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REVIEW ARTICLE

Strengthening Community Healthcare Delivery: Framework of Value-Added Educational Courses for Community Health Guides in India: A Scoping Review

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Abstract

Introduction: India's health progress struggles to overcome unequal access despite advances in biomedical initiatives, especially in rural and tribal areas. Despite staff like ASHAs and ANMs, community healthcare efforts continue to prioritise the health of mothers and children over more common requirements. To bridge this workforce deficit, the Indian Council of Medical Research (ICMR) conducted an initiative in which local volunteers got informal training to record health data and deliver preventive aspects of treatment. **Methods:** By assessing the framework of certification courses to sanctify exercise for Health Guides (HGs), this study builds on that. Through administrations like NIOS, IGNOU, and NSDC, the study identified over 25 government-approved programs in AYUSH, geriatric care, yoga therapy, home-based care, and community health. **Results:** Scalability is ensured by these low-priced, hybrid courses with supple eligibility. **Discussion:** The study suggests engaging trained HGs to promote universal health coverage, with a focus on health recording, screening, behaviour change communication, referral linkage, and environmental assessment. HGs might become culturally rooted promoters through standardised training, which would increase accountability. **Conclusion:** Locals enrolled in accredited short-term courses could develop a community-based, sustainable workforce to tackle India's healthcare issues.

Keywords: Community, Healthcare, Courses, AYUSH, Health guide

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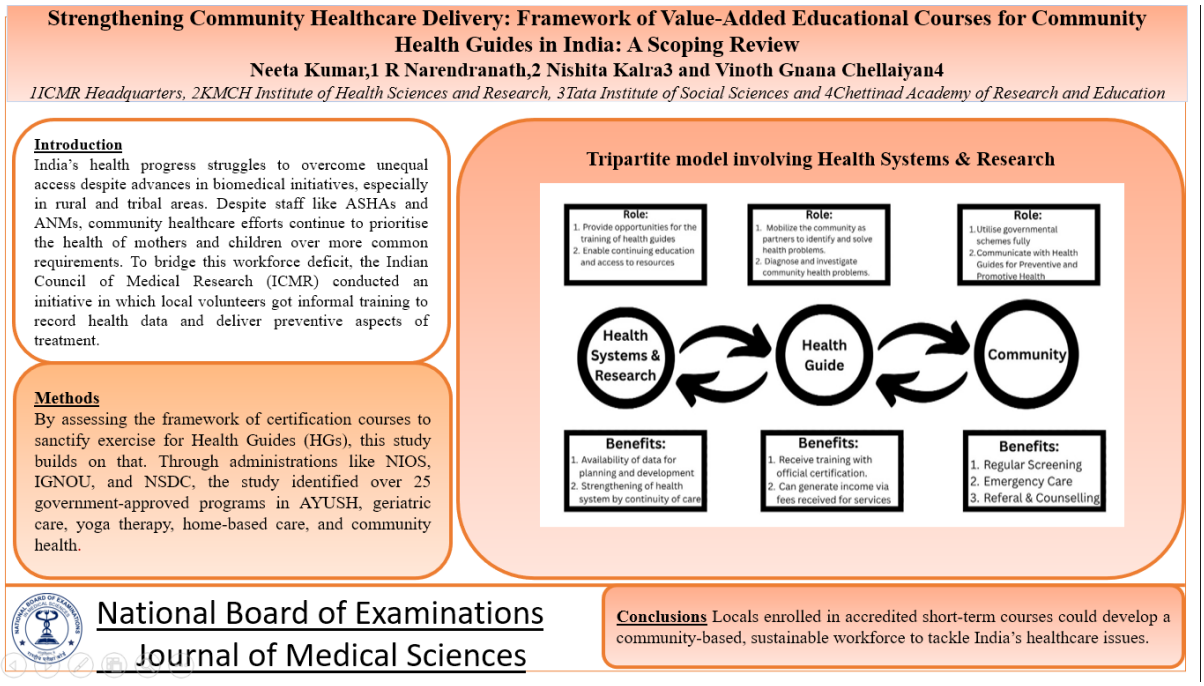
Graphical Abstract



