

NEW DIMENSIONS IN PRIMARY HEALTH CARE SERVICES: A STUDY OF NEIGHBORHOOD HEALTH CLINICS (MOHALLA CLINICS) OF DELHI

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Abstract

Primary health care is one of most important component of health care in developing country. As per the directive principles of state policy under Indian constitution, it is “the duty of State to raise the level of nutrition and the standard of living and to improve public health”. The government of Delhi introduced the concept of neighborhood health clinic (Aam Aadmi Mohalla Clinic) in Delhi to reduce the burden of secondary & Tertiary level hospitals which are already highly overburdened and to make primary health care more accessible to its citizens. This research paper will develop an understanding about the neighborhood health clinic concept and its scope. Also it will examine insights of Public private partnership (PPP) Model in these clinics and how these clinics work differently from existing health centres. Different aspects related to operational system, new technologies used, supply chain management, benefits to different stakeholders will be also analyzed to establish how this clinic model is different from previous Primary health centres /Delhi Government Dispensaries model in Delhi. Interviews of personnel employed at neighborhood clinics/ health Centers/ Dispensaries & data and records available on websites of Directorate General of Health Services, Government of Delhi will be utilized to achieve the objective of this study. .

Keywords: Primary health, Stakeholders, Mohalla Clinic, Delhi, neighborhood clinic, employees, PPP model

INTRODUCTION

Primary health care is one of most important component of health care in developing country. As per the directive principles of state policy under Indian constitution, it is “the duty of State to raise the level of nutrition and the standard of living and to

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improve public health”. “Quality Health Care at your doorstep “this is the motto of Directorate General of Health Services, government of national capital territory of Delhi according to its citizen charter. The Delhi government goes along with its citizen charter and plan different innovative idea in primary health care. The government of Delhi introduced the concept of neighborhood health clinic (Aam Aadmi Mohalla Clinic) in Delhi to reduce the burden of secondary & Tertiary level hospitals which are already highly overburdened and to make primary health care more accessible to its citizens. This clinic concept was developed in view that Clinic must be very close to resident of people or within walking distance.

REVIEW OF LITERATURE

The concept of public health emerged in nineteenth century in Europe and North America then gradually spread in all over world(George Rosen,1958).In India public health care concept rises in British era.In the British colonial period the public health facilities was limited to infantry and British people. After the independence various committees on health was formed for enhancement of public health sector in India like Bhore committee 1946,Mudaliar committee 1962,Chanda committee 1963,Mukherjee committee 1966,Jungalwalla committee 1967,Kartar Singh committee 1973,Shrivastav committee 1975, Bajaj committee 1986(K.Park 2015).

RESEARCH METHODOLOGY

Exclusive literature survey regarding the topic and related concept has been done. Secondary data inclusive of quantitative and qualitative data collected from sources including newspaper, magazines, and websites is used for the purpose of study.

Purpose

To understand the concept and scope of Aam Aadmi Mohalla Clinic(Neighborhood clinic) and getting an insight in PPP model (Public Private Partnership Model) practice in Primary health care system of Delhi.

Objective of the study

- To understand the concept of Neighborhood Health Clinics (*Mohalla* clinics) of Delhi.
- To find out scope of Aam Aadmi Mohalla Clinic and new innovative strategies planned in it.
- To know how the Mohalla Clinic has fulfilled its responsibility towards local community people; what specific activities, challenges, programs/issues and strategies it has set and implemented for the same.
- To compare new and old Model of primary health centers under Directorate General of Health Services, Government of National Capital territory of Delhi.

Concept of Neighborhood Health Clinics (*Mohalla* clinics) of Delhi

The government of national capital territory of Delhi inaugurated its first Neighborhood Health Clinics (*Mohalla* clinics) in July 2015 at *Rajiv Gandhi, JJ Panjabi Colony*, and a relief camp in *Peeragarhi*. The capital of country does not follow standard primary health care system which had been following in other states. Delhi has its own health care model from pasts due to diversity and demographic needs. The Delhi have hundreds of Primary health Clinics from multiple agencies in health care like CGHS (central government health scheme), ESIC (Employees' State Insurance Corporation), MCD (Municipal Corporation of Delhi), charitable trusts, NDMC (New Delhi Municipal Council) (table.1).

