



NOORAHEALTH

Quarterly Report | Q1 | 2020



**Dear Friends,**

We entered 2020 with an ambitious plan to reach more geographies and patient populations than ever before. However, as the threat of the COVID-19 pandemic grew exponentially, especially among the most vulnerable, we realized we were uniquely prepared for a rapid response and quickly mobilized our efforts. As we take a look back at Q1, our mission remains as relevant as ever and our commitment to equipping families with skills and tools they need to care for their loved ones has only strengthened.

Across India and Bangladesh, our partner hospitals are working at varying capacities to treat not only COVID-19 cases, but various other medical conditions (the pandemic doesn't stop people from having babies, heart attacks or other serious medical needs). As a patient or community member, it's difficult to know how or where to access care, and the best practices to stay safe during this time. With a stretched public health system, stakeholders at all levels require comprehensive information and support in the adoption and retention of key health behaviors.

To meet these needs, we adapted our existing model and mobilized a comprehensive COVID-19 response centered around four elements:

- Creating engaging content
- Empowering frontline trainers
- Ensuring digital follow-up and reinforcement
- Conducting research to inform development

We have already learned a lot about how we can collaborate to maximize our impact and stop the spread of the virus. Some of the technologies available in rural areas which seemed unlikely years ago are now direct channels to high-risk populations. Accordingly, we are partnering with organizations who are leveraging this technology and innovating as rapidly as possible to support health behavior change in their communities. For more detail about our response and to track our progress, please visit our [COVID-19 website](#) or reach out to us any time.

We are grateful to those who have joined us in our COVID-19 response and are inspired by the unwavering dedication of our trainers and partners. Despite these challenging times, we continue to believe that “it takes a family” to support our health systems and improve health outcomes for all. As part of our family, we truly can't thank you enough for your support and guidance at this critical time.



**Edith**



**Shahed**





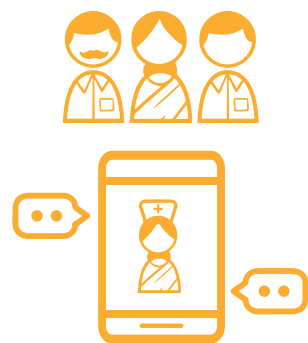
# OUR COVID-19 RESPONSE MODEL



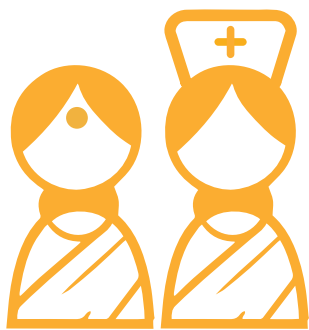
# OUR PROGRESS IN NUMBERS



**15**  
COVID-19 health behavior change topics in 14 regional languages covered in our [Resource Library](#)



**35**  
partner organizations engaged in our COVID-19 outreach with a collective reach of over **200 million +**



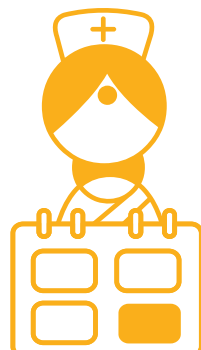
**5,800+**  
community members and healthcare professionals surveyed about COVID-19 awareness



**400+**  
high-risk individuals contacted through our high-risk phone training initiative



**159**  
total number of facilities to date launched and undergoing implementation



**3,858**  
trainers trained to date (and 94 trainers trained in Q1 2020)



**46,123**  
total family members trained with integrated COVID-19 information in Q1

**132,741**  
total family members trained in Q1

**771,307**  
total family members trained to date



# CREATING ENGAGING CONTENT

Creating engaging materials has always been a core component of our model.