Back ground

India's public health has improved in this field over the past 7 decades, but despite the advancements in the field of biotechnology and pharmaceutical sciences, the country still struggles to provide proper treatment, especially in rural areas. Given that the present density is just 34.6 per 10,000 people, an extra 1.8 million health professionals are needed to reach the WHO-recommended level of 44.5 health professionals per 10,000 people to provide equitable healthcare access for all Indians [1]. Finding, keeping, and inspiring healthcare workers is still a major difficulty that is essential to enhancing the efficiency of current health systems [2].

The primary focus of the community health workers, including ASHAs, ANMs, and Anganwadi workers, is maternal and child health, which limits their capacity to address the community health issues. Burnout and low morale result from this limited-service scope, which is impaired by poor infrastructure, limited training, and the demanding workload [3]. To manage these limitations, the Indian Council of Medical Research (ICMR) launched a community-based pilot program that collects community-generated data and better understands public health needs using tools like Health Account Number (Unique Health ID), Health Diaries, and other mobile applications [4].

Building this initiative, local people were trained informally using the modified educational system to provide the preventive aspects of healthcare through house visits. This concept raised community participation from 0% to 74% when it was appraised through the medical colleges [5]. Regional homemakers and students who have served as participating health guides were able to spend two to four hours per week on these programs [4].

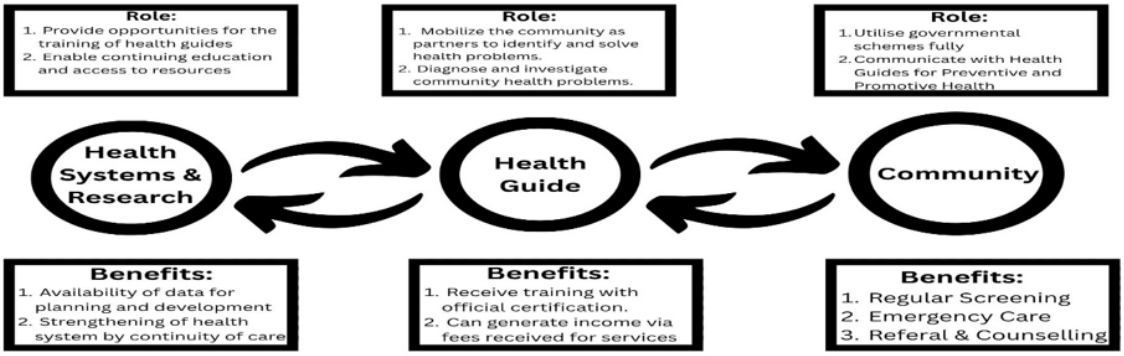


Figure 1. Tripartite model involving Health Systems & Research, Health Guides, and the Community [6]

Methodology

The Health Guide (HG) concept was created to support the community-based workforce and to improve the effectiveness of the Ayushman Bharat Digital Mission (ABDM). A local HG who lived within 100 meters of radius might complete a single house visit in roughly an hour, according to the ICMR pilot studies. On a single day, each HG usually served five houses. Depending on their availability, an HG may reach 15–30 homes per month, or 75–150 people (assuming five people per household). The actual household participation may differ according to the local availability, comfort, and time of the HG visit [7].

The envisioned responsibilities of HGs include:

- Recording the community-level health data.
- Conducting a regular screening programme for common illnesses.
- Delivering preventive and curative health education.
- Facilitating referrals for early diagnosis and treatment in the community.
- Promoting awareness and use of government health schemes and their benefits [8].

