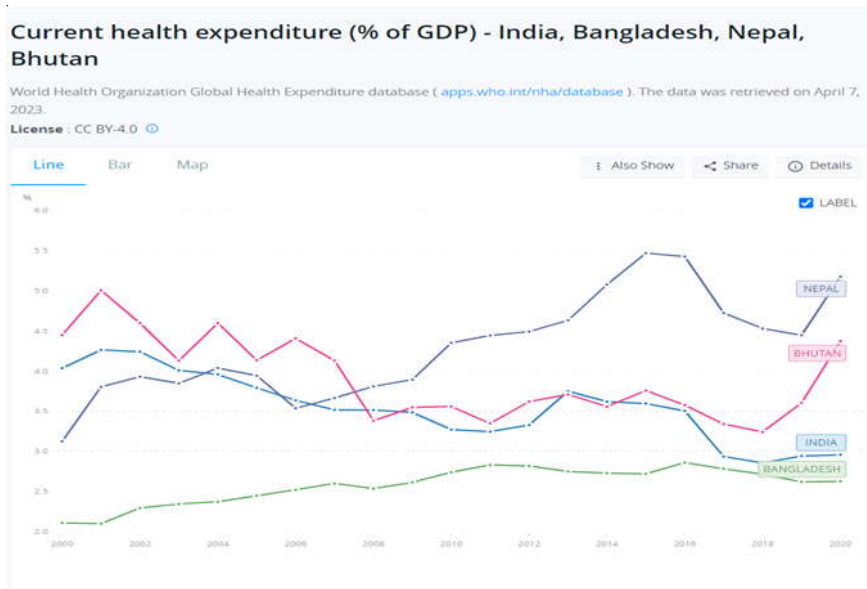


According to WHO Global Health Expenditure Database, India's domestic general government health expenditure (GGHED) at 0.9 percent of GDP in 2016 is among the lowest with Bangladesh at the bottom most at 0.4 percent of GDP in the low- and middle-income countries group. Among the Southeast Asian region countries, India's public expenditure on health at 1 percent of GDP in 2015 is below Indonesia, Myanmar and Nepal with 1.1 per cent of GDP and ranks at the bottom except for Bangladesh in comparison to other countries (Ministry of Health and Family Welfare, 2018). The



central and state governments' budgeted expenditure on healthcare touched 2.1 % of GDP in Financial Year 23 and 2.2% in Financial Year 22, against 1.6% in Financial Year 21, as per the Economic Survey 2022-23 tabled in Parliament.

Pic 5: Current Health Expenditure ( % of GDP) India, Bangladesh, Nepal, Bhutan



Meanwhile, India's 2017 National Health Policy, the government would devote a significant percentage (more than two thirds) of its resources to PHC. The 150,000 Health and Wellness Centres (HWCs), which are meant to serve as the primary points of contact for communities within the public health system, are the major tools to do this. With regard to non-communicable diseases, maternity and child health services, and approximately 70% of outpatient treatment, these centres will offer complete healthcare. These clinics will also offer free basic medications, diagnostic assistance, and access to secondary and tertiary healthcare.

## Design and Methodology

This research examines how Mohalla Clinics setup by the Aam Aadmi Party administration meet patient needs and how they contribute to the improvement of basic healthcare in Delhi. Though some see it as populist but they have been able to provide fundamental treatments in receptive ways and without charge in impoverished locations. The experiment has also been applauded by major institutions abroad including World Health Organisation and Stanford Social Innovation Review. A number of other states in India like Karnataka, Telangana, Rajasthan, Madhya Pradesh, Jharkhand, Jammu and Kashmir and Maharashtra have initiated to work on similar community clinics which eventually will benefit the urban poor (*Indian Journal of Community Medicine*)

Understanding how mohalla clinics are run would help to improve the services and identify any remaining gaps. It will also help us understand the Indian capital's healthcare system from the standpoint of the beneficiaries. As a result, the study will be able to shed light on the health care model chosen by the Delhi Government and consider its acceptability and viability. The research also seeks to examine the functioning of Mohalla Clinic Scheme in Delhi and further intends to analyse to what extent this experiment is proving true to the objectives mentioned in their proclamation (i.e; to deliver effective primary healthcare to urban poor within walking distance etc). We decided to undertake this study in Delhi as incidentally this is where it initially started in India.

The proposed research was Participatory and descriptive in nature that sought to understand the feasibility and services provided

by Mohalla clinics by analysing views and experiences of the patients. In an effort to ensure that the sample was geographically representative, two clinics per district were chosen. There are 11 districts in Delhi overall (2x11), 22 mohalla clinics were selected at random as the study's sample size.

