Harnessing Technology to Implement a Nation-wide Mentoring Model for Community Health Officers in India

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BACKGROUND

Healthcare access poses a considerable challenge to India's 1.4 billion population. Ayushman Bharat Health and Wellness Centres (AB-HWC) are an answer to this clarion call to improve healthcare access at the sub-center level, catering to a defined population of 3000 to 5000.

To spearhead the AB-HWCs, a new cadre of public health professionals called Community Health Officers (CHO) was introduced. These CHOs were primarily nurses and some AYUSH graduates who underwent a six-month IGNOU-certified bridge course. Interim technical evaluations found the CHOs faced challenges of role clarity, confidence, and managerial skills. Also, integrating into an existing healthcare system was riddled with prejudices and needing more support from existing AB-HWC staff.

Taking advantage of technological advances, Distance Education Unit of Christian Medical College Vellore, along with the National Health System Resource Centre and Bill and Melinda Gates Foundation, designed a virtual mentorship project to mentor the CHOs during the initial stages of AB-HWC implementation.

AIMS & OBJECTIVES

Aim:
To develop a competent, functional,scalable and **technologically enabled** virtual mentorship model to provide high-quality, on-the-job mentoring for the CHO. The curriculum focused on nurturing leadership qualities, enhancing public health management, improving clinical skills, and service delivery at the HWCs.

Objectives:
The objectives of the project were to:
1. Design a **technologically-enabled and technologically supported** virtual mentorship model to hand-hold the CHOs
2. Develop a mentorship curriculum for training National Mentors (NM) and State Mentors (SM)
3. Develop a curriculum to train and mentor 36,000 Community Health Officers
4. Create an online interphase for implementing the curriculum.
5. Develop a sustainability plan to transfer implementation to state governments beyond project tenure

METHODS AND MATERIALS

The CHO Mentoring project was designed as a **tech-based** 360-degree webbed model delivered through a cascade of mentors namely, National and State mentors.
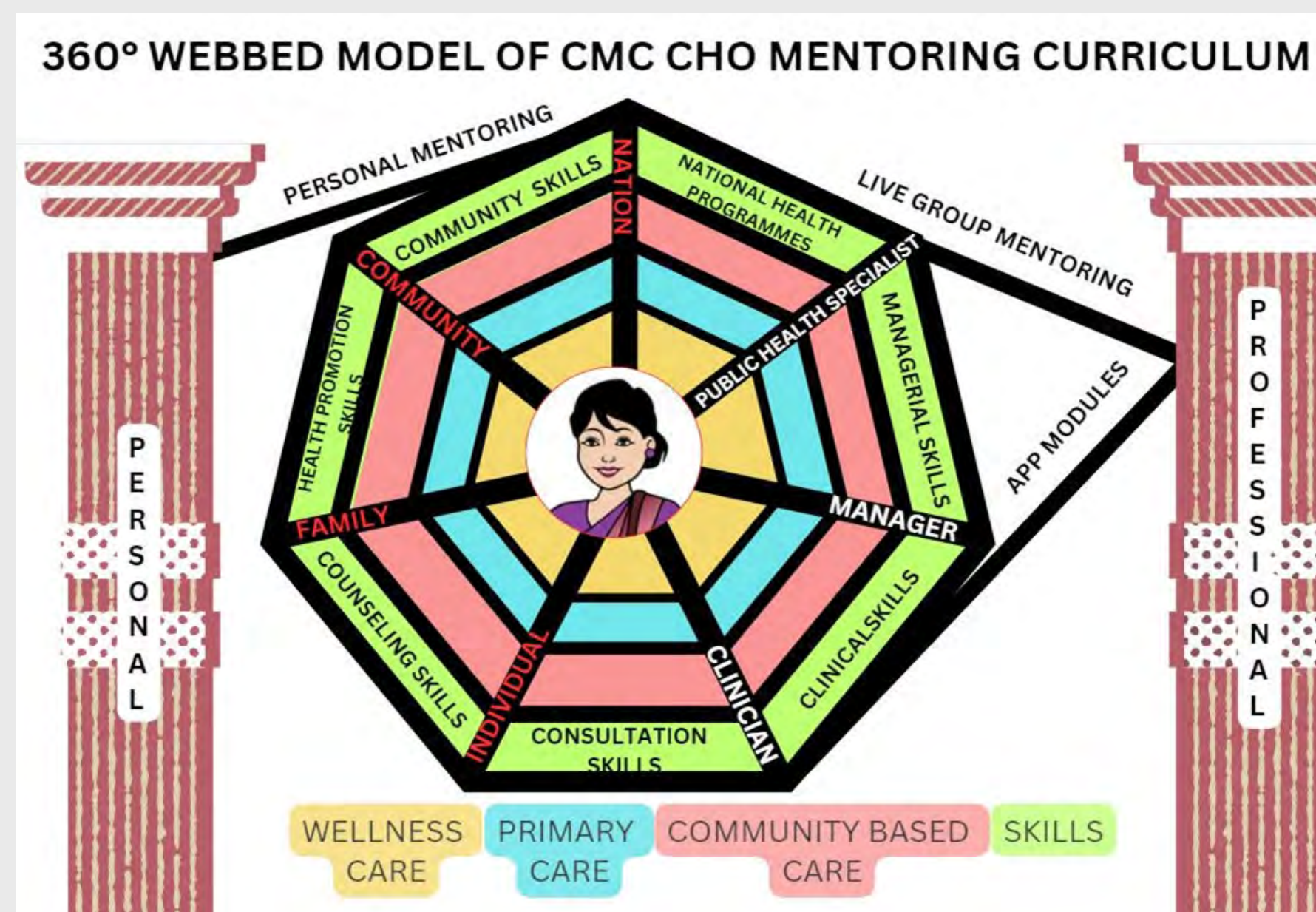

