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## Dear Friends,

None of us could have predicted that 2020 would be a cataclysmic year for our global healthcare system. The sudden onset of COVID-19 placed an overwhelming burden on health infrastructure, and brought an awareness of the fragility of our health back into each of our homes and consciousness. At Noora, we realized that our core belief — that it takes a family to support a loved one through a health challenge — would be more pronounced than ever before.

As we reflect on our impact in 2020, we are humbled and grateful for all that we have achieved with your support, and the partnership of those on the frontlines who deliver our training to families every day. While the year challenged us, it also inspired us to innovate and push boundaries — our team grew, we explored multiple mediums of communication to navigate barriers of access, and we came that much closer to our goal of making high-quality family member training the standard of care.

Together, we:

- Directly supported governments on monitoring and training family caregivers of COVID-19 patients in home isolation
- Trained 2,082 frontline workers with skills to build resilience in healthcare facilities and in communities
- Deepened existing partnerships and established new ones with 6 state governments, national government initiatives, and a vast network of over 70 diverse organizations across India and Bangladesh
- Developed comprehensive resources for COVID-19, including [content and tools available in 14 regional languages](#)

**What began with [one nurse in one hospital](#), has grown to reach more than 1 million family members and patients, and over 15.6 million with our COVID-19 response.**

None of this would have been possible without your partnership. It truly takes a family to do this work, and we are grateful to have you on this journey alongside us.

  
Edith

  
Shahed

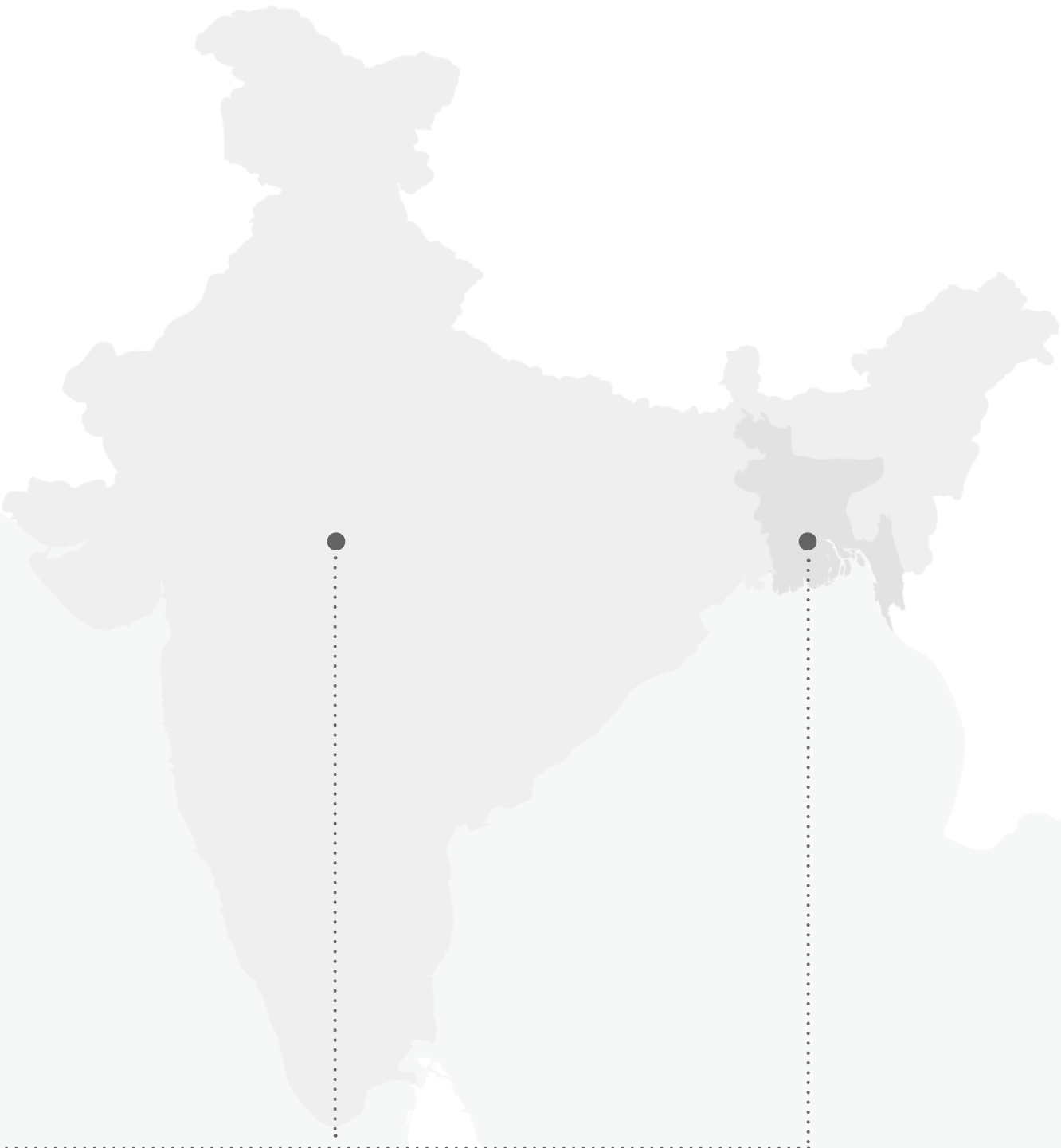


# THE CHALLENGE

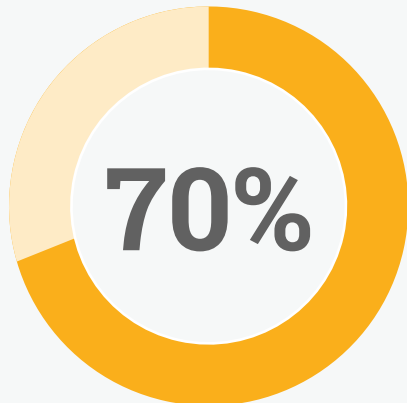
At Noora Health, we believe no one should suffer because of a preventable medical condition.

There is a power imbalance in our global healthcare system where those who care most for patients — their family members — are left out of patient healing. In India and Bangladesh, patients have minimal opportunities and very short windows of time (on average, 2.5 minutes in India and 48 seconds in Bangladesh<sup>2</sup>) to learn about life-saving preventative care, despite the best efforts of frontline health providers.

Even when patients get time with their doctors, 40 - 80% of medical information provided is forgotten immediately, and almost half of what is remembered is incorrect. As a result, families and their patients often leave healthcare facilities anxious, confused, and ill-equipped to care for their loved ones, leading to preventable complications, avoidable readmissions, and in some cases, death. Unfortunately, this is a pervasive and highly relatable problem for anyone who has experienced the helpless feeling of watching a loved one suffer.



## Preventable Morbidity



Estimated percent of deaths in children under 5 that are preventable through better health practices, many of them actionable at home<sup>1</sup>

## An Overburdened System

2.5  
MINUTES

.....● in India

48  
SECONDS

.....● in Bangladesh

Average time that public healthcare providers are able to spend with a patient and their family to convey care instructions<sup>2</sup>

<sup>1</sup>: United Nations Inter-agency Group for Child Mortality Estimation (UNIGME), ‘Levels & Trends in Child Mortality: Report 2019, Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation’, United Nations Children’s Fund, New York, 2019 | <sup>2</sup>: Irving G, Neves AL, Dambha-Miller H, et al. International variations in primary care physician consultation time: a systematic review of 67 countries. BMJ Open 2017;7:e017902. doi:10.1136/ bmjopen-2017-017902. <https://bmjopen.bmj.com/content/7/10/e017902>



**Our Mission** is to improve health outcomes and save lives by empowering family caregivers with the skills they need to care for their loved ones.

**Our Vision** is of a world where patients and their families are a core component of high-quality healthcare delivery and where family member training is the standard of care.

As exacerbated by the COVID-19 pandemic, hospitals, nurses, and doctors simply cannot carry the enormous burden of healthcare alone. By recognizing the power of the most effective caregiver that any individual has — their own family — and empowering them with the right information and skills, we believe we can radically transform patient outcomes and strengthen health systems.

We collaborate with health systems and governments and implement our Care Companion Program (CCP) to provide high-impact medical skills training to family members, positioning them as the cornerstone of recovery in facilities and at home.



\*Photograph taken pre-pandemic



# OUR MODEL

We reimagine the way care is delivered and democratize healthcare by tapping into the most compassionate, capable and able resource that exists alongside the patient — their family.

