

NOORAHEALTH

Quarterly Report | Q1 | 2021



Dear Friends,

We imagine many of you have seen the devastating news coming out of India and Bangladesh. This wave is hitting particularly close to home, with every one of our colleagues, partners, nurses, patients, and families being impacted at home. Hospitals have run out of oxygen, medications are in short supply, and frontline healthcare workers are fatigued. This report was largely written before the situation became as dire as what we are seeing today. We have left it as a reflection of the first few months of the year.

In Q1 we directed our efforts towards supporting the world's largest vaccine drive in India, so that people can be equipped with all the information they need to safely and swiftly take their vaccine when eligible. At the same time, we continued to work towards the goals we had set for 2021:

- Adapting and expanding our **COVID-19 work**
- **Scaling the established** (or 'classic') **Noora model** across facilities in India and Bangladesh
- Testing and launching **technology-enabled innovations** to the classic model - through remote training and direct to patient approaches
- Expanding to **new condition areas** and **new settings of care**
- **Continuing to prioritize impact**, focusing on both internal quality and outcome evaluations

We did this in a number of ways - from delivering teletraining to home isolated COVID-19 patients in Bangladesh, to expanding our program's reach to SNCU (Special Newborn Care Unit) patients, exploring new technologies such as IVRS (Integrated Voice Response System), and resuming work on previously halted impact evaluations.

The reality in India and Bangladesh today reinforces the importance of our mission - that families must be empowered and equipped to take charge of their health outcomes when the public health system is overburdened. We will continue to make every effort to support the partners and communities we work with over the months to come, while also prioritizing the mental and physical wellbeing of our team. Here's to hoping there is light at the end of this tunnel.


Edith


Shahed

CARE COMPANION PROGRAM GROWTH AND EXPANSION

It has been heartening to see our Care Companion Program (CCP) training sessions continue in partner hospitals over the last two quarters, despite the challenges the pandemic poses. With the support of in-person booster trainings, CCP sessions consistently increased in Punjab in Q1, and resumed in all parts of Madhya Pradesh and Maharashtra.

One of our key focus areas this quarter was to take forward our collaboration with UNICEF to adapt the CCP for a multi-state pilot in Special Newborn Care Units (SNCUs), which look after the most unwell newborns. We are delighted to report that we not only achieved, but also exceeded our goals for the program in Q1. 138 nurses have been trained, and the program is currently operational in 9 hospitals, across 3 states — Telangana, Andhra Pradesh, and Karnataka. Nearly 3,000 mothers and caregivers have been trained through 164 sessions, and received positive feedback from government officials and nurses alike.

Having previously assessed missed immunizations due to COVID-19, and witnessed the significant impact of follow-up reminder calls on vaccination coverage (increased from 65.2% to 86.4% over two weeks), post-discharge support forms a critical component of our SNCU program strategy. We are currently piloting the integration of Interactive Voice Response System (IVRS) technology into our post-SNCU discharge service. IVRS does not require an internet connection or a smartphone, nor does it require initiation on the user's end, unlike WhatsApp.

The process can be initiated on the partnering hospital's end, to ensure every family is enrolled and receiving health messaging and reminders, thereby widening the reach of this support service.

An initial set of 184 families began receiving one-way IVRS health messaging at the start of Q1, from the time of SNCU discharge until their baby is 12 weeks old. Testing is currently underway to gain insights on usage and knowledge retention, which will then be compared with the results of our ongoing WhatsApp evaluation to assess if there is an improvement in adoption patterns, help us understand which technology should be used when, and how both can augment each other to create a holistic post-discharge support system.

In Q2, our focus will be to ensure the CCP continues to augment public health efforts to combat the second COVID-19 wave in India, while continuing to work toward increasing program sustainability and coverage through collaborations with state government partners.



SUPPORTING THE WORLD'S LARGEST VACCINATION EFFORT

As vaccine rollouts began across the globe, India undertook the largest vaccination drive in the world – aiming to protect 300 million people from COVID-19.

