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MOHALLA CLINICS: A GRASSROOTS APPROACH TO AFFORDABLE HEALTHCARE

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Abstract

Health constitutes the paramount factor in the advancement of a nation. It represents an individual's physical and mental well-being, indicating a state free from illness or discomfort. The right to health is an essential entitlement, as it is foundational for the exercise of fundamental human rights. The government bears the responsibility to safeguard the health of its citizens, given the intrinsic link between health and an individual's quality of life. In this context, primary health care emerges as a crucial element of the health system in developing nations. Numerous provisions within the Constitution of India address the health of the general population. The architects of the Constitution of India wisely incorporated Directive Principles of State Policy (DPSP) to ensure the protection of citizen's health. They know health is the most valuable and prerequisite for achieving happy life.

As a result of governmental regulations, the National Health Mission of government of India has received heightened focus towards check up and healthcare, albeit. Among the numerous state-level health actions and plans focused on service delivery, the Mohalla or community clinics in Delhi, India, have drawn considerable national and international interest and attention – primarily top choice – from both the media and nursing professionals.

A multitude of both international and Indian newspapers have lauded this idea, indicating that these clinics are in harmony with the core tenets of global health coverage, improve access to high - quality clinical services for the most disadvantaged individuals, and reduce the financial strain linked to acquiring health services.

2. Objective of the Study

1. To comprehend the concept of Neighbourhood Health Clinics (Mohalla Clinics) in Delhi.
2. To assess what extent this program benefits women and children.
3. Examine the three-tiered health care systems, particularly how secondary and tertiary levels support primary health care systems in a complementary fashion.
4. To explore the advantages of the Mohalla / community clinic program for poor, under-served populations and citizens with limited access.
5. To understand how the Mohalla Clinic has met its obligations to the local community, including the specific activities, challenges, programs/issues, and strategies it has established and implemented for this purpose.



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3. Significance and Utility of the Research

The current research tries to get better understanding and the efforts of Centre and states to achieving the goals of better health and dignified livings of its citizens in day to day life.

4. Methodology of the Research

The research methodology involved partly doctrinal and partly non doctrinal. It's also includes different statutes, research papers, newspapers reporting, books, government publications, various governments websites, various commissions reports etc.

5. Introduction

"Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing and medical care and necessary social service." "Article 25 of the UN Declaration of Human Rights."

In India, both government and private healthcare systems provide health-related services; however, the impoverished and marginalized communities are unable to access private healthcare due to its prohibitive costs. Currently, India's public hospitals and healthcare system is overburden, despite being predominantly free.

Health is a fundamental necessity for human beings. Presently, India is grappling with a decline in health standards. The Indian Constitution, serves as the supreme law governing the entire nation. The state of health continues to deteriorate daily, despite the existence of numerous health schemes, program and policies.

The Indian Supreme Court plays a crucial role in safeguarding the health of the populace through its various rulings. The effective enforcement of laws established under constitutional provisions is essential to address the current issues. Although the Indian Constitution does not explicitly acknowledge the fundamental right to health, Article 21 guarantees the fundamental right to life and personal liberty.

6. Meaning of Health and Health Care

The generally accepted definition of health is provided by the WHO in the preamble of its constitution, which states, according to the World Health Organization, "Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease".¹

Through this definition, the WHO has facilitated a shift in health perspectives from a narrow, biomedical and pathology-focused view to a more affirmative concept of "well being". Furthermore, by specifically incorporating the mind-related and societal aspects of welfare, the WHO has significantly broadened the definition of healthcare and, consequently, the responsibilities of health practitioners and their connection to the wider community.²

¹ Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June 1946; signed on 22 July 1947 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100); and entered into force on 7 April 1948

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The human right to health asserts that every individual is entitled to the best possible standard of physical and mental health, which encompasses access to all medical services, sanitation, sufficient food, adequate housing, healthy working conditions, and a clean environment.

- The human right to health ensures a health protection system for everyone.
- Every individual has the right to the necessary health care and to living conditions that promote health, including sufficient food, housing, and a healthy environment.
- Health care must be delivered as a public good for all, funded publicly and fairly.