HGs are supposed to work as front - line workers, keeping an eye on the health of the community, spotting environmental risk factors (such as contaminated water and inadequate sanitation), and sending the proper alerts and referrals. They also function as promoting the community participation, encourage behavioural change communication, and support disease surveillance. They would also assist in the development and implementation of national health initiatives in collaboration with the regional health officials [9].

Formal certificates were suggested to standardise the training and maintain involvement once it was realised that informal volunteering has its own limitations. Certified HGs have the potential to become competent, independent caregivers who can provide comprehensive, culturally relevant health care at the household level [10]. A total number of 40 certificate courses were chosen based on the training of health guides at the community, among which 22 courses which provide hands-on training as a part of the curriculum are being included for comparison.

To operationalize the ICMR convened expert panels for designing the short-term certification courses tailored to

Indian health priorities. The curriculum includes emergency and rehabilitative care, first aid, yoga, dietetics, and de-addiction. Minimum eligibility was completed 10th standard education, with a course duration of under one year, hybrid delivery (online + offline), pan-India access, and a fee cap under ₹10,000. Placement support and skill applicability of the courses were prioritised for long-term utility [11].

Based on these, the ongoing courses shortlisted are shown in Table 1.

Table 1: List of currently existing courses in India for comprehensive skilling of persons as frontline health workers [12-17]

Program name	Institution	Entry level	Minimum age	Fees (Rs.)	duration	Mode of teaching	Remarks
1. Yoga	NIOS	8th pass	14 yrs	1000	6 months	Online + offline	Provides foundational knowledge about YOGA, both in theory and practice.
2. Yoga Assistant	NIOS	10th pass	14 yrs	3000	6 months	Online + offline	Trains to assist yoga students and guarantee a secure and productive yoga practice.
3. Ayurveda Assistant	NIOS	10th pass	14 yrs	3000	6 months	Online + offline	Help Ayurvedic practitioners, mostly in clinics, hospitals, and wellness centres. Basics of ayurvedha are taught.
4. Panchakarma assistant	NIOS	10th pass	14 yrs	3000	6 months	Online + offline	Provides both theoretical understanding and practical skills in the Ayurvedic detoxification treatment known as Panchakarma. Prepares students to work as Ayurvedic Panchakarma helpers.
5. Care of the Elderly	NIOS	10th pass	14 yrs	6000	1 year	Online + offline	Gives the skills ty need to care for senior citizens. Care includes general care, ageing, and the requirements of the elderly, including senior yoga.
6. Community Health workers	NIOS	10th pass	14 yrs	5000	1 year	Online + offline	Prepares competent health workers for underprivileged communities by giving them the fundamental information and real-world skills in emergency response, primary healthcare, community

							health, and health awareness.
7. Certificate in Home-Based Health Care (CHBHC)	IGNOU	10th pass	No bar	2000	6 months	Online + offline	Provides the knowledge and abilities needed to care for the elderly and those with long-term, progressive illnesses. Teaches Kriyas, Yogic Kriyas, Asanas, Pranayama, Mantra Japa, etc.
8. Certificate Program in YOGA (CPY)	IGNOU	12th pass	18 years	5000	Self-paced	Online + offline	Orients knowledge of yoga's advantages for mental, emotional, and physical health.
9. Certificate in Home Health Assistance (CHHA)	IGNOU	12th pass	18 years	6000	6 months	Online + offline	Creates skilled workers who may be hired to support patients and help other healthcare professionals in their homes.
10. Home Health Aide	IGNOU and NSDC	18yrs	10th pass	6-10 000	6 months	Offline	Trains home-based health aid, which emphasises patient care, personal cleanliness, and basic medical support in a home environment. Also trains to assist the elderly and those with chronic illnesses in their homes.
11. Basic care support for the COVID-19 frontline worker and home care support for the COVID-19 frontlin	PMKVY (NSDC)	10TH CLASS	18 years	No fee	195 hours	Offline	-

