



AAP'S Mohalla Clinics: An urban primary health centres

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Abstract

The paper discusses the different aspects of AAP's health policy regarding mohalla clinics. It covers how AAP came into power and changed the health policy for the urban poor in Delhi NCR, the features of the policy, debates around it, and the findings of the article. The paper also explores how primary health care should be easily accessible to the poor, as recommended by the Bhore Committee report. The AAP Mohalla Clinic has been a significant reform in the Delhi NCR region for the urban poor. The paper examines how the provisions of the mohalla clinics align with the recommendations of the earlier (Bhore) committee report, which introduced primary health care in India. This change occurred after AAP came into power in 2015. The primary focus of the AAP Mohalla Clinics and the Delhi government in 2015 was to provide basic health care to all, especially those unable to pay for it. This was a revolutionary change and a unique strategy brought to Delhi. Health is crucial for socio-economic development and human resource development. It is essential for improving the quality of life. Therefore, coherent health policies and a roadmap for various health initiatives are necessary to achieve this. The objective of the study is to analyze how AAP's Mohalla clinic reflects the recommendations of the Bhore Committee and how it can be seen as the best example of the same. The central theme revolves around this idea, as the article aims to understand the Bhore Committee recommendations and how some of them have been implemented by the Mohalla clinic.

Keywords: Mohalla Clinic, Bhore Committee, Health

Introduction

The AAP Mohalla Clinic has been a significant reform in the Delhi NCR region for the urban poor. The paper examines how the provisions of the mohalla clinics align with the recommendations of the earlier (Bhore) committee report, which introduced primary health care in India. This change occurred after AAP came into power in 2015. The primary focus of the AAP Mohalla Clinics and the Delhi government in 2015 was to provide basic health care to all, especially those unable to pay for it. This was a revolutionary change and a unique strategy brought to Delhi. Health is crucial for socio-economic development and human resource development. It is essential for improving the quality of life. Therefore, coherent health policies and a roadmap for various health initiatives are necessary to achieve this. The objective of the study is to analyze how AAP's Mohalla clinic reflects the recommendations of the Bhore Committee and how it can be seen as the best example of the same. The central theme revolves around this idea, as the article aims to understand the Bhore Committee recommendations and how some of them have been implemented by the Mohalla clinic.

Hypothesis

AAP's Mohalla Clinics are designed based on the recommendations of the Bhore committee report, shaping the primary health facilities provided.

The methodology devised is both primary and secondary data. The primary data has been collected through the various personal interviews with the patients and secondary data is used in the form of governmental archives.

Rethinking Health Infrastructure

At the time of independence, the country inherited a healthcare system inspired by the British legacy, primarily focused on providing medical care to the military and

defense forces. This system was elite-based and did not cater to the needs of the rural and urban poor, resulting in various health problems such as poor drinking water, infections, high mortality rates, malnutrition, and low life expectancy. It was evident that there was insufficient healthcare infrastructure. This paper focuses on how the recommendations of the Bhore committee have influenced the future of primary healthcare structure in India. The argument centers around the AAP health policy, particularly the establishment of Mohalla clinics, which closely align with the principles of the Bhore committee report. Mohalla clinics serve as a prime example of how primary healthcare can be effectively managed, addressing the primary healthcare needs in Delhi.

The further section will deal with the Aam Admi Mohalla Clinic.

Aam Admi and the idea of Aam Admi Mohalla clinic

The concept of Mohalla clinics was a top priority for the Delhi government after coming into power. The main goal was to provide basic medical care to the urban poor at an affordable cost and tailored to the population's needs. These clinics were seen as crucial and essential by the newly elected government, as they were expected to yield positive results in the present and future. The healthcare structure in Delhi is based on decentralization, with Mohalla clinics at the primary level, multispecialty hospitals at the secondary level, and super specialty hospitals at the tertiary level. Mohalla clinics are known for their early, reliable, and convenient care, offering timely medical treatment, close proximity, timely diagnosis, and freedom from unqualified practitioners. The decentralized model has contributed to the widespread success and popularity of these clinics. The Aam Admi government's response to healthcare issues in 2015, particularly for the urban poor, led to the establishment of Mohalla clinics. While there were other

primary-level clinics, the unique design and service delivery of Mohalla clinics set them apart and made them a key agenda for the Aam Admi government. This policy, now nine years old, aligns with and complements the recommendations of the Bhore Committee report, which will be discussed in the following section.