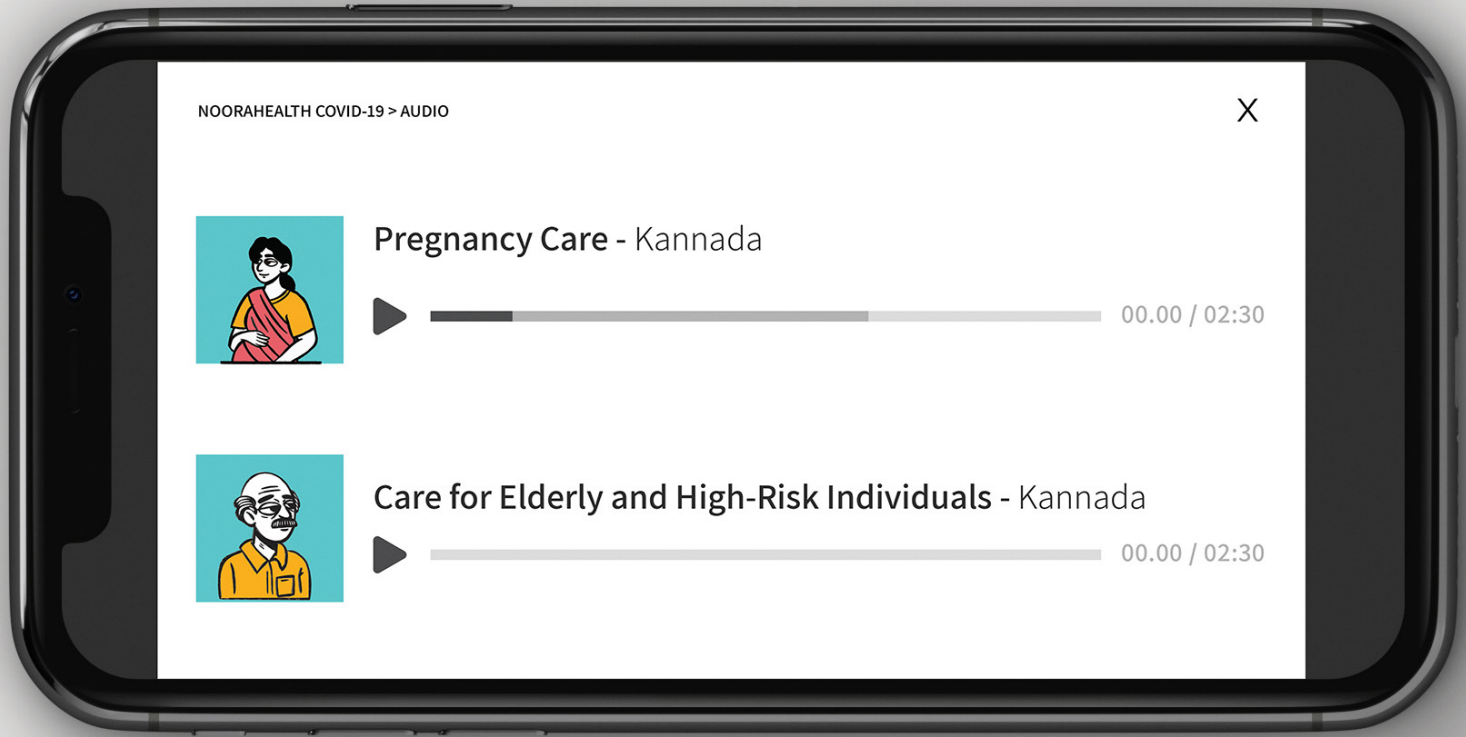
Our team of designers, public health specialists, and medical professionals kept this in mind while rapidly creating a repository of COVID-19 materials. Informed by research and learnings from our hospital partners and communities, we identified 15 topics that cover key preventative behaviors for communities to practice. Topics include information on the importance of hygiene, physical distancing, taking care loved ones who are unwell or high-risk, and protecting oneself when leaving and returning home.

Country-wide lockdowns required our team to shift from traditional print and live videos to digital-friendly mediums. While we have usually distributed our content through our hospital and government partners, the need for a rapid pandemic response also provided an opportunity to collaborate with other key local distribution partners. Through visual testing and product iteration with these partners, we created narrative audios, animated videos, and infographic tiles in 14 regional languages. These materials are easily shareable over WhatsApp and mobile-friendly platforms, and are designed to integrate with our training and mobile followup initiatives.