Primary health clinics of different organization	Numbers
Delhi Government Dispensaries(DGD)	202
Seed Public Urban Health Centres (PUHC)	58
CGHS Wellness Centres*	99
ESI Dispensaries 32+1 Mobile Dispensary*	32+1
MCD Dispensaries	155
NDMC Dispensaries	14
AAMC	106
Total (*Few services are only for beneficiaries/ card holder)	667

Table 1 (Sources, website of particular organization dated January 2017)

Currently Delhi has 106 Neighborhood Health Clinics. Government announces to open 1000 more clinics and each clinic would cater population of 10,000. These clinics will be in Pota cabin like structure. Currently only one clinic has the same and others are running in rented premises. These clinics would provide 110 medicines and 212 tests for free. The Directorate General of Health, invited private practitioners to join these clinics, as empaneled doctor under pilot project. Each clinic is link to DGD for medicine and other support. 14 lakh patients had been treated in these clinics from March 2016 to October 2016 according to government resources however authenticity of data may vary.

New healthcare model for Delhi

The new model will be four tiers, it would include.

- Neighborhood Health Clinics (*Mohalla* clinics) of Delhi
- Polyclinic-multi specialty clinics
- Multi-specialty hospital (earlier called secondary level Hospitals)
- Super specialty hospitals (earlier called tertiary level hospitals)

Through this system, the government aims to improve the patient care system with better Coordination between hospitals and clinics.

Administrative structure for Neighborhood Health Clinics (*Mohalla clinics*)

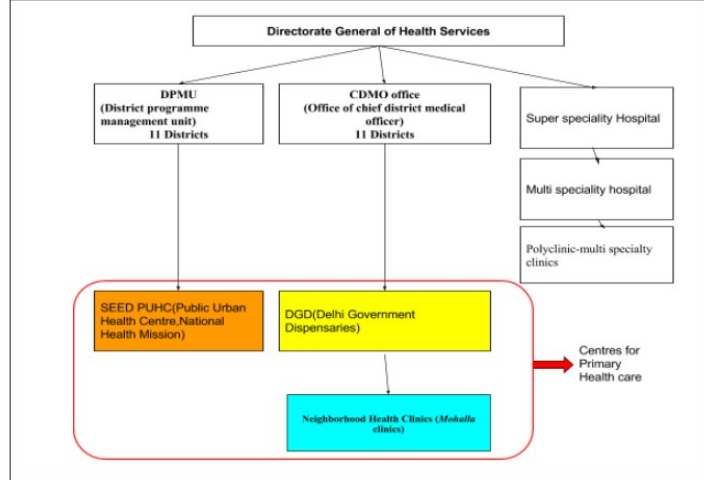


Fig.1. New administrative structure for clinics

The Supply Chain Management of Clinics.

The supply of medicine and other health related equipment is sent on monthly bases or as per need basis by linked Delhi Government Dispensary .The store in charge (Pharmacist) brings medicines and other health related equipment from the district store. Store in charge brings indent for both their Delhi Government Dispensaries and Mohalla Clinic. Store in charges had been maintaining all the records of drugs for smooth supply in Mohalla clinics.

The district store brings indent from central store (Directorate General of Health Services, *Karkardooma*) (fig.2).

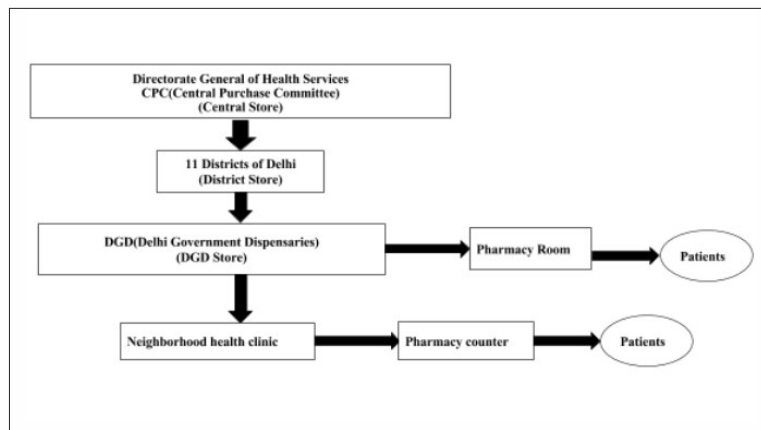


Fig.2. Supply chain management for clinic

SCOPE OF AAM AADMI MOHALLA CLINIC AND NEW INNOVATIVE STRATEGIES

Scope of clinic

It will provide better easy geographical accessibility to patient in utilization of health services in terms of easy reachability and less waiting time. These clinics will be on every 10,000 then would be able to provide more time to each patient. It will be better doctor patient ratio and it will increase better referral and counselling services. The health care professional from top to bottom always found with overburden in every public health institution in the country. More clinics would provide better services in preventive and curative aspects. This clinic will increase quality of treatment. When easy & friendly government facility will be available to people, there will be low chances to visits local quacks by patients.