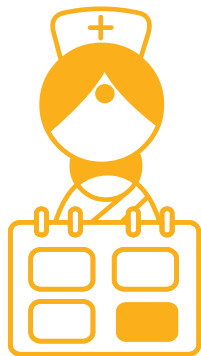


# 2020 IN NUMBERS



45,465

unique users enrolled on our post-discharge WhatsApp platform (54,595 to date)



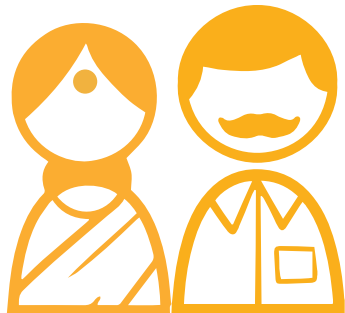
1,349

new trainers certified to run the CCP (5,113 to date)



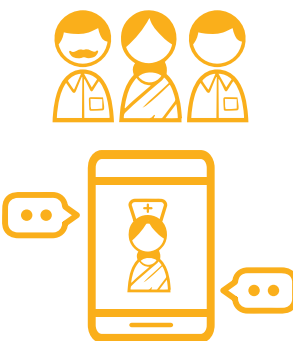
433,844

follow-up reinforcement messages sent (576,534 to date)



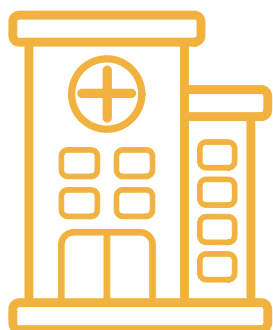
35

new team members (163 to date)



26,599

Care Companion Program (CCP) training sessions conducted (53,724 to date)



6

new hospitals undergoing implementation (165 to date)



416,337

family members trained in 2020

1,054,903

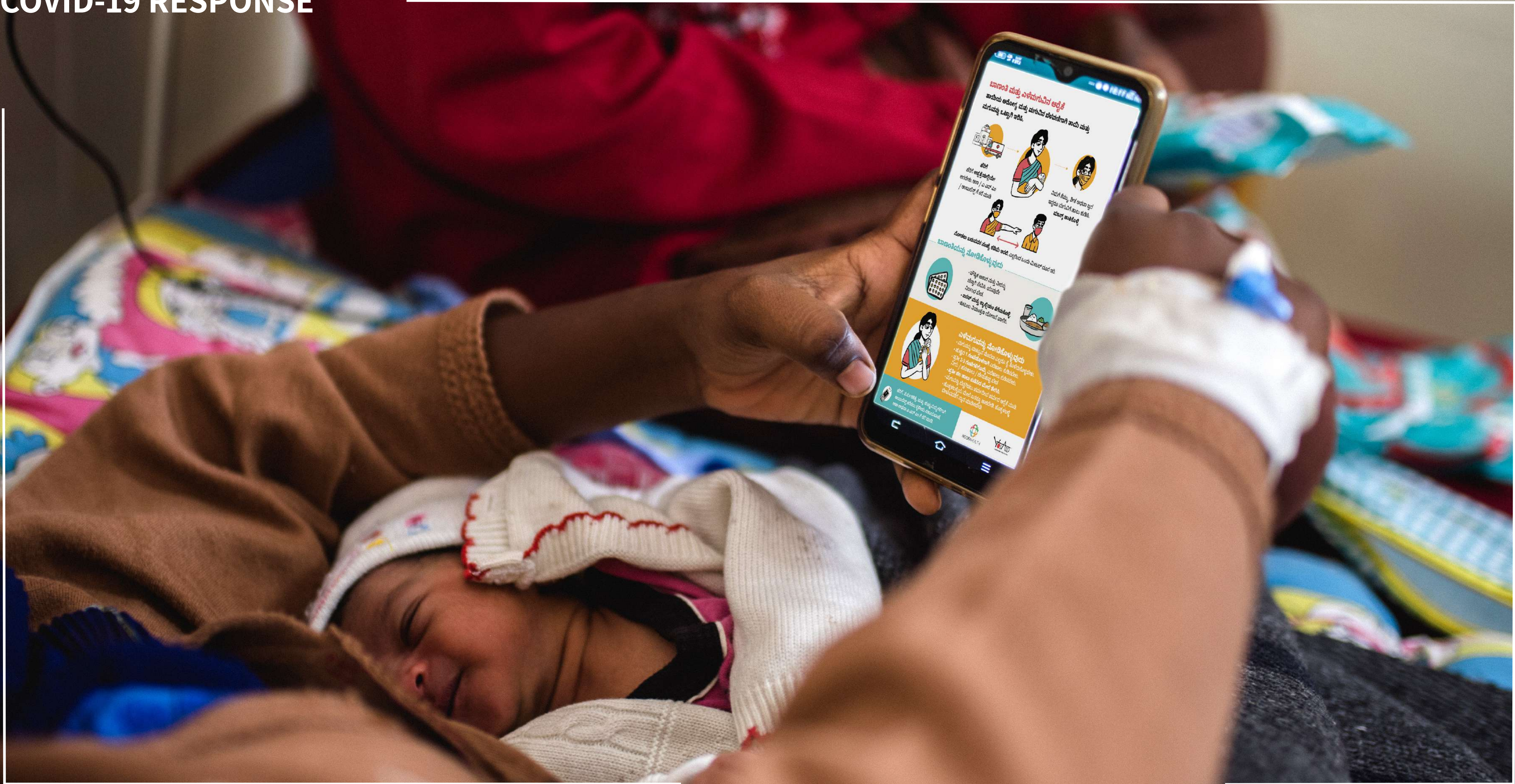
family members trained to date

15.6 million

people reached with our COVID-19 response



COVID-19 RESPONSE





# ADAPTING OUR MODEL FOR THE PANDEMIC

When COVID-19 struck, we witnessed its rapid spread through communities and the challenges that ensued across health systems in India and Bangladesh. We found ourselves in a unique position, with an organization and key partnerships that could effectively deliver high-quality, accurate health information to at-risk communities and drive behavior change to prevent the spread of COVID-19.

Our goal was to reduce transmission through awareness and adoption of preventive behaviors, and to provide support to high-risk populations (eg. those with comorbidities), COVID-19 positive patients, and their families. We did this by grounding our COVID-19 response in the following programs:

- Launching a program which provided empathetic teletraining to **10,919** home isolated COVID-19 positive patients' caregivers
  - Developing and rapidly deploying open-source COVID-19 awareness and prevention [training content in 14 regional languages](#) through a network of 70+ partners
  - Augmenting all our in-hospital trainings to include COVID-19 information and preventive practices
- [Upskilling frontline healthcare providers](#) and staff members of partner organizations to educate patients, families, and communities about COVID-19
  - Developing new mobile support services using Interactive Voice Response Systems (IVRS), text message, and social media to support families and healthcare workers wherever they are. **26,510** people were reached through our WhatsApp and Facebook Messenger COVID-19 Chatbots
  - We reached a total of **15,632,504** people through our COVID-19 response efforts

While the delivery of Care Companion Program (CCP) sessions across our partner hospitals was initially impacted by the COVID-19 lockdown and restrictions, we were humbled to see a swift resumption in training. Most providers continued to conduct sessions during lockdown, illustrating the value of the program and reaffirming our belief that family caregiving is essential.





# SUPPORTING FRONTLINE WORKERS

Healthcare workers faced unprecedented challenges on a massive scale across the globe, tackling increasing admissions, shortages of hospital beds and ventilators, not being able to eat, drink, or use the washroom so as not to contaminate Personal Protective Equipment (PPE) kits that were in short supply. Despite facing these difficulties and, in some cases, being assigned to COVID-19 wards, many of our trainers continued to conduct Care Companion Program (CCP) sessions whenever possible. [Nurse Sharmila's story](#) is just one example of the commitment and resilience of frontline workers in ensuring care was delivered to those who needed it most.

For us, it was imperative to match this dedication with our own. Our team focused on supporting trainers during and after the lockdown, conducting webinars, training, and providing much needed moral support during a difficult time. We also developed a WhatsApp line dedicated entirely to healthcare workers, to ensure they received the most up to date and evidence-based information as quickly as possible. These services extended to include frontline workers of several of our partner organizations, who were working to raise awareness about COVID-19 at the community level.

Showing that we care and [expressing gratitude at every chance possible](#) became our mantra, with WhatsApp groups being used to communicate regularly with trainers. We developed [digital puzzles](#) and games, and several meditation, dancing and storytelling group sessions were conducted to help frontline staff relax and rejuvenate, if only for a few minutes.