Figure 1. The 360 degree Webbed Mentoring Model

Cascade of Mentors:
The mentoring cascade consisted of 5 Master Trainers (MT) who trained and mentored 30 National Mentors (NMs), who then trained and mentored 1000 State Mentors (SMs) in phases. Each SM was then linked to 36 CHOs they mentored over nine months with support of NMs and MTs.

Figure 2. Cascade of Mentor Model

Curriculum:
The curriculum consisted of 3 critical **technology-enabled** components delivered through asynchronous and synchronous sessions on a **Web App** developed inhouse
1. App-based self-learning modules
2. Live Group Mentoring (LGM) sessions over Zoom conferencing
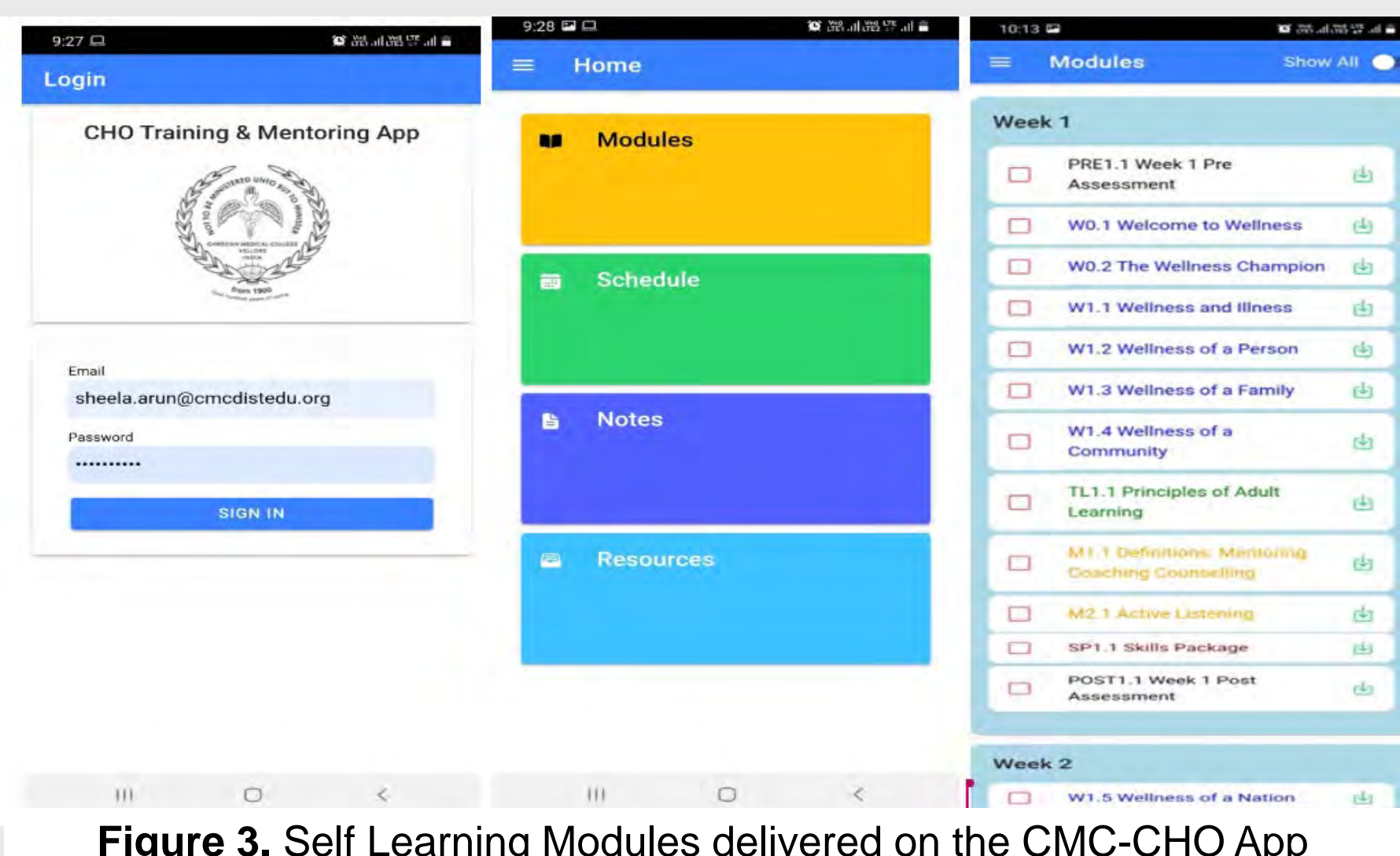3. Personal Mentoring (PM) sessions over zoom conferencing