The human right to health care stipulates that hospitals, clinics, medications, and medical services must be accessible, available, acceptable, and of high quality for all individuals, on an equitable basis, whenever and wherever needed.

7. Why Right to Health?

Every individual is entitled to the best affordable, achievable standard of bodily and emotional health, encompassing easy availability to comprehensive medical works and services, sanitary living conditions, sufficient nutrition, suitable housing, safe occupational environments, and a pristine ecosystem. This principle is recognized as the human right to health. Consequently, it is imperative that access to healthcare services is assured without discrimination. It becomes more necessary because Healthy people are more productive and they can go to work or school, and contribute to society and the economy. Further it helps reduce poverty because untreated illnesses can push families into debt and hardship.

8. Right to Health in International laws

The right to health is a fundamental human right recognized and protected under international law. It encompasses not merely access to healthcare services, but also the underlying determinants of health such as access to safe drinking water, adequate sanitation, food, housing, health-related education, and a healthy environment.

According to international law, individuals possess a right not only to health care but also to the more expansive notion of health. This assertion implies that rights must be inherently actualized within the social context, indicating that the determination of health and illness are not solely organic or 'natural' but also influenced by societal relationships.³

Human Rights Instrument	Right to Health Provision
Universal Declaration of Human Rights	Article 25
International Covenant on Economic and Social Rights	Article 12
International Convention on the Elimination of All Forms of Racial Discrimination	Article 5 (d)(iv)
Convention on the Elimination of All Forms of Discrimination Against Women	Article 11.1(f) and 12
Convention on the Rights of the Child	Article 24
Convention on the Rights of Persons with Disabilities	Article 25
Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights	Article 10

³ UN Committee on Economic, Social and Cultural Rights. General Comment 14: The Right to the Highest Attainable Standard of Health. Geneva, Switzerland: United Nations: 2000. UN Document E/C.12/2000/4.



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Consequently, a rights-based approach aligns seamlessly with epidemiological research that identifies social determinants as essential factors contributing to disease. The initial concept of the health rights in International law are articulated in the 1948 Universal Declaration of Human Rights (UDHR), which was adopted by the UN General Assembly as a universal benchmark for all of mankind.⁴

This proclamation articulates the health right as to a "standard of living sufficient for the health and well-being of oneself and one's family, encompassing , medical care and , the right to security in cases of , illness, disability , or other loss of livelihood due to circumstances beyond one's control."

9. Right to Health in National Laws

Health encompasses more than just the absence of illness; it represents a comprehensive state of physical, mental, and social well-being. Within the contemporary legal and welfare context, the right to health has transitioned from being perceived as a moral obligation of the state to a legally enforceable right grounded in constitutional and statutory law. In developing nations such as India, where a significant portion of the population continues to encounter obstacles in obtaining fundamental healthcare services, the right to health emerges not merely as a social ideal but as a crucial constitutional guarantee necessary for human dignity and development.

India's perspective on health rights illustrates the intersection of international commitments and constitutional principles. Although the Constitution of India does not explicitly define the "right to health" as a fundamental right, the Supreme Court of India has, through progressive judicial interpretations, incorporated the right to health into the broader context of the right to life and personal liberty as outlined in Article 21 of the Constitution. This interpretation has broadened the state's obligation to guarantee access to healthcare, clean water, sanitation, nutrition, and environmental protection as essential elements of the right to health.

➤ Preamble of the Constitution and Health

The preamble of the Constitution of India, which strives to provide for welfare state with socialistic patterns of society under the Article 21 of the Constitution, guarantees the right to life & personal liberty. The concept of democratic socialism aims to improve the condition of health care of the people.

➤ Provisions related to health rights under Fundamental Rights

The Directive Principles of State Policy (DPSP) serve solely as guidelines for the state. They are not justifiable. In contrast, Fundamental Rights are enforceable, with Article 21 stipulating that "no person shall be deprived of his life or personal liberty except according to procedure established by law."

The Indian judiciary has interpreted this article expansively to include not just mere survival but a life of dignity and well-being. This includes:

⁴ Universal Declaration of Human Rights. United Nations General Assembly Resolution 217 A (III). New York, NY: United Nations; 1948.



