CRISP
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Centre for Research in Schemes and Policies

Monthly Updates- May 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.

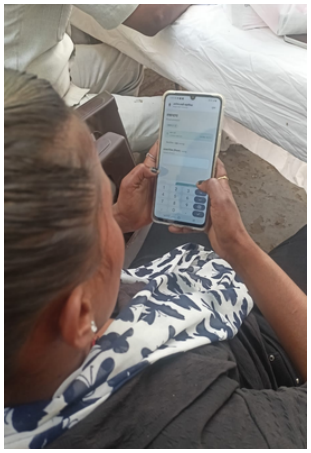
Project Goal

To bring about active participation of rural women in public health service delivery and, through that, double 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.

Photos



Progress this Month

Madhya Pradesh

- Analysis of Morena's NCD data in April identified two key gaps: (i) 2,255 eligible individuals were not screened (14% drop-off), and (ii) only 374 of 1,488 diagnosed patients adhered to treatment, with just 322 patients under control.
  - Based on these findings, a 10% re-screening initiative was launched in Morena and Balaghat districts.
- The first round of screenings was conducted in Morena on 13–14 May by district NCD and SRLM teams:
- Kamtari SHC (Ambah Block): 157 individuals screened; 34% identified as disease carriers.
- Dharamgarh Village (Porsa Block): ~150 individuals screened; 46% identified as disease carriers. The exercise covered the entire village population.
- Preparations for door-to-door screening are underway. Area mapping has been completed, field teams comprising ASHAs, ANMs, Anganwadi workers, and Arogya Sakhis have been formed, and an orientation meeting was conducted on 29 May.
- Following consultations with block-level Health and SRLM officials, four villages under PHC Karanja: Dewalgaon, Sadra, Badgaon, and Dahegaon, were selected for the re-screening intervention.
- A dedicated mobile application and centralized web portal have been developed to support data collection, demographic analysis, and follow-up planning.
- Re-screening activities have commenced in the selected villages.

Odisha

- Project SUHAAS received approval for pilot implementation from the Department of Health and Family Welfare, Odisha, following consultations with NHM and Mission Shakti.
- NHM Odisha recommended Betanati (Mayurbhanj) and Burigumma (Koraput) as pilot blocks.
- Profiling of the selected geographies has been completed, covering demographics, health infrastructure, SHGs, NCD prevalence, and risk factors.
- The training module has been shared with NHM Odisha for validation and co-development.
- Mission Shakti confirmed support for the pilot, including SHG nominations, training infrastructure, human resources, and an incentive framework.
- The MoU has been shared with the Health Secretary and is expected to be signed shortly.

Telangana

- CRISP shared a formal letter of acceptance in response to SERP's invitation to start Project SUHAAS in Telangana.
- The CRISP team met Ms D. Divya, CEO, SERP and Ms Madhuri Shah, Director, Human Development, SERP, on 20th May 2026, to brief them on project rationale, NCD context in Telangana, training curriculum, and pilot implementation approach.
- Pilot locations were identified by CRISP based on existing team availability and established SHG coordination in the Tadvai block of Mulugu and the Amrabad block of Nagar Kurnool.
- A joint meeting between the NHM, SERP, and CRISP has been scheduled for June 4th,2026. SERP has issued formal letters inviting the Health Secretary, NHM MD, and the Special Secretary, Panchayati Raj and Rural Development.

Training Materials

- Training material has been prepared and finalized by the CRISP team.
- The module was field tested across five districts in Andhra Pradesh to assess the relevance and applicability through FGDs with SHG women and KIIs with ASHAs and ANMs.
- Based on the discussions, revisions were made in the training module.

Way Forward

Madhya Pradesh

- Complete rescreening in Balaghat.
- Commence complete screening in Morena.

Odisha

- Convene the inaugural Implementation Committee meeting with District Collectors of Koraput and Mayurbhanj.
- Coordinate signing of the MoU with DoH&FW.
- Conduct a baseline situational analysis in the pilot blocks before beginning the intervention
- Screen and chose Arogya Sakhis from the SHG women allocated by Mission Shakti Department
- Conduct a 5-day training session for the selected Arogya Sakhis, along with ANM and ASHA cadre of the respective blocks.

Telangana

- Tripartite meeting on June 4th to discuss and finalize the project scope and implementation.
- Explore the feasibility of expanding the pilot to 1 mandal of the Wanaparthy district, as suggested by the CEO, SERP.

Key Learnings

- Securing written commitments and documented approvals from government stakeholders is critical for ensuring clarity of roles, accountability, and continuity of implementation.
- Data collected directly through the Arogya Sakhi Sahayika mobile application has consistently demonstrated data reliability challenges. To mitigate this issue, a physical paper-and-pen data collection tool was developed and deployed.
- The compilation of this physical data has now been automated using AI-powered scanning technology, which successfully uploads the verified records directly onto the Sahayika portal.