Figure 3. Self Learning Modules delivered on the CMC-CHO App

Phases
The National Mentors (NMs) underwent orientation and training sessions on the curriculum and various technological aspects of the program with the MTs. Following this, each NM was allotted State Mentors as each batch of SMs came in for training, beginning with 8 and progressing upto a maximum of 34 SMs per NM.

State mentors nominated by each state took a screening exam and were selected to be SM. The SMs' curriculum comprised a 3-month training phase, after which they were assessed and certified.

Following certification, each SM was linked to 36 CHOs and underwent a 6-month observed Mentoring Phase (OMP) under close supervision and guidance of the MTs and NMs. It was followed by a 3-month Independent Mentoring Phase (IMP), where the SMs continued mentoring their CHOs independently with minimal guidance from MTs and NMs.

At the end of 9 months, they entered the last phase, Extended mentoring (EMP), where they mentored the CHOs without oversight beyond the project tenure with occasional visits by NMs for encouragement and quality control.

Figure 4. Four Phases of Mentoring

The CHOs who were linked to their SMs during the OMP underwent a six-month intense mentoring where they met with their SMs once a week for an **online** LGM session for two hours every week. They also had a 20-minute personal mentoring call with their SMs once a week. It was followed by a three-month period (IMP) where they met with their SMs for two hours every alternate week and also had personal mentoring calls with their SMs for 20 minutes every alternate week.

At the end of 9 months, they entered the EMP which will be ongoing for some years, where they meet online with their SMs for two hours every month and continue their personal mentoring Video-conferencing calls once in two weeks.

All these 4 mentoring phases were entirely virtual and tech-enabled.

Certification:
Certification criteria for the SMs included participation in synchronous online sessions, formative and summative assessments, feedback on personal mentoring sessions with their NMs, and demonstration of mentoring and teaching skills using various technological tools.

Sustainability:
A sustainability plan is being drafted to hand over to the states so that effective mentoring can be continued for these 36000 CHOs with the help of the 1000 State Mentors who can further take up mentoring of the remaining CHOs as well.

RESULTS

Thirty NMs were trained and mentored by the five MTs. Three batches of SMs have been trained so far; the fourth batch is in progress. 939 SMs are enrolled and 393 SMs have been certified,currently mentoring 36 CHOs each. A total of 15,719 CHOs have been enrolled so far to be mentored by their respective SMs.

Currently, the program has SMs and CHOs representing 33 States and Union Territories distributed in virtual classrooms based on their regions to facilitate interactive learning in regional languages.

The SMs and CHOs have expressed that this journey has been personally transforming for them. In April 2025, feedback was taken from 4862 CHOs. Over 85% of them feel confident performing their roles as Clinicians, Public Health Specialists, and Managers. As Clinicians,86.9% of them express their confidence in consulting with patients effectively, recognizing red flags, referring appropriately, and make diagnoses using decision trees. 86.2% of the CHOs expressed that mentoring for public health skills has strengthened their community engagement through Jan Arogya Samiti (JAS), health promotion, and screening activities. 83.9% of the CHOs expressed that Mentoring for managerial skills has improved their relationship with team members, teamwork, and confident management of the AB-HWCs. A detailed MLE is in progress to objectively measure these.

CONCLUSIONS

The pan-Indian CHO Mentoring project is the largest known virtual mentoring project. With its cascading mentors model, it combines innovative mentorship and virtual training approaches.

It was possible, by harnessing various technological tools and approached to mentor large numbers from most states in India without having to displace workforce from their workplaces and to nurture leadership qualities, enhancing public health, managerial and clinical skills of CHOs, to improve the KSA and thereby to enhance the quality of service delivery by the CHOs in the AB-HWC.

Connectivity issues, liaising with all the states of the country, and lack of understanding of the concept of mentorship have been the major challenges.

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