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GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
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No. NHSRC/11-12/CP/08/MoHFW/P

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Dear Colleagues

You are aware that Community Health Officers (CHO) is continually providing Comprehensive Primary Health Care services at Ayushman Bharat's Sub-Health Centre- Health and Wellness Centres (SHC-HWC). As on date, 60,861 Community Health Officers are positioned at 84,550 Ayushman Bharat- Health & Wellness Centres (AB-HWCs).

In order to impart regular mentoring to this emerging cadre, Ministry of Health & Family Welfare has planned to roll out mentoring programme for Community Health Officer (CHO) across the country using the virtual platform.

In continuation to my D.O. letter no. NHSRC/11-12/CP/08/MoHFW/P dated 29th November 2021, enclosed herewith, is the 'Guidelines for the CHO Mentoring initiative'.

I hope this guideline will help the States/UTs in implementing the mentoring programme and guide the stakeholders in understanding their roles and responsibilities.

With best wishes

Yours sincerely,


(Vishal Chauhan)

Encls. As above

Mission Director, National Health Mission of all the States/UTs

Copy to

1. Additional Chief Secretaries/Principal Secretaries/ Secretaries (H&FW) of all the States/UTs
2. Sr.PPS to Secretary (H&FW), MoHFW
3. PPS to AS&MD (NHM), MoHFW
4. Director-NHM I, MoHFW
5. ED, NHSRC

Guidelines for CHO Mentoring

Background:

The National Health Policy, 2017 recommended strengthening the delivery of Comprehensive Primary Health Care (CPHC) and called for a commitment of two-thirds of the health budget to primary healthcare. Government of India launched the Ayushman Bharat program to provide universal access to CPHC through transformation of 1,50,000 existing Sub Health Centers (SHCs), Primary Health Centers (PHCs) and Urban PHCs (UPHCs) to Ayushman Bharat – Health and Wellness Centres (AB-HWC) by December 2022.

The AB-HWCs provide an expanded range of outpatient health services under CPHC including management of communicable and non-communicable diseases, RMNCHN, common Ophthalmic, ENT, Oral Health, Geriatric Medicine, and Palliative Health Care Services, alongside Emergency Services and implementation of National Health Programs. One of the key paradigm-shifts in organization of service delivery is creation of a new cadre to manage the SHC- HWCs i.e. mid -level health providers known as Community health officers.

CHOs are graduates in Community Health or Nursing or Ayurveda trained in competencies of public health and primary health care through a six-month Certificate Programme in Community Health or BSc Nursing with integrated community health program. CHOs at the AB-HWC are to perform 3 functions clinical, public health and managerial.

Anecdotal evidence and reports from technical experts have found that quality of training and learning varies. Gaps exist both in relevant skills and knowledge for the CHOs to provide defined services at the AB-HWC. Fortunately, where-ever there has been an investment in mentoring of CHOs, the service quality of CHO performance has shown improvement. Hence, a CHO Mentoring Project is conceived to be implemented at scale.

To fulfil the current need, National Health Systems Resource Centre (NHSRC), a technical support institute under the National Health Mission with technical support from CMC Vellore Distance Education Unit (CMC-DEU) shall undertake the CHO Mentoring project.

Aim:

1. Nurture leadership qualities along with enhancement of public health, managerial and clinical skills among CHOs equipping them to ‘resolve more’.
2. Develop and demonstrate a contextually relevant and scalable CHO mentorship program

The project is being implemented in 2 phases.

- i. Pilot phase – 2 years
- ii. Scale up phase

During the pilot phase of two-years, a pool of 25 national mentors and 1000 state mentors would be created to cater to the need of all the 36 States/UTs. Also, minimum 36,000 CHOs would be directly mentored by the trained state mentors.

Pilot phase - Objectives

- Identify and train a pool of 25 national mentors
- Develop a curriculum for training the state mentors
- Develop a curriculum to train CHOs
- Digitize the curriculum and host it on an online platform which can be accessed by state mentors and CHOs
- Train 1000 State Mentors (SM) identified by the State/UTs
- Mentor a minimum of 36,000 Community Health Officers in select states over 2 years under the project.
- Develop sustainability plan, to continue beyond the pilot phase, virtual training of all the CHOs

The mentoring plan will include the following key components:

- a) ***E-learning content*** – An online platform will be created to transact the training for State Mentors and CHOs. The e-learning package would encompass skills and competencies of CHOs through problem-based self-learning modules, video lectures, video-conferencing and innovative teaching methods. The course will also emphasize on ethics, values and social responsibility. It also includes integration and delivery of wellness components appropriate to the context, build leadership capabilities to lead the team of MPWs and ASHAs and coordination skills to establish linkages with local self-government institutions and leverage community collectives such as Village Health Sanitation and Nutrition Committees (VHSNC), Self-Help Group (SHG) etc.

