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Monthly Updates- October 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 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

- Community-based NCD screening has been operationalised in Morena district across three pilot sites. During the reporting period 28th September to 3rd October 2026, 697 individuals were screened at Dharamgarh against an eligible population of 1,722; 165 individuals at Vitt ka Pura, Ambah against an eligible population of 1,931; and 152 individuals at Kamtari, Ambah against an eligible population of 1,794. Generation of ABHA identifiers has been undertaken concurrently.
- Sagar has been approved as the second project district in the State in place of Balaghat. The blocks of Deori and Kesli have been identified by the district administration for the proposed intervention, and a meeting with the District Collector, Sagar was held on 13th October 2026 in this regard.
- It has been decided that in Sagar an entire Primary Health Centre shall be taken up as the pilot unit, in place of a limited number of Sub-Health Centres, with the screening exercise to be commenced ab initio in collaboration with CRISP.
- A regular reporting mechanism with the district administration has been institutionalised, whereby consolidated screening data shall be furnished to the District Collector, Morena on a biweekly basis. Digitisation of screening data on the NCD Portal has been completed in respect of Vitt ka Pura and Kamtari.
- Mobilisation through Self Help Group members is underway; the tentative screening schedule has been shared with the Block Medical Officer; regular follow-up with the Community Health Officers of the pilot Sub-Health Centres has been scheduled; and a one-day orientation for SHG members has been arranged at Sagar under the leadership of Dr. Manohar Agnani, IAS (Retd.).

Odisha

- Pilot SHC catchment areas were identified and finalised in collaboration with the District NCD Cell, Koraput, Odisha. This includes 25 villages across 2 GPs and 2 SHCs.
- A comprehensive baseline assessment regarding the existing levels of screening and follow up, using the secondary data from the National NCD Portal was conducted to establish a benchmark for future comparison. In cognizance thereof, the following project decisions were taken:
- data convergence to be established between rural Sub-Health Centres and urban PHCs;
- screening camps to be organised at locations where men are available, including market places, Gram Panchayat premises and fields, in view of the steeper attrition of men at every stage of the care cascade;
- Arogya Sakhis to be positioned to address the follow-up gap, follow-ups presently remaining un-incentivised for ASHAs;
- manual analysis of control rates among the treatment cohort to be undertaken.
- Facility-readiness assessments were conducted for the pilot SHCs (SHC Rudhiamba and SHC Mahadeiput) in Koraput block, Koraput district, in order to map the key resources available for the Project execution
- Data quality checks were performed on the NCD Portal data through house-to-house visits in the pilot villages, to gauge the accuracy of the data maintained, and whether the government could be used as a baseline.
- Key Informant Interviews with ASHAs, ANMs, NCD Officers and CHOs were conducted to understand the NCD care continuum process in Koraput and identify the ways in which Project SUHAAS can aid the health system.

Telangana

- The Mission Director, NHM, Telangana has conveyed alignment, in a telephonic conversation with the CEO, SERP, on the Arogya Sakhi training being held in November.
- The design of the training has been settled. The programme has been condensed to four days; district NCD programme officers and Community Health Officers are proposed to attend the first two days, with DMHOs joining virtually; the CEO, SERP shall inaugurate the programme; and the Mission Director, NHM is to be requested to grace the occasion.
- A letter from the CEO, SERP to the Mission Director, NHM, seeking deputation of master trainers and of ASHAs and ANMs for the training, has been drafted and shared with SERP, and is to be dispatched upon confirmation of dates and venue.
- The field visit to the pilot geographies was rescheduled to the week of 26th to 30th October 2026 on the advice of the Director, Human Development, SERP and with the concurrence of the Project Mentor, availability of field teams and officials being expected to be better in that period. The visit is presently underway for orientation of key officials, including the Project Officer, ITDA, the DMHO and the DRDO.
- The behavioural baseline assessment tool has been translated into Telugu and back-translated, in preparation for field testing.

Way Forward

Madhya Pradesh

- A master control sheet shall be prepared, mapping screening coverage against the base list and denominator, so as to enable effective identification of persons left behind.
- Pending digitisation at Dharamgarh shall be completed, and field records shall be reconciled with Excel exports obtained from the NCD Portal, the line lists and the voter list.
- Field engagement shall be initiated in Deori and Kesli blocks, and data collection along with ABHA ID generation shall commence at the pilot PHC in Sagar.
- Formal government documentation shall be sought, including publication of the Minutes of the Meeting held with the District Collector, Morena, and procurement of census data for determination of the denominator.
- Logistical arrangements for the one-day training of SHG women at Sagar shall be finalised, and biweekly reporting to the District Collector shall be sustained.

Odisha

- Selection of Arogya Sakhis: With the support of the Department of Mission Shakti, hire Arogya Sakhis from Cluster Level Federations (CLFs) in the pilot blocks.
- Field visit to Nabarangpur: Visit the second pilot district to orient district- and block-level staff on Project SUHAAS, conduct a baseline assessment, and identify the pilot SHCs for execution.
- Organise a training programme for the Arogya Sakhis at the block-level. Logistics including venue, stipend, and training material, to be finalised for the same.

Telangana

- The letter from the CEO, SERP to the Mission Director, NHM shall be dispatched upon confirmation of dates and venue, so as to formally cover the deputation of master trainers, ASHAs and ANMs.
- The ongoing orientation visit to the districts shall be concluded and its outcomes placed on record.
- Data from the NCD Portal in respect of the pilot districts shall be obtained, and screening and follow-up rates analysed for the purposes of the baseline assessment.
- Field testing of the Telugu behavioural assessment tool shall be undertaken, and the workflow diagram reflecting actual field practice, including case tracking and drug distribution, shall be prepared jointly with the Odisha team.

Key Learnings

- Early evidence is already improving the design. The Koraput baseline showed men dropping off the care cascade faster than women at every stage. Screening camps will now be held where men are during the day — markets, Gram Panchayats, fields — and Arogya Sakhis have been assigned specifically to follow-up, the weakest link in the cascade.
- Building on an existing cadre has accelerated the path to scale. In Odisha, Jibika Sakhis already working under Project BLESS will take additional charge as Arogya Sakhis. This removes a full selection cycle, brings deployment forward, and shows that a health mandate can be layered onto a State's existing livelihoods cadre.
- Denominator work now will make outcomes measurable later. All three States have focused on verifying line lists, reconciling field records with portal data, and removing duplication. This positions the project to report on control rates, not screening volumes alone.

Photo Gallery



Image 1: CHO - SHC Rudhiamba, NCD Counsellor - CHC Mathalput, ANM - SHC Rudhiamba, CRISP Fellow, ASHAs for Mastiput GP at an Anganwadi Centre during a VHND session.



Image 2 : Discussion with a Sarpanch (trusted community elder) regarding the risk-enhancing and nutrition practices of the village, along with medical staff ie ANM, CHO and NCD Counsellor at Mastiput AWC.