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- Access to medical care
- Clean drinking water
- Sanitation
- Safe working conditions
- Pollution-free environment

The right to live encompasses more than mere animal existence; it includes the right to a life that upholds human dignity and decency. The Supreme Court has consistently ruled that the right to health and medical care is a fundamental right under Article 21, as health is vital for ensuring that the lives of workers are meaningful, purposeful, and aligned with personal dignity. In case of *CESC Ltd. Vs. Subash Chandra Bose*⁵ the Supreme Court relied on international instruments and concluded that right to health is a Fundamental right.

➤ Provisions under Part 4 (DPSP) of the Constitution

The Constitution of India outlines specific directive principles that the state is required to adhere to concerning the health care of its citizens.

In this context, **Article 38** establishes an obligation for the state to ensure a social order that promotes the welfare of the populace, which encompasses public health, as the welfare of the people is essentially devoid of meaning without the foundation of public health.

Article 39 further held that “the State shall, in particular, directs its policy towards securing –

(e) that the health and strength of workers, men and women, and the tender age of children are not abused and that citizens are not forced by economic necessity to enter avocations unsuited to their age or strength;

(f) that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that childhood and youth are protected against exploitation and against moral and material abandonment.”

Article 41 This Article specifically says that “the state shall within the limits of its economic capacity and development, make effective provisions for securing the right to work, to education and to public assistance in case of unemployment, old age, sickness and disablement, and in other cases of undeserved want”. Their implications in relation to health are obvious.

Article 42 stipulates the necessity for fair and humane working conditions as well as maternity relief, granting the State the authority to establish provisions in this area. This indicates that the purpose of this Article is to safeguard the health of both infants and mothers by offering maternity benefits.

Article 47 places an obligation on the State to enhance nutritional standards and living conditions while also promoting public health.

⁵ AIR 1992 SC 573, 585



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The Food Corporation of India being an agency of the State must conform to the letter and spirit of Article 47 to improve public health it should not allow sub-standard food grains to reach the public market. The State under Article 47 has to protect poverty stricken people who are consumer of sub-standard food from injurious effects.⁶

In a welfare State, it is the obligation of the State to ensure the creation and sustaining of conditions congenial to good health.⁷

Article 48A ensures that State shall endeavour to protect and impose the pollution free environment for good health.

10. The Role of Judiciary in Achieving goal of Health Rights

The judiciary, through its articulated function, has acknowledged the 'right to health' as a fundamental right under Article 21 of the Constitution, serving as an extension of the 'right to life'. The obligation to respect, protect, and fulfill the 'right to health' is shared not only by the medical practitioners but also by civic officials, including administrators and judges.⁸

In the matter of “*Francis Coralie Mullin v. Union Territory of Delhi*”⁹, it is determined that the right to life, as secured by Article 21 of the Constitution, encompasses the fundamental rights to food, clothing, and shelter (basic necessities).

The Supreme Court, in the case of “*Paschim Banga Khet Mazdoor Samity v. State of West Bengal*”,¹⁰ expanded the interpretation of Article 21 and emphasized the officials's duty to provide medical assistance to all individuals within the notion. It was further interpreted that in a welfare state, the government's primary responsibility is to ensure the well-being of its citizens. The provision of sufficient medical facilities is a commitment that the government must fulfill in a welfare state, and this obligation is met by offering medical care to those who seek to utilize these services.

In the year 1996 a landmark judgment came into existence, “*Consumer Education and Research Centre v. Union of India*”,¹¹ The Supreme Court clearly determined that the right to health and medical care constitutes a fundamental right as outlined in Article 21 of the Constitution. Furthermore, this right to health and medical care, which serves to safeguard health and vitality, represents essential components of a substantive right to life.

In “*Bandhua Mukti Morcha v. Union of India*”¹² the Apex Court addressed the types of conditions necessary for enjoyment of health and said that right to live with human dignity also involves right to 'protection of health'. No State, neither the central government nor any state government, has the right to take any action which will deprive a person the enjoyment of this basic essential.