Bhore Committee Report

In 1943, the Health Survey and Development Committee was appointed, with Joseph Bhore as its head. The committee was formed by the pre-independence Government of India and was led by Sir Joseph William Bhore, an Indian civil servant. The committee submitted its report in 1946, which consisted of 4 volumes. The first volume focused on a survey of the existing health structure at that time. The second volume contained recommendations, the third volume included appendices, and the fourth volume summarized the report. Following the appointment of the Bhore Committee by the British, efforts were made to improve and enhance promotive, preventive, and curative health services in the country. The committee conducted a nationwide survey to gather information and make recommendations for the future development of the country.

Recommendations

The committee submitted its report and focused on several important aspects. One of the key recommendations was the integration of promotive, preventive, and curative health services. It was emphasized that integrating these aspects of healthcare is essential. Another important recommendation was the establishment of primary health clinics/centers, accompanied by secondary health centers. The committee also proposed a long-term plan that includes the following levels: 1. Primary Unit: This will be served by primary health centers (PHCs). 2. Secondary Unit: Community Health Centers, serving as the second tier. 3. Tertiary Unit: District Hospitals, acting as the third tier in the system.

The Bhore Committee proposed some important principles to govern the health sector, which are worth mentioning in the context of this article:

1. The first principle emphasized that these centers would provide basic medical care, ensuring that no one would be excluded from receiving treatment due to inability to pay. This inclusive approach was recommended to be followed to make the plan more accessible.
2. The second principle focused on the preventive aspect of healthcare, aiming to create a supportive environment that would yield more effective results.
3. The third principle stressed the importance of delivering services at the doorstep of the community, ensuring that they are placed as close to the people as possible. This approach was expected to yield better results, save time, and improve efficiency.
4. The cooperation of the people was also deemed essential for the development of the program. These were the main aspects of the committee's recommendations, which were crucial to understand. The next section will discuss how the features of the Mohalla clinic align with the recommendations of the Bhore Committee and how it has been functioning.

Mohalla Clinics

The Mohalla Clinics, according to the Government of National Capital Territory (GONCT) Delhi, will provide basic medical care to patients. This includes treatment for common medical concerns such as diarrhea, fever, and skin problems. Patients will also receive medicines advised by the Delhi Government. Additionally, the clinics will offer preventive and promotive care services for antenatal and postnatal care of women, as well as health information and awareness. These provisions align with the practical implementation of the Bhore Committee suggestions, making the Mohalla Clinics an important institution in this context.

The article emphasizes the provision of basic medical care at mohalla clinics. It highlights the free-of-cost medical care services and the availability of basic medical care medicines. The Bhore committee recommended the inclusion of people who cannot afford treatment, and the mohalla clinics provide free medical services and medicines in line with these principles. The committee also recommended integrating curative, preventive, and promotive services, all of which are incorporated into AAP's health services at mohalla clinics. The clinics are located within 1 km of the community, allowing for timely and cost-effective diagnosis. Community programs and awareness campaigns, including billboards and doctor-led initiatives, ensure active participation in service delivery. This decentralized structure aligns with the Bhore Committee's recommendations for primary health care.

Conclusion

In this way, the Mohalla clinic reflects and is designed to resemble the principles and framework of the Bhore Committee report. It incorporates various provisions and features of a decentralized model at different levels of the health structure, combining promotive, preventive, and curative aspects through Mohalla clinics. The aim is to ensure that no individual is excluded from the healthcare structure due to an inability to pay for treatment. Primary health clinics and centers should be located as close to the community as possible to maximize the benefit of the services. The policy regarding Mohalla clinics is still evolving, and further research is needed to cover all the provisions. This article only mentions the provisions that are representative of the Bhore Committee report and how they have been incorporated into the AAP's health policy in Delhi with regard to Mohalla clinics.

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