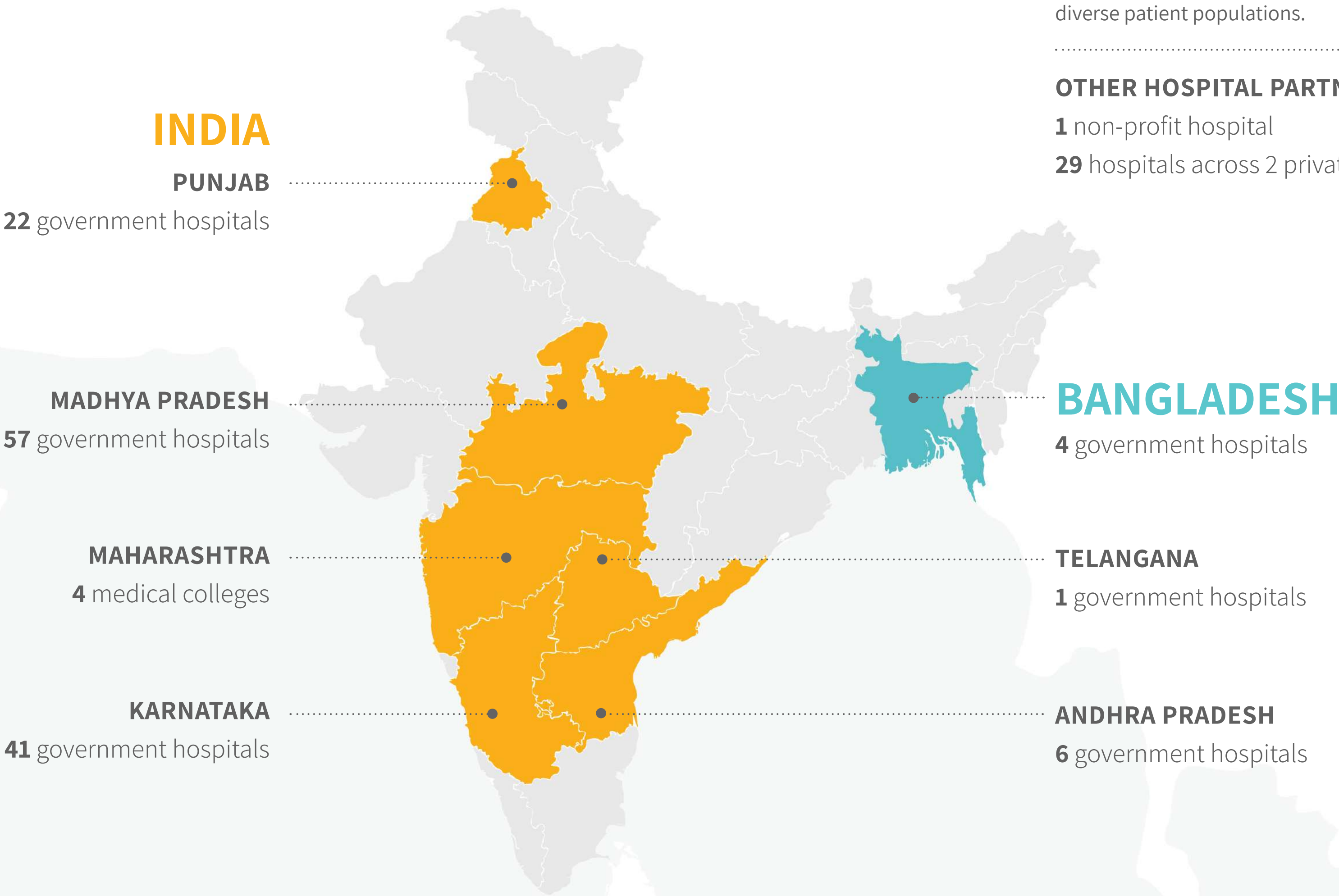


GROWING OUR REACH





# OUR REACH TO DATE



In 2020, we focused on deepening our partnerships with state and national governments. Our work reaches geographies across India and Bangladesh, and within the health system across diverse patient populations.

### OTHER HOSPITAL PARTNERS

- 1 non-profit hospital
- 29 hospitals across 2 private partners



1,054,903

family members trained

740,676

Maternal and Newborn Care

247,105

Cardiac Care

44,689

General Medical and Surgical Care

11,514

Oncology Care

10,919

COVID-19 Home Isolation Care

5,113

nurses trained to deliver the program



# PUNJAB

Punjab was our second state partner, and the first to implement the program across all districts in the state.

## 2020 UPDATES

### Care Companion Program (CCP) as an Early Channel for Pandemic Response

The CCP was recognized for its potential to immediately respond to the pandemic by the state government. At the recognition of COVID-19 as a pandemic, a notice from the Mission Director — National Health Mission, Government of Punjab was sent to all districts, directing trainers to include COVID-19 modules in their sessions. Families were trained to understand how the disease spreads, preventive behaviors, precautions, symptom identification, when to seek help, and what it meant specifically for them — for example, if they were a new mother. Over 1,900 of these sessions were conducted, reaching over 15,000 patients and caregivers to date.

### Addressing Stigma and Misinformation

Despite many efforts from the government, myths, rumors, and misinformation were acting as barriers for COVID-19 testing in the state. We collaborated with the government and [IDFC Institute](#) to conduct a rapid needs-finding study and disseminated a statewide communications campaign that encouraged testing.

### COVID-19 Teletraining

Our teletraining program for home isolated COVID-19 positive patients and their families was adopted by the state. By the end of 2020, we secured an agreement to train all of the COVID-19 positive patients' caregivers in Punjab. To date, over 3,611 caregivers have been trained.

### Supporting our Nurse Trainers

Nurses from the state truly rose to the occasion with their commitment to conducting CCP sessions and navigating the various challenges of COVID-19. [We developed tools that would help](#) during their time away from their families, including quizzes and mobile games — one specifically that used Augmented Reality to find and kill coronavirus particles near them through their phones.

Often called the breadbasket of India, Punjab is home to over 27 million people

Adopted the program in 2017

129,837

family members  
trained

1,098

nurses trained to  
deliver the program

22

hospitals launched and  
undergoing CCP implementation





# MADHYA PRADESH

The program reaches the largest number of people per day in Madhya Pradesh, and is notable for deciding to implement the program across the entire state right away.

## 2020 UPDATES

### COVID-19 Unlock Handbook

Fear and apprehensions about the new normal were pervasive after the government initiated a phased reopening of the state. We collaborated with the Health Department to develop [a handbook for Madhya Pradesh](#), which simply but effectively detailed how to promote the adoption of appropriate healthy behaviors in communities and institutions such as hospitals, banks, restaurants, and offices that were reopening. It was distributed to government departments throughout the state, and was used by all District Magistrates to ensure further dissemination across cities, towns, and villages.

### Expanding WhatsApp Based Mobile Follow Ups

Madhya Pradesh often has the highest number of users on our Maternal and Newborn WhatsApp Support line. During the pandemic, as we saw a decrease in the number of visits to facilities, the state approved an initiative to expand our program outside of facilities to extend deeper throughout the government system and into communities — making access to critical information easier for families.

### Supporting the LaQshya Initiative

Our team is supporting the implementation of a Central/Government of India initiative for improving labor room quality across 6 facilities in the state. The Care Companion Program (CCP) also meets several of the objectives of this important initiative, and lays the groundwork for integration of the program into these hospitals.

Madhya Pradesh is the state with the largest forest cover in India, and is home to over 73 million people

Adopted the program in 2018

309,120  
family members  
trained

1,362  
nurses trained to  
deliver the program

57  
hospitals launched and  
undergoing CCP implementation





# MAHARASHTRA

Maharashtra is unique in that we began our partnership with the government to launch our program across its expansive teaching hospitals, which typically serve as the largest facilities delivering the most complex medical care.

## 2020 UPDATES

### Testing Lower Touch Models

Maharashtra, and specifically our partner hospitals, were an early epicenter of COVID-19. Our team kept in constant touch with nurses from all 4 hospitals through 2020, checking in with them regularly, offering support, and suggesting new ways of mitigating the disruptions in routine Care Companion Program (CCP) sessions. Nurses were encouraged to leverage technology and share our Maternal and Newborn Care WhatsApp Support Line with new parents so they could be supported even in the absence of CCP sessions.

### COVID-19 Teletraining

During the early days of the pandemic, many patients were prescribed home isolation to ensure in-facility capacity for high-risk populations. We collaborated with local governments to rapidly develop a teletraining program for home isolated patients and their families, so that they have empathetic support and the right information during this challenging time. These trainings continue today across two of the hardest hit municipalities of the state.

### Training Community Health Workers (ASHAs)

We collaborated with the District Council in Palghar to train 153 ASHAs and distribute COVID-19 awareness materials to migrant workers travelling back home.

### Supporting the State Media Department

Our COVID-19 materials were used widely by the state’s social media handles and reached more than 100,000 people directly, and many others indirectly across the state.

### State Health Assurance Society (SHAS) Partnership

We helped coordinate more efficient hospital bed allocation during COVID-19 peak admission times, a task that brought people the care they needed and saved the system scarce resources.

Maharashtra is where India’s financial capital Mumbai is located, and it is home to nearly 126 million people

Adopted the program in 2019

40,957  
family members  
trained

317  
nurses trained to  
deliver the program

4  
teaching hospitals launched and  
undergoing CCP implementation





# KARNATAKA

Karnataka was the birthplace of the Care Companion Program (CCP), and is our oldest state partnership.

## 2020 UPDATES

### Virtual Training

The state was able to facilitate our largest scale virtual training workshops across 38 hospitals, in collaboration with the government. Master trainers were trained on adapting to the new normal of physical distancing, wearing masks, and on how to introduce COVID-19 awareness education in the sessions they conduct, in addition to refreshers on our usual curriculum. Interactive activities for alleviating the anxiety and stress of the trainers due to the extended pandemic response were also included.

### COVID-19 Content Dissemination

Our content was distributed to all the Panchayats (village councils) in the state through the Rural Development and Panchayati Raj (RDPR) Department. The content was also used extensively by the Bangalore City Police through their social media and communications to support the public on COVID-19 appropriate behavior. The government also used the content on their COVID-19 dashboard. Our audio based messaging was used by 9 radio stations, reaching more than 1 million people.