e worker							
12. Advanced care support COVID frontline worker	PMKVY (NSDC)	10TH PASS	18 years	No fee	210 hours	Offline	-
13. Sample collection support COVID frontline workers	PMKVY (NSDC)	12TH PASS science stream	18 years	No fee	211 Hours	Offline	-
14. Emergency care support COVID frontline workers	PMKVY (NSDC)	12TH PASS	18 years	No fee	144 Hours	Offline	-
15. Medical equipment support For COVID frontline worker	PMKVY (NSDC)	10th class + I.T.I with 3- 5 years of experience or diploma (technical subjects like electronic/ mechanical/ electrical/ computers/ any other related field	18 years	No fee	312 Hours	Offline	-
16. Yoga instructor,	NSDC, NOS Sub Sector:	8th pass	18 years	Ranges from	226 hours	Offline	-

NOS Category: Beauty & Wellness Sector Skill Council	Alternate Therapy NOS QP Category: Retired Occupational Standards QP Code: BWS/Q2201 Occupations: Yoga Services			500 to 5000			
17. PMKVY Yoga instructor-available to join an accredited yoga training center.	PMKVY - course for one health concept	8th pass	18 years	500	3 days	Offline	-
18. ASHA manuals Training Module for Multipurpose Workers	Directorate of National Vector Borne Diseases Control Program, DGHS, MOHFW	10th pass	18 years	No fee	3 days	Offline	Creates a strong multipurpose worker (MPWs), the ASHA (Accredited Social Health Activist), to do reporting, community involvement, and healthcare. Provides the abilities they need to handle health concerns at the local level.
19. Diploma in Multipurpose Health Worker	Private Colleges, Universities	12th pass	18 years	As per college norms -Rs. 12 to 48000	6 months to 2 years	Offline	Trains the staff who worked as COVID-19 frontline workers and who meet the requirements for the PMI-RMP®

20. Youth Leadership Training course - Karm yoga	NGO- Vyakti Vikas Kendra, affiliated to the Ministry of AYUSH	18 years	Fees Rs.1500/- (residential- includes boarding lodging, feed tuition fees study material, etc.)	Duration- 7 days, mode- offline	Self-paced	A package for holistic all-round development of self and surroundings	Produces trained manpower with entrepreneurship skills, communication, counseling skills, skills for identifying problems, making locally / culturally appropriate solutions, implementing solutions, skills to use local resources, taking care of the mental and physical needs of sick persons using Yoga as well as Ayurveda, and skills of environment management.
21. 256 preventive health courses are listed at SAKSHAM site of NIHFW.	NIHFW For existing skill enhancements	18 years	Entry-level 10th pass	Minimum age 18 years	Self-paced	Courses/module: 256 modules available online to enhance existing skills and improve skills through self-learning	Trains in common preventative health conditions and management in the community.
22. General Duty Assistant Program	MOHFW. Government	18 years	Duration 6 months, fees 7500/-	offline	Self-paced	In hospital settings, rehabilitation services in a home setting	Provides an opportunity to enhance basic nursing and community health worker skills.

In addition to the schemes, Pradhan Mantri Kaushal Vikas Yojana (PMKVY), SAKSHAM, the National Institute of Public Health Training and Research (NIPHTR), the Healthcare Sector Skill Council, and the Basic Healthcare Provider program (which includes training in patient hygiene, infection control, clinical skills, safety promotion, and biomedical waste management) are generating the skilled public health workforce in our country [18–21]. These initiatives operate under the aegis of the National Skill Development Corporation (NSDC) [22]. The Symbiosis of Centre for Health Skills (SCHS) also contributes to the workforce generation through its simulated learning-based clinical training modules [23].

Training these programs, such as Skills in Obstetrics and Gynecology,

offered by the Indian Institute of Skill Development Training, and academic public health training institutions such as the National Institute of Epidemiology (NIE-ICMR), Indian Institutes of Public Health (IIPH), and Indian Institute of Health Management Research (IIHMR), are also playing a role [24–26]. However, their focus is largely on the administrative, epidemiological, and hospital-based care provider cadres, rather than front-line community health workers [27].