With studies reporting vaccine hesitancy of up to 42% in some Indian states, we focused on supporting government and public health system efforts in both India and Bangladesh to address this hesitancy, demystify the vaccination process, and encourage the continued practice of preventative behaviors.

We asked ourselves what we could do to cut through information fatigue and capture people's imaginations. Our intention was to make the campaign playful and interactive, without compromising the messaging. We settled on the theme, "I'm vaccinating today for a safer tomorrow," imagining a future where people can interact safely in person, share hugs, and spread happiness without fear of illness.

At the same time, we continued to support our partner organizations' frontline staff, equipping them with accurate information on vaccines through training webinars. The comprehensive webinars cover everything from what a vaccine is, to the types available, eligibility criteria, process, side effects to watch out for, and when to seek medical help.



“

The session was very informative, insightful, and well-designed. It is most relevant and our trainers will now spread awareness in the communities we work with in 7 states. We really appreciate your collaboration and sincere effort!”

- Amrita Kapoor, Head — Training & HR, Swadhaar FinAccess

Our materials on COVID-19 vaccines are available in 7 different languages and can be freely downloaded from our [open source library](#).

Working in close partnership with UNICEF, we produced:

- posters for use in public places
- GIFs and [an interactive video](#) for circulation on social media
- badges for frontline providers to reinforce the behavior of vaccination
- Facebook profile photo filters to raise awareness and promote adoption

These materials will also be disseminated by our network of over 70 partners, who work with diverse communities across the two countries.

T.E.A.C.H. SUMMIT 2021

The annual T.E.A.C.H. (Teaching, Empowering and Activating Caregivers at Home) Summit, hosted in collaboration with Narayana Health, is an integral component of the Care Companion Program (CCP) experience.

While the Summit is inclusive of the broader CCP community, it centers on the nursing experience — the wins and challenges of trainers, the influence their work has on health policy, and as a platform for shared learning.