### Cardiac CCP at Sri Jayadeva Institute of Cardiovascular Sciences and Research

This cardiac institute had a large database of patients particularly vulnerable to COVID-19. At the onset of the pandemic, we launched a special teletraining initiative for cardiac patients to provide targeted support to this at-risk group at home, reaching more than 1,000 patients. Overall, the Cardiac CCP was customized to the norms of physical distancing, and other COVID-19 related content.

Karnataka is the largest coffee producer in India, and is home to nearly 70 million people

Adopted the program in 2016

425,157 family members trained

747 nurses trained to deliver the program

49 hospitals launched and undergoing CCP implementation





# EXPANSION WITH UNICEF

In 2020, we started implementing in Telangana and Andhra Pradesh in collaboration with UNICEF. Our first initiative was to assess missed immunizations due to COVID-19, and understand the impact of follow-up reminder calls on vaccination coverage. Insights from this intervention reaffirmed that post-discharge communication with patients is vital to improving health outcomes, and we continue to incorporate this into our larger program strategy.

After this, our primary goal was to adapt our program to launch a multi-state pilot of the Care Companion Program (CCP) for Special Newborn Care Units (SNCUs), which treat the most unwell newborns. The initial facility chosen for this was Niloufer Hospital in Hyderabad, which is a large, renowned center for women and child health. It houses some of the most high-risk cases, making it the ideal facility to begin implementation. Our team designed a program that is accurate, engaging, and culturally contextualized. New tools such as a large cutout of a thaali (a plate of food) depicting a balanced and nutritious diet, and a breast model to demonstrate breastfeeding were incorporated.

The launch at Niloufer Hospital was unique in many ways. Given logistical constraints due to the COVID-19 pandemic, and wanting to follow every safety precaution possible, this was the first launch to have ever been conducted entirely virtually. Equipped with our Care Companion mobile app, online learning platform and live webinars, nurses underwent an intensive 12 day training. With our empathy led approach, our team was able to navigate the challenges of virtual connectivity to build meaningful relationships with nurses and provide them the support they need to successfully deliver the program.

We will continue to collaborate with UNICEF and the Governments of Telangana, Andra Pradesh, and Karnataka to support program implementation in all of their states' SNCUs.

The states of Telangana and Andhra Pradesh are home to over 40 million and 50 million people respectively

Adopted the program in 2020

118

nurses trained to deliver the program

9

Special Newborn Care Units implementing the CCP





# BANGLADESH

2020 was an important year for Noora Health in Bangladesh. While we were set to launch our in-hospital Care Companion Program (CCP) in April, as COVID-19 hit we pivoted our plans to support the country’s pandemic response.

## SUPPORTING BANGLADESH’S COVID-19 RESPONSE

### COVID-19 Content Dissemination

At the onset of the pandemic, we customized our COVID-19 content for the Bangladesh Government. This reached more than 200 facilities across the country, and was spread through national digital platforms as well.

### HealthAlert for COVID-19 Information

We collaborated with the Directorate General of Health Services (DGHS), Ministry of Health and Family Welfare (MoHFW), and Turn.io to develop HealthAlert, an interactive chatbot through which citizens can access COVID-19 guidelines.

### Infection Prevention and Control (IPC) Training

We supported 5 facilities in upskilling their providers with essential skills, in collaboration with DGHS and USAID. A total of 194 doctors, nurses, and community healthcare providers were trained. Pre and post training rapid evaluations showed an average increase of 30% in critical knowledge.

### COVID-19 Patient/Caregiver Teletraining

We developed a program to support COVID-19 patients and their caregivers, and were provided formal permission to launch nationally.

### Membership of the National Risk Communication and IPC pillars

These pillars have been formed by the government and are supported by organizations such as the WHO, UNICEF, and USAID. We form a national network for collaborating on efforts to contain the pandemic.

Bangladesh has a population of over 160 million people, and is also home to the world’s longest natural sea beach

MoU signed to launch our program



1,073,966  
people reached with  
COVID-19 information

25,039  
unique WhatsApp and Facebook Messenger  
users reached with COVID-19 information

222  
healthcare facilities reached  
with COVID-19 content





## ADVANCING THE BIG IDEA



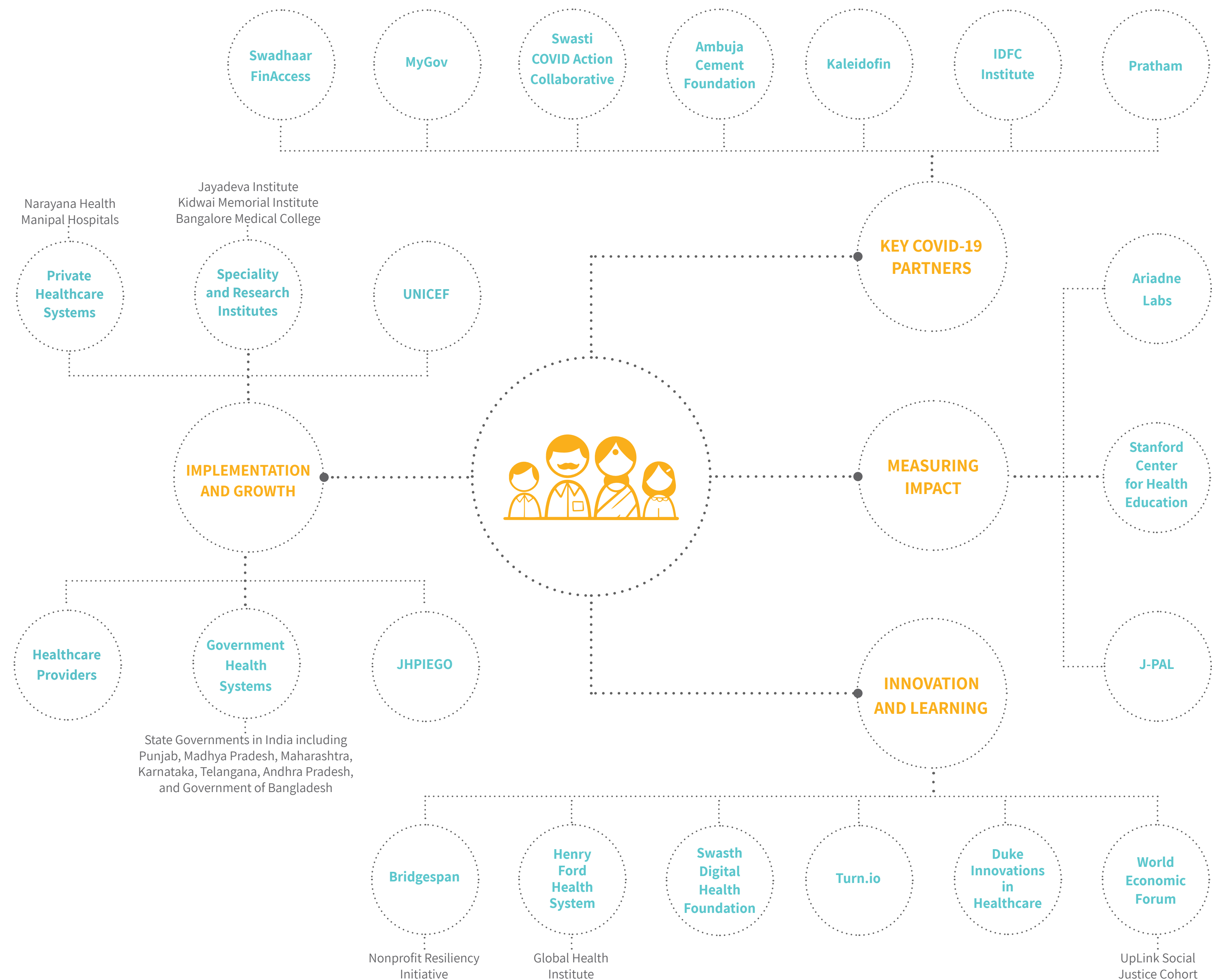
\*Photograph taken pre-pandemic



# THE POWER OF PARTNERSHIP

Our work has been fueled by collaborations with over 100 partners — governments, developmental organizations, community leaders, NGOs, and sometimes even unconventional partnerships like agriculture and microfinance institutions with deep community connections.

From the beginning, the success of our model has depended on collaborations and partnerships with hospitals, governments, and development organizations. When COVID-19 began to spread in South Asia, we knew that our ability to rapidly create engaging and accurate information in multiple languages would be enhanced by the strength of other organizations — through their expansive local networks and community frontline workers. By working together, we were able to ensure that critical, life-saving information reached even the most remote and vulnerable populations quickly and effectively.





# COLLABORATING TO ENCOURAGE EARLY AND TIMELY TESTING FOR COVID-19

COVID-19 fear, misinformation, and social stigma were pervasive around the world, and the state of Punjab was no different. With several rumors doing the rounds, many people refused to get tested despite government initiatives like free walk-in testing.