As per the inclusion criteria of all India representativeness of course centres, available in all regional languages, financially affordable (within Rs. ten thousand costs of training), covering all the topics of holistic comprehensive preventive promotive health care knowledge, 31 above curricula were shortlisted. Out of these 31 selected/shortlisted courses are fulfilling the inclusion criteria. The IGNOU course of health guide and Karma yoga develop communication and counselling skills - a combination of these two was selected after consulting with subject experts in a series of meetings and deliberations over the issue in ICMR.

Discussion

With India aspiring to attain the high middle-income status by 2047 — marking a century of independence — the economy is projected to remain one of the fastest-growing globally [28]. Between 2011 and 2019, the proportion of people living in extreme poverty (under $2.15/day, 2017 PPP) was more than halved — from about 22.5 % to 10.2 % [29]. Yet, despite these economic gains, India cannot emerge as a global leader without parallel progress in health, development, and social equity [30].

Criteria of comparison

Cost, all-India presence/ representativeness, logistics, and feasibility all over India. After comparing logistics available all over India, syllabus covering all required components, fees and eligibility criteria – the IGNOU program of health guide home health care) 6 months course on correspondence mode, and 7 days Karma yoga workshop to add entrepreneurship communication counselling, preventive health, may be considered as suitable to generate a skilled workforce for multitasking as frontline health workers. Online courses of NIHFW for the supplement/upgradation of skills to make the skilled workforce more versatile are suggested. Unlike ongoing ASHA workers, this certified trained workforce can become self-employed as their utility is much more for the community and little handholding with kits (diagnostic and therapy kits contains essential equipment for BP, sugar, temperature height weight measurement and common use medicines) from IEC budget of district make them complete preventive and supportive health care providers, available at door step of community.

Comparison of cost and training duration found that the cost of courses by Private Institutions was higher than the available courses of the Government of India's NIOS, IGNOU and PMKVY. Skills @ of INR.2000 to 6000 as fees for training material found feasible and affordable, as most part of the courses is through correspondence with short contact class room sessions, hence may be used for remotely situated and working population. It was noted that these courses have many centres across the country for contact sessions - infrastructure is adequate. Duration: The average duration is 6 months

for NIOS, IGNOU, and PMKVY, which is shorter than other courses of 2-3 years. If the cost of training is nominal, screening and emergency treatment kits imparted from the ongoing IEC budget (Information Education Communication) for the district, funnelling of the budget makes the best use. In this way, no extra budget is required to generate huge numbers of trained HG in a short span of time, within 6 months to one year.

Training duration: to develop doctors, nurses, and technical staff is more costly and time-consuming, while the need of door step delivery of basic services and health data flow may be covered by empowering 10th to 12th pass using available courses within 6 months of time. Hence, 6 months correspondence course of NIOS or IGNOU, and 7 days of training of Karmyog - YLTP, yoga instructor under PMKVY, is considered to bridge the gap of certified caregivers for preventive health education, screening, emergency care, counselling and referral for testing and treatments in the early stage of all identified ailments. Identified curricula include technical, physical and mental, soft skills and communication skills to identify risk sign symptoms, impart preventive, rehabilitation care, and palliative care. Syllabus content is such that it increases the acceptability of such workers in the families they serve.