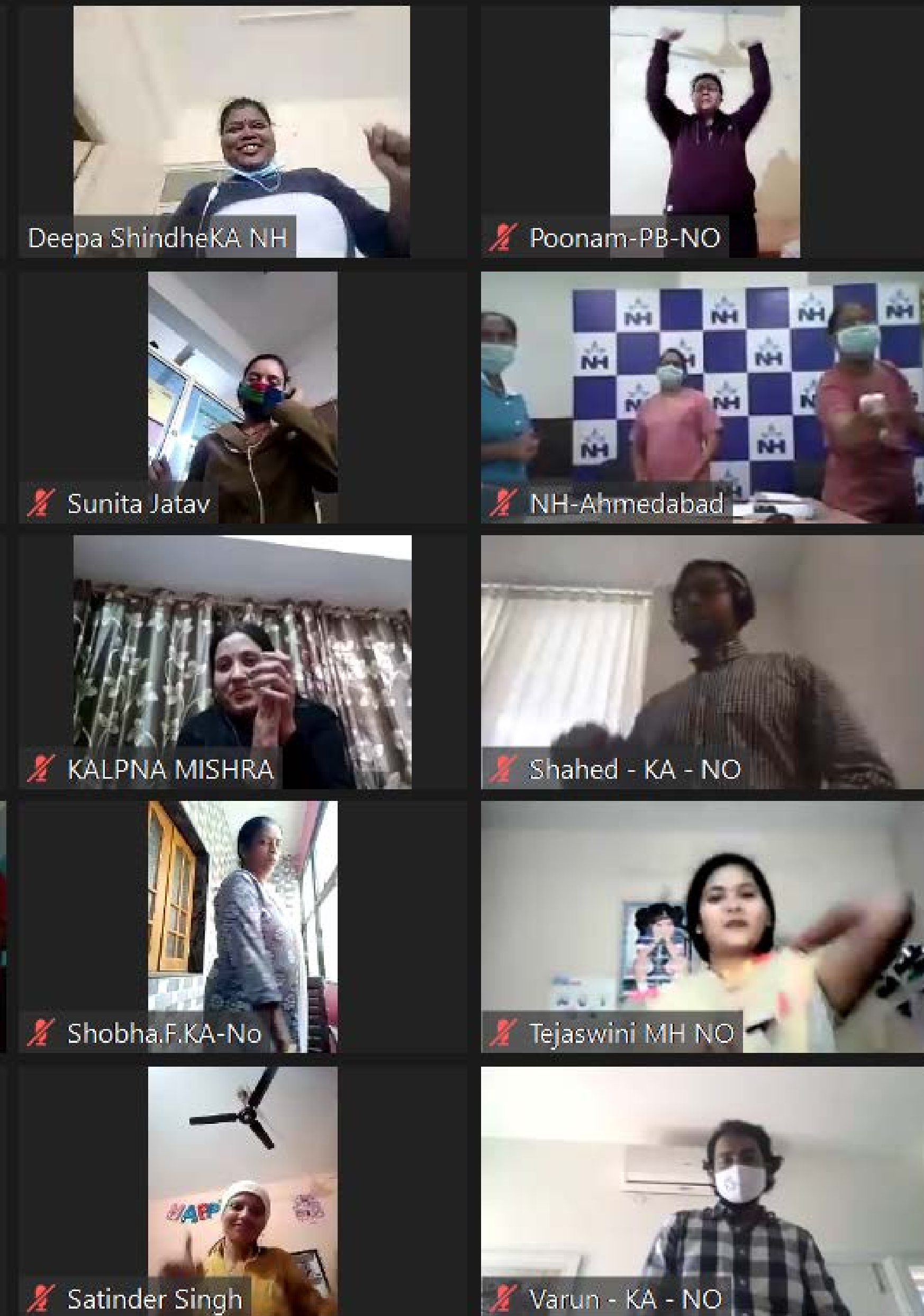
The dedication of India’s healthcare workers over the past year has been nothing short of heroic, and the third edition of the Summit held in Q1 2021 focused on celebrating their extraordinary work. Wanting every element of the Summit to focus on the nurses, we conducted a needs-finding activity prior to designing the event. Mental health and resilience building were two strong themes that emerged, as did the challenge of taking long hours off from work. Thus, the Summit was designed to have shorter sessions over the span of two days rather than an all-day event. Nurses participated in a range of activities including group sharing sessions, mental health discussions with leading psychiatrists, brainstorming on CCP sustainability, a talk by Dr. Satish Amarnath (a medical microbiologist and acid attack survivor), skill-building workshops, talent showcases, and a musical concert.

Given that this was the first time the Summit was held virtually, one of the biggest challenges was managing 200+ people, who speak 5 regional languages and come with varying levels of

digital literacy. Choosing a webinar format was the easiest solution, but our goal was to give the nurses a platform to be heard. With a dedicated tech support team fielding questions, supporting participants, introducing them to the platform, and managing each session, we succeeded in conducting a Zoom event that was highly engaging and interactive — with everyone’s video on, and their voices heard often. This was one of the biggest reasons for the unity participants said they felt, as they all came together across time zones and geographies to uphold the vision of a world where individuals are active participants in their family’s health outcomes.

Learn more about the Summit and what went into its planning [in this blog](#).

“.....
The smile of family members when they are taught about their patients is my prime source of inspiration to do a good job in family caregiver education. CCP is the foundation, and as long we stick to these basics, we can’t go wrong.” — Nurse Kalindi
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TELETRAINING COVID-19 PATIENTS IN BANGLADESH

Syed Ariful Islam and Hafsa Afrin

Towards the end of 2020, we gained permission from the Government of Bangladesh to implement our teletraining program for home isolated COVID-19 positive patients and their caregivers. Our aim has been to not only train families, but also ensure our teletrainers themselves feel confident in delivering the program.

“We learn 3 call scripts, complete an online course to get certified by the World Health Organization (WHO), are trained on our communication skills, data privacy and usage of the SurveyCTO software before we begin reaching out to patients,” shares Syed Ariful Islam, one of our teletrainers. He explains that the team has access to a database from the Government, which allows them to download information and reach out to patients directly. With almost 7,000 patients added to the list every day, the focus is currently on reaching out to those most in need.