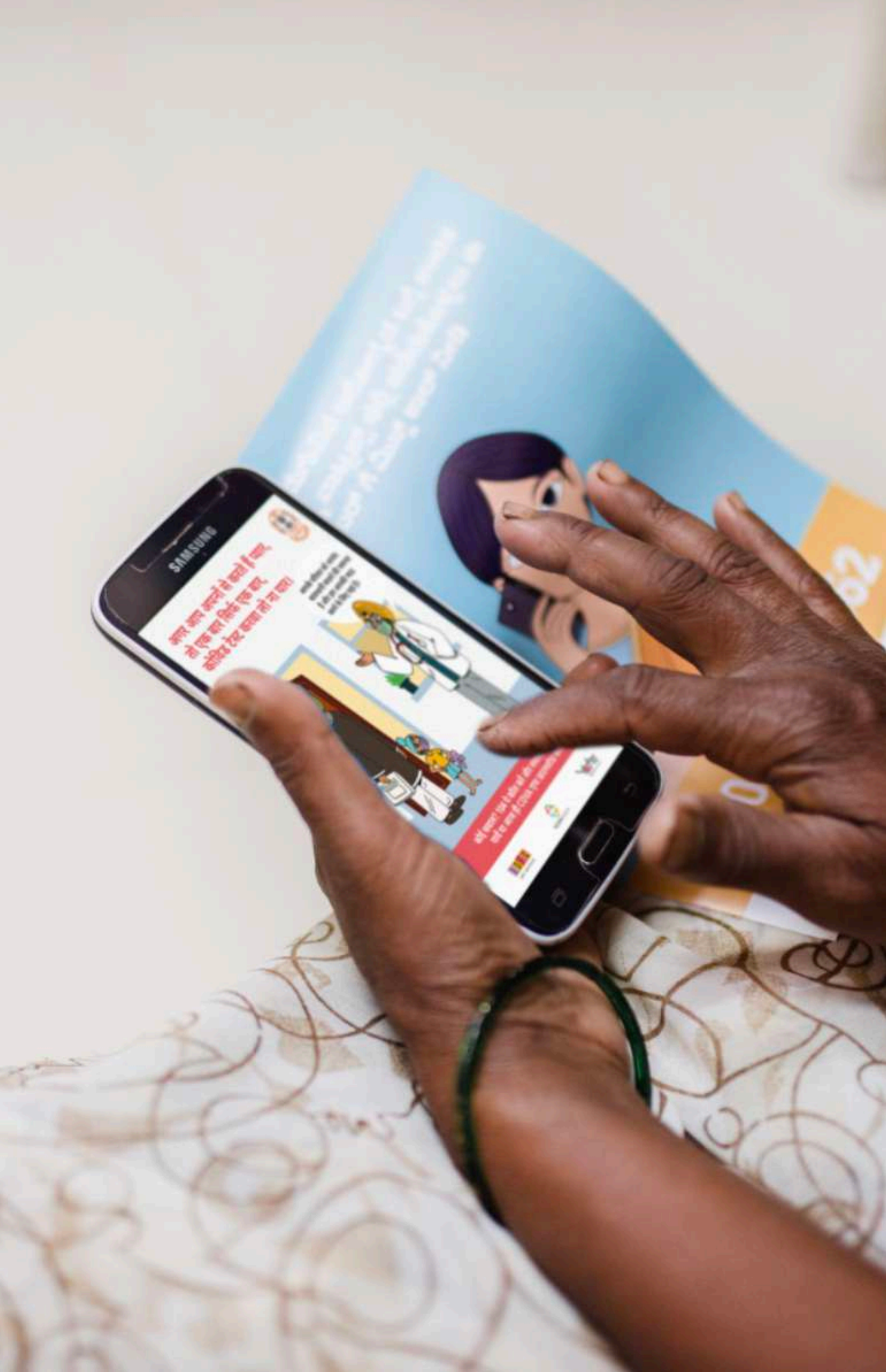
Supported by a rapid response initiative grant from [Omidyar Network India](#), we collaborated with the [IDFC Institute](#) and the Government of Punjab to develop a behavior change communications campaign to address stigma and misinformation and promote timely testing. “Our partnership was a perfect fit in terms of strategy. We brought the project and relationship management, with Noora Health being the technical expert who could build content that was sensitive to both scientific and creative aspects. We were also lucky to have the mentorship and expertise of the likes of Kalyani Rajan, a member of IDFC’s COVID-19 Track 2 Task Force and communications industry veteran who helped guide our strategy and approach,” shares Shilpa Rao, Head of State Engagements at IDFC Institute.

Rapid research was key to the campaign — we spoke to 105 people in Ludhiana to understand specific fears, and what channels might be most valuable for dissemination. “We used behavioral science frameworks and behavioral science thinking to understand the key issues, triggers, and barriers that prevented people from getting timely COVID-19 tests. How can we push people to get tested faster? How can we get them to get tested at public health centers and make a compelling case for testing as a preventative behavior?” Shilpa elaborates.

We learned that while people knew about COVID-19 symptoms, they relied on personal judgement to decide when symptoms were severe enough to warrant testing. While 90.24% felt that they had enough information, people had little to no experience with COVID-19 services in general. Only 12.2% said they knew someone who had tested positive with COVID-19, indicating that what people did know may be based on second-hand information. Secondary infections, separation from family, and quality of health services also remained pervasive concerns.

The campaign developed was centered on the tagline ‘If you love your family, get tested,’ and communicates that testing not only protects the individual, but their family as well. Campaign materials are being widely distributed in public spaces and online, with an estimated reach of 1.89 million people.

“.....  
**We focused on converting intention to action when it comes to COVID-19 testing. Our goal was to tilt people’s behavior from something that’s undesirable to what’s desirable not just for themselves and their family, but also for the larger public good.”** – Shilpa Rao  
.....







# DR. ARCHANA MISHRA

## Deputy Director — Maternal Health, National Health Mission (Madhya Pradesh)

With a background in obstetrics gynecology and 15 years of experience in public health administration, Dr. Archana Mishra has been instrumental in improving maternal and newborn care in the state of Madhya Pradesh. While her team’s focus was initially on facility based services — improving delivery care, labor room services, postpartum care, and working environments for doctors — they realized this simply wasn’t enough. A critical component of both mother and child’s health, antenatal care, would also need to be strengthened.

Accordingly, the state began to focus on initiatives to support mothers right from conception — educating women on everything from the importance of regular checkups and screenings to supplements and nutrition. Explaining what prompted the Madhya Pradesh health administration to implement the Care Companion Program (CCP), Dr. Mishra shares that it was the program’s work in other states that caught their attention. “We heard about how the program was equipping nurses with counseling skills in Punjab and Karnataka, and felt that this was something that could benefit patients in Madhya Pradesh as well.”

Dr. Mishra aspires for every pregnant woman in Madhya Pradesh to have at least one quality antenatal checkup, supported by a health system that can track her progress until her delivery to ensure a safe outcome. Her commitment to providing a continuum of care is one of the reasons for the progress of the CCP and the idea of family caregiving in Madhya Pradesh. “Once family members are trained, they know which type of care is required, danger signs, when they should come to hospitals, and what checkups are needed during the antenatal and

postnatal period. Critical needs like immunization and early initiation of breastfeeding can be taken care of by the family itself, and they are empowered to play a vital role in the mother and child’s health.”

With the onset of the pandemic, the focus in state facilities shifted to ensuring that the many women who would still come in for their deliveries and their families had access to critical information on COVID-19 and its preventive behaviors. The CCP-Madhya Pradesh partnership took on the additional task of devising accurate, engaging, and effective COVID-19 safety modules for these patient populations. Vaccination drives are now beginning in Madhya Pradesh, and Dr. Mishra explains that while the CCP’s traditional target audience cannot benefit (vaccination is not recommended for pregnant or lactating women), there is potential for the program to expand to supporting patients in the general outpatient and non-communicable disease clinics through the vaccination process.

Dr. Mishra hopes to see the CCP continue to grow and strengthen healthcare and services in Madhya Pradesh.

“ .....  
**The program actually leads to community education, as it passes on from family members to neighbors, relatives and friends. This effect increases awareness.**”  
.....

\*Photograph by Nutrition International



## DEMONSTRATING IMPACT



\*Photograph taken pre-pandemic



# RESEARCH AND EVALUATION

At the onset of the pandemic, much of our in hospital-based studies and data collection paused, in consultation with local research ethics committees. However, we were able to analyze data that had been collected earlier in the year, and concurrently launched additional studies that explored the impact of COVID-19. At the same time, our team of 100+ data collectors were rapidly upskilled to provide empathetic support and training to high-risk and COVID-19 positive patients and families at home as part of our teletraining initiative.

## Investigating the Impact of the Maternal and Newborn Care Companion Program (CCP)

Since 2018, we have partnered with Ariadne Labs on an evaluation of maternal and newborn care practices related to our CCP — one of the largest of its kind. By the time data collection was paused in March 2020, data was being collected in 28 hospitals across 4 states in India and ~90,000 women had been enrolled. The findings from our baseline study were published in [BMJ Global Health](#) in July. The study demonstrated the need for structured, multi-component patient and family caregiver education on evidence-based newborn care practices — fewer than half of the respondents reported receiving any post delivery education on newborn care before leaving the hospital. 26.2% of respondents recalled being taught about exclusive breastfeeding, and fewer than 10% recalled being taught about hand hygiene, keeping babies warm/skin-to-skin care, umbilical cord care or warning signs of newborn illness.