Early on, we recognized a lack of comprehensive, evidence-based information shared through widely used, popular platforms. One of the most significant challenges was to ensure that critical information for awareness and prevention was reaching the people who needed it the most as quickly and as efficiently as possible. Guidelines, while very useful, were not accessible to most, so we engaged with central (for ex: MyGov), state (for ex: Maharashtra Information Education Communication Bureau), and local governments (for ex: Bangalore City Police) as well as networks of local community radio that reached millions.



The above is an example of an “infographic tile” on “Caring for Someone Who is Unwell” in Bangla. Infographic tiles are optimized for mobile viewing and are intended to support our trainings.



The above is an example of “narrative audios” on “Pregnancy Care and Care for Elderly and High-Risk Individuals” in Kannada. These audios have been optimized for sharing through IVR platforms and community radios.



The above is an example of an “animated video” on proper mask usage in Hindi. These videos have been contextualized for community audiences and have been visually tested for ease of relatability and understanding.



# TRAINING & SUPPORTING IMPLEMENTATION

Our long-lasting partnership with multiple states in India’s public health system became an important channel as we adapted our Care Companion Program (CCP) to address the pandemic. The impacts of the virus are felt far from the confines of hospitals, so we expanded our reach by partnering with new institutions - from large scale microfinance organizations and educational institutions, to grassroots nonprofits. These partnerships were forged to ensure we are able to deliver our content, tools, and training through trusted channels, reaching communities directly.

## SUPPORTING OUR EXISTING PARTNERS

Nurses across our partner hospitals have stepped up to continue critical patient training. To support them we immediately offered remote training to our nurse and hospital partners on key COVID-19 precautions to not only keep themselves safe, but allow them to integrate key precautions into CCP training with families. Through nurse community groups we have fostered over WhatsApp over the past several years, we learned about our nurse/trainer needs beyond CCP sessions - from lack of PPE to requirements for emotional support - and acted accordingly. Some of our hospital partners have been turned into COVID-19 treatment centers, but most remain open to all patients, making our program more critical than ever.

When staff at Damoh District Hospital in Madhya Pradesh became hesitant to carry out Care Companion Program (CCP) sessions due to COVID-19, nurses there took on an additional rotation to ensure critical information was still getting to families and patients. I was inspired to become a nurse because of my mother,” shared staff nurse Barkha Sen, who leads the daily CCP sessions now. “I have observed how the CCP has greatly improved the nurse-patient

relationship at the hospital. It is more important than ever at this time.” Barkha was supported by her team at Damoh: Sisters Uma Sing, Sapna Vishwakarma, Ranjeeta Asra, Pooja Sen, Pushpa, and Jasmin.

In addition to training support, we have been mindful of the strain the pandemic is taking on healthcare staff and have also focused efforts on self care activities such as mindfulness, dance, and poetry.

“  
I have observed how the CCP has greatly improved the nurse-patient relationship at the hospital. It is more important than ever at this time.” - Barkha Sen







# TRAINING & SUPPORTING IMPLEMENTATION

## CONNECTING WITH NEW PARTNERS

We teamed up with Kaleidofin, a microfinance network with a widespread presence in India, to get health information out to India's rural areas. Kaleidofin's frontline workers use our multilingual COVID-19 content to reach millions of people in Rajasthan, Gujarat, Tamil Nadu, Karnataka and Uttar Pradesh. Communal living shapes village life, where public meeting places such as local water pumps or government ration shops have been key engagement areas.

"The financial impact of COVID-19 on these families has been intense. They have now entered 'malnutrition mode,' where buying of basics like wheat and milk has stopped. Migrant workers have lost livelihoods. Every little thing we do at this stage is of phenomenal consequence to these communities" explains Hemnag Vijayan, Vice President of Customer Engagement and Digital Transformation at Kaleidofin.