The content in the form of online modules will be designed and digitized for interactive learning of state mentors and CHOs. It will include videos, animations, extra reading materials, articles etc., in addition to the printed modules. The modules will be delivered through an online platform and will use tablets or any other internet enabled devices, for content delivery to the CHOs and State Mentors. The existing CMC DEU (Christian Medical College Distance Education Unit) platform will pilot this program. This will be modified to fit into scalable and sustainable platforms. The curriculum will also include formative and summative assessments for the trainers and the trainees.

- b) ***Creating a pool of national and state mentors*** – A team of mentors will be created at the national level. The mentors will be drawn either from existing pool of trainers or expert who have a good understanding of AB-HWCs, experience of training CHOs, and an aptitude for mentoring and the use of online training platforms. The state mentors would be selected for training through a joint selection process led by State and supported by CMC-Vellore and NHSRC. The national mentors would train the state mentors through a blended offline and online approach over a three-month period. The

pilot project shall ensure state mentors for each State/UT. This would catalyze sustainability of the initiative.

Eligibility criteria for State Mentors:

- Candidates with one of the below-mentioned education qualifications and with the specified experience would be preferred:
(Experience in primary health care & as a team leader is essential; experience in training and mentoring is desirable)
 - MBBS with two years of experience
 - BAMS with two years of experience
 - MSc Nursing with two years of experience
 - BSc Nursing with five years of experience
- Possess expert level proficiency in vernacular language of the State, and intermediate level proficiency in English
- Willingness to work as a state mentor in the program
- Aptitude for engaging in virtual training and handling digital equipment

State Mentors - Time Commitment

Key Activity	Duration	Self-study Modules & Weekly evaluations	Group Training & Mentoring	Personal Mentoring	Other Activities	Total Hours Per Week
Training	3 months	10 hours a week (2 hours a day - protected time - 5 days a week)	4 hours a week	20 mins with National Mentors once a week	-	14 HOURS & 20 MINS
Observed mentoring of CHOs	6 months	-	8 hours a week (2 hours a day - protected time with groups of 30 CHOs - 4 days a week)	10 Hours (with 6 CHOs for 20 mins each, daily)	4 hours a week*	22 HOURS
Extended mentoring of CHOs	3 months	-	4 hours a week (2 hours a day - protected time with groups of 30 CHOs - 2 days a week)	10 Hours (with 6 CHOs for 20 mins each, daily – 5 days a week)	2 hours a week * (Above activities done on alternate weeks)	16 HOURS
Extended Mentoring of CHOs	Ongoing	-	1 hour a week (with groups of 30 CHOs)	9 Hours (with 6 CHOs for 20 mins each, for 4 days a week and 3 CHOs on Day 5)	1 hour a week **	11 HOURS

**1 hour each for i. mentoring by NMs, ii. Remedials for CHOs iii. Weekly monitoring and reporting iv. prep for next week*

***Meeting NMs once a month, remedials once a month, reporting and planning once in 2 weeks*

c) Mentoring

The mentoring of CHOs would include -

- i. **Professional mentoring:** CHO curriculum will be delivered through asynchronously delivered self-paced online modules. The state mentors will supplement this, by running weekly synchronous live sessions with the CHOs, via online platform. The training will use information and communication technology (ICT) to incorporate a blended learning framework to deliver the course content comprising interactive lectures, patient discussions, group activities, simulations, etc.
- ii. **Personal mentoring:** The state mentors will interact with CHO mentees via phone calls on a periodic basis through a well-planned schedule. The mentors would enquire about their implementation of learning, professional and personal challenges and wellness. The State mentors would guide the mentees on arriving at possible solutions as well as flagging some problems to relevant stakeholders for appropriate actions.