We implemented the CCP to train families on these practices in the same facilities after our baseline study. The plan was to conduct a midline evaluation in mid-2020, however, with the data collection being paused, we instead analyzed the data in a subset of facilities who were early adopters of the program (n=7900) in early 2020, prior to the effects of COVID-19. We described these results in a post for [Healthy Newborn Network](#). Family members who received the training compared to those who hadn't were more aware of skin to skin practice (4x increase) and correct cord care behavior (11.9% increase) but had the same level of awareness about exclusive breastfeeding. In terms of behavior practice, the trained group was more likely to practice key preventive behaviors such as hygienic cord care (33.5% improvement), exclusive breastfeeding (6.9% improvement) and skin to skin care (10.9% improvement), and had lower newborn readmissions (53.5% reduction). While the findings are promising, we will be relaunching data collection in 2021 to understand the impact of this training after the onset of COVID-19.

# EVIDENCE TO DATE

|  |  |   |
|--|--|---|
| <b>Cardiology</b>  | <b>IMPROVED</b><br>Physical Quality of Life                | <b>IMPROVED</b><br>Caregiver Activation Measure |
| 2014   Kolkata, West Bengal<br>Quasi Experimental Study  <br>Tertiary Care Facility                                | <b>71%</b> Reduction in 30-day post surgical complications |   |
| <b>Maternal and Newborn Health</b>   | <b>56%</b> Reduction in newborn readmissions               | <b>78%</b> Improvement in skin-skin practice    |
| 2017-2018   Punjab and Karnataka<br>Quasi Experimental Study  <br>11 District Hospitals                            | <b>16%</b> Reduction in newborn complications              | <b>4%</b> Improvement in hygienic cord care     |
| <b>Maternal and Newborn Health</b>   | <b>54%</b> Reduction in newborn readmissions               | <b>11%</b> Improvement in skin-skin practice    |
| 2018-2020   Punjab, Madhya Pradesh, Maharashtra, Karnataka   Comparing Trained vs Untrained   8 District Hospitals | <b>34%</b> Improvement in hygienic cord care               |   |



# COVID-19 RESEARCH

To establish an effective COVID-19 response, we needed to learn how community members and healthcare workers were understanding COVID-19 and how that influenced their health behaviors. We surveyed and analyzed responses from over 7,000 community members across 4 states and 70 healthcare workers in the spring, findings from which were published in leading Indian publications like [The Hindu](#) and [Scroll.in](#).

Read our full reports [here](#).

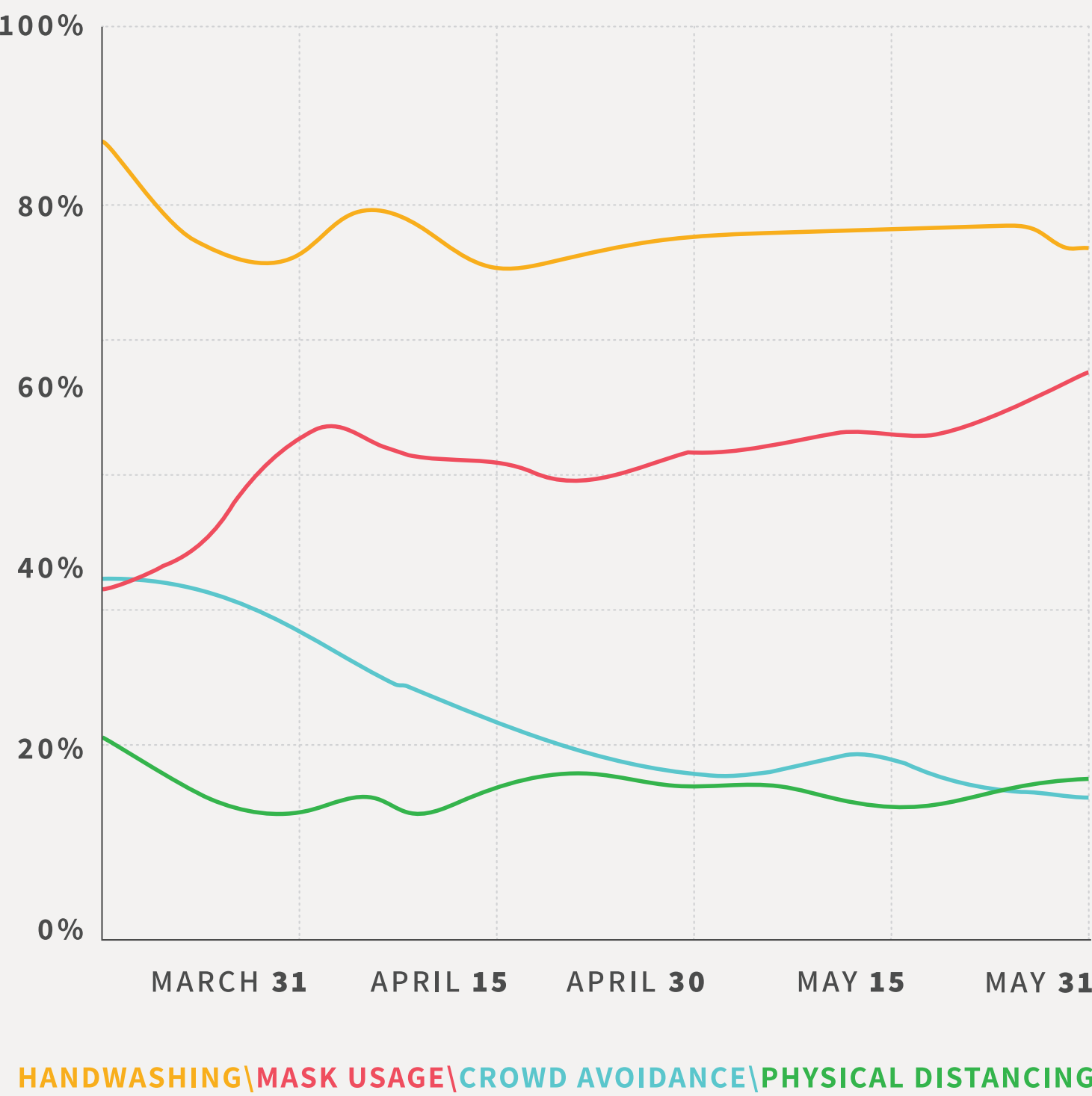
## Investigating the Impact of COVID-19 on Maternal Health

We leveraged our collaborations with partners such as Stanford Center for Health Education’s Digital Medic initiative to [shed light on specific challenges the lockdown had brought to new mothers raising newborns at home](#). We surveyed 841 mothers, understanding their experience with childbirth and child care during the pandemic.

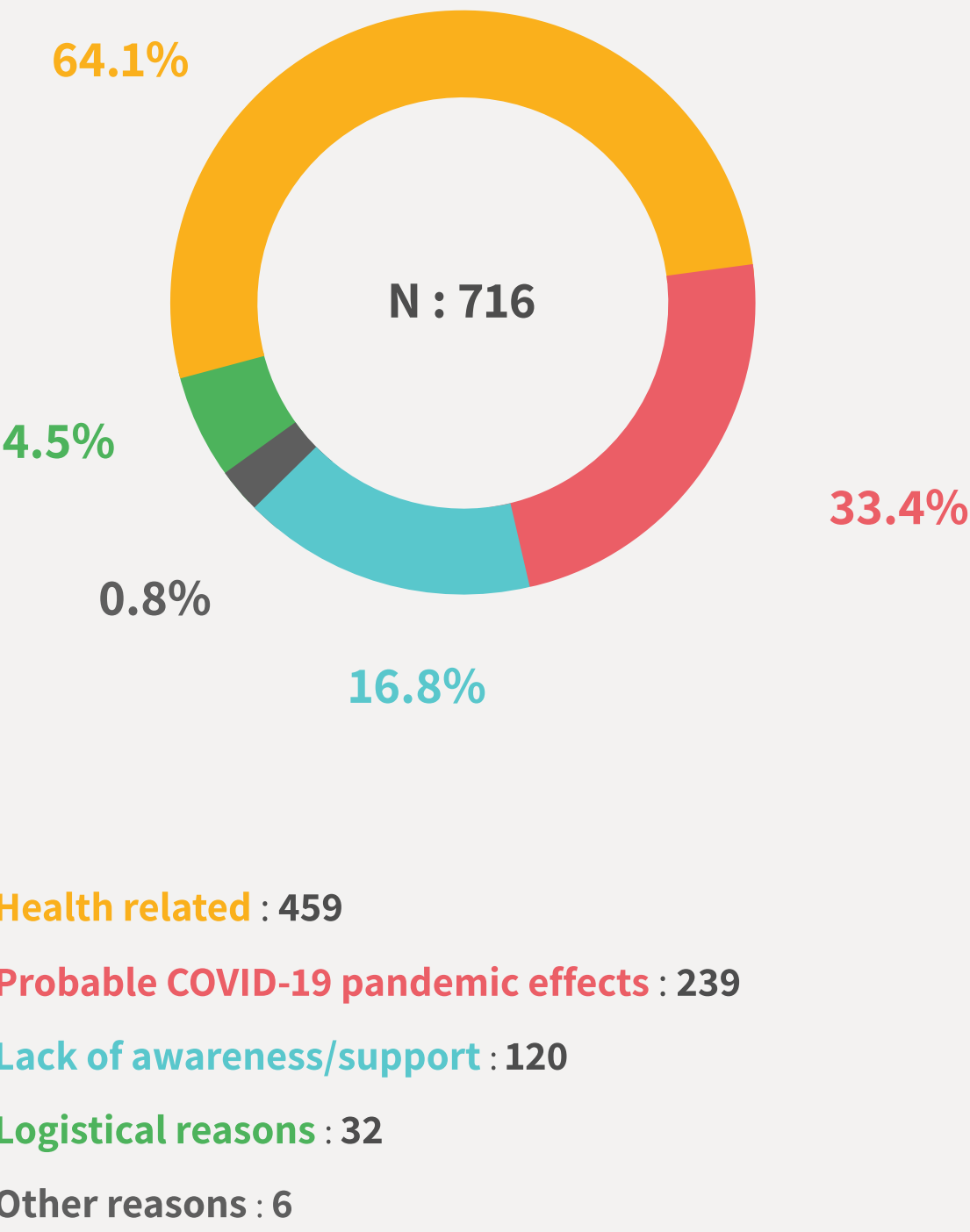
## Impact of COVID-19 on Immunization Uptake — An Intervention Study