However, the WHO document's prediction of INR 3000 billion for doctors and INR 1100 –1500 billion for nurses, totalling INR 8000 billion by 2030, may not be as high. If AYUSH qualifications are added to the active health workforce, the necessary investment to close the gap would be in the range of INR 200 billion 49. However, this investment will not be required in the proposed model to generate a skilled workforce, as meager-easily manageable course fees may be managed by self-funding from individuals opting for courses or by using the existing IEC budget. The only thing the government can do is to advertise these courses at large scale, so many get attracted 50. ICMR study demonstrated that 51 Medical colleges may be optimally used in skilling manpower for public health. Each medical college with a preventive and social medicine department may be hand holder accountable for strengthening of grass root workers. A strong and equitably distributed health workforce is foundational to achieving universal health coverage. Against the WHO's recommended threshold of 44.5 doctors, nurses, and midwives per 10 000 population, India reports a significantly lower density—approximately 5.0 doctors and 6.0 nurses/midwives per 10 000 people—serving a population exceeding 1.3 billion [31]. This shortfall is further exacerbated by urban–rural disparities, public–private divides, and interstate imbalances [32].

India has introduced program-specific health workers under vertical initiatives like *TB Mukt Bharat* and *Anaemia Mukt Bharat*. However, these cadres often lack cost-effectiveness, long-term sustainability, and do not adequately align with the comprehensive 12-point service delivery mandates of Health and Wellness Centres (HWCs) [33,34]. Moreover, health worker availability, recruitment, roles, and education are frequently constrained by financial limitations, affecting both supply and demand [35].

This article explores scalable and context-sensitive solutions to India's healthcare workforce challenges. Given that existing personnel are overburdened

and narrowly trained, achieving comprehensive care requires a reimagined workforce strategy. Community-based individuals—familiar with local cultural norms and needs—represent promising candidates. Employing local members fosters trust, enhances service uptake, and may lead to improved health outcomes [36].

However, informal training pathways—lacking standardized metrics and evaluation systems—risk becoming obsolete. Further, community participation may remain limited without incentives or recognition. To mitigate these concerns, we propose structured certification programs with formal assessments, enabling volunteers to acquire comprehensive caregiving competencies and engage in periodic skill refreshers. Accordingly, we undertook a review of existing community health certification programs to inform curriculum design [37].

Conclusion

As seen by current initiatives from organisations like NIOS, IGNOU, and NSDC, formalising the training of community-based health guides through organised certification programs can help address India's healthcare manpower shortages. Enhancing primary healthcare delivery and reducing urban-rural inequities can be achieved by providing local volunteers with standardized training in preventative care, health education, and referral coordination. By combining these initiatives with national health initiatives like Ayushman Bharat, scalability and sustainability are guaranteed, and community involvement and trust are encouraged. By utilizing human resources at the grassroots level, this strategy supports India's objectives of attaining universal health coverage and equitable health outcomes.

Relevance to preventive medicine

- **Strengthening Primary Prevention at the Community Level** – By formalizing training for Ayushman Health Guides (HGs) in health recording, screening, behaviour change communication, and environmental health assessment, the model targets early disease detection and health promotion, which are core elements of preventive medicine.
- **Addressing Social Determinants of Health** – The deployment of trained, culturally embedded community health workers improves access in underserved areas, tackling inequities in healthcare delivery and enabling preventive interventions before diseases progress

Implications for clinical practice

1. **Enhanced Early Detection and Referral** – Trained Ayushman Health Guides (HGs) can identify at-risk individuals through screening and health recording, enabling timely referrals to clinical facilities and reducing the burden of late-stage disease management.
2. **Improved Continuity of Care** – By linking communities with formal healthcare systems, HGs can support follow-up, treatment adherence, and patient education, complementing clinicians' work.
3. **Reduction in Preventable Morbidity** – Preventive and promotional care delivered at the community level can lower the incidence of conditions requiring intensive clinical interventions.

4. **Culturally Sensitive Health Promotion** – HGs' local knowledge can enhance patient trust and compliance, making clinician-recommended lifestyle modifications more effective.

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Statements and Declarations

Conflicts of interest

The authors declare that they do not have conflict of interest.

Consent to participate

Written informed consent was obtained from all participants before their inclusion in the study.

Consent for publication

Written informed consent was obtained from all participants for the publication of anonymized data and any images, where applicable.