CHO -Time Commitment

Key Activity	Duration	Self-study Modules & Weekly evaluations	Weekly Evaluations	Group Training & Mentoring	Personal Mentoring	Total Hours Per Week
Observed mentoring by SMs	6 months	3 hours a week Self-paced over a week (at their convenience)	1 hour (protected time)	2 hours a week	20 mins (once in 4 weeks)	3 TO 3.5 HOURS A WEEK
Extended mentoring Phase	3 months	May or may not need 1 hour / fortnight remedials if lagging behind	1 hour (protected time – on alternate weeks)	2 hours on alternate week	20 mins (once in 4 weeks)	3 TO 3.5 HOURS FORTNIGHTLY
Extended Mentoring Phase	ongoing	May or may not need 1 hour / month remedials if lagging behind	1 hour (protected time – once a month)	2 hours once a month	20 mins (once in 6 weeks)	3 TO 3.5 HOURS A MONTH

Role of the States

1. The states shall nominate the candidates as per the previously mentioned eligibility criteria
2. The states shall nominate three times the number of state mentors required by the state***.
3. The states may nominate the State Mentors from the existing pool of:
 - i. State CHO trainers
 - ii. Faculty members of nursing college and ANM training institutes
 - iii. PHC/CHC Medical Officers
4. Districts with the maximum number of CHOs in position may be prioritized for saturation.
5. States shall request for funds under NHM PIP for payment of honorarium for state mentors @ Rs. 100/CHO mentored/month with an additional Rs. 50/CHO/month to be paid as a performance linked incentive based on predefined indicators. The cost can be booked under the independent monitoring cost provided for the Sub-Health Centre-Health and Wellness Centre (SHC-HWC).
6. Identify and support CHOs to be assigned and trained by state mentors
7. Coordinate with NHSRC and CMC-DEU for training and mentorship activities

****State-wise details of the number of candidates to be nominated by the state is mentioned in the Annexure*

Role of NHSRC

1. Provide overarching planning, facilitating and monitoring support to the CHO Mentoring program
2. Provide technical inputs for finalization of content and curriculum for state mentors and CHO mentoring
3. Liaise with State governments and Distance Education Department of CMC Vellore for timely functioning of planned activities
4. Liaise with CMC Vellore for capacity building of regional level institutes for continuation of CHO mentoring
5. Facilitate resolution of any administrative issues
6. Coordinate with all the stakeholders for joint monitoring of the program
7. Ensure sustainability of the mentoring initiative by coordinating with states/UTs
8. Facilitate a transition plan and scale up of the program

Role of CMC Vellore through its Distance Education Unit

1. Develop an implementation plan for the mentorship model for CHOs
2. Design and develop content for the state mentor and CHO curriculum
3. Digitize and host the content on an online platform

4. Identify, train national mentors for the project and provide supportive supervision
5. Conduct a national level screening test in coordination with NHSRC for the selection of state mentors
6. Train state mentors and provide supportive supervision
7. Facilitate and support training and mentorship of minimum 36,000 CHOs
8. Ensure submission of periodic project progress reports
9. Convene the oversight committee meetings periodically and share the meeting record
10. Undertake an evaluation of the project feasibility and effectiveness
11. Develop a sustainability plan for ongoing training and mentoring of CHOs beyond the project period in consultation with NHSRC

Role of National Mentors:


1. Support and coordinate with state teams to plan training and refresher training of State Mentors
2. Contribute to content creation, curricular design, and curriculum modifications of the training materials
3. Train and provide supportive supervision for the state mentors throughout the period of employment.
4. Conduct high quality training at designated time as per planned schedule for State Mentors.
5. Evaluate State Mentors through formative and summative assessments
6. Undertake periodic monitoring to ensure training quality of state mentors

Role of State Mentors

1. Supplement and support learning of CHOs by running weekly synchronous live sessions on an online video platform
2. Conduct monthly Zoom calls with CHOs for continued skill building and mentoring support using Continuous Professional Development (CPD) materials released regularly and conduct motivational webinars quarterly
3. Make regular phone calls with each of the CHOs to support their learning
4. Facilitate CHOs to identify professional and personal challenges and guide them in problem solving and remedial learning process
5. Support the CHOs in their general well being

Timelines:

Timelines									
Activities	Year-1				Year-2				
	1st quarter	2nd quarter	3rd quarter	4th quarter	1st quarter	2nd quarter	3rd quarter	4th quarter	
Curriculum & content development									
Recruitment of mentors									
Training of State Mentors (1000)			1st Batch (100)	2nd, 3rd & 4th concurrent batches (300)	5th, 6th, 7th concurrent batches (300)	8th, 9th, 10th concurrent batches (300)			
Mentoring of CHOs				Observed mentoring	Observed mentoring	Independent Mentoring			
Mentoring of CHOs					Observed mentoring	Independent Mentoring			
Mentoring of CHOs						Observed mentoring	Independent Mentoring		
Monitoring, learning and evaluation									

 - *Extended Mentoring*

Expected Outputs: A trained pool of 25 national mentors, 1000 state mentors created across the country. At least 36000 CHOs mentored in the pilot phase.