In collaboration with UNICEF, we assessed the impact of the pandemic on immunization in newborns discharged from Special Newborn Care Units (SNCUs) and the scope of teletraining to increase uptake in those who had missed immunizations. The intervention was done with 2,097 eligible families, with a response rate of 94.7%. With our follow-up calls, we saw immunization coverage increase from 65.2% to 86.4% within two weeks of calling.

PERCENT REPORTED FOLLOWING PREVENTATIVE BEHAVIORS



INITIAL CALL | REASONS FOR NON-VACCINATION







# MR. BOHRA

## COVID-19 TELETRAINING RECIPIENT

Towards the end of the year, we received an unexpected, [heartwarming video](#) — from Mr. Sanjay Bohra, a resident of Ullasnagar in Maharashtra, where we collaborate with the government to deliver COVID-19 teletraining to patients and their families. The program began at a time when the state was the epicenter of the pandemic outbreak, and many were being home isolated to ensure constrained facilities could cater to more high-risk populations and the most severe cases.

Like many other Indian families, the Bohras have a joint family setup, with all members either living under the same roof or very close to each other. When four members of his cousin’s family tested positive for COVID-19 after regularly visiting a hospital to care for their aging parent, Sanjay took it upon himself to act as primary caregiver and facilitate their recovery. One of their homes was turned into an isolation center for the COVID-19 positive family members, with Sanjay keeping a close eye on them, ensuring they ate well and adhered to their doctor’s instructions.

Shortly after his family members’ diagnosis, Sanjay consented to participate in our teletraining program, where information about symptom and pre-existing medical condition management, caregiver precautions, and hospital care-seeking practices are shared. He told us that it was helpful in not only understanding the disease better, but in giving him the confidence to make informed decisions for himself and his family.

Sanjay and his young son fell ill shortly after, although they tested negative for COVID-19 and learned that theirs was only a viral fever. He shares how important it is for public awareness on COVID-19, in order to prevent widespread panic and misinformation. Equipped with the right information and supported by a dedicated teletrainer who checked in regularly, the family followed all COVID-19 protocols, isolated for 14 days, and have recovered well since. Success stories like the Bohras’, and their positive feedback is what keeps our team going, and inspires us to make life-saving information available to those who need it most.

“ .....  
When I spoke to the teletrainer, it felt like she was there for us. That sense of belonging and support is rare. It motivated me to send the team a video thanking them for their hard work.”  
.....



## LOOKING AHEAD

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\*Photograph taken pre-pandemic



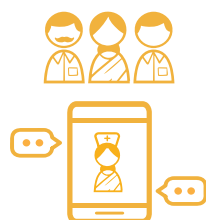
# REVISITING OUR 3 YEAR STRATEGY

We developed an ambitious 3 year growth strategy in 2019, setting milestones for what we aspired to achieve from 2020 through the end of 2022. Our strategic objectives between now and then are to:



## Expand Effectively

Expand Noora’s reach to 8 states in India, with significant presence in Bangladesh, and pilot in one additional country



## Improve Engagement

Establish a robust post-discharge follow-up mechanism through mobile engagement for all programs, targeting availability to 80% of the families trained



## Sustain Our System

Sustain ~30% of government hospital program implementation costs covered through cost-sharing by the government



## Demonstrate High Impact

Establish reductions in readmissions, complications, and cost of care in multiple condition areas through well designed studies for our growing set of products



## Establish Our Offering

Advance Noora’s work through policy and advocacy as a thought leader in the public health space, both in India and globally



We aim to train

**2.5 million**

**family members  
by the end of 2022**

with a presence in





**3 countries**



# OUR GOALS FOR 2021

In 2021, we continue to build towards our 3 year roadmap and vision of a world where family member training is the standard of care.

## Key Highlights from our Annual Strategy

-  Scale our model across 120 facilities in India and Bangladesh
-  Test and launch technology-enabled innovations to our model through remote training, mobile-based follow-up tools, and direct-to-caregiver approaches
-  Expand to new condition areas (Tuberculosis and Substance Use) and new settings of care, including primary health centers
-  Continue prioritizing impact, focusing on both program quality and outcome evaluations



Train over

500,000

family members  
in 2021

bringing our cumulative  
total to over

1.5 million

family members trained



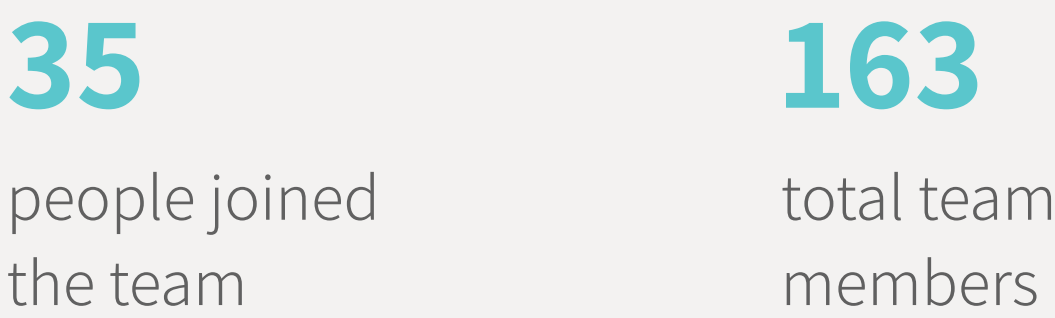
# OUR TEAM

When we say “it takes a family,” we acknowledge the vital contributions of all of our team members who make our mission possible.