Neighborhood Health Clinics (*Mohalla* clinics) is neither a sub center nor a primary health Centre, community health Centre. It doesn't fit in of the existed primary health care model of India.

Sub Centre Model

- A Sub Centre covers 5000 population in plain area and 3000 population in hilly/tribal/desert areas.
- Services available in a Sub-Centre are Immunization, home visits, house to house survey, OPD services, Family Planning services, Antenatal care, Child Health, Newborn Care, Labour Room, Coordination and Monitoring services with AWWs, ASHAs, formation of Village Health Sanitation and Nutrition Committee. Running of all national health programs. Adolescent Health Care, School Health Services, Control of Local Endemic Diseases, Safe Abortion Services (MTP), water and Sanitation, Outreach/Field Services, PRI etc. Fluorosis affected (Endemic) Areas,
- Staff recommended 3 essential and 5 desirable according to type of Sub centre.

Primary Health Centres (PHC) Model.

- A PHC varies from State to State that include a Block level PHCs (located at block HQ and covering about 1, 00,000 population and with varying number of indoor beds) and additional PHCs/New PHCs covering a population of 20,000-30,000 etc.
- PHC can be classified according to the delivery load. PHC catering monthly load less than 20 deliveries in a month it would be called type A and if delivery load is above 20 or more then it would be type B.
- Services available in PHC are OPD services, 24 hours emergency services, Referral services, Inpatient services (6 beds), All Services available in sub centre, Management of Reproductive Tract Infections/Sexually Transmitted Infections,

Promotion of Safe Drinking Water and Basic Sanitation, Micronutrient (Vitamin A & IFA) management, De-worming, Capacity building, Monitoring & Evaluation, Mid-Day Meal, Health Promoting Schools, Prevention and control of locally endemic diseases like malaria, Kala Azar, Japanese Encephalitis etc. (Essential) Collection and reporting of vital events.(Essential)Collection and reporting of vital events.(Essential),Health Education and Behavior Change, Communication (BCC)(Essential), Basic Laboratory and Diagnostic Services, Record of Vital Events and Reporting, Health, Training, Functional Linkages with Sub-Centres, Physical Medicine and Rehabilitation (PMR) Services, Maternal Death Review (MDR),

- Staff recommended for type A is minimum 13 & desirable 18 and for type B 14 minimum & 21 desirable.

Community Health Centres (CHC) Model.

- A CHC cover 4 PHCs with 1, 20,000 population in plain area and 80,000 population in tribal/hilly/desert areas. CHC is a 30-bedded hospital.
- Services available in CHC are OPD services, providing specialist care in Medicine, Obstetrics and Gynecology, Surgery, Pediatrics, Dental and AYUSH, 24 hours emergency services, Disaster Prevention Measures, Nutrition Services (coordinated with ICDS),All services given in Sub centre and PHC is also provided in CHC.
- Staff recommended minimum 46 and desirable 52.

Primary Urban Health Centres (PUHC) model as per Delhi State Health Mission

- A PUHC cover 50,000 to 75,000 population.
- Services available in a PUHC are the services listed in PHC and CHC except bed facility, *Rogi Kalyan Samiti*, AHSAs, Health and Sanitation Committees, Citizen's Charter for Primary Urban Health Centres.
- Staff recommended, as shown in table.2.

Category of staff	Recommended
Medical Officer In charge Second Medical Officer	11
Pharmacist (Storekeeper)Pharmacist	11
Public Health Nurse	1
Auxiliary Nurse -Midwife	1 for centre (plus 1 for each 10000 urban poor population attached to the centre) in slums/ JJ Clusters etc.
Laboratory Technician	1
Dresser	1

Nursing Orderly	1
SCC	3
CDEO cum assistant	1
Social (Community) Mobilization Officer	1
In case of a co-located AYUSH unit	
I. Medical Officer (AYUSH)	1
ii. Pharmacist (AYUSH)	1
iii. Nursing Orderly	1
Total	18

*This recommendation is for 50,000 population. In case of higher catchment populations the staff will be increased proportionately till such time as there is one PUHC for every 50,000 population. In addition care must be taken to ensure sufficient leave reserve and staff for special Programs like Pulse Polio etc.