Through our collaboration, we are also conducting surveys to better understand changes in user knowledge and the impact of Kaleidofin's interventions.

“.....  
Most people in urban areas are looped into what's been happening with COVID-19, but much of the Indian population still doesn't know.” - Hemnag Vijayan  
.....

## NEW TRAINING AND ENGAGEMENT TOOLS

With COVID-19, our training model shifted from being highly dependent on in-person interaction to more technology-based mediums. Accordingly, we developed new tools for training and engagement which include the following:

- Self guided learning for partners over a digital platform that is easy to use and available in multiple languages
- Interactive webinars that use case-based learning, and practical applications of the concepts
- Access to materials over WhatsApp and phone call follow-up support
- Augmented Reality applications, including a guide on how to wear PPE and a game that depicts the growth of the virus



# FOLLOWING-UP DIGITALLY

Our out-of-hospital mobile phone follow up system has gained importance during COVID-19. We currently have 5 programs set up to reach people in their homes with trusted health behavior change content. Turn.io and Praekelt.org are our close partners in delivering each of these services.

## HEALTHALERT BANGLADESH

This is the Official Government of Bangladesh COVID-19 WhatsApp and Facebook Messenger support. The platform allows people to get accurate health information on a range of topics related to COVID-19 including prevention, symptoms, and treatment options, as well as a symptom checker.

## AROGYA SEVA SUPPORT LINE

Our hospital follow up program (originally built for our Maternal and Newborn Care program) that reaches people across 4 states in India with timely reminders and live support from our medical team. In the face of COVID-19, we have expanded this service to include COVID-19 content, targeted to more facilities and community health networks.

## COVID-19 WHATSAPP LINE

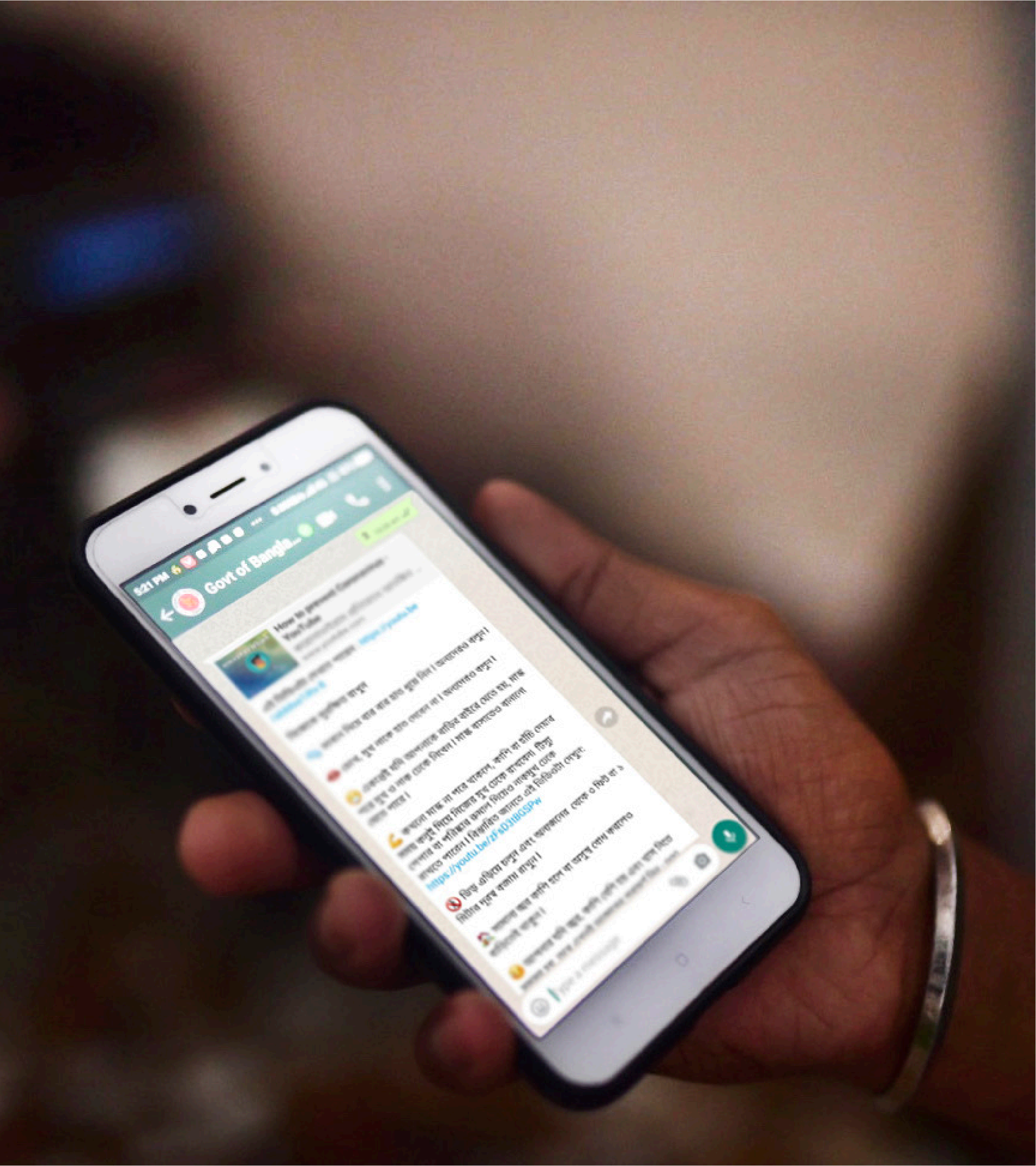
This service is specifically designed for our new partners who we engage in our COVID-19 training programs, allowing them, their staff, and communities access to our library of COVID-19 content over WhatsApp.