**Selected areas for the Field activities:**

1. New Delhi- Mehram nagar, nangal.
2. Central Delhi- Karol Bagh, Paharganj.
3. East Delhi- Seelampur, Geeta colony.
4. West Delhi- Kirti Nagar
5. North Delhi- Azad pur, Model Town.
6. North east Delhi- Dilshad Garden.
7. North west Delhi- Rohini
8. South Delhi- Hauz Rani, G.K 2.
9. South east Delhi- C.R Park, Garhi, Okhla
10. South west Delhi- Dwarka
11. Shahdara- Panchsheel Garden, Kanti Nagar Extension

**Sampling method:** Study was conducted by exit method wherein Women, children, elderly and specially abled were interviewed after they have rendered the service from the clinic. Random selection of respondents and with their voluntary consent.

**Study tools:** semi structured interview with open ended questions was used.

The research commenced with a pilot survey to Mohalla Clinic C.R park and Garhi Village to understand the proper timeline and footfall in the same.

The methods for data collection included;

- **Desk research-** collection of secondary data available in the public domain to establish trends and patterns. Analysed secondary data from government documents like the National Health Policy 2017 and National Urban Health Mission guidelines, as well as numerous cabinet notes about mohalla clinics and a variety of other relevant data from GoNCT-D, such as a list of mohalla clinics that are operational, a list of clinics that are rented etc.
- **Interviews with beneficiaries-** To comprehend the accessibility, wait times, costs, and comparison of these factors between Mohalla Clinics and the medical services they were using. Users and non-users were randomly chosen for semi-structured interviews in a region that was 500 metres (m) from each clinic. The users were questioned regarding the clinic's benefits and drawbacks, their willingness to help improve the clinic's operations, their views on community involvement in health care, their willingness to pay for primary health care, the distance they had to travel to access clinic services, their travel time and cost, and the length of time they had to wait inside the clinic. Semi-structured interviews were held with patients which included Women (Mostly Housewives), Elderly, Specially abled etc.

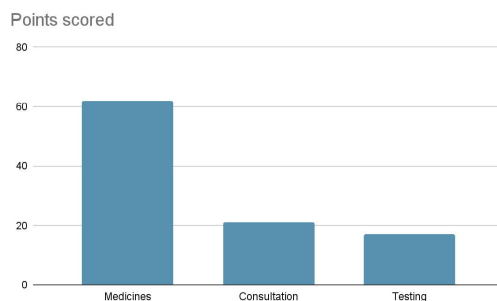
## Findings

Field visits served to understand the type of healthcare services that are being offered and shortcomings (if any). These conclusions were reached by asking the patients several different kinds of questions to frame suggestions (if any). Based on the data collected during these field visits in between the months of march 2022 - july 2022 and interaction with the beneficiaries, the report aims to provide information regarding the assessments made in different districts of Delhi and related observations to support the project's goals.

### **Purpose of Visiting:**

An analysis of the beneficiaries in terms of “purpose of visit” showed that 62% of people visit mohalla clinics for free medicines prescribed by other clinics/doctors. Patients said that testing results are frequently delayed, hence there is a lower percentage of testing. Additionally, those who received consultations stated that they only treated coughs and colds.

Chart 2: Graph indicating “Purpose of visits”

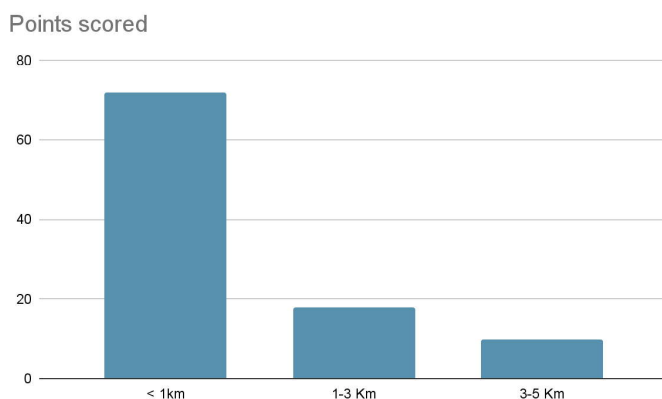


### **Distance from the clinics:**

The distance from the clinics is an important aspect of attracting beneficiaries to these facilities. Beneficiaries mentioned that it's very important for them to have clinics at a walking distance instead of using public transportation.

According to the study made by the author (Graph below), 72% of the beneficiaries of mohalla clinics were found to be residing at less than one kilometre distance from the clinics. This justifies the initial decision of the Govt to locate the primary healthcare facilities (Mohalla Clinics) quite close to where the intended beneficiaries lived. The outcome reflected above clearly shows that the assumption to locate these clinics near the places where urban poor lived was successful in achieving the goal at least in terms of providing easier access to the intended beneficiaries.