Author contributions

NK conceptualized and designed the study, supervised data collection, and contributed to manuscript preparation. VGC and NR was responsible for data acquisition, statistical analysis, and drafting of the initial manuscript, while Ms Nishita Kalra assisted in data interpretation, critical manuscript revision, and overall study supervision. All authors reviewed and approved the final manuscript. NR will act as guarantor of the manuscript.

Data Availability

The corresponding author can provide the data supporting the study's conclusions upon request. Because they contain information that could jeopardize research participants' privacy, the data are not publicly accessible.

Ethical clearance

The Institutional Human Ethics Committee (CARE IHEC II) has reviewed our proposal on 27.01.2022, and it was approved (IHEC-II/0147/22)

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Annexure – 1

Other courses

1. Ayurveda Dietician	HHSSC (NSDC)	Certificate	BAMS	23 YRS	No fee	6 months	Online + offline	1. HSS/N3904: Creates an ayurvedic food plan based on the health and medical requirements of the customer. 2. HSS/N3905: Trains to prepare personalized food plan based on Ayurvedic principles 3. HSS/N3906: Assess the diet plan's efficacy 4. HSS/N3907: Keep dietary data up to date for follow-up activities
2. Yoga Therapy Assistant	HHSSC (NSDC)	Certificate	12^{TH} PASS	18 YRS	No fee	6 months	Online + offline	Trains the unit as per the yoga therapy needs, carrying out initial interaction with individuals for proposed yoga therapy as per directions, conducting yoga therapy sessions as per prescribed advice, conducting post yoga therapy session review, etc.
3. Assistant Yoga Instructor	HHSSC (NSDC)	Certificate	8^{th} Class OR 8^{th} Class (ASHA and Anganwadi worker) with 2 Years of experience	18 YRS	No fee	6 months	Online + offline	Trains via yoga sessions (CYP) as per the instructions, follow sanitization and infection control guidelines, maintain a safe and secure working environment, interpersonal relationships and professional conduct
4. Yoga Wellness Trainer	HHSSC (NSDC)	Certificate	18 yrs	With 2 Years of experience	5-6000	6 months	Offline	Trains via yoga sessions for participants to promote wellness, regular in-house training for subordinates, and

(Assistant Yoga Instructor)				OR I.T.I (Certificate in				ensures sanitisation and infection control guidelines are followed at the workplace
5. COVID Frontline Worker (Basic Care Support)	NSDC	Certificate	18 yrs	10th pass	free	195 hours	Online + offline	The course is for the last office (death care), transferring patients and their samples, drugs, documents within the hospital, provide support in the routine activities of in-patient.
6. COVID Frontline Worker (Home Care Support)	HHSSC (NSDC)	Certificate	10th pass	18yrs	free	195 hours	Offline	The course is for multiple works like emergency health care services at lower levels in various places, sanitization and infection control guidelines, assist patient in bathing, dressing, and grooming.
7. Home Health Aide Occupational Standards (NOS)	HHSSC (NSDC)	Certificate	10 th pass	18 yrs	Varying center to center	6 months	Hybrid mode	Competencies include training on Personal care, reporting patient conditions to medical specialists, and helping patients with everyday living tasks, which are important duties.
8. Diet Assistant	HHSSC (NSDC)	Certificate	10th pass	18 yrs	Varying center to center	6 months	Hybrid mode	Trains on food safety and cleanliness, including how to store food properly, prepare food safely to preserve its nutritional content and prevent contamination, educate patients about dietary limitations in accordance with instructions, and choose a therapeutic Nutrition plan.
9. Ayurveda Ahara & Poshana Sahayak	HHSSC (NSDC)	Certificate	10th pass	18 YRS	No fee	6 months	Online + offline	Trains to carry out routine activities – provide support to Ayurveda Dietician, maintain interpersonal relationships with patients, colleagues and others, maintain a safe, healthy and secure working environment, complying with Infection Control and Bio Medical Waste Disposal norms.