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Centre for Research in Schemes and Policies

Monthly Updates- July 2026

# SHGs Undertaking Health-promoting activities for Achieving Sustainable growth (SUHAAS)

## Overview

Project SUHAAS is being implemented across Madhya Pradesh, Odisha and Telangana in partnership with The Gates Foundation. The project works to position women's Self-Help Groups as active health knowledge intermediaries in their communities; strengthening both the demand for and access to public health services among rural poor households. CRISP shall provide technical guidance, curriculum development, and field support, with the SRLMs and health departments owning implementation.

## Project Goal

To bring about active participation of rural women in public health service delivery and, through that, enhance health and nutrition outcomes in the villages. The project seeks to achieve this by imparting skills of Allied Health Workers (AHWs) to SHG members and empowering them through knowledge transfer and organizational skills. The role of such empowered SHGs will strengthen both the demand-side and the supply-side by supporting the frontline health workers.

## Strategy

The project works by securing buy-in from NRLM, WCD and NHM leadership to work together toward agreed health and nutrition outcomes. Selected SHG volunteers are then trained in allied healthcare, equipped with IEC materials like handbooks and picture books, and health and nutrition is formally embedded as a standing agenda item in their periodic meetings. Coordination is institutionalised through regular meetings between Village Health and Nutrition Committees, PHC review meetings, and joint sessions between SHGs, Anganwadi and Health and Wellness Centre staff. Progress is tracked through annual evaluations, with lessons documented and disseminated to inform future scaling.

## Progress this Month

**Madhya Pradesh**

**Morena**

- On 18 July 2026, a district-level review meeting chaired by the District Collector was held to finalise the implementation strategy for Project SUHAAS across Ambah and Porsa blocks.
- Baseline findings presented by CRISP highlighted a 75% gap in follow-up consultations despite satisfactory NCD registration. Community screening of 880 individuals identified 126 hypertensive and 44 diabetic cases, validating the NCD Portal data.
- A saturation approach for ABHA IDs, Family Folders, CBAC Form A, and NCD screening was approved.
- SRLM will designate one Health In-charge Volunteer per SHG, with approximately 500 SHG members collectively covering around 2,500 households.

**Balaghat**

- On 27 July 2026, a district-level review meeting chaired by the collector-Balaghat and attended by senior and mid-level district and block officials across the SRLM and Health Department approved the implementation framework for the SUHAAS pilot across 5 Gram Panchayats and 6 villages, including a population of approximately 17,000
- A mobile application/Google Form integrated with the NCD Portal was approved for baseline screening, follow-up, and rescreening, with the NCD Portal designated as the primary monitoring platform.
- Implementation arrangements were finalised, including PHC Medical Officer-led clinical assessments, SHG mobilisation of 250 groups, ABHA ID creation, HPR registration, equipment calibration, district-level coordination, and timelines for completing baseline screening within 1.5 months, followed by rescreening over the subsequent 1–2 months.

**Odisha**

- A review meeting was convened with senior officials of the Department of Health and Family Welfare for the technical validation of the Arogya Sakhi Training Module, developed to build the capacity of the proposed allied healthcare cadre (the Arogya Sakhis) under the project.
- The Minutes of the Meeting held on 22nd April 2026, to formally introduce Project SUHAAS to the Department of Health and Family Welfare, were officially published, marking the initiation of the file for Project approval.
- A proposed action plan for the project was submitted to and subsequently approved and signed by the Commissioner-cum-Secretary, Department of Health and Family Welfare.
- The Special Secretary (Public Health) has been formally nominated as the Nodal Officer for Project SUHAAS. A meeting was subsequently held with the Special Secretary to apprise him of the project's objectives, structure, and current status.
- Discussions were held with the Mission Director, National Health Mission (NHM), requesting that formal communication be advanced to the District Collectors of the project's pilot geographies (Mayurbhanj and Koraput) to enable the commencement of field-level project activities.
- Internal planning has been undertaken for the project's inaugural field visit to the pilot districts for orientation of district-level functionaries and field testing the training module:

**Telangana**

- The Memorandum of Understanding (MoU) between CRISP and SERP was signed by Mrs. D. Divya, CEO, SERP, and Mr. R. Subrahmanyam, Secretary, CRISP on 8th July 2026, formally establishing the partnership for implementation of Project SUHAAS in Telangana.
- Field validation of the Arogya Sakhi Training Module was conducted in Chowthamguda (Nagarkurnool) on 8th July and Bhupatipur (Mulugu) on 15th July through Focus Group Discussions (FGDs) with SHG women and Key Informant Interviews (KIIs) with ASHAs and ANMs.
- A planning meeting with the SERP team was held on 28th July 2026 to finalise the implementation roadmap. It was agreed that findings from field validation would be incorporated into the training materials, followed by a state-level orientation meeting and phased training rollout.
- New content on stigma counselling, responses to frequently asked community questions, locally relevant dietary guidance, and the first podcast session on hypertension and diabetes as "silent killers" were developed.
- A meeting was held with the State NCD Cell to obtain block-wise NCD data for Nagarkurnool and Mulugu.
- A State-Level Orientation Meeting was convened with SERP, NHM, and the Health Department on July 28th 2026, to finalise the implementation roadmap.

## Way Forward

**Morena**

- NHM will nominate 10 health professionals and initiate health worker training, while SRLM will designate one Health In-charge Volunteer per SHG to support household outreach. CRISP will deploy the Arogya Sakhi Sahayika mobile application, and all stakeholders will work towards completing ABHA ID creation, Family Folder updation, CBAC Form A completion, and NCD screening by 15 August 2026, followed by a district-level review.

**Balaghat**

- The project will commence with SHG orientation, village and household allocation, and constitution of village screening teams. Door-to-door household screening and community mobilisation will be undertaken under BMO supervision, with baseline screening completed as per the approved implementation timeline.

**Telangana**

- Nomination of State and District Master Trainers by NHM and SERP.
- Orientation and Training of Trainers (ToT) for Master Trainers.
- Roll out district-level trainings for Arogya Sakhis, ASHAs, and ANMs across the pilot districts.

**Odisha**

- Undertake field visits to Mayurbhanj and Koraput to apprise the Chief District Medical Officer (CDMO), Block Medical Officer (BMO), District Programme Coordinator (DPC), Block Programme Coordinator (BPC), and the respective District Collectors regarding Project SUHAAS and request necessary administrative cooperation.
- Hold an inter-departmental consultation with the Mission Shakti Department and Department of Health and Family Welfare to discuss the next steps and eventually kickstart the field implementation.
- Plan and organise the Training of Trainers (ToT) for the nominated master trainers.
- Conduct a subsequent field visit to both pilot districts for the selection of Arogya Sakhis and facilitation of the 5-day training programme.

## Key Learnings

- The administrative transfers within the Government Departments underscore that project continuity cannot rest on a single point of contact. Maintaining relationships across multiple levels of the department has proven necessary to safeguard institutional memory during personnel transitions.
- A front-loading cross-functional validation of the Arogya Sakhi Training Module, even when it slows initial timelines, is preferable rather than revising a module after field rollout has begun.
- Field validation demonstrated that stigma surrounding hypertension and diabetes remains a significant barrier to early diagnosis, treatment adherence, and care-seeking. Addressing stigma through counselling and community engagement must form a core component of the Arogya Sakhi training programme.
- Contextualising training materials using local terminology, community beliefs, and field-tested examples improves their relevance and acceptance among both community members and frontline health workers.

## Photo Gallery

*21 July 2026, Odisha: Technical review meeting with senior DoH&FW officials for the validation of Arogya Sakhi training module*


*28 July 2026, Telangana: Convergent meeting with SERP and NHM to discuss the next steps for Project SUHAAS*


*27 July 2026, Madhya Pradesh: District-level meeting chaired by Collector-Balaghat to highlight the next steps for project Implementation*


*15 July 2026, Telangana: FGDs and KIIs with community women to field test the Arogya Sakhi Training Module*