

Innovations

Evaluating the Impact of Mohalla Clinics on Primary Health Care Delivery in Delhi: A Qualitative Analysis towards Viksit Bharat 2047

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Abstract: The "Viksit Bharat 2047" vision represents India's ambitious goal to become a developed nation by 2047, with healthcare as a foundational pillar of this development. Within this framework, the Mohalla Clinics initiative in Delhi has emerged as a pivotal model for enhancing primary healthcare delivery, particularly for underserved urban populations. This study employs a mixed-methods approach, combining qualitative interviews with healthcare providers and patients, along with focus group discussions, to explore the impact of Mohalla Clinics on primary healthcare access, quality, and patient satisfaction. Thematic analysis of the qualitative data reveals that Mohalla Clinics have substantially improved healthcare accessibility for low-income and marginalized communities by offering free, community-based, and conveniently located services. Patients expressed high satisfaction, emphasizing respectful provider interactions, reduced travel time, and affordability. Additionally, the clinics have fostered women's health empowerment by facilitating independent access to antenatal and reproductive care. Despite these successes, challenges persist, including resource constraints, workforce shortages, and limited integration with the broader health system, which may impact the sustainability and scalability of the initiative. The study highlights the need for targeted policy interventions focused on infrastructure development, workforce strengthening, and systemic integration to consolidate and expand the benefits of Mohalla Clinics. Ultimately, this research underscores the critical role of Mohalla Clinics in advancing India's public health objectives and offers evidence-based recommendations to optimize their functioning, contributing meaningfully to the realization of the "Viksit Bharat 2047" vision.

Keywords: Viksit Bharat 2047, Mohalla Clinics, primary health care, qualitative analysis, public health policy, Delhi

Introduction

The primary health care of a nation is intricately tied to the effectiveness and accessibility of its healthcare delivery systems. In India, the discourse on healthcare has gained renewed focus as the country envisions a 'Viksit Bharat' by 2047, marking 100 years of its independence. As part of this broader ambition, the Indian government has recognized the need to address the disparities in healthcare access, particularly in urban and semi-urban areas where rapid population growth has outpaced the development of adequate healthcare infrastructure. In this context, the Delhi government's Mohalla Clinics initiative represents a pioneering model of decentralized, community-based primary healthcare delivery that aims to bridge the gap between healthcare services and the underserved urban population.

Launched in 2015, Mohalla Clinics has emerged as a cornerstone of Delhi's public health policy, offering free primary healthcare services to residents, especially those from economically weaker sections of society. These clinics, deliberately located in densely populated neighborhoods, are designed to provide essential medical services, including consultations, basic diagnostic tests, and a range of medicines, all at no cost to the patient. The initiative aims not only to alleviate the burden on larger hospitals but also to ensure that basic healthcare is accessible within a short distance from people's homes. This approach resonates with the larger vision of achieving a 'Viksit Bharat' by ensuring that every citizen, irrespective of socio-economic status, has access to quality healthcare.

The concept of Mohalla Clinics is rooted in the principles of primary healthcare as articulated in the Alma-Ata Declaration of 1978, which emphasized the importance of accessible, affordable, and community-based health services. By bringing healthcare to the doorstep of citizens, Mohalla Clinics are positioned as a key mechanism for achieving the Sustainable Development Goals (SDGs), particularly Goal 3, which aims to ensure healthy lives and promote well-being for all at all ages. The relevance of Mohalla Clinics in the broader context of India's healthcare system is further underscored by their potential to contribute to reducing out-of-pocket healthcare expenditures, which remain a significant barrier to accessing medical services in the country.

This research article seeks to evaluate the impact of Mohalla Clinics on primary healthcare delivery in Delhi, with a particular focus on understanding how these clinics contribute to the overarching goal of a Viksit Bharat by 2047. Through a qualitative analysis, the paper aims to explore the experiences of patients, healthcare providers, and policymakers to assess the effectiveness of Mohalla Clinics in addressing key healthcare challenges, such as accessibility, affordability, and quality of care.

The significance of this paper lies in its potential to offer insights into the scalability and explicability of the Mohalla Clinics model in other parts of India and beyond. As the country grapples with the dual challenges of urbanization and the need for equitable healthcare delivery, the lessons learned from Delhi's experience with Mohalla Clinics could inform future policy decisions at both the state and national levels. Moreover, the study aligns with the vision of Viksit Bharat by contributing to the discourse on how innovative healthcare models can play a transformative role in achieving universal health coverage (UHC) and improving the overall health outcomes of the population.

In evaluating the impact of Mohalla Clinics, this research will examine several critical dimensions, including:

Accessibility and Reach: This paper will assess the extent to which Mohalla Clinics have succeeded in bringing healthcare services closer to the population, particularly in underserved areas. This will involve analyzing the geographical distribution of clinics, their proximity to residential areas, and the demographic characteristics of the populations they serve.

Affordability and Financial Protection: Given that Mohalla Clinics provide free services, this research will explore the impact of this model on reducing out-of-pocket expenditures for healthcare. This aspect is particularly important in the context of India's ongoing efforts to reduce poverty and inequality, as high healthcare costs are a major driver of financial distress for many families.

Quality of Care: The quality of services provided at Mohalla Clinics is a crucial determinant of their effectiveness. This paper will investigate patient satisfaction, the availability of essential medicines, the adequacy of diagnostic services, and the overall standard of care provided by healthcare professionals at these clinics. The findings will contribute to understanding whether Mohalla Clinics meet the expected standards of primary healthcare.

Integration with the Broader Healthcare System: The research will explore how Mohalla Clinics fit within the larger healthcare ecosystem in Delhi. This includes examining the referral mechanisms to higher levels of care, coordination with other public health programs, and the role of Mohalla Clinics in alleviating the patient load on tertiary hospitals.

Sustainability and Scalability: Finally, this research will consider the long-term sustainability of the Mohalla Clinics model, including its financial viability, governance structures, and the challenges associated with scaling up the initiative. The analysis will provide insights into the potential for replicating this model in other

regions, both within India and in other countries facing similar healthcare challenges.

As India marches towards its centennial year of independence, the vision of Viksit Bharat 2047 serves as a guiding framework for the nation's development goals, including in the realm of healthcare. Mohalla Clinics, as a pioneering model of primary healthcare delivery, hold the promise of contributing significantly to this vision by addressing the healthcare needs of Delhi's urban population. By evaluating their impact, this research aims to contribute to the broader discourse on how innovative health interventions can support India's journey towards becoming a developed nation. The findings of this study will not only shed light on the effectiveness of Mohalla Clinics but also provide valuable insight for policymakers, healthcare practitioners, and researchers committed to building a healthier, more equitable India.

India's ambition to become a developed nation by 2047, encapsulated in the "Viksit Bharat 2047" vision, necessitates robust and equitable public health systems. Central to this vision is the need to strengthen primary health care (PHC) services, particularly in urban areas where disparities in healthcare access are pronounced. Delhi, the capital city, exemplifies the challenges of urban health care, with a burgeoning population that strains the existing healthcare infrastructure. In response, the Government of Delhi introduced the Mohalla Clinics initiative in 2015, aiming to enhance the accessibility, affordability, and quality of primary healthcare services for all residents, especially those in low-income and marginalized communities.

The qualitative methodology employed in this research is designed to capture the nuanced perspectives of various stakeholders, including patients, healthcare providers. Through interview schedules and focus group discussions, this research will gather in-depth data that reflects the lived experiences of those directly impacted by Mohalla Clinics. This approach will enable a comprehensive understanding of the strengths and limitations of the initiative and offer evidence-based recommendations for enhancing its impact.

This article presents a qualitative analysis of the impact of Mohalla Clinics on primary health care delivery in Delhi, exploring how these clinics contribute to the broader goals of India's public health policy. By examining the experiences and perceptions of patients, healthcare providers, and policymakers, this study aims to provide insights into the successes and challenges of the Mohalla Clinics initiative and its role in realizing the "Viksit Bharat 2047" vision.

The Concept of Primary Health Care

The concept of primary health care has evolved significantly since the Alma-Ata Declaration of 1978, which called for "Health for All" through the provision of accessible, affordable, and equitable health services. PHC is recognized as the cornerstone of effective health systems, particularly in achieving universal health coverage (UHC) and improving health outcomes (WHO, 2018). In India, the need to strengthen PHC is evident in the context of growing urbanization, health disparities, and the rising burden of non-communicable diseases (NCDs).

Studies on urban health care in India highlight several challenges, including overcrowded government hospitals, high out-of-pocket expenses, and inadequate PHCs. These challenges are particularly acute in megacities like Delhi, where the rapid pace of urbanization has outstripped the capacity of existing health infrastructure. The urban poor, who often reside in informal settlements, face significant barriers to accessing quality health care, exacerbating their vulnerability to health risks (Socio.Health, 2024).

In response to these challenges, various models of urban PHC delivery have been proposed and implemented across India. Among them, the Mohalla Clinics initiative in Delhi has gained attention for its innovative approach to providing decentralized, community-based health care services. Studies on Mohalla Clinics have documented their success in improving access to care, reducing out-of-pocket expenses, and increasing patient satisfaction (Singh, 2021). However, there is a need for more comprehensive evaluations of their long-term impact on health outcomes and their integration within the broader health system.

This article contributes to the existing literature by providing a qualitative analysis of the Mohalla Clinics initiative, focusing on its role in enhancing primary health care delivery in Delhi. The study examines the experiences and perspectives of key stakeholders, providing insights into the effectiveness of the clinics and their potential to contribute to India's public health goals under the "Viksit Bharat 2047" framework.

Primary Health Care System in Delhi

Delhi's health care system is characterized by a mix of public and private providers, with significant disparities in access and quality of care. The public health system includes government hospitals, dispensaries, and primary health centers (PHCs), which are intended to provide affordable care to all residents. However, the demand for health services in Delhi far exceeds the capacity of these facilities, leading to overcrowding, long wait times, and inadequate care, particularly for the urban poor.

The private sector plays a significant role in health care delivery in Delhi, offering a wide range of services, from primary care to specialized treatment. However, private health care is often unaffordable for low-income families, leading to high out-of-pocket expenditures and financial strain. Despite the availability of a large number of private practitioners, the overall accessibility of health care remains a challenge, particularly in underserved areas where residents may lack the financial means to seek care (Welfare, 2006)

In this context, the need for effective, community-based PHC services that are accessible, affordable, and equitable is paramount. The Mohalla Clinics initiative was launched to address these gaps, providing a decentralized model of primary care that brings health services closer to the community and reduces the burden on larger health facilities.

Overview of Mohalla Clinics

The Mohalla Clinics initiative was launched by the Government of Delhi in 2015 as a strategic intervention to improve the accessibility and affordability of primary health care services. "Mohalla," meaning neighborhood, reflects the core principle of the initiative: to place health care services within easy reach of the population, particularly in underserved areas. The clinics are designed to provide a wide range of primary care services, including consultations, diagnostic tests, and essential medicines, all free of charge.

Mohalla Clinics are typically staffed by a doctor, nurse, and support staff, and are equipped to handle common ailments, maternal and child health services, and preventive care. The clinics are strategically located in residential areas, often within walking distance for most residents, reducing geographical barriers to care. This proximity is particularly beneficial for elderly patients, women, and children who may find it challenging to travel long distances to access health care.

Since its inception, Mohalla Clinics have gained widespread recognition for their role in improving healthcare access and reducing out-of-pocket expenditures for low-income families. The initiative has also been praised for its efficiency, with clinics operating on a first-come, first-served basis and minimizing wait times. However, challenges such as resource constraints, workforce shortages, and the need for better integration with larger health systems have also been identified, highlighting the need for ongoing evaluation and policy support.

Literature Review

The Government of Delhi introduced the concept of Mohalla Clinics as an innovative solution to address the growing demand for accessible primary healthcare services in urban settings. These clinics, strategically located within communities, have been pivotal in transforming primary healthcare delivery in the city. A review of existing

literature reveals various dimensions of their impact, highlighting both successes and challenges.

Studies such as those by (Starfield, 2005) emphasize that strong primary care systems are essential for improving population health outcomes. In this context, Mohalla Clinics represent a significant step towards fulfilling the UHC goals in India, particularly in urban areas like Delhi. (Rao M., 2011) Provide a comprehensive overview of the Indian health system, highlighting the disparities in healthcare access across different regions.

The introduction of Mohalla Clinics has been seen as a response to such disparities, aiming to bridge the gap between urban poor populations and essential health services. This initiative aligns with the broader agenda of health equity in India as discussed by (Bhargava, 2018)

(Vlahov, 2007) Discuss the unique health challenges faced by urban populations, including the increased burden of non-communicable diseases and the limited access to quality healthcare. Mohalla Clinics have been instrumental in addressing these challenges by providing free consultations, medicines, and diagnostic services to underserved communities in Delhi.

The evaluation of healthcare interventions is crucial for understanding their effectiveness. (Pawson, 1997) Advocate for a realist approach to evaluation, which considers the context, mechanism, and outcomes of health interventions. This approach is particularly relevant for assessing the impact of Mohalla Clinics, where contextual factors such as community engagement and political will play a significant role. Several studies have specifically evaluated the impact of Mohalla Clinics on healthcare delivery in Delhi. A study by (Express, 2021) highlights the reduction in outpatient load at tertiary hospitals due to the availability of Mohalla Clinics. Similarly, (Agrawal, 2020) found that these clinics have improved access to healthcare for marginalized communities, thereby contributing to better health outcomes.

Understanding public perception is essential for evaluating the success of health initiatives. The study by (Sharma, 2023) on patient satisfaction with Mohalla Clinics revealed high levels of satisfaction among users, particularly regarding the accessibility and quality of care provided. This positive feedback is indicative of the clinics' acceptance and effectiveness, which is critical for their sustainability and scalability within the policy framework surrounding Mohalla Clinics. The work by (Patel, 2019) explores the policy dimensions of health initiatives like Mohalla Clinics, emphasizing the need for robust governance and continued political commitment. The success of Mohalla Clinics has implications for health policy in India, particularly

in the context of achieving the Sustainable Development Goals (SDGs) related to health.

Despite their success, Mohalla Clinics face several challenges. (Roy, 2019) Discuss issues related to funding, human resources, and infrastructure that could potentially hinder the long-term sustainability of these clinics. Addressing these challenges is crucial for the continued success and expansion of Mohalla Clinics. Comparative studies such as those by (Vohra, 2022) provide insights into how Mohalla Clinics compare with other similar healthcare models in India and abroad. These comparisons are valuable for identifying best practices and potential areas for improvement in the Mohalla Clinic model.

The vision of Viksit Bharat 2047, as articulated by the Government of India, includes achieving high standards of health and well-being for all citizens. The role of initiatives like Mohalla Clinics in realizing this vision is critical. (Ahmed, 2024) Discusses the potential of Mohalla Clinics in contributing to this broader developmental agenda, particularly in terms of achieving equitable healthcare access by 2047. The existing literature provides a comprehensive understanding of the role and impact of Mohalla Clinics in Delhi's healthcare landscape. These studies offer valuable insights into the successes and challenges of this initiative, setting the stage for a deeper qualitative analysis of its impact on primary healthcare delivery, with a view towards contributing to the vision of Viksit Bharat 2047.

Research Methodology

This study employs a mixed-methods approach to evaluate the impact of Mohalla Clinics on primary healthcare delivery in Delhi. Quantitative data were collected through structured surveys administered to patients to measure service accessibility and satisfaction. Complementing this, qualitative semi-structured interviews with healthcare providers and patients provided in-depth insights into their experiences and perceptions. Purposive sampling was used for qualitative participants, while survey respondents were selected through systematic sampling. Data analysis involved statistical techniques for quantitative data and thematic analysis for qualitative data. Ethical standards, including informed consent and confidentiality, were strictly maintained.

Sampling

A purposive sampling strategy was employed to select participants for the qualitative component, ensuring the inclusion of relevant and information-rich stakeholders. Selection criteria were clearly defined for each group; healthcare providers were included based on a minimum of six months of employment at Mohalla Clinics within the South West District of Delhi. The study covered 10 Mohalla

Clinics located across 8 neighborhoods, representing a mix of urban and semi-urban settings. To ensure geographical diversity, clinics were selected from four major zones within the district: Dwarka (3 clinics), Najafgarh (3 clinics), Kapashera (2 clinics), and Vasant Kunj (2 clinics). For the quantitative component, systematic sampling was used to recruit patients visiting these clinics to participate in structured surveys, enabling the collection of representative data on service accessibility and satisfaction.

Data Collection

This study utilized both primary and secondary data sources to assess the impact of Mohalla Clinics on primary healthcare delivery in Delhi's South West District. Primary data were collected using in-depth, semi-structured interviews to capture the experiences and perceptions of key stakeholders. A total of 42 participants were interviewed, comprising 18 healthcare providers, 15 female patients, and 9 community health workers and local stakeholders. Among the healthcare providers were 8 doctors (4 male, 4 female), 6 female nurses, and 4 support staff, including pharmacists and lab technicians (2 male, 2 female). The patient group included women aged 18 to 55, some of whom accessed Mohalla Clinic services for general health issues, prenatal care, and gynecological concerns; this group also included 5 pregnant women. The remaining participants included community leaders, clinic coordinators, and local health officials familiar with clinic operations and outreach activities.

Interviews were conducted in either Hindi or English, based on participant preference, and lasted approximately 15–20 minutes. A semi-structured interview guide with 12 to 15 open-ended questions was used to explore key themes, including clinic accessibility, quality of care, women's health outcomes, community satisfaction, and the overall effectiveness of the clinics. All interviews were audio-recorded with informed consent to ensure accurate transcription and analysis. For the quantitative component, structured surveys were administered to 120 patients using systematic sampling at the selected Mohalla Clinics to gather data on service utilization and satisfaction.

In addition to primary data, secondary sources such as government health reports, policy documents, and official statistics related to Delhi's healthcare system were reviewed. Relevant literature, including peer-reviewed articles, evaluation studies, and policy analyses, was also consulted to contextualize findings within broader discussions on primary healthcare and health system strengthening in India.

Data Analysis

The qualitative data collected through semi-structured interviews were analyzed using thematic analysis, supported by the use of NVivo 12 software to ensure

systematic organization, coding, and retrieval of data. Thematic analysis was selected for its flexibility and effectiveness in capturing complex experiences, stakeholder perceptions, and patterns across diverse participant groups.

NVivo enabled efficient management of the 42 interview transcripts, allowing for comparison across stakeholder groups (e.g., providers vs. patients) and identification of frequently occurring patterns. For example,

- "Accessibility" emerged as a dominant theme, particularly among female patients who cited proximity, short wait times, and free services as major advantages.
- "Gaps in infrastructure" were noted across all stakeholder groups, with frequent mentions of equipment shortages and space constraints.
- "Positive provider-patient relationships" surfaced as a key driver of community trust and satisfaction.
- "Women's health empowerment" was a recurring sub-theme, especially among pregnant women accessing antenatal care.

For the quantitative data, 120 survey responses were analyzed using SPSS (Version 26). Descriptive statistics (frequencies, percentages, and means) were used to summarize patient satisfaction, service utilization patterns, and demographic characteristics. Where applicable, cross-tabulations were used to explore associations between variables such as patient age and service type accessed.

Together, the qualitative and quantitative analyses offered a triangulated understanding of the impact of Mohalla Clinics, aligning stakeholder narratives with measurable service outcomes.

Table 1: Thematic Analysis of Patient Perspectives on Mohalla Clinics

Theme	Description	Representative Quote
Accessibility	Ease of reaching clinics, reduced travel time, and short wait periods	"It's just 5 minutes from my house I don't have to miss work."
Quality of Care	Perceived standard of medical treatment, staff behavior, and cleanliness	"The doctor listens carefully and explains everything clearly."
Infrastructure Challenges	Issues related to clinic size, equipment shortages, and privacy limitations	"There's not enough space, especially for female patients."

Women's Health Empowerment	Women seeking services independently, especially for antenatal and reproductive care	"This is the first time I'm getting check-ups during pregnancy."
Community Trust	Positive perception and growing reliance on Mohalla Clinics	"People in our area now go to the clinic before anywhere else."

Table 2: Coding Framework with Definitions and Transcript Examples

Node/Code	Definition	Example from Transcript
Access & Proximity	Comments on physical closeness, travel time, or convenience	"It's close to home and I don't spend money on travel."
Doctor-Patient Interaction	Observations on communication, empathy, respect from providers	"The doctor is very friendly and answers all my questions."
Infrastructure Gaps	Mentions of space, waiting area, or equipment deficiencies	"There's no separate room for women to discuss private issues."
Service Utilization – Women	Descriptions of how and why women access clinic services	"I visit for general weakness and my iron tablets during pregnancy."
Satisfaction Level	Statements reflecting overall satisfaction or dissatisfaction	"I'm happy with the free services and don't have to go to big hospitals."

Figure: 1: Gender Distribution

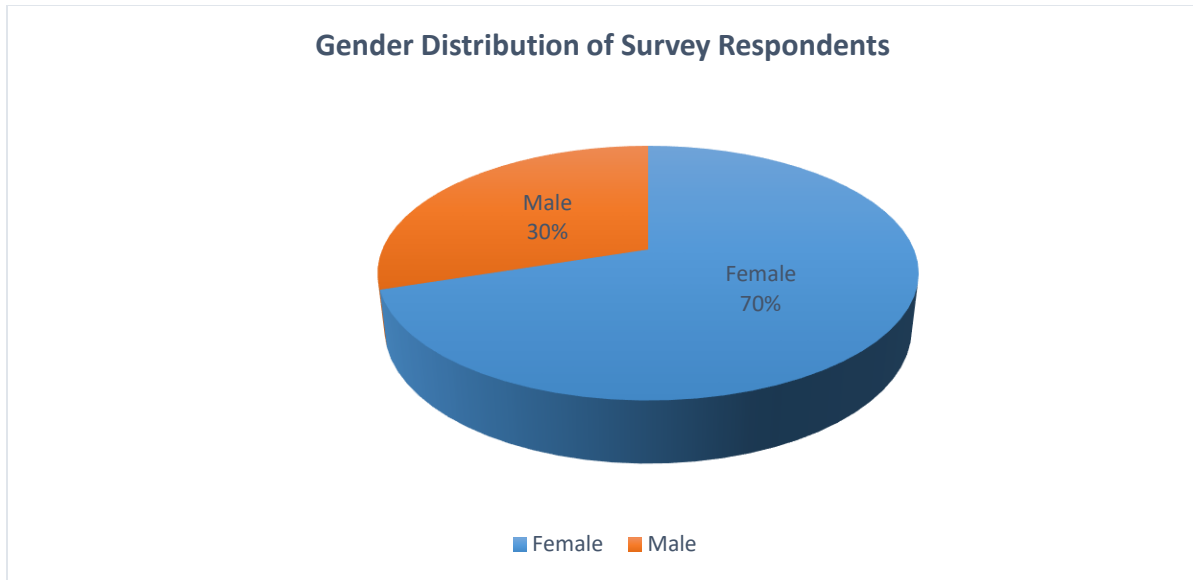


Figure 2: Age Group Distribution

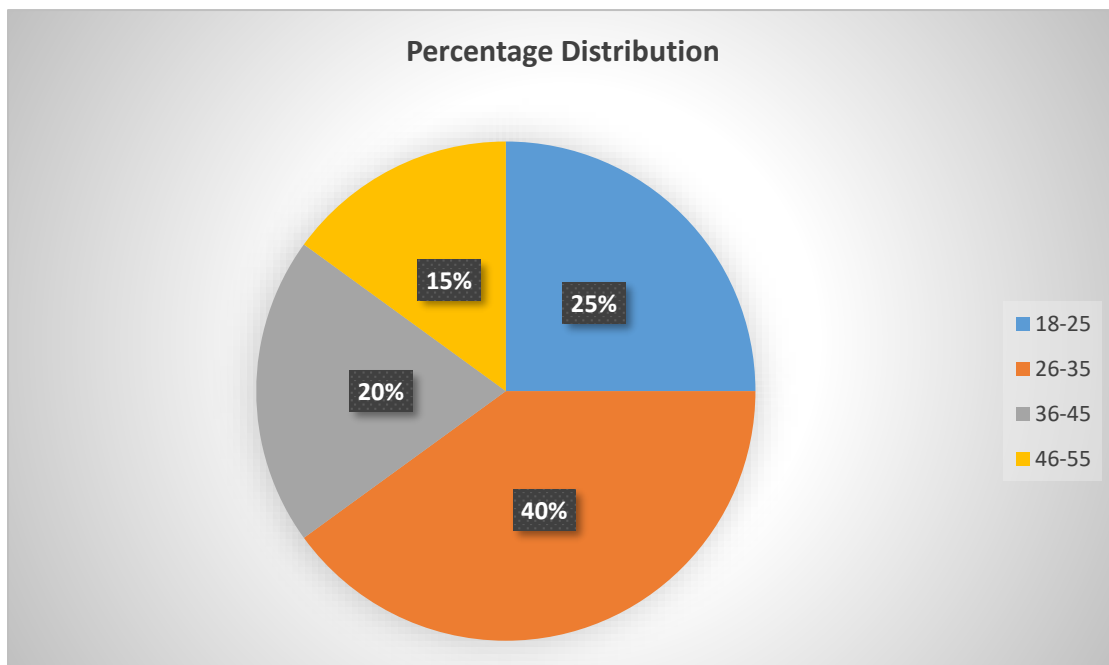


Figure 3: Service Type Accessed

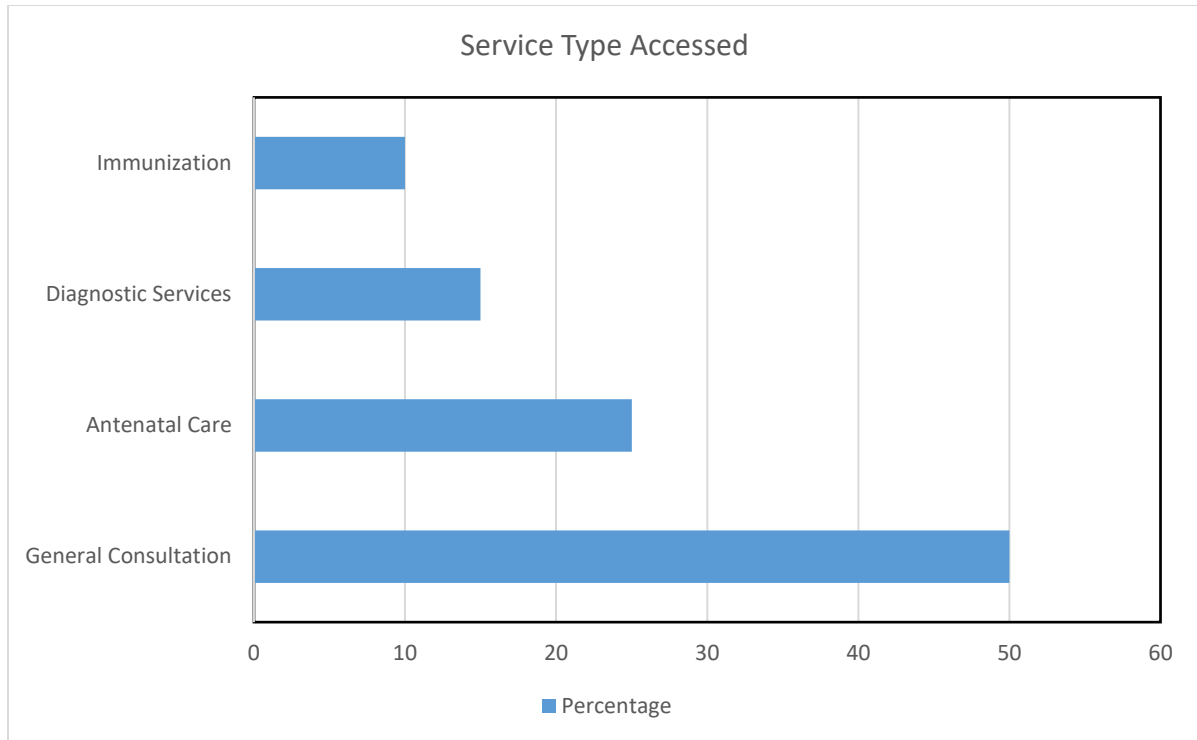
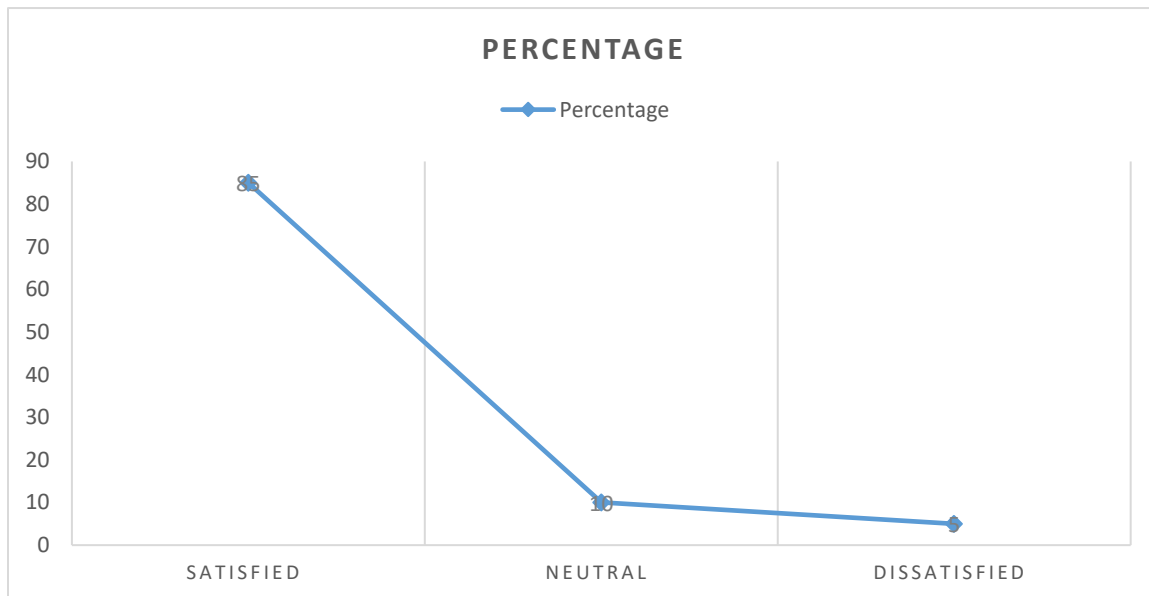


Figure 4: Overall Satisfaction Level



Results and Discussion

4.1 Quantitative Findings

A total of 120 patients from 10 Mohalla Clinics across South West Delhi participated in the quantitative survey. The demographic profile of respondents indicated a predominantly female sample (70%), with the highest concentration in the 26–35 age group (40%), reflecting the clinics' appeal to reproductive-age women.

Service Utilization Patterns

Analysis of service utilization revealed that general consultations were the most frequently accessed service, accounting for 50% of responses. This was followed by antenatal care (25%), diagnostic services (15%), and immunization services (10%) (Figure 1). These figures align with the clinics' intended design to provide essential, low-cost, or free primary care services, particularly for vulnerable populations.

Patient Satisfaction

Overall satisfaction levels were high, with 85% of respondents indicating that they were satisfied with the services received. Only a small fraction reported dissatisfaction (5%), while 10% expressed neutral views. Satisfaction was positively associated with factors such as clinic accessibility, provider behavior, and the perceived quality of care, as supported by cross-tabulations between service types and age groups.

4.2 Qualitative Findings

Thematic analysis of 42 semi-structured interviews—comprising 18 healthcare providers, 15 female patients, and 9 community stakeholders—revealed five prominent themes: accessibility, infrastructure challenges, positive provider–patient relationships, women's health empowerment, and community trust.

Accessibility as a Facilitator of Utilization

"Accessibility" emerged as a dominant theme, especially among female patients, who cited the clinics' proximity to home, short wait times, and cost-free services as key motivators for utilization. One respondent noted, "It's just five minutes from my house I don't have to miss work." These findings support the quantitative results showing strong uptake of general outpatient and antenatal services, particularly among working women and mothers.

Infrastructure Challenges Persist

Despite high satisfaction, stakeholders across all groups highlighted persistent gaps in infrastructure, including limited physical space, equipment shortages, and lack of privacy, particularly for female patients. These deficiencies were perceived as barriers to quality care delivery, with one provider stating, "There's not enough space, especially for female patients." This underscores the need for targeted investments to enhance physical capacity and service quality.

Trust and Provider Relationships

Interpersonal aspects of care were consistently emphasized in patient interviews. Positive doctor–patient interactions, characterized by respectful communication and empathy, were frequently mentioned. This was exemplified by statements such as, “The doctor listens carefully and explains everything clearly.” These relational dynamics have contributed to a growing sense of community trust, with several stakeholders noting a shift in care-seeking behavior toward Mohalla Clinics as the first point of contact.

Women’s Health Empowerment

A particularly salient theme was the clinics’ role in promoting women’s health autonomy, especially regarding antenatal care, nutritional supplementation, and routine health check-ups. Pregnant women reported using the clinics independently, sometimes for the first time, highlighting the clinics’ potential to advance gender-sensitive healthcare delivery. One pregnant respondent shared, “This is the first time I’m getting check-ups during pregnancy.”

4.3 Triangulation of Findings

The integration of quantitative and qualitative findings offers a triangulated understanding of Mohalla Clinics’ impact. While the quantitative data demonstrate high utilization and satisfaction, the qualitative data elucidate why these outcomes occur emphasizing accessibility, affordability, and trust-building. However, the infrastructure limitations identified qualitatively also provide important context that could temper long-term sustainability if unaddressed.

Together, the findings suggest that while Mohalla Clinics have succeeded in expanding access and improving patient experiences, there remains a critical need for systemic support in terms of physical infrastructure, workforce capacity, and gender-sensitive facility design to ensure quality and equity in service provision.

Discussion

This study highlights the critical role Mohalla Clinics play in improving access to primary healthcare services in Delhi’s South West District. The findings demonstrate that these clinics are particularly effective in reaching underserved populations, especially women, by offering free, easily accessible, and responsive healthcare. The high utilization of general consultations and antenatal care services reflects the clinics’ success in meeting everyday health needs, while fostering early engagement with maternal health services.

The qualitative insights further reveal that positive provider–patient interactions contribute significantly to patient satisfaction and growing community trust. Patients valued respectful communication and the attentiveness of healthcare staff, which has

led to a notable shift in care-seeking behavior many now prefer Mohalla Clinics as their first point of contact.

Despite these strengths, infrastructure limitations emerged as a persistent barrier. Issues such as space constraints, limited diagnostic equipment, and inadequate privacy, particularly for female patients, were raised by both patients and providers. These deficiencies threaten the quality of care and may undermine the long-term sustainability of the model if not addressed.

Importantly, the study underscores the potential of Mohalla Clinics as a scalable, community-based approach to urban primary healthcare. However, to maintain momentum and impact, further investment is required in infrastructure, gender-sensitive facility design, and integration with broader health systems. Strengthening these areas will be crucial for replicating the model in other regions and contributing to India's Universal Health Coverage goals.

Conclusion

The Mohalla Clinics initiative in Delhi marks a significant advancement in the delivery of primary healthcare services, particularly benefiting the urban poor and marginalized communities. This study demonstrates that Mohalla Clinics have effectively addressed critical barriers such as geographical distance and financial constraints by providing free, community-based, and easily accessible healthcare. Consequently, these clinics have improved healthcare access and patient satisfaction, especially among women and other underserved groups who historically faced challenges in obtaining quality care.

Qualitative and quantitative findings highlight the clinics' success in fostering positive provider-patient relationships and empowering women through enhanced antenatal and reproductive health services. However, despite these achievements, the initiative faces ongoing challenges that could threaten its sustainability. Resource limitations, including shortages of essential medicines, diagnostic supplies, and workforce shortages, have led to provider burnout and may impede consistent service delivery. Additionally, better integration of Mohalla Clinics within the broader health system is crucial to ensure continuity of care, particularly for patients needing specialized treatment beyond primary care.

As India moves towards its "Viksit Bharat 2047" vision, the Mohalla Clinics model offers valuable lessons for building an inclusive, equitable, and accessible healthcare system. Realizing this potential requires targeted policy interventions focusing on strengthening infrastructure, improving resource allocation, enhancing workforce capacity, and integrating the clinics more effectively into the wider health

ecosystem. Strengthening referral mechanisms and ensuring systemic support will be key to sustaining and scaling the benefits of this initiative.

In conclusion, while Mohalla Clinics have made remarkable strides in transforming primary healthcare delivery in Delhi, ongoing evaluation, strategic support, and innovation remain essential. By addressing the current challenges and building on their successes, Mohalla Clinics can continue to play a pivotal role in achieving India's broader public health goals, ensuring accessible, affordable, and high-quality healthcare for all citizens in the journey towards a "Viksit Bharat" by 2047.

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