Swasthya Mitra: private community health workers in Assam, India and role in preventive healthcare

Nomal Chandra Borah,[a] Priyanka Borah,[a] Satabdee Borah,[b] Madhurjya Borah,[c] and Purabi Sarkar[d,*]

[a]Centre for Affordable Health Mission, GNRC Hospitals, Dispur, 781006, Assam, India
[b]Centre for Affordable Health Mission, GNRC Hospitals, Sixmile, 781022, Assam, India
[c]Centre for Affordable Health Mission, GNRC Hospitals, North-Guwahati, 781030, Assam, India
[d]Department of Research and Analytics, GNRC Hospitals, Dispur, 781006, Assam, India

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A well-trained workforce is the primary support system for a flourishing health system.[1] In India, there has been a severe shortage of well-equipped trained personnel, particularly in rural and semi-urban areas.[2] To promote maternal and child health, more than 800,000 Accredited Social Health Activists (ASHAs) have been deployed to encourage targeted health behaviours in public health.[3] Till now there was no community health workforce from any private healthcare sector in India.

In the year 2015, Guwahati Neurological Research Center (GNRC), a private healthcare centre, formulated a unique initiative called GNRC's "Swasthya Mitra" (Friend of Health) (see Fig. 1). The Swasthya Mitra is a pool of community health workers who constantly work for preventive, promotive, and curative care for Assam's rural and semi-urban populations. Most Swasthya Mitras (SMs) are selected from a local community and are mostly women of the age group 25–50 years with a minimum qualification of high-school education. SMs visit 100 households at least once a month. The coverage is the same for both rural and semi-urban areas, and the SMs mentor people in implementing various preventive healthcare measures like WASH (water, sanitation, and hygiene). Information about preventing non-communicable diseases like high blood pressure and diabetes is shared during the visits. Each SM enumerates their catchment and maintains health records of everyone on existing conditions as well as at-risk indicators. SM also works to improve the health-seeking behaviour patterns of people. They create awareness regarding the menace of tobacco, alcohol, and drugs and mobilise the community to avoid these unhealthy practices. People who are affected by various ailments are counselled and guided to visit appropriate places for their treatment. SM also escorts the patients to the hospitals and works as an interface between the hospital and the patient throughout the treatment.

Till now GNRC has trained around 20,000 SMs and at present 6000 of them are active. SMs have been able to influence the lives of more than 30 million people across 30 districts in the state. Currently, GNRC has 275 Area Managers, 25 District Managers, and 5 Zonal Managers for the supervision of SMs. After being selected based on an aptitude test and an interview administered by the GNRC programme managers, SMs undergo an induction training programme, followed by daily online and offline training. Any changes in the programme are conveyed to the SMs through an online training programme every week by the senior managers. Doctors from various specialities take regular online classes to educate the SMs on various medical and surgical problems. The district managers and regular trainers conduct frequent classroom training. Area managers are responsible for on-the-job field training for the SMs.

The difference between SM and ASHA lies in their respective roles and responsibilities. SM's key role is to identify high-risk cases of communicable and non-communicable diseases and acute illnesses and refer them to the GNRC hospitals, while the ASHAs focus on pregnant women and children. During the house visits, GNRC's SM carries a smartphone equipped with an SM-specific app to review the information on prevention and awareness of various diseases as well as enter the information of residents.

Through the GNRC's SM model, the GNRC is on a mission to help and support the deprived population at the earliest possible time rather than waiting for an emergency to strike them. For creating our SM commercial motives have never been a priority. Our main aim was to make the community aware of the disease condition through health education and keep the community healthy, disease-free through preventive care, and guide the community to fight for a cure for their illness by working with various Government healthcare schemes like Pradhan Mantri Jan Arogya Yojana (PMJAY) and Atal Amrit Abhiyan (AAA). In addition, GNRC provides certain unique facilities and initiatives for the most vulnerable people of Assam that can be availed with the assistance of SMs.

Preventive healthcare will help the community in averting many catastrophic illnesses as well as improve the relationship between the community and the healthcare provider. However it requires in-depth knowledge about the surrounding community and the local health condition of the people. With the right candidate, training, and supervision, GNRC's model of SM may be replicated by any private healthcare provider in other countries in the Southeast Asia region.

*Corresponding author.
E-mail address: purabi.sarkar@gnrchospitals.com (P. Sarkar).

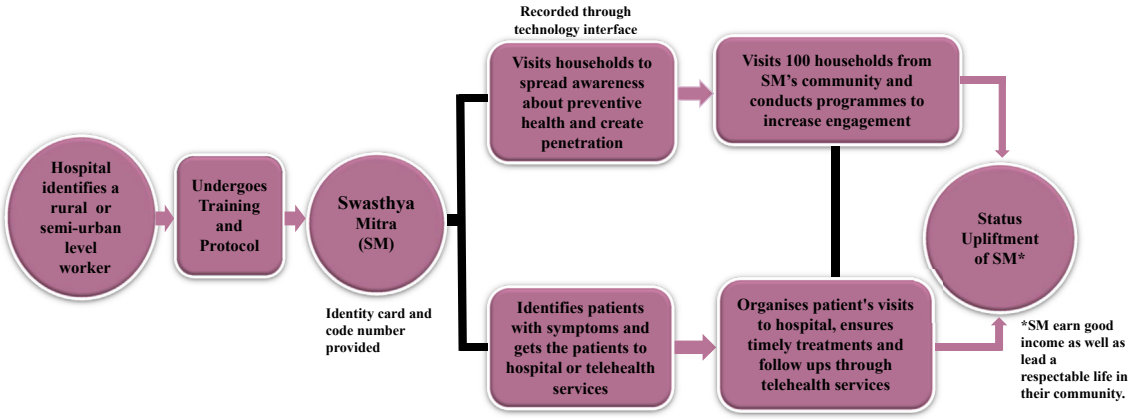

Fig. 1: Swasthya Mitra workflow.

Contributors

NCB contributed to the study concept and design; and critical review of the manuscript. PB, SB, and MB contributed to the study concept and design. PS did the literature search and drafted the manuscript. All authors read and approved the final manuscript for publication.

Declaration of interests

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