In the case of “*Vincent v. Union of India*,”¹³ it is determined that a well stable mind and healthy body serves as the essential pillar for all human endeavours. Consequently, in a welfare state, it is the responsibility of the state to ensure the establishment and maintenance of conditions conducive to good health.

⁶ Tapan Kumar vs. FCI, (1996) 6 SSC 101

⁷ Vicent Vs UOI, AIR 1987, SC 990

⁸ Address by Justice K.G. Balakrishnan in the National Seminar on the 'Human right to health' organized by the Madhya Pradesh State Human Rights Commission (At Bhopal) on September 14, 2008.

⁹ 1981 (1) SCC 608.

¹⁰ 1996 (4) SCC 37.

¹¹ AIR 1995 SC 636; (1995) 3 SCC 42.

¹² AIR 1984 SC 802.

¹³ AIR 1987 SC 994



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In its significant ruling in “*Pt. Parmanand Katara v. Union of India*,”¹⁴ the Apex Court declared that every physician, whether employed in a government facility or otherwise, has a professional duty to provide their services with the necessary expertise to safeguard life, regardless of whether the patient is an innocent individual or a criminal subject to legal penalties. No legislation or state action may interfere with or postpone the fulfillment of the paramount duty imposed on members of the medical profession.

Health is not merely absence of sickness: “The term health implies more than an absence of sickness. Medical care and health facilities not only protect against sickness but also ensure stable manpower for economic development. Facilities of health and medical care generate devotion and dedication to give the workers’ best, physically as well as mentally, in productivity. It enables the worker to enjoy the fruit of his labour, to keep him physically fit and mentally alert for leading a successful economic, social and cultural life.

The medical facilities are, therefore, part of social security and like gilt edged security, it would yield immediate return in the increased production or at any rate reduce absenteeism on grounds of sickness, etc. Health is thus a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” To safeguard the health of workers and ensure humane working conditions, the Supreme Court, in the case of “*Occupational Health and Safety Association v. Union of India and others*,”¹⁵ determined that when workers are involved in hazardous and perilous occupations, the state's responsibility and duty are significantly heightened.

11. Mohalla Clinic of Delhi : Concept and Design

Several Indian states, led by political parties distinct from the central ruling party, have increasingly expressed interest in incorporating mobile clinics into their healthcare strategies.

Delhi, recognized as the most densely populated urban agglomeration in India and the third largest urban area worldwide, exemplifies this trend through its Mohalla (community) clinics initiative. This program, initiated by the Delhi government in July 2015, commenced with a single clinic situated in a slum area.

The initiative was inspired by the achievements of mobile medical units (MMUs) and was driven by the dedication of the state’s highest political leadership—not only to meet electoral commitments but also to enhance the overall healthcare infrastructure beyond temporary measures. On average, each clinic served 70–100 patients daily. During the dengue and chikungunya outbreaks in September–October 2016, when hospitals and health centers in Delhi faced significant pressure, Mohalla Clinics were instrumental in providing accessible medical examinations and laboratory testing for affected individuals.

This advancement was regarded as a considerable alleviation for larger healthcare institutions and contributed to alleviating the crisis in the city. By the conclusion of 2016, around 1.5 million patients had received treatment at these clinics, the majority of which had been in operation for less than a year at that point.

12. The Concept of Mohalla Clinics

The Aam Aadmi Mohalla Clinic has been conceptualized as a framework for providing high-quality primary healthcare services that are readily accessible to the communities in Delhi, directly at their doorstep.

¹⁴ AIR 1989 SC 2039

¹⁵ AIR 2014 SC 1469



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The establishment of AAMCs is intended to take the form of Pre-Engineered Insulated Box Type Re-Located Structures, which will be manufactured and installed by the Public Works Department (PWD).

Currently, Delhi is home to 106 Mohalla (Neighbourhood Health) Clinics. The government has announced plans to open an additional 1000 clinics, with each clinic intended to serve a population of 10,000. These new clinics will be constructed in a Pota cabin-like structure. At present, only one clinic has this structure, while the others are operating from rented locations. These clinics will offer 110 types of medicines and 212 tests free of charge. The Directorate General of Health has invited private practitioners to participate in these clinics as empanelled doctors under a pilot project. Each clinic is connected to the Directorate General of Health for medicine and other support.