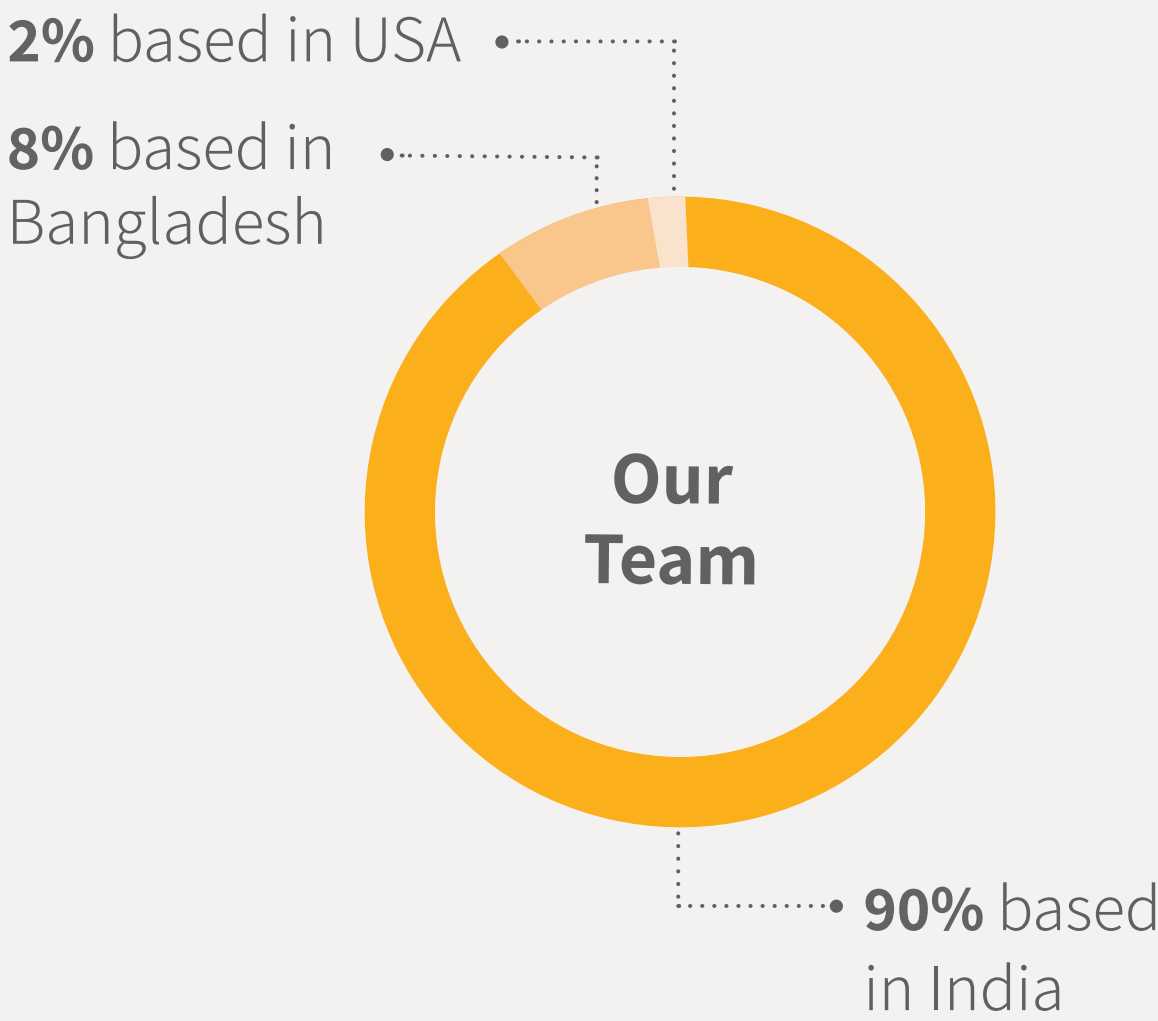
This year, we are proud of our team’s ability to adapt to unprecedented public health demands and continue serving our communities across South Asia. As in many organizations, COVID-19 posed significant challenges and a necessity to quickly adapt and act. First and foremost, we placed significant focus on ensuring the safety of all of our team members, including increased support of mental health services and wellbeing initiatives across the organization.

2020 closed with a culmination of our team’s commitment to community building — our All Team Retreat. Over a span of three days, our team came together to review progress, set 2021 goals, and celebrate each member’s unique contributions to the Noora family.

## 2020 Team Highlights:



From physicians, nurses, and health professionals to dynamic designers, researchers, and systems architects, our team grew and rose to meet the challenges this year presented. Currently, 78% of the team identifies as women.



We believe in the power of representation, acknowledging the limitations of our personal experiences, and holding ourselves accountable to the inclusion of perspectives and identities that shape the communities we serve. This includes welcoming team members from across educational and socioeconomic backgrounds. The ensuing cultural and technical diversity on our team has allowed us to drive genuine, unique impact. Our team in Bangladesh is now 14 members strong. We firmly believe that our team needs to be from, and based in the communities we serve. While a small number of functions sit outside of South Asia, they are in service to the team on the ground.

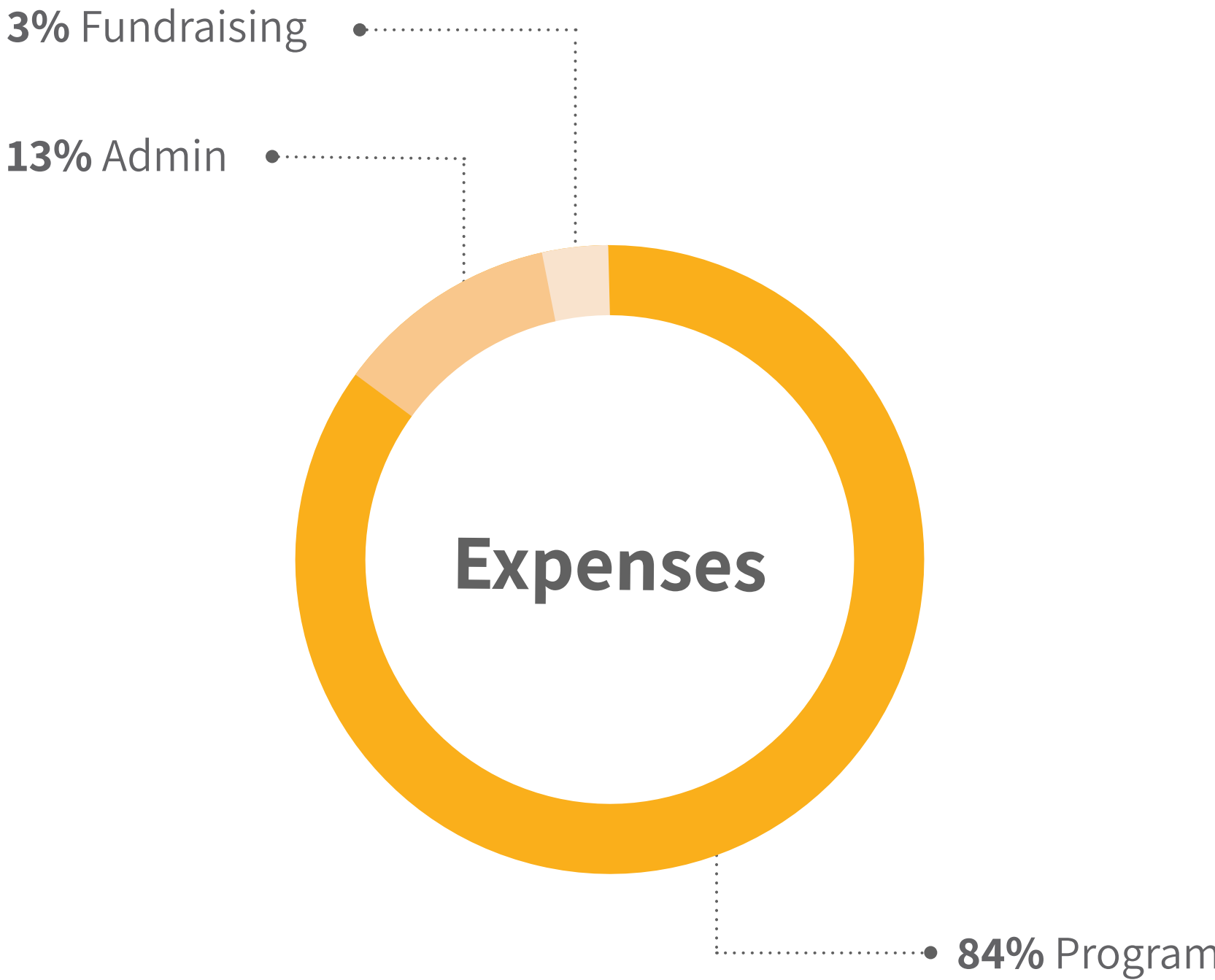


# FINANCIALS

| Donation                        |                  | Assets                                  |                  |
|---------------------------------|------------------|---|------------------|
| Foundation                      | 2,716,239        | Current Assets                          | 3,473,402        |
| Corporate                       | 10,000           | Non Current Assets                      | 10,439           |
| Individual                      | 16,955           | Total                                   | <b>3,483,841</b> |
| <b>Total Donation Income</b>    | <b>2,743,194</b> |   |                  |
| Other Income                    | 6,802            |   |                  |
| <b>Total Income</b>             | <b>2,749,996</b> |   |                  |
| Operating Expenses              |                  | Liabilities                             |                  |
| Direct Program                  | 526,576          | Current Liabilities                     | 115,719          |
| Monitoring & Evaluation         | 296,398          | Other Liabilities                       | 43,215           |
| Personnel Expenses              | 1,212,175        | Total                                   | <b>158,934</b>   |
| Outside Services                | 408,912          |   |                  |
| Benefit Expenses                | 122,573          | Net Assets                              |                  |
| Overhead Expenses               | 127,615          | Unrestricted                            | 2,241,574        |
| Fundraising                     | 6,107            | Temporarily Restricted                  | 1,083,333        |
| <b>Total Operating Expenses</b> | <b>2,700,355</b> | Total                                   | <b>3,324,907</b> |
| <b>Net Income</b>               | <b>49,641</b>    | <b>Total Liabilities and Net Assets</b> | <b>3,483,841</b> |

2020 numbers are unaudited and values are in USD

In 2020 we maintained a balanced budget and a strong balance sheet. In addition to being able to continue to grow and expand our core offerings, we are grateful to the existing and new partners who contributed over \$637,000 for our COVID-19 response. This allowed us to invest significantly in our technology offerings and capacity, content design, training response, and strategic investment towards our Bangladesh expansion. Despite the challenges the pandemic posed, we are grateful to remain in a sound and secure financial position as we move into the next year.





# THANK YOU

We are grateful to our community of advisors and supporters for their ongoing commitment to our mission.

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It takes a family.



**Noora Health**

2443 Fillmore St | #380-3203

San Francisco, CA 94115

[www.noorahealth.org](http://www.noorahealth.org)