Table 2 (Source-Public Health Standards for Primary urban health centres)

Delhi Government Dispensary Model

- A DGD is covering 50,000 to 1, 00,000(No exact guideline available) population area.
- Services available in DGD are all services given in Sub centre, PHC, CHC. No bed services and specialization treatment is available.
- Support to Mohalla Clinic.
- Staffing pattern as shown in table.5 but no standard guideline is available till date. Staff had been posted without any policy and standard guidelines.

Neighborhood Health Clinics (*Mohalla clinics*) Model

- A clinic would covers 10,000 population area.
- Services available in clinic is only general OPD for minor ailment, no national health program is going in these clinics and other work performing in above said models.
- Staff posted only one Doctor and its helper, in four clinics pharmacists also available. ANMs had been posted from DGD and PUHC without any standard guidance and job responsibilities, two clinics has Laboratory Assistant also. No standard guideline is available till date.

New Innovative Technologies in Clinics

First time in India new technologies were used at primary health care level. These clinics utilized technology in their routine work.The details are listed below.

- Online Data:-The entry of patients is done on tablet PC name *Swasthya Slate*. In the tablet the photo of patients is taken. The first time taken in tablet entry is approximate 10 to 15 minutes depending upon speed of physician or registration of patients. Second or follow up of patients takes approximate same time for entry of patients. Government is still working on tablets software. Software had been developed by wish foundation.
- Medicine ATM/Vending Machine:-The automatic vending machine had been installed in one of this clinic at *Todhpur* on pilot project bases as a trial testing. This medicine vending machine could hold 60 to 70 types of medicines. The machine is dispensing 50 medicines which are prescribed by doctors. The vending machines build with sensor technology. Wish foundation develop this under the project named SCALE. The vending machine trial was also taken place in many cities of world like England, United Kingdom in 2010 and in 2014 at Arizona.

MODEL (PUBLIC PRIVATE PARTNERSHIP) ADOPTED IN NEIGHBORHOOD HEALTH CLINICS (MOHALLA CLINICS)

In this PPP model Wish foundation and USAID (US Agency for international development) are philanthropy partners and Unipart Diagnostics is working as diagnostic test partner (main lab address-G-49, *Lajpat Nagar-2*, New Delhi-110024). The clinics have been open in rented buildings of approximately 50-60 square feet area (two rooms & one toilet).The bills of water, electricity, rent of the building has been paying by Delhi government.IEC (Information Education Communication) will be provided and maintained by Office Chief District medical officer.Doctor's working model is completely incentive based. Doctor would be given thirty rupees per patients.Doctor can appoint sweeper and helper according to his/her wish without any formal test /education. Sweeper and helper would be paid two and eight rupees per patients respectively by Delhi government.Furniture has been provided by government.Use of token vending machine system for the patients while waiting for their turn.

Private empaneled doctors had been assigned many role and responsibilities in these clinics like.

- Doctor has to manage four hour OPD clinic.
- Responsibility of keeping the clinic clean and make it patient friendly.
- The biometric listing of patients has to be maintained along with list of medicines dispensed.
- The patients shall be examined using an internet connected electronic tab based protocol.
- All medicines will be prescribed and dispensed by the doctor.
- No fees/charges will be collected from patient.

Comparative Analysis between New Neighborhood Health Clinics (*Mohalla* clinics) and old Delhi Government Dispensaries, PUHC Public Urban Health Centre