With calls lasting anywhere from 30 - 40 minutes, patients and caregivers are trained on everything from an introduction to the illness, to how it spreads, the importance of isolation, diet, family safety, when to seek medical help, and how to address stigma. “It isn’t easy,” shares teletrainer Hafsa Afrin. “I once immediately realized that the patient was someplace busy — in a marketplace, in fact! He was dismissive and did not believe I could tell him anything he didn’t already know. But I persisted, even calling him after my working hours.

I learned that his wife had also tested positive but that they weren’t isolating themselves. I was finally able to convince them of its importance — not just for the general public, but for the health of their two young children.” Another time, Hafsa spoke with a mother who was the lone caregiver to her 11-year-old who had tested positive. “Her husband works overseas and she was completely overwhelmed. She was so happy — she said that I had helped her with so much information, but more than that, given her the moral support she needed.”

Ariful, who successfully completed over 200 calls in March, explains that while one occasionally encounters a patient who doesn’t think the training will be useful, teletrainers have been taught to engage them, and the gratitude they ultimately receive makes it worth the effort.

“**The feedback and blessings we get from patients inspire me. It’s what keeps me going and drives me to be as friendly and informative as possible.**” — Ariful





PADMA AND EARESH

Special Newborn Care Unit (SNCU), Raichur Institute of Medical Sciences

When 24-year-old Padma gave birth, neither she nor her husband Earesh anticipated what would follow. Their baby was born premature at 29 weeks, and weighed only 900 gms.

He was also diagnosed with sepsis, anemia, respiratory distress, and apnea of prematurity (pauses in breathing for more than 15-20 seconds). The baby needed critical support, which cost them over \$1,000 USD — a huge expense for the couple hailing from a small village in the state. A few days later, they were referred to the Raichur Institute of Medical Sciences (RIMS), a government teaching hospital in Karnataka which specializes in maternal and child health.

Their son spent 50 days in the SNCU at RIMS, and Padma and Earesh attended several Care Companion Program (CCP) training sessions throughout the duration of their baby's hospitalization. They learned about various aspects of their baby's care, including the importance of exclusive breastfeeding, hygiene, cord care, and Kangaroo Mother Care (KMC), which was crucial to the baby's health. Padma's wellbeing was also a key focus during the trainings — the importance of nutrition, how to express milk, and family planning to ensure an adequate gap between multiple pregnancies. Both parents diligently practiced all that they were taught and constantly sought support from the nurses training them.

At the time of discharge, their baby weighed 3lbs, and Padma and Earesh left the hospital determined to work towards his health and recovery. At home, the couple focused on ensuring their baby was well fed and kept clean, in addition to practicing KMC at least four times every day. Today, their baby is a little over 3 months old, healthier, and weighs just over 5lbs — a milestone that his parents are thrilled about.

“.....
The training classes were useful and we are very happy. We are doing everything we were taught, especially giving him Kangaroo Mother Care (KMC) frequently.”
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RESEARCH & EVALUATION