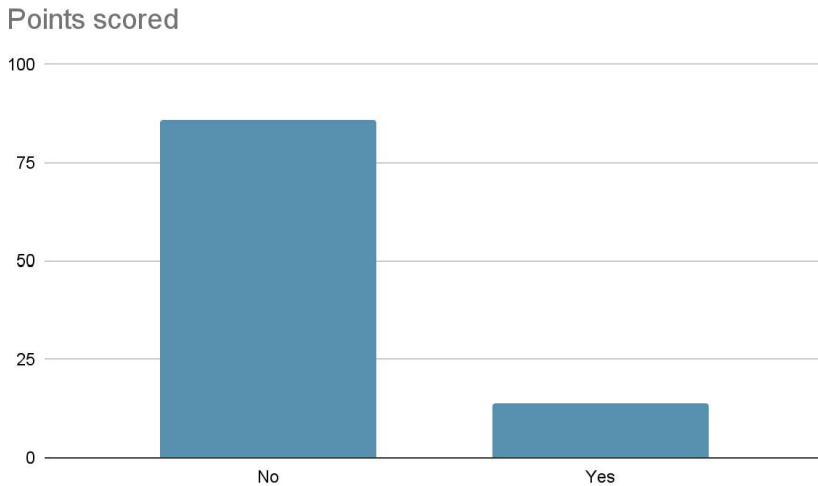
Chart 3: Graph indicating “distance of Mohalla Clinic from their place of residence”



**Travel Expenses:**

83% of the patients questioned, stated that the clinic is at a walking distance. This demonstrates unequivocally how decreasing the distance between homes and clinics has resulted in a drop in the cost of people’s travel to distant clinics.

Chart 4: Graph on Travel expenditure incurred by Patients Visiting AAMC



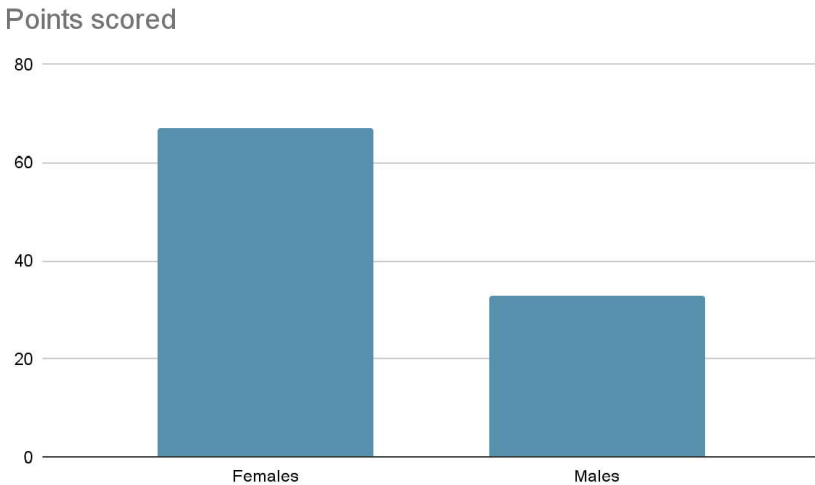
**Waiting time at clinics:**

The main element influencing patients’ happiness or discontent in mohalla clinics was waiting time. Due to the lower patient volume in areas like South, South-West, and South-East Delhi, waiting times were often between 5 and 10 minutes. While waiting times were longer than 20 minutes in other locations, including West, North, North-East, and North-West Delhi.

**Survey of Beneficiaries:**

Our survey showed that the majority of patients visiting the clinics were females who were housewives mainly because daily wage labourers can't visit clinics due to their timings (i.e; 08:00am - 2:00pm). Though the clinics officially function from 8 a.m. to 2 p.m., but the doctors are often seen arriving after 8 a.m. Additionally, around 1:00 pm, more patients are admitted. Existing timings of the clinic are inconvenient to the beneficiaries particularly those who are daily wagers and other segments also. This explains why women beneficiaries are present in greater numbers in the Mohalla Clinics. This reasoning may also be applicable to some working women.

Chart 5: Graph Indicating gender of patients visiting AAMC





Pic 6 & 7 : Interaction with respondents during field Visits



### **Resources and Infrastructure:**

#### **Pre/post natal care:**

While talking to female patients, it was observed that pre/post natal services are not available at the clinic and pregnant women have to search for other clinics/hospitals which are very far away from their homes.

#### **Availability of female doctors:**

Many female beneficiaries mentioned that female doctors are not available at most of the clinics which makes it tough for them to interact with doctors and they are more comfortable in discussing their problems with the female doctors. Though some of the clinics had a female doctor and the number is very less.

#### **Reliability of testing system:**

Mohalla clinics were established to also provide free testing facilities to the patients, but some of them mentioned that the testing facility was not very reliable because reports were delayed and a few beneficiaries also complained that they had tested their samples in

private laboratories also where the results differed from the report done through the clinic.

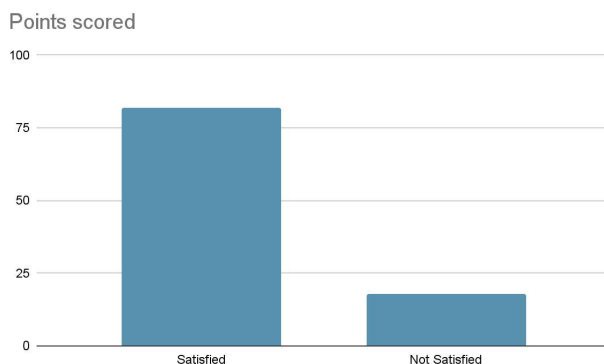
### **Cleanliness and hygiene:**

Mohalla clinics started with the idea of creating clinics easily accessible in urban poor areas. While the objective was noble, the fact that the clinics are actually located near dustbins in many places and the general handling of samples etc within the Mohalla Clinic showing a lack of concern for hygiene creates apprehensions in the minds of the beneficiaries. This leads to a situation where only those who cannot afford better alternatives come to these clinics. This undermines the utility of these clinics and can prove to be counter-productive in generating goodwill among the beneficiaries in the long run.

### **Satisfaction level of patients:**

During the survey, around 82% of patients who were interviewed expressed satisfaction with the services provided at the Mohalla Clinic. Those who were found dissatisfied mainly complained about the timing of mohalla clinics not being convenient to them.

Chart 6: Graph indicating Satisfaction level of the Patients



### **Challenges faced during field work:**

- Three mohalla clinics didn't allowed to conduct the study i.e C.R park, Kirti Nagar and Azadpur.
- In many cases, it was found that the list of mohalla clinics found online and also offline had a wrong location. This should be rectified to avoid causing any discomfort to the beneficiaries.

Pic 8: Mohalla Clinic Kirti Nagar, showing unhygienic condition outside the gate



### **Difference between the functioning of Dispensaries and Mohalla Clinics**

#### **Interaction with Doctors:**

According to a Doctor working in the Government of Delhi Dispensary, “there is not much of a difference in the functioning of Mohalla clinics and Dispensaries of the Delhi Government. Mohalla clinics only increased the testing and introduced tests which were not earlier available. Also, dispensaries were established in MCD properties and Mohalla clinics were mostly set up in Porta Cabins. There is no counselling facility regarding family planning available at the mohalla clinic.

In this situation Dispensaries and other PHC'S can be converted into mohalla clinics or vice versa, so that we avoid redundancy in the health infrastructure.

Pic 9: Mohalla Clinic Rohini



### **Major shortcomings of Mohalla Clinics:**

There are some knowledgeable views that have drawn attention to the shortcomings in the existing mohalla clinic system. For instance Priyanka Sharma, Special correspondent Mint has observed that, the mohalla clinics lack the facilities necessary to deliver antenatal care and infant immunisation, in contrast to primary health centres in the majority of the states. An approach to identifying high-risk pregnancies and educating women to help them have a healthier birth and outcome is called antenatal care (ANC). When such a fundamental element is lacking in Mohalla clinics, it is unquestionably necessary to improve them because, as in other regions of the nation, women in Delhi face significant hazards during pregnancy.

Immunisation helps shield children from infections that, especially in those with immature immune systems like babies, can cause serious harm or death. The child has to have his or her shots. The majority of the state's dispensaries carry this crucial component, therefore it's strange that Mohalla Clinic doesn't. The blunt reality

of our country is that, the lack of adequate family planning facilities particularly in the rural areas leads to a large section of population to face hardships. A family with fewer kids will have more resources available for each child and more time available for the parents to spend with each child. Planning a family can also assist couples by easing their concerns about the woman becoming pregnant. Being one of the most crowded cities in the world. There are very few Mohalla clinics that offer all necessary contraceptives, which aid in population control.

### **Observations from the field:**

In our study, we discuss the elements that affect patient satisfaction. The study demonstrates that it is possible to make primary healthcare relatively inexpensive by lowering the financial burden of beneficiaries.

1. Mohalla clinics only work till 8:00 am- 2:00 pm (except 1-2 clinics)
2. **Lack of a female doctor in the clinic (except from 2-3 clinics):** Many women mentioned that they feel awkward discussing their health issues with a male doctor, hence it should be made essential for female doctors to be available.
3. **No prenatal or postnatal service available:** There is no pre/post natal service available in the clinics because of which many women had to travel farther in that condition for medical service.
4. **No facility for elderly and specially abled (Except 1 clinic):** There is no facility available for elderly and specially abled, because many elderly individuals live close to the clinics, according to the patients.
5. **Most patients complained about the quality of medicines:** Patients also complained about the quality of medicines and said that they had to buy medicines from outside for proper treatment.

6. **Footfall less than 30 patients:** Almost every clinic had footfall of 30 patients approx.
7. **No discipline for queues waiting outside:** There were long queues outside the clinic with no proper management, also they were not allowed to go inside the clinic.
8. **Test samples not taken care of properly:** Due care was not taken care of in carrying test samples. In one of the clinics, it was observed that testing samples were thrown in a car randomly in an open packet which was taken to the laboratory.

### **Conclusion:**

This survey showed that Mohalla clinics have been able to fulfil some of the criteria as already mentioned in this scheme. These clinics provide all of the facilities free of cost with no travel expense but there are some factors which bother the common man. If the government tries to maintain the hygiene around clinics, make time slots comfortable for people and inculcate some smaller changes then it will be a huge help to uplift the healthcare status of Delhi. The Mohalla Clinic has somehow filled the gap in access to basic healthcare in the current system for many common folks, which is a step toward achieving universal primary health coverage. To the contrary, there is no community involvement in any aspect of healthcare programme development, clinic oversight and evaluation, programme implementation, or any other activity. All of these are arranged top-down. Finding sites or locations for the clinics and setting up hours that are convenient for the community have shown to be ineffective with top-down approaches. The government's policy decisions and proposed reforms must be expedited in order to achieve a holistic advancement in healthcare. Mohalla clinics have the potential to be an important tool for advancing universal health coverage (UHC) and strengthening health systems in India.

Mohalla clinic has been a very feasible model for Delhi NCR and has been applauded overall by different stakeholders. Though there are still fair chances that the model can achieve many more milestones if all the resources are put to use to the best of its extent. The Conclusion and recommendations given in this report are made after understanding the plight of common people visiting Mohalla Clinics following thorough research, also acknowledging the fact that the AAP government is trying to imitate the same model in Punjab, earlier created in Delhi under the Mohalla clinic scheme. Concerned authorities should be vigilant that they do not end up recreating the challenges as well. Specifically, the challenge concerning the pre/post natal care in these clinics.

## Recommendations

1. New slots for timings of the clinics should be introduced i.e; 8:00-2:00 pm and 2:00-6:00 pm, so that daily wage labourers and other people can also avail the services.
2. Hygiene should be maintained in and around mohalla clinics to make the healthcare service better.
3. Discipline of queues should be maintained to avoid chaos outside the clinic or else the infrastructure should be developed in such a way that it accommodates large no. of patients.
4. Availability of female doctors should be made mandatory for the comfort and ease of female patients, since they are the ones visiting mohalla clinics more.
5. Pre/post natal care should be introduced in the mohalla clinics.



## **Questionnaire Used for Patients/ Beneficiaries**

Examining Mohalla Clinic scheme in Delhi (Delivery of primary health care services available for poor people residing in urban areas) Conducted by Policy Perspectives Foundation, New Delhi

Respondent No.

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### **1. RESPONDENT DATA**

1.1. Name of the Patient:

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1.2. Area of the Mohalla Clinic:

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2.1. How far do you live from the clinic?

a) 1 km    b) Less than 1 km    c) More than 1 km

2.2. Do you incur any travel expenses while visiting Mohalla Clinic?

a) Yes                      b) No

2.3. What is your purpose for visiting?

a) Consultation    b) Testing    c) Medicines

2.4. How often do you visit Mohalla Clinic?

2.5. What services are provided in the Clinic?

2.6. Are you satisfied with the services provided at the clinic?

a) Yes                      b) No

- 2.7. Do they also refer to some other hospitals/clinics if the need arises?  
a) Yes    b) No
- 2.8. Do you get all the medicines for free prescribed by the Doctor here?  
a) Yes    b) No
- 2.9. Are there prenatal and postnatal facilities available?
- 2.10. Is free testing facility available here?  
a) Yes                      b) No
- 2.11. Is cleanliness and hygiene maintained in the clinic?  
a) Yes    b) No
- 2.12. How satisfied are you with the kind of infrastructure (sitting arrangements etc.)?  
1. Very Satisfied  
2. Satisfied  
3. Neither satisfied nor dissatisfied  
4. Dissatisfied      5. Very dissatisfied
- 2.13. If dissatisfied or very dissatisfied, give reasons for the same?

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- 2.14. How much is the waiting time in the clinic?
  - a) 15-20 mins
  - b) Less than 15 mins
  - c) More than 20 mins
- 2.15. What are the daily timings of the clinic?
- 2.16. Is there a female doctor available at the clinic?
- 2.17. Are there any facilities available for senior citizens?
- 2.18. Is there any separate facility for specially abled patients?
- 2.19. Any other Challenges/suggestions?

Date of interview:

Name of the interviewer:

## List of Functioning Mohalla clinics in Delhi (2021-2022)

District	Place	Address	Status
North	NARELA	Sant Kirpal Singh Public Trust,811,GT Road Alipur Delhi 36	Functioning
North	NARELA	Hno.246,Tyagi mohalla, Narela, Delhi 36	Functioning
Central	Burari	PO Building, Near Takia Chowk, Burari	Functioning
Central	Burari	Mohalla Clinic Nathupura: - Budh Bazar Road, Nathupura,Burari, Delhi	Functioning
Central	Timarpur	Khasara No- 120, Gali No-17, Main Road,Wazirabad	Functioning
North	Adarsh Nagar	H.No.467 D Near Budh Mandir, Village Azadpur	Functioning
North	Badli	A-215, Bhalswa Dairy Near Police Station	Functioning
North West	Rithala	H.No. 231-32, Kh. No.28/19, Mange Ram Park, Budh, Vihar Phase-2,Delhi-86	Functioning
North West	Rithala	F4/6,Sector 16 Rohini, Delhi 85	Functioning
North West	Rithala	khno:65/10,Q-44,Budh Vihar, Phase-1,Opp.Surya Market, Delhi 10086	Functioning

North West	Bawana	Kno:25,H.No. 13 A, Rajiv Nagar,Begumpur, Opp.Sector-22, Rohini, Delhi-110086	Functioning
North West	Bawana	Kno:102/10, H.No.E-31, Rajiv Nagar, Begumpur, Opp.Sector-22, Rohini, Delhi-110086	Functioning
North West	Bawana	HNo : 271 pole no 52 1-1/2/7/5 Village Sultanpur Dabas Neemwaligali, Delhi 39	Functioning
North	Bawana	126,Ishwar Colony Ext. 3	Functioning
West	MUNDKA	HO.NO.9, GALI NO.3, LEKH RAM PARK, TIKRI,KALAN	Functioning
North West	Kirari	H.No.C-441, Khasra No.4213,Inder Enclave, Phase-I, Delhi-86	Functioning
North West	Kirari	Kh no: 193,Shish Mahal enclave, prem nagar-3, Delhi-86	Functioning
North West	Sultanpuri	H.no.E 7/84, Near Shani Bazar Road, Sultanpuri, Delhi-110086	Functioning
North West	Sultanpuri	P 2/652, Sultanpuri J.J.colony, Delhi-110086	Functioning
West	Nangloi	RZ B/ 149, Nihal Vihar	Functioning
West	Nangloi	E-3/62, Shiv Ram Park, Nangloi	Functioning
West	Nangloi	RZ-Q-57, Gurudwara road, 500 Gaj Nangloi	Functioning

West	Nangloi	RZ-E-244,Thanewali Road, Nihal Vihar	Functioning
West	Nangloi	150-A,GALI NO. 4, NATHAN VIHAR, RANHOLA,NANGLOI	Functioning
West	Nangloi	C-62, ADHYAPAK NAGAR, NANGLOI, NEW, DELHI	Functioning
North West	Mangolpuri	H.NO.66, BlocK:-E, Pocket-18,Sector-3, Rohini, Delhi-85	Functioning
North West	Mangolpuri	H.No. A-4/291, Sector-4, Rohini, Delhi - 85	Functioning
North West	Shalimar Bagh	BH Block,700 A, East Shalimar Bagh, Janta Flat, Delhi-88	Functioning
West	Shakurbasti	A2/254, LIG Flats, Pratik Apartment, Paschim Vihar	Functioning
West	Shakurbasti	Mohalla Clinic- Punjabi Punarwas Basti, Peera Garhi, Relief Camp, Rohtak Road, Near Metro Pillar No. 255, New Delhi	Functioning
North West	Tri Nagar	A-118, Janta Flats, Pitampura Village Delhi 34	Functioning
North West	Wazirpur	A-2/131, Keshavpurm, Delhi-110035	Functioning
North West	Wazirpur	C-3176 Keshav Puram Delhi 35	Functioning
North West	Wazirpur	Shiv Mandir, Sewa Samiti, Wazirpur Village, Delhi-52	Functioning
Central	Sadar Bazar	L-74, Shiv Watika Chowk, Shastri Nagar, Delhi-52	Functioning

Central	Chandni Chowk	E-28, Aruna Nagar, Majnu Katila	Functioning
West	Madipur	B-32/A, New Slum Quarter, Paschim Puri	Functioning
West	Rajouri Garden	E-115, Raghuvir Nagar	Functioning
West	Vikas Puri	Plot No. B-340 Vikas Nagar, Vikas Vihar	Functioning
West	Vikas Puri	House No. 112, Lions Enclave, Ranhola Road, Vikas, Nagar	Functioning
West	Vikas Puri	69 Hastal Village, Near DDA Park, Vikas Puri	Functioning
West	Vikas Puri	B-5, Shiv Vihar, Col. Bhatia Road, Tyagi Chowk	Functioning
West	Vikas Puri	Gali No-9, Kh. No. 79/20 Chanchal Park, Bakkarwala, Vikas Puri	Functioning
West	Uttam Nagar	Plot No. 324 Aryan Garden Road, Om Vihar Uttam, Nagar	Functioning
West	Uttam Nagar	A-32/33 A Ext. Mohan Garden	Functioning
West	Uttam Nagar	RZ-22, Khushiram Park, Om Vihar Ext	Functioning
West	Uttam Nagar	B-43, AS IF, Vikas Nagar	Functioning
West	Uttam Nagar	H.N9. L-2/D, 69A, Mohan Garden, Uttam Nagar	Functioning
West	Uttam Nagar	E-1519, A Mansaram Park, Uttam Nagar, New Delhi	Functioning

South West	Dwarka	RZ-269/396, Gali No-10-C, Indra Park	Functioning
South West	Matiala	Khasra No-161/162, B-Block, Qutub Vihar	Functioning
South West	Matiala	B-38, Banwarilal Complex, 25 Feet road, Shyam Vihar, Phase-1	Functioning
South West	Matiala	C-92,Sahyog Vihar, Near Masjid	Functioning
South West	Matiala	Pochanpur, Near Harijan Chopal, Sector-23, Dwarka	Functioning
South West	Najafgarh	RZ-247A,Gali no 18, Ajay Park, Najafgarh New Delhi-110043	Functioning
South West	Najafgarh	RZ-38, A-block,Main Gopal Nagar, Najafgarh NewDelhi-43	Functioning
South West	Najafgarh	100-A, Dwarka Vihar Colony Phase-1, Najafgarh	Functioning
West	Najafgarh	Plot No. 3 & 4, D Block, Jai Vihar-1, Najafgarh	Functioning
South West	Palam	RZ-D-87, A/l, Dabri Ext., Gali. No. 9, New Delhi, (632 Sq.ft.)	Functioning
South West	Palam	G-70/4, Mandir Marg Mahavir Enclave New Delhi-110045	Functioning
South West	Palam	RZF-1120, Lohia Marg, Pandit Chowk, Raj Nagar-II, Palam Colony	Functioning
New Delhi	Cantonment Board	V-11,GF Old Nangal, Delhi Cantt, New Delhi-110010	Functioning
New Delhi	Cantonment	R-4,CR, GF,East Mehram Nagar, New Delhi-110037	Functioning
New Delhi	Rajinder Nagar	WZ-42,Todapur, New Delhi-12	Functioning



South East	Jangpura	195-A, Hari Nagar Ashram, New Delhi-14	Functioning
New Delhi	R.K.Puram	159, Village Moti Bagh, Nanak Pura, New Delhi-21	Functioning
New Delhi	R.K.Puram	80-A/4, Pratik Market, Munirka Village, New Delhi-67	Functioning
South	Chhatarpur	H.N0 77A, Rajpur Khurd, Nr.MCD Primary School, Chhatarpur	Functioning
South	Chhatarpur	E-228, Sanjay Colony, Bhati Mines, Chattarpur	Functioning
South	Chhatarpur	D-21, Sanjay Colony, Bhati Mines, Chattarpur, ND	Functioning
South	Deoli	C-1st, 130-A, Near Holi Chowk, Sangam Vihar	Functioning
South East	Sangam Vihar	J-2-B/75, Gali No-2, Gupta Colony, Sangam Vihar	Functioning
South	G.K 1	B-q1, GF, Panchsheel Vihar, New Delhi-17.	Functioning
South East	Badarpur	House No-81, Gali No-54-V/1, Near Bal Vaishali Public School, molarband Ext.	Functioning
South East	Okhla	C-5, Behind Masjid Noon, Jogabai Ext., Khajuri Road	Functioning
South East	Okhla	S-10/D-15, Jogabai Ext. Zakir Nagar	Functioning
East	Trilokpuri	25/446, Trilokpuri, Delhi-91	Functioning
East	Trilokpuri	H.No.6/233, Trilokpuri, Delhi-91	Functioning
East	Kondli	Dallupura Vill., Harijan Basti, Nr.Samudaya Bhawan, Kondli, Delhi	Functioning