Services	Neighborhood Health Clinics (<i>Mohalla</i> clinics)	Delhi Government Dispensaries	PUHC Public Urban Health Centres
Funding	Fully by state government.	Fully by state government.	Partial funding by state government and partial by.
Timings	9:00 am to 1:00 pm	8:00 am to 2:00 pm	8:00 am to 2:00 pm
Consultation	Free of cost	Free of cost	Free of cost
Medicines	Free of cost, same medicines available as purchase by (CPA) Central purchasing Agency of Delhi government	Free of cost, Free of cost, same medicines available as purchase by (CPA) Central purchasing Agency of Delhi government	Free of cost, Free of cost, same medicines available as purchase by (CPA) Central purchasing Agency of Delhi government. Few drugs also (National Rural Health Mission) stock
De Addiction counselling	Available	Available	Available
Family welfare counseling	Available	Available	Available
Life style disease counselling	Available	Available	Available
Immunization for children	Only available in 1 clinic	Available in two days of week, Wednesday and Friday	Available in two days of week, Wednesday and Friday
Check of Antenatal (Pregnancy Checkup)	Not available	Available in two days of week, Tuesday and Thursday (days may be changed in each centre due other activities), however every DGD is running 2 days for ANC check-up and registration	Available in two days of week, Tuesday and Thursday (days may be changed in each centre due other activities), however every PUHC is running 2 days for ANC checkup and registration
DGEHS (Delhi Government Employees Health Scheme)	Not available	Pensioner /Beneficiaries/Card holders depend upon indent medicine, as Delhi Government have tie up with private pharmaceutical shop, which provide drugs to them.	Not available

Family Planning Services			
Condom	Not available	Available	Available
Oral Contraceptive (Mala-D)	Not available	Available	Available
Emergency Oral Contraceptive Pills (E-pill)	Not available	Available	Available
Facility of Intrauterine Contraceptive Device IUCD/ Copper-T, CuT-380A & CuT-375A	Not available	Available	Available
DOTS centre	Not available	Available	Available
ICTC Services	Not available	Available in 17 DGD	Not available
Blood & Urine tests	Neighborhood Health Clinics (<i>Mohalla</i> clinics)	Delhi Government Dispensaries	PUHC Public Urban Health Centres
Dressing Facilities	Available	Available	Available
Treatment for Leprosy	Available for free of cost as clinic had tie up with private laboratory	Available in limited numbers for free of cost	Available in limited numbers for free of cost
	Not available	Available	Available
Implementation of various health programs			
Availability of ASHA worker as per NRHM scheme	Not available	Available	Available
Visit of newborns by ANM after delivery (under HBNC-home based neonatal care)	Not available	Available	Available
Mission <i>Inderdhanush</i> Program	Not available	Available	Available
Participation (conducting) in Mock Drill/ Disaster Management	Not available	Available	Available
Organization of Health and Nutrition Day / Adolescent Group Meeting / Outreach session	Not available	Available	Available
Postnatal visits	Not available	Available	Available
Follow up of Malnourished / Anemic Individual / High risk pregnant women	Not available	Available	Available
Services	Neighborhood Health Clinics (<i>Mohalla</i> clinics)	Delhi Government Dispensaries	PUHC Public Urban Health Centres

Facilitation of Institutional deliveries	Not available	Available	Available
Screening of Senior Citizen / Cataract Surgery Facilitation	Not available	Available	Available
Ambulance on Call/ CATS-102	Available	Available	Available
Payment of JSY incentive	Not available	Available	Available
Household survey by ANMs &ASHAs	Not available	Available	Available
Entries of OPD by Tablet	Available	Not available	Not available
Dispense of medicine by vending machine	Only available in 1 clinic, only 50-60 medicine can be distribute	Not available	Not available
Recruitment & Selection of Staff			
Attended	One available, which has been hired by empalallend private doctor	Not available	Not available
Police verification of Staff	Not done	Done of each of every recruited staff	Done of each of every recruited staff
Paramedics	Nothing as according to wish of by Doctor	Joined after written exam by DSSSB	By simple interview
Doctor	By simple interview	Joined after qualifying UPSC (Three tier exam)	Joined after written exam & interview
Attendant	Nothing as according to wish of by Doctor	-----	-----
Salary of Doctor	30 rupees per patients (30 x per patient=Total amount, For example if pt. is 300 then it will 300x30=9000 per day, approximately 225000 in whole month.	Fixed salary as per government pay scale 47000 to 60000 rupees per month approximately.	Fix consolidated salary, as per NRHM requirement.50000 to 60000 approximately per month.