13. Scope of Mohalla Clinic and New Innovative Strategies

❖ Scope of clinic

The clinic aims to enhance geographical accessibility for patients seeking health services, ensuring easier access and reduced waiting times. With a clinic established for every 10,000 individuals, more time can be allocated to each patient. This will improve the doctor-patient ratio and enhance referral and counselling services. Health care professionals at all levels are often overwhelmed in public health institutions across the country. An increase in the number of clinics will lead to improved services in both preventive and curative care. This initiative will elevate the quality of treatment provided. When accessible and user-friendly government facilities are available, the likelihood of patients resorting to local quacks will diminish.¹⁶

Health Services from Mohalla Clinic :-

- Basic medical care adhering to standard treatment protocols, which includes curative care for common ailments such as fever, diarrhoea, skin issues, respiratory conditions, etc.
- First aid for injuries and burns, along with dressing and management of minor wounds and referral services.
- All laboratory investigations will be conducted by the empanelled laboratory associated with the clinic. All medications listed in the essential drug list will be provided to patients at no cost.
- Preventive services will encompass antenatal and postnatal care for pregnant women, nutritional status assessments, counselling, and the preventive and promotional components of National/State Health Programmes. Health information, education, and awareness will also be provided.
- The Clinics will operate at the morning on 8:00 a.m. and it open till 2:00 p.m. this function every day from Monday to Saturday.

Note. One day designated as a weekly off (Sunday).

Mohalla Clinics function as an extra tier in India's established three-tier public healthcare framework, which encompasses primary, secondary, and tertiary care facilities. This initiative seeks to provide complimentary healthcare services to eligible recipients within a convenient walking distance from their homes. The primary objective of the project is to assist individuals residing in poverty.

¹⁶ Shobhit Anand , Ritesh Dwivedi , New Dimensions in Primary Health Care Services: A Study of Neighbourhood Health (<https://www.researchgate.net/journal/Indian-Journal-of-Economics-and-Business-0972-5784>) 17(4):97-109



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13. The Significant Role of Mohalla Clinics During the COVID-19 Pandemic

In early 2020, during the COVID-19 pandemic, Mohalla clinics played a crucial role in ensuring the provision of essential primary healthcare services in New Delhi. While larger hospitals and facilities had halted outpatient consultation services, Mohalla clinics continued to operate, providing necessary services. This continuity was particularly beneficial as it minimized the risk of transmission. As the pandemic response progressed into July, select Mohalla Clinics in Delhi began offering COVID-19 laboratory testing services. The staff at these clinics proved invaluable in carrying out various COVID-19 related activities, including contact tracing. By August 2020, many Mohalla Clinics had become facilities for expanded COVID-19 testing in Delhi. These clinics once again demonstrated that primary healthcare facilities are vital for effective health services, both in normal circumstances and during health emergencies.

As the pandemic extended beyond nine months, it became increasingly evident that high-end super specialty facilities and technology-driven solutions, while useful, are not sufficient on their own. Successful COVID-19 response stories have emerged from countries like Vietnam and Thailand. Much of the success in managing the COVID-19 pandemic has been attributed to countries that have invested over the years in strengthening their primary healthcare systems and public health services.¹⁷

14. Shortcomings of Mohalla Clinics:

There are several informed perspectives that highlight the shortcomings of the current Mohalla clinic system.

1. Limited Infrastructure:
2. Shortage of Doctors and Staff:
3. Limited Services:
4. Overcrowding:
5. Inconsistent Quality Control:
6. Insufficient Follow-up Mechanisms:
7. Geographical Distribution:

15. Recommendations

Mohalla Clinics, introduced as a key initiative to deliver free and accessible primary healthcare to the inhabitants of Delhi, that have emerged as a significant model for decentralized health services in India. There exists considerable potential for improvement to guarantee their sustainability and effectiveness. The subsequent recommendations are designed to enhance Mohalla Clinics concerning accessibility, quality, infrastructure, and long-term impact.

1. Infrastructure and Facilities

The extension of Mohalla Clinics into underserved regions remains a primary focus. Clinics should be strategically positioned in urban slums, and rural outskirts where healthcare access is limited. In addition to location, the physical infrastructure must be upgraded to include clean waiting areas, functional restrooms, adequate ventilation, and safe drinking

¹⁷ Chandrakant Lahariya , Mohalla Clinics of Delhi, India: Could these become platform to strengthen primary healthcare ? Journal of Family Medicine and Primary Care , Volume 6 : Issue 1: January – March 2017



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water. Digital infrastructure is also vital. The incorporation of electronic health records (EHRs) would facilitate efficient patient tracking and data-driven healthcare delivery.

2. Human Resources

A well-operating clinic relies significantly on the presence of trained healthcare professionals. There is a necessity for ongoing recruitment and retention strategies to ensure that qualified doctors, nurses, and lab technicians are consistently available.

3. Medicine and Diagnostics

Guaranteeing the continuous availability of essential medications is vital for preserving the trust and effectiveness of Mohalla Clinics. Stock-outs of fundamental drugs can severely compromise their mission. Furthermore, the addition of point-of-care diagnostic facilities — such as blood sugar monitoring, blood pressure assessments, and rapid tests for common infections — can significantly enhance diagnosis and treatment at the primary care level.

4. Service Delivery Enhancements

In order to better serve the working population, particularly those earning daily wages, Mohalla Clinics should contemplate extending their operational hours to include evenings and weekends. Additionally, it is imperative to establish a comprehensive referral system that links patients to higher-tier government healthcare facilities when required. The integration of telemedicine can further improve service delivery by facilitating consultations with specialists, especially in areas such as dermatology, mental health, and pediatrics.

5. Financial and Operational Viability

The enduring success of Mohalla Clinics hinges on effective financial planning. Exploring public-private partnerships (PPPs) can help distribute operational expenses and enhance service delivery, particularly in diagnostics and telemedicine. Ensuring transparent budgeting, alongside routine financial audits and public disclosure of spending, will further strengthen accountability and foster public trust in the system.

6. Monitoring and Assessment

Ultimately, a structured approach to monitoring and evaluation is essential. Utilizing key performance indicators (KPIs) such as patient footfall, medicine distribution, referral rates, and patient satisfaction can aid in evaluating the effectiveness of the clinics. Additionally, data gathered through electronic health records (EHRs) can guide policy decisions and enhance health planning at both city and state levels.

16. CONCLUSION: -

These clinics offer all services free of charge without any travel costs; however, certain issues affect the general public. If the government focuses on maintaining cleanliness around the clinics, adjusts time slots for better accessibility, and implements minor improvements, it would significantly enhance the healthcare situation in Delhi.

The Mohalla / Communities Clinic have effectively bridged the gap in access to essential healthcare and facilities for many individuals within the current system, representing progress towards getting universal primary health coverage. Conversely, here is a lack of community participation in any aspect of health- facilities program establishment, clinic management, assessment, implementation, or related activities. All processes are conducted in a top-down manner. Identifying suitable locations for clinics and establishing hours that cater to the community have proven ineffective under such approaches. The government must accelerate its policy decisions and proposed reforms to facilitate comprehensive improvements in



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healthcare. Mohalla clinics hold the potential to serve as a vital instrument for promoting universal health coverage (UHC) and fortifying health systems in India. The Mohalla clinic model has proven to be highly effective for the Delhi NCR region and has received widespread commendation from various stakeholders.

Although there remain significant opportunities for the model to reach additional milestones if all resources are utilized to their fullest potential. The conclusions and recommendations presented in this report are formulated after considering the difficulties faced by the general public visiting Mohalla Clinics.

Furthermore, it is important to recognize that the AAP government is attempting to replicate the same model in Punjab, which was previously established in Delhi under the Mohalla clinic initiative. Relevant authorities must remain cautious to avoid reproducing the same challenges, particularly those related to pre/post-natal care within these clinics

A number of additional states in India, such as Karnataka, Telangana, Rajasthan, Madhya Pradesh, Jharkhand, Jammu and Kashmir, and Maharashtra, have initiated the establishment of comparable community clinics aimed at ultimately assisting the urban impoverished population (Indian Journal of Community Medicine).

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