
HEALTH INFRASTRUCTURE: A STUDY OF MOHALLA CLINICS

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Abstract

Healthcare industry in India is one of the fastest growing industry in terms of revenue and employment. Health sector budget allocation is very low and out of pocket expenditure is very high in India. The government has taken number of initiatives to provide universal healthcare facilities. Mohalla clinics form bottom most layer of 3 tier Public healthcare system in India. The paper presents the findings of a survey of Mohalla clinics situated in West, East and North West Delhi. The survey was carried out by questionnaire and interview method. The findings reveal positive aspects of Mohalla clinics along with the areas of improvement. The feedback of the clinics is positive with people saving money in consultation, medicines, diagnostic tests and transportation. The areas for improvement include better infrastructure, increase in number of medicines, physiotherapy facilities and forward linkages.

Introduction

Healthcare industry is one of the fastest growing industry in terms of employment and revenue generation in India. It is predicted to grow at 22.87 per cent CAGR in 2015-20 as per India Brand Equity Foundation. There is increased demand for healthcare services due to growing health awareness, rising income and ageing population. Public health is a State subject and it is the duty of the State to raise the level of nutrition, the standard of living and to improve public health. This year Rs 48,878 crore which is 2.27 per cent of Union budget 2017 has been allocated to the health sector. Budget allocation for health sector is low as compared to the world average on one hand while on the other hand out of pocket expenditure is amongst the highest. India ranks 143rd out of 188 countries as per annual assessment of Sustainable Development Goals (SDG) due to poor performance on pollution, hygiene and infant mortality. Inadequate healthcare infrastructure and government spending has limited universal access to healthcare. Doctor patient ratio is very low (one doctor per 1674 patients). There is shortage of doctors to the tune of five lakhs. Bed strength needs to be increased substantially.

However, the government has taken few positive initiatives to improve the healthcare facilities. Some of these include tax benefits, FDI, medical insurance for poor, universal immunization to cover more diseases, Jan Aushadi Yojana for generic drugs, NHP (New Health Policy), Swachh Bharat Abhiyan, E-health, initiatives to end open defecation, AYUSH Ministry, maternal benefits and to set up more AIIMS like institutions.

Structure of Healthcare in India

India has Public and Private health sector. Public healthcare includes primary, community, district hospitals/centres, specialist hospitals, health insurance schemes etc. Private sector includes hospitals, nursing homes, dispensaries, general practitioners and clinics. Voluntary health agencies, National Health Programs and indigenous systems of medicine also form part of the healthcare system.

Mohalla clinics constitute the bottom most layer of 3 tier healthcare system- primary health centers, polyclinics and hospitals. They were started to remove congestion from hospitals across the cities. The first Mohalla clinic was opened in July 2015 at Peeragarhi, Delhi. The number has increased to 110 till date. The Mohalla clinics are helping the poor to have free access to doctor's consultation, medicines and diagnostic tests. It is a zero-cost model, free consultation, medicines and diagnostic tests. The doctor and staff get payment on per patient basis. The doctor gets Rs30/patient, helper Rs8/patient and sweeper Rs2/patient. The patient's data is entered in a TAB and medicines are dispensed with a vending machine. The ambulance is available on call basis.

Data and Methodology

A survey of 14 Mohalla clinics situated in West, East and North West Delhi was undertaken. The clinics in Rohini, Todapur, Uttam Nagar, Wazirpur, Rajouri Garden, Paschim Puri, Shalimar Bagh, Budh Vihar and Nihal Vihar were covered. Average of 10-15 patients' feedback per clinic was taken along with the feedback of doctors and the staff. Feedback was taken with help of questionnaire and interviews.

Findings

The patients were happy and satisfied with the services of Mohalla clinics. They avail services of the clinics for minor ailments and are referred to nearby hospitals for major ailments. Facility of ambulance is available on call basis. The people who visit these clinics are mostly in the low and middle income group. The clinics are especially useful for infants, housewives and old people. Patients' feedback on monetary savings in terms of consultation fees differed from Rs100 to Rs 1000 depending on where they were going earlier. Savings in terms of diagnostic tests differed in the range of Rs100 to 2500 according to the tests. People who need to be monitored or are on regular medication are frequent visitors to these clinics. People are happy that they are saving money along with time due to proximity of these clinics. Earlier they used to go hospitals where

they had to take leave for 2-3 full days for consultation, tests and reports collection. They save transportation money to tune of Rs20 to Rs100. In terms of medicines savings differ depending upon the ailment.

The suggestions for improvement include better seating arrangements, increase in the medicines list, weekly specialists visit and physiotherapy facilities. The staff wants better incentives in terms of salary and leave.

According to Dr Rishi Bal, posted in Todapur Mohalla Clinic, these clinics form COHORT study i, e they are forward looking research based. Early diagnosis of disease and prevention is possible. They help people to get scientific advice instead of relying on the social variant or quacks. Manifestation of diseases due to ecological triad of host, agent and environment can be controlled. E- epidemiology or digitalization of the data base of patients can help in research, control of communicable and non-communicable diseases in a better way. Transparency and accountability is better with E-epidemiology. The concept of Mohalla clinics is good but analytic approach must be followed. The forward linkages must be improved and research and analysis undertaken to reap the benefits. The Mohalla clinics have received International praise from WHO and UN. People from different countries and states are visiting these clinics to emulate the model. Improvement in technology and connectivity will lead to efficient functioning of the Mohalla clinics.

Conclusion

There is need to increase the budget allocation for the health sector to improve doctor patient ratio, bed strength, number of hospitals and health professionals. Especially rural India needs better healthcare facilities. The Mohalla clinics can help in early detection and prevention of diseases as they form the bottom most layer of healthcare facilities. The feedback of the clinics in North-West, West and East Delhi Mohalla clinics is positive with people saving money in consultation, medicines, diagnostic tests and transportation. There is need to improve the forward linkages for analytical research and improvement in healthcare facilities.

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