FINDINGS

The concept of Neighborhood Health Clinics (*Mohalla* clinics) is not new it is already existed in old form of Delhi Government Dispensaries. Delhi Government Dispensaries providing more services than *Mohalla* clinics in more organized and professional way with proper infrastructure and staffing. *Mohalla* clinics can be compared with the *BANGALI DOCTOR CLINIC*. Quack's clinic in India which usually found opened in one or two shops with one unqualified doctor and its helper without any proper standard of primary health care centres. The government of Delhi used same idea of Quackery in legalized way. Key findings in this regard are listed below:

- No data is available of services (Pic.1 & 2) which has been providing to the patients in these clinics but in all DGD every single data for each and every medicine is available in very transparent manner although DGD maintain data in manual way.
- The government had issued strict orders to doctor of DGD only prescribe available drugs in their pharmacy; this had made all complete free medicine to patients. Previously doctors prescribed drugs as per need of patients not according to availability of stock. This practice is restricted welfare of patients.
- Out of 212 tests only 25 is done by private laboratory.
- No uniformity in all the clinics.
- Few clinics violating pharmacy act 1948, medicines is being dispensing by unqualified workers.
- Dressing of wounds is being done in very unsterile way as untrained workers doing work of dresser.
- Many Empaneled doctors are tempering with records as they will get Rs.30 per patients. More patients more money to doctor and his/her helper this will lead to fake entries in Tablet. In few clinics it had been observed if a lady comes for her treatment with her two kids doctor is entering name of those two kids also. This is highly difficult to monitor.
- The control and management of these clinics is difficult, the patients of COPD, asthma, diabetes, are being forced to come on every alternate day to get their medicine. This will increase number of patients.
- Poor infrastructure without any standard guidelines as laid down by government of India /Department of family health and welfare for primary health care centre, like without proper waiting area, lack of privacy of patients. Example clinic in *Hari Nagar Ashram* is just a single room at the ground floor of a bungalow. Clinic in *Janghpura* is also in same structure. Clinic in *Munirka* is in basement of building with very poor space. Clinic in *Paharganj*, *Vinod Nagar* also in poor situation. Clinic in *Bhatti Mines* located in last remote forest area without security provisions. Clinic of *Rajpur Khurd* located in end of village, highly risky location.
- Need additional human resources like doctors, pharmacists, lab technicians, nurses to run additional clinics in legalized professional way.

Challenges of Government Health Care Professionals

The health care professionals of government organizations in India usually overburdened with heavy workload due to many reasons like shortage of manpower, looking multiple responsibilities etc. The overburden of work exist at every level in the healthcare system. After opening of these clinics Delhi Government Dispensary staff faced lots of challenges and issues. The details are listed below.

- No job role and responsibilities of ANMs has been assigned to them till date.
- No uniformity in their work.
- Few ANMs working as a helper in this clinic.
- Few ANMs working as pharmacist and dispensing medicines playing with life of people.
- ANMs are now out of their prescribed roles and responsibilities previously they used to do home visits and work related to ASHAs as now no scope for them are available in these clinic.
- Few ANMs working receptionist making OPD slips of patients.
- Store In charge and Pharmacists have become highly overburden after opening of these clinics, now they have to maintained stock positions of both medicines of their respective DGD and Neighborhood Health Clinics (*Mohalla* clinics). Most of the clinics don't have trained pharmacists. Private practitioners don't know how to make indents and maintain inventory records.

Conclusion

Present existing DGD and PUHC (model)system is better in terms of infrastructure as compare to these small clinics however DGD still not fulfilled the criteria of public health standards but this standard can be enhance by using same innovative ideas like technology, infrastructure, Laboratory tie up with private organization. Services providing in these clinics is even below as compared to sub centre in term of maternal and child health. If the same health programs implemented through these clinics then it will required same kind of infrastructure, building, space, resources, man power etc. as old health centre required. A medicine vending machine cannot be replacement of pharmacist. The role and responsibilities of a pharmacist is not just dispensing medicine it also include patient care face to face advice ,counseling ,medical review and lifestyle intervention. The machines which were installed in developed countries were different from installed in Delhi. The capacity of machine was installed in UK was 330 medicines and 2,000 medicine respectively with facility of teleconferencing.

References

- Indian Public Health Standards (IPHS) Guidelines for Sub Centres Revised 2012.
- Indian Public Health Standards (IPHS) Guidelines for Primary Health Centres Revised 2012
- Indian Public Health Standards (IPHS) Guidelines for Community health centers, Revised 2012.
- Quality assurance manual implementing public health standards in Primary Urban Health Centres (book-2).
- Public Health Standards for Primary Urban Health Centres (book-1).

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