



NOORAHEALTH

Quarterly Report | Q2 | 2020

Dear Friends,

With South Asia emerging as a region of widespread COVID-19 infection, the communities we serve have witnessed devastating effects. Now, it is important for us to recognize COVID-19 not just as a virus to safeguard against, but as a medical condition area where we can facilitate recovery and support behavior change.

Our initial focus was on ensuring accurate information about the new virus reached even the most remote communities. Through rapid collaborative dissemination efforts, we were able to reach 12 million people – a number that continues to grow. While most people today know about COVID-19, we are observing that misinformation and information fatigue have taken root and people still have a low risk perception of infection.

With cases rising exponentially and putting immense pressure on already overburdened public health systems, we believe that sustained public health messaging and family education is critical – not just for those safeguarding against the virus, but also for patients who have tested positive and their caregivers. In Q2, we have expanded our response with four key objectives in mind, to ensure that we can serve diverse needs quickly and effectively:

- Supporting the Public Health Response
- Creating COVID-19 Health Education Content
- Strengthening Health Systems
- Measuring Impact

While COVID-19 had temporarily halted some healthcare services and thus operations of our Care Companion

Program, we are heartened to see a slow, but steady resumption. The determination of our partner hospitals and nurses in delivering the program (now integrated with COVID-19 information) even at a time when resources are stretched reinforces our faith in the positive impact it has on patient behaviors and health outcomes. Through the difficult times ahead, we will continue to do everything we can to support their dedication with our own.

Adapting our program to support communities and health systems through a pandemic has been a challenging, but rewarding learning experience. First and foremost, we have learnt that we have an incredibly resilient team that is undaunted by hurdles, and committed to improving lives. Second, that there is a clear value and need for empowering families to make health happen at home. Third, that our program model has the potential to improve health outcomes even remotely or digitally. We have the opportunity to not only scale, but also infuse an often missing element – empathy – into creating engaging remote experiences that will drive long-lasting behavior change.

We are fortunate to have been able to innovate and unlock new areas of growth. This has only been possible because of your continued support and confidence in our work and mission, and we are extremely grateful to have you be a part of our Noora family.



Edith



Shahed



OUR COVID-19 TOOLKIT

Over the past few months, we have developed and delivered a wide range of COVID-19 products and services. In Q2, we brought them together into a set of programs to be used by governments, organizations, healthcare professionals, and community leaders in order to support health behavior change.

CONTENT

We have created comprehensive, evidence-based content on COVID-19 in **14 regional languages**.

Our content repository can be [accessed here](#).

If you wish to co-brand, provide feedback, or request additional content, connect with us at covid19@noorahealth.org

TRAINING

We have developed a training program to empower frontline workers.

This training is comprised of:

- A self-guided learning platform
- A series of interactive webinars
- AR-based modules

Our self-guided learning platform can be [accessed here](#).

MOBILE PHONE SUPPORT

We have expanded our offerings for families to receive health behavior support from our team of public health professionals.

These can be used directly by communities or by frontline staff supporting communities.

Care Companion Program for COVID-19

This is a teletraining initiative which provides empathetic skill-building for families of COVID-19 patients. They are taught to manage symptoms, pre-existing medical conditions, how to prevent the virus from spreading to other family members, and when and how to access care.

The Whatsapp Support Line can be [accessed here](#).

COVID-19: Healthcare Worker Information

A WhatsApp chatbot which disseminates COVID-19 information and guidelines to frontline healthcare workers and primary care providers.

The service can be [accessed here](#).

Maternal and Child Health Support Line

A WhatsApp service where new mothers and families receive messages related to best antenatal and postnatal care practices. Messages are scheduled and sent routinely and the service includes a live-chat support system run by healthcare professionals.

[Click here to see a list of numbers for different states/languages.](#)

OUR COVID-19 TOOLKIT IN ACTION



The Care Companion Program (CCP)

Our program has integrated COVID-19 information, customized for patients and caregivers visiting partner hospitals.

The program is supporting vulnerable patient populations like cardiac surgical patients, new mothers, and sick newborns.

Expanding Content Distribution

Our COVID-19 content is available in 14 languages, and is being disseminated by several organizations and NGOs.

We are also supporting frontline workers through self-study digital learning courses, webinars and a nurse engagement program.

Supporting COVID-19 Patients

We have adapted our CCP model to offer support to COVID-19 patients and their caregivers.

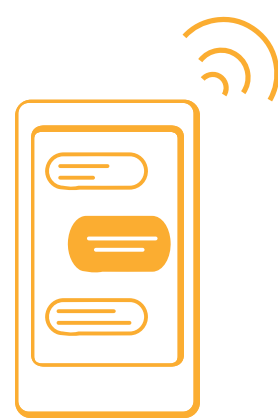
Our ‘Care Companion Program for COVID-19’ provides empathetic teletraining for families managing COVID-19 patients in home quarantine.

Measuring Impact

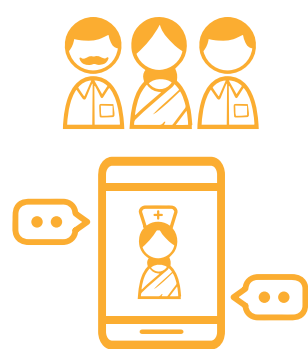
Through collaborations with individuals and organizations, we continue to study the perceptions around COVID-19.

We are also assessing the efficacy and impact of our health education materials through both quantitative and qualitative methods.

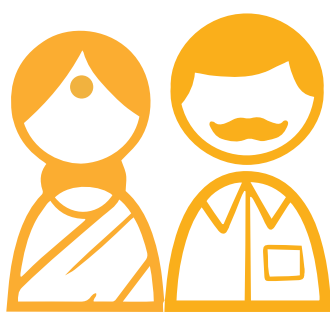
OUR PROGRESS IN NUMBERS



5,200
people reached through our COVID-19 teletraining for home quarantined patients and families



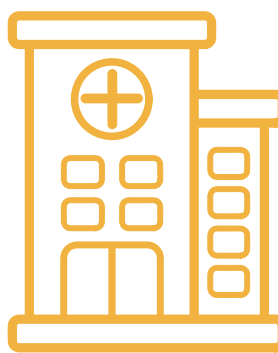
60+
partner organizations engaged in our COVID-19 outreach (and 25 new partners added in Q2 2020)



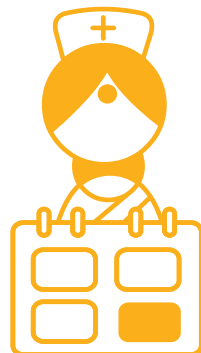
25,454
unique mobile services users across our COVID-19 and Maternal & Child Support WhatsApp lines



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



159
total number of facilities to date (launched and undergoing implementation)



4,233
trainers trained to date (and 375 trainers trained in Q2 2020)



76,233

total family caregivers trained in Q2

847,540

total family caregivers trained to date

12 million

total people reached with our COVID-19 training and content

SUPPORTING THE PUBLIC HEALTH RESPONSE

TRAINING CAREGIVERS OF COVID-19 PATIENTS IN HOME QUARANTINE

The rapid spread of COVID-19 has increased the burden in health facilities across the world. In India and Bangladesh, many patients are prescribed home isolation so that constrained facilities may be used for those who need it most. This has shifted the burden from facilities to the doorstep of tens of thousands of homes, leaving family members to be the frontline care providