

**K. J. SOMAIYA INSTITUTE OF MANAGEMENT STUDIES AND RESEARCH,  
Vidyavihar, Mumbai- 400077**

**Program: PGDM HCM (Batch2018-20), Trim II  
Subject: Macroeconomic Aspects of Health Sector  
(End Term Exam)**

**Maximum Marks: 50**

**Duration: 3 hours**

**Date: 14/01/2019**

**QUESTION I: Read the case given below and answer the questions given at the end.**

**10**

**Marks**

**Delhi's Mohalla Clinics: Will They Become Sick Too Soon?**

Designing and implementing satisfactory public health programme is a challenge for policy makers. Mohalla Clinics of Delhi Government is regarded as new innovation in public health. Delhi Mohalla Clinics is a flagship programme of Delhi Government which promises to provide accessible and quality health care services through primary, secondary and tertiary facilities. The primary care is delivered through dispensaries, secondary health care delivered through multi-specialty hospitals and tertiary health care services through super-specialty hospitals.

These health facilities cater to the needs of not only unserved poor and vulnerable population of Delhi living in slums, un-authorized colonies, densely populated areas, and rural areas etc. but also migratory and floating population from neighbourhood states. Existing public health infrastructure specifically for catering primary health care is mainly concentrated in rural areas and hence urban poor generally have no access to quality health services. The setting up of Mohalla clinic has been envisaged in the form of Pre-Engineered Insulated Box Type Re-located Structures which are to be manufactured and installed through PWD. 1000 such clinics are proposed to be opened.

The clinics provide basic medical care based on standard treatment protocols which include curative care for common illnesses like fever, diarrhea, skin problems, respiratory problems etc., first aid for injuries and burns, dressing and management of minor wounds and referral services. All lab investigations are to be carried out by the empanelled laboratory for the clinic. All drugs as per the essential drug list shall be provided free of cost to the patients. Preventive services such as antenatal and postnatal care of pregnant women, assessment of nutritional status and counselling and preventive and promotive component of National/State Health Programmes are run through the programmes. It also promotes health information, education and awareness. These clinics serve as the first point of contact for the population, offer timely services, and reduce the load of referrals to secondary and tertiary health facilities in the state. Every Mohalla clinic has a doctor, a technician for uploading patients' Aadhaar details and a lab assistant

for collecting blood samples and disbursing medicines.

Aam Aadmi Party's flagship Mohalla clinic project is one of the key healthcare models that is being keenly watched. The USP of these clinics is their location in neighbourhoods, consultation charges of just Rs.30 footed by the government and free diagnostic tests. At a time when healthcare expenses are skyrocketing and routine illnesses like fevers are leaving poor people indebted, the Mohalla clinic also becomes an important social security scheme. These Mohalla Clinics use fast and very advanced technology to carry out their work. The results of most tests are known within a few minutes. These test results are then uploaded on an IT cloud that can be accessed by doctors, patients and their families.

The concept of Mohalla Clinics partially originated from traditional approach of Mobile Medical Units (MMU) or Mobile Vans. These MMUs exist across almost all districts of India as well as in other parts of the world. The mobile vans as clinics provides health services in underserved areas, bringing doctors and other staff along with medicines and supplies to people through a suitably modified/adapted Tempo or other types of vehicles. The response to these mobile van-based clinics was overwhelming and there was high demand for services, by the communities. In year 2015, the officials started thinking of rapid expansion of MMUs. At that point, the government officials realized that delivery of health services by MMUs is not only unpredictable and influenced by a number of external factors such as availability of vehicles, drivers, doctors, and road conditions but may not be sustainable in long run, as well. In addition, the administrative and procedural complexities in purchasing a large number of vehicles and recruitment of contractual staff including doctors were considered limiting factors. The officials started looking for a suitable and sustainable alternative and finally the concept of Mohalla Clinics was incepted.

Accolades and appreciation for this model of healthcare have poured in from around the world since the inception of this system. This new model of social health initiative was appreciated at the global level such as by Stanford University, United Nations, The Strait Times, an English daily in Singapore, Washington Post. The dignitaries of many countries visited these clinics to find out whether this model can be imitated in their countries.

However, everything is not going well with Mohalla clinics. Usually each empanelled doctor has to see around 100 to 150 patients per day. Sometimes due to too much of crowd they are not able to see all the patients. Few empanelled doctors from the clinics fear that there will be a threat to their security as patients start misbehaving if doctors refuse to treat them due to closing hours or due to overcrowding. The patients flock to Mohalla clinics even though there are government dispensaries nearby as they get better service here.

Another challenge is that about salaries of doctors and staff. The doctors get Rs. 30 per patient and technician gets Rs. 8 and lab assistant gets Rs. 2 per patient. Most of the staff state that this is very small amount for the work they are expected to do. At the same time there are delays in the payment. This has also resulted in high attrition rate of the

staff which further enhances the burden of doctors. Inadequate supply of medicines is another challenge.

Expansion of the programme has been biggest challenge. So far 189 Aam Aadmi Mohalla clinics are in operation. 80 lakh people had availed health services at these clinics. The aim is to build 1,000 Mohalla clinics. 24 polyclinics are in operation and 94 more dispensaries have been identified for starting polyclinics.

More than 50 dispensaries have been constructed by PWD but are not yet handed over due to shortage of skilled manpower to handle them. These non-functional clinics are open to damage and misuse. Maintenance and repairs of the clinics and equipment is another issue.

One hopes that Mohalla clinics themselves do not become 'sick' too soon!

**Questions:**

1. What are the unique features of Mohalla clinics which distinguish themselves from other public health dispensaries?
2. What are the main challenges to run them and sustain them in the long-run?

**QUESTION II: Answer any two questions from below: 20 Marks**

1. A) What is the difference between National income at Current prices and National income at constant prices?  
B) Out of the following four concepts which concept do you think reflects true measure of economic welfare? Why?
  - a. National income at current prices
  - b. National income at constant prices
  - c. Per capita income at current prices
  - d. Per capital income at constant prices
2. A) What are the various modes of payment for healthcare services?  
B) What is the progressive and regressive burden of financing healthcare?
3. A) What is the difference between monetary and fiscal policy?  
B) Explain any two monetary and fiscal policy tools each. How do they impact the economy?
4. A) How does India fare in health status as compared with the other countries?

B) What are the main challenges of implementing health policy in India?

**QUESTION III: Write short notes on any two: 10 Marks**

- a) Dawson model of organizing healthcare services
- b) Unique features of Ayushman Bharat
- c) Fiscal deficit
- d) Importance of macro health indicators

**QUESTION IV: Answer any two from the following: 10 Marks**

- a) Explain the main features of Health policy of any country and compare it with Indian Health policy.
- b) Who are the main stakeholders of Ayushman Bharat and what will be the main challenges in implementing the policy?
- c) Explain the merits and demerits structured model of regionalized health care and free flow model of healthcare structure.

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