East	Kondli	Pratap Chowk, Dallupura, Kondli, Delhi	Functioning
East	Patparganj	D-55,Gali No.11, West Vinod Nagar, Delhi	Functioning
East	Patparganj	Mohalla Clinic Talab Chowk: - Talab Chowk, Mandawali, Delhi	Functioning
East	Laxmi Nagar	C-95 A,Ganesh Nagar Complex, Delhi-92	Functioning
East	Krishna Nagar	H.No.52, Purani Anar Kali, Krishna Nagar	Functioning
Shahdara	Gandhi Nagar	82/4A Street 4 East Azad Nagar, Delhi-51	Functioning
Shahdara	Shahdara	312,Gali No-6, Gautam Gali, Jwala Nagar	Functioning
Shahdara	Shahdara	Flat No 193 A, Satyam Enclave, Delhi-95	Functioning
Shahdara	Shahdara	House No 7/376, Jwala Nagar, Main Road Shahdara, Delhi-32	Functioning
Shahdara	Seemapuri	A-170 Dilshad Colony/ Jain Colony	Functioning
Shahdara	Rohtash Nagar	1/16 16-17 Gali No. 7 Rohtas Nagar	Functioning
Shahdara	Rohtash Nagar	B-10(1/11805), Plot No. A-28, Panchsheel Garden, Naveen Shahdara, Delhi-32	Functioning
Shahdara	Rohtash Nagar	House No D-233, School Block Nathu Colony, Delhi-93	Functioning
North East	Seelampur	930,Gali No. 30/7, Jaferabad,	Functioning
North East	Seelampur	H.No 42/1 Puri Street No. I Maujpur Near JM Convent School, Delhi-53	Functioning

North East	Ghonda	K6/4B, Street N622, West Ghonda,	Functioning
North East	Ghonda	B-1, Kartar Nagar, 3.5 Pusta, Street No.2, Near Hero Showroom, Delhi	Functioning
Shahdara	Babarpur	D-44, Gali No. 9, Sattar Gali, Main Mohanpuri, Maujpur, Delhi 53	Functioning
Shahdara	Babarpur	House No.58, North Chhajpur, Street No.3, Shahdara	Functioning
Shahdara	Babarpur	C-11/96, Yamuna Vihar, Delhi-110053	Functioning
North East	Gokalpuri	D 29, Gokalpuri, Delhi,	Functioning
North East	Gokalpuri	B-1811, Ganga Vihar, Delhi-94	Functioning
Shahdara	Gokalpur	C-2/12 B Meet Nagar, Khasra 336, Saboli Village, Delhi	Functioning
North East	Mustafabad	455, Street No.8, Moonga Nagar, Karawal Nagar Road	Functioning
North East	Mustafabad	C-45, Gali No.03, Ambika Vihar, Shiv Vihar, Delhi-94	Functioning
North East	Mustafabad	B-90, BG/F, House No-36/17, Gali No-14, Main, 25 Feet Road, Phase-10, Shiv Vihar	Functioning
North East	Mustafabad	H.No.200, Gali No.06, Phase-9, Shiv Vihar, Delhi-94	Functioning
North East	Karawal Nagar	E 253B G. No.12, Khajuri Khas Colony	Closedon 14.06.2016
North East	Karawal Nagar	141, New Sabhapura Gujran, Delhi	Closedon 14.06.2016

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## **Tehmeena Rizvi**

Tehmeena Rizvi is a Research Associate with Policy Perspectives foundation, and is currently pursuing Phd in Sociology from Bennett University. She has completed her Masters in Development Studies particularly focussing on Gender, Public Healthcare and Development. She has also conducted research on the POCSO Act in Delhi NCR in collaboration with Delhi Commission for Protection of Child Rights (DCPCR). She has represented India at the United Nations 43rd and 50th session of the Human Rights Council Geneva for women's rights in Kashmir. She has previously worked with various NGOS in Kashmir on grassroots levels and has interned with the Ministry of Women and Child Development where she was focussing on NRI marriages and Beti Bachao Beti Padhao Scheme. She has published many articles and papers for different platforms like Researchgate, Outlook Magazine, Times Now, News 18 and PPF's Newsletter.





**Picture by: Tehmeena Rizvi**  
**Patients waiting outside Mohalla clinic**