

Can the Delhi Government's 'Mohalla' clinic overcome its challenges and provide quality health services to the urban poor population?

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ABSTRACT

Background: The 'Mohalla' clinics were set up by the Delhi state (provincial) government in India in 2014 to provide basic health services to people of Delhi city and its vicinity, especially targeting the urban poor. The Mohalla clinics are staffed by a doctor, a nurse, a pharmacist and a laboratory technician and they provide basic health services including immunisation, family planning and counselling services. The Mohalla clinic program had a good start and its operation was cost-effective; however, it is still struggling to increase its coverage to entire Delhi state as it had planned. The program got caught up in the central government and state government bureaucratic tussle, especially on the issue of acquiring land for setting up such clinics and on the implementation front due to the lack of operational plan and collaboration with the government line agencies. Thus, despite political will and funding a potentially viable urban health program may have got stuck in the operational procedural complexities and political-bureaucratic tussle. This commentary article tries to discuss the challenges faced by the Delhi government's 'Mohalla' clinics and a possible way forward to scale it up as a model urban health program.

Keywords: Access; Delhi government; health services; 'Mohalla' clinics; urban health

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BACKGROUND

Delhi state:

Delhi is one of the most densely populated states in India with a population of 16 million¹. Despite being one of the richer states of India almost half of its population lives in slums and other substandard living

conditions.¹ Delhi is overcrowded and delivering public goods and services such as health, education, water, electricity, hygiene and sanitation is a challenge for the state government. Furthermore, the internal migration of people from rural India to Delhi makes the problem worse. The public health system in Delhi state is affected by the irregular availability of healthcare providers, problems of access to health services, medicines and diagnostics and poor referral linkage to secondary and tertiary healthcare facilities.² The primary health care system is underfunded and overcrowded so a large portion of the population visit secondary and tertiary healthcare centres even for minor illness.³ And, an equally significant proportion of the people approach the private sector which has a strong foothold in Delhi.¹ Thus, there is the problem of overcrowding, long waiting time, poor quality of service delivery and high out-of-pocket (OOP) expenditure.

Mohalla clinics:

The new state government that came to power in Delhi on February 2014 decided to set up neighbourhood clinics (called 'Mohalla' in the local language) to provide basic health service to the urban population of Delhi.^{1,2} These 'Mohalla' clinics are staffed by a doctor, a nurse, a pharmacist and a laboratory technician and provide outpatient consultation, free medicines, diagnostics, immunisation, family planning and counselling services.^{2,4} The objective was to provide quality basic health service in the patient's neighbourhood, especially targeting the urban poor population. The clinics were first launched in July 2015 with an ambitious plan to roll out 1000 such clinics in different assembly constituencies of Delhi.⁵

Enabling factors:

The Delhi government's 'Mohalla' clinics provided people, especially the urban poor with access to health services in their vicinity, reducing both distance to health facility and the waiting time. Since the services were provided for free even the poor could access good quality healthcare services including 110 essential medicines and 212 diagnostic tests.⁶ The

clinics helped to reduce the financial burden on low-income households. The population density of Delhi favoured the cost effectiveness of the clinics and the one-time establishment cost of two million Indian Rupees (around 31000 US dollars) per clinic was much less than the cost of building a tertiary hospital.² The doctors were recruited on a contract basis and reimbursed Indian Rupee 30 (around 0.4 US Dollars) for each patient that they see. The availability of human resources such as medical doctors and nurses in a city like Delhi also supported the functioning of the 'Mohalla' clinic. Besides this, the 'Mohalla' clinic also provided counselling and referral services. The clinics helped to reduce overcrowding of patient in secondary and tertiary healthcare facilities of Delhi to some extent. On the political front, the funding for the clinics was ensured by the Delhi state government as it was their ambitious flagship program.^{4,7}

Consumer satisfaction:

An initial study carried out by Delhi Citizen's group in 2016 showed that the patients were generally satisfied with the 'Mohalla' clinic as it improved overall access to healthcare services.⁵ However, they wanted an improvement in the clinic's infrastructure and more consultation time with the doctor for better care plan.⁵ An analysis and review of the program by Lahariya C reports that the 'Mohalla' clinic have good potential to contribute to the health system, especially towards improving primary health care.³ However, the author suggests the need for more holistic approach and coordination with the existing health facilities so as to contribute to overall primary health care and healthcare goals.³ Furthermore, another study by Singhal K and Rai P recommends building better infrastructure, more medicines, setting up of physiotherapy facilities and forward linkages⁸. The initial assessment of Mohalla Clinics shows that the program has improved overall access to basic healthcare and is liked by people, and the program has potential for growth. However, progress of the program in subsequent years i.e. 2017 and 2018 shows that the scaling up of the program has multifactorial challenges.^{2,3,5,9}

Centre-state disagreements:

The Delhi government's 'Mohalla' clinics had two important elements i.e. political will and funding that are required for successfully launching public health projects. However, despite strong support from the government, the clinics started facing operational problems during its second year in 2016.^{7,10} The Delhi government which was implementing the program got into a bureaucratic tussle with the central government over issues such as: getting land for setting up of the clinics, (especially at the roadside and in schools) and official approval and other procedures for setting up new clinics.^{7,10} The Delhi state government also tried to set up the Mohalla Clinic in government schools but the plan was rejected by the central administration and finally the clinics were set up in private/rented facilities.^{3,5} Setting up more of such clinics and sustaining them requires adequate space for staffs, clinic operation and patient services. Thus, Delhi state government need to manage proper space for such clinics. It can liaise with the existing government infrastructure such as the primary health care centers and other government offices for getting required space for setting up of the 'Mohalla' clinics.

Challenges in running the clinics:

The 'Mohalla' clinic was started as a flagship program with ambitious targets and there was a huge media up roar. However, the implementation part was poor and it lacked operational planning for almost a year which affected the progress of the program⁶. The Delhi state government health department need to develop a road map and operational plan. Running urban health clinics need technical protocol, proper staffing, resource planning and administrative structure so the Delhi state government need to work out these plans and synchronise it with the existing central Ministry of Health's policies and plan. Having a detailed operational plan will help develop the much needed objective monitoring and evaluation framework for the 'Mohalla' clinics.

Part of this problem was also intrinsic as the multiple levels of government such as the federal government ministries and departments, Municipal Corporation

of Delhi and Delhi state government influenced regulatory policies and governance of the 'Mohalla' clinic program.^{1,10} The Delhi state government which was implementing the program faced problems in effectively managing the program resulting in lack of staff, medical supplies and diagnostic facilities in some clinics.¹⁰ It failed to meet the initial target of 1000 such clinics in Delhi and by November 2018, the Delhi state government could only set up 164 such clinics.^{6,11} Thus, on the implementation front, the program lacked collaboration with the central and local governments' healthcare programs and line agencies.³ Such collaboration is needed at two levels. Firstly, at the political level different political parties are running the Delhi State Government and the central Government of India and to effectively implement 'Mohalla' clinics both parties need to sort out differences and take ownership of the program. Secondly, implementing 'Mohalla' clinics need support of local and central government agencies and concerned bodies such as the Ministry of Health, Ministry of Social Welfare, Home Ministry, Municipal Corporation of Delhi etc. need to be involved to get their support for 'Mohalla' clinics.

Operational lessons:

The Delhi government's 'Mohalla' clinics appear to be an ambitious but weakly planned healthcare program; however, it has the potential to address the basic healthcare needs of the urban population. Initial assessment of the program shows that the Mohalla Clinics are having positive health impact on the lives of urban poor of Delhi State. Delhi State government and the Government of India need to improve the operation and functioning of the clinic and scale it up to entire Delhi state. If properly managed and scaled up, the 'Mohalla' clinics program can contribute towards improving primary health care and Universal Health Coverage and will be a model for other Indian states too.

CONCLUSION

In the era of increasing urbanisation, the urban poor living in the crowded cities of South Asia such as New

Delhi, Mumbai, Calcutta, Kathmandu, Dhaka etc. need such an urban health program which can provide them with good quality basic healthcare services and medicines.

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