UPDATE ON OUR NEONATAL EVALUATION

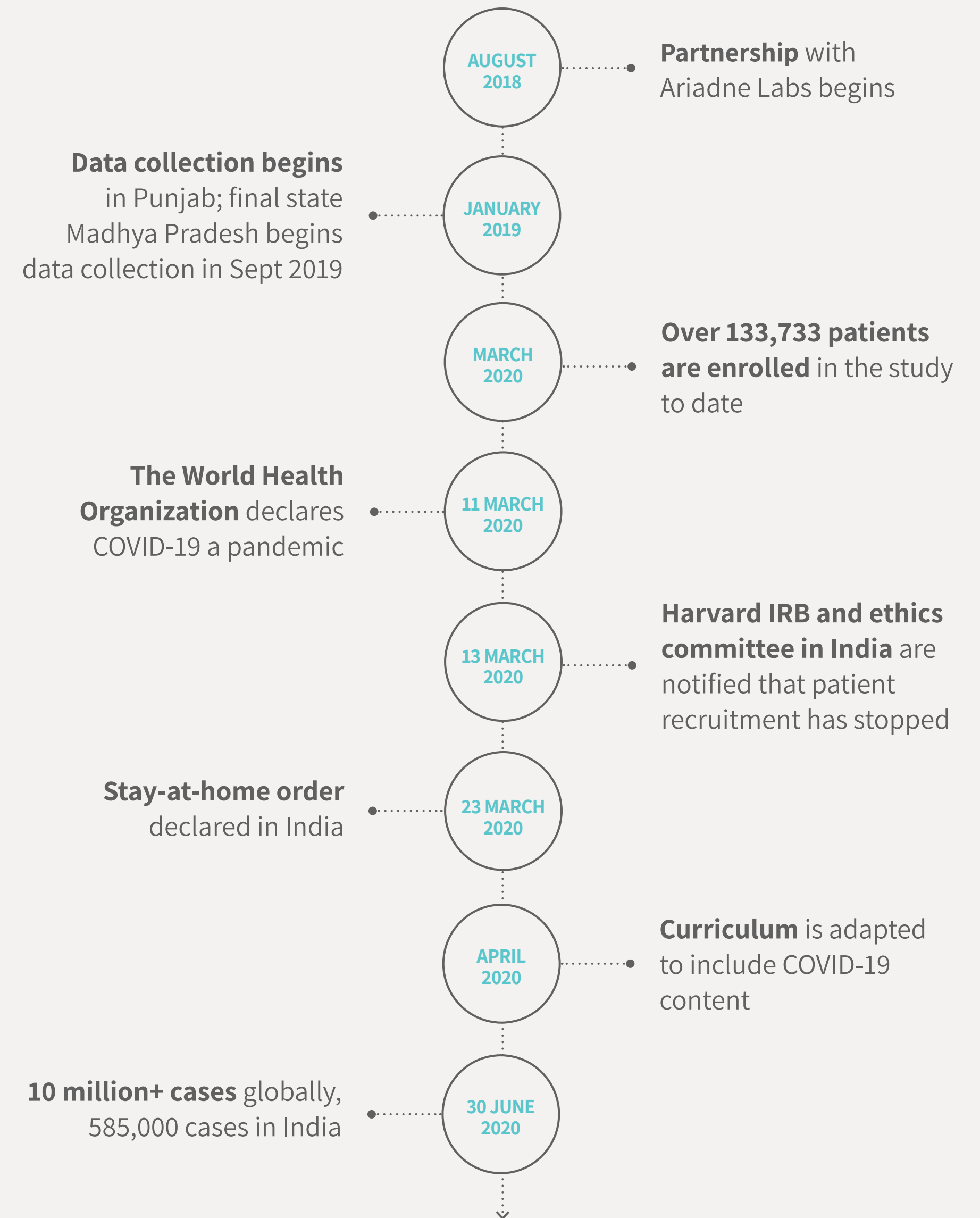
We have been working closely with our partners at Ariadne Labs to determine the best steps forward to resume the neonatal and maternal evaluations of our Care Companion Program (CCP), which were paused after midline collection due to safety and ethical concerns during the COVID-19 lockdown. While it would have been ideal to proceed with the original study design (i.e. baseline, midline, and endline data collection periods since the CCP is institutionalized at the health facility level), we have needed to adapt this strategy.

We have now finalized on a Difference of Difference analysis and a Trained vs. Untrained analysis, with data collection periods tentatively in July and October 2021. Given the evolving COVID-19 pandemic, these studies hinge on balancing scientific rigor, stewardship of data already collected, and the pandemic's realities. This quarter, we also ran a larger interim analysis of the data that has been collected at 28 district hospitals, looking specifically at neonatal and maternal mortality, across 133,000+ data collection points, of which 90,210 were completed interviews.

Data collected before and after the implementation of the CCP suggests an 18% reduction in risk of neonatal mortality and 13% reduction in risk of maternal mortality within the first month of delivery.

While these findings are encouraging, there are limitations, and we will need to continue to explore these associations in future studies.

For more details, [you can view the report here.](#)



It takes a **family.**



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