## COVID-19 HEALTHCARE WORKER WHATSAPP LINE

Our WhatsApp based information service for healthcare providers, launching next quarter. This will be an updated tool that shares latest best practices and guidelines, primarily for primary care providers. We are creating a version for India and Bangladesh in collaboration with government and local partners.

## PHONE-BASED TRAINING

We have 60+ trainers who are equipped to follow up with people who are high-risk or quarantined, also supporting our WhatsApp platform.





# RESEARCH & EVALUATION

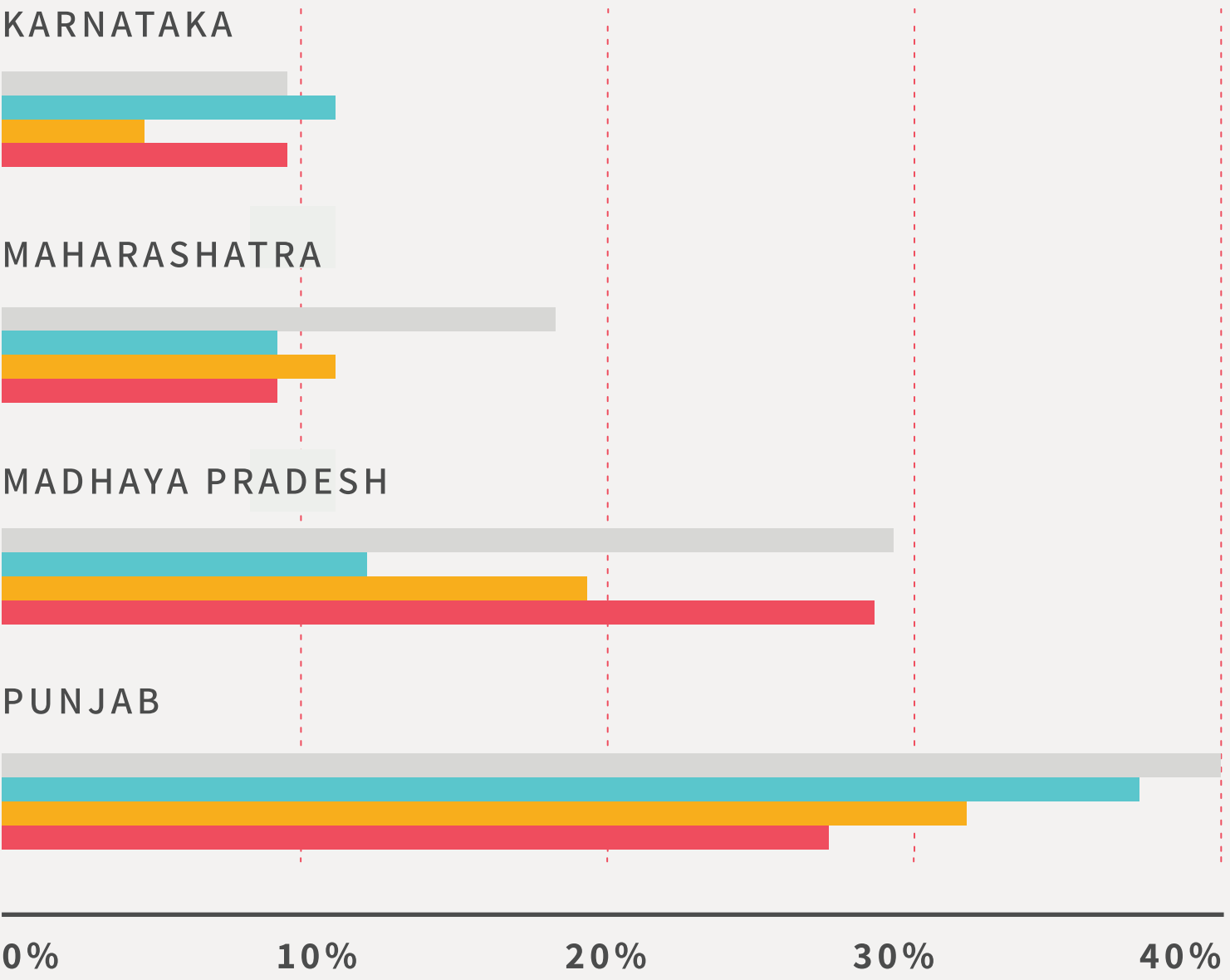
Research and Evaluation have been integral to our program development and impact measurement. As COVID-19 spread across the region, we recognized our ability to leverage our research capacity to understand the effects of the pandemic on patients and families.

Our phone data collection system has allowed us to continue to reach families in order to better understand the risk perceptions and attitudes across communities.

Over the past 2 months, we conducted 2 surveys across 4 states with 5,800+ survey participants. Community members and healthcare workers were surveyed on their risk perception, prevention behaviors, knowledge of symptoms, and qualitative feedback on their fears and concerns. These insights have helped us adjust our program model and informed the content we are creating. Additionally, by sharing these learnings, we hope to contribute a frontline perspective to the global understanding of COVID-19. These studies have been documented in two reports and have been featured in [The Hindu](#) newspaper. You can read results from the first survey [here](#) and the second [here](#).

## Community Members who think they/ their families are at **risk of infection**

WEEK 1(N-572) | WEEK 2(N-721) | WEEK 3(N-617) | WEEK 4(N-145)



Measuring people’s perceptions of infection over time helps us understand where we might need to adjust education and outreach. Risk perception levels peaked at just 40% in Week One and fell to under 30% risk of infection as the pandemic continued. Given this data, more health education is needed to inform citizens of the ongoing risks of COVID-19.



A photograph of a family of four in a hospital room. An elderly woman on the left wears a black headscarf and a dark vest over a white floral-patterned blouse. She holds a newborn baby wrapped in a bright pink blanket. In the center, a young man with dark, spiky hair wears a red and white plaid shirt. To his right, a young child with curly hair wears a yellow and black patterned vest over a white shirt. The background shows a window with a colorful patterned curtain and a white wall with a medical stand.

It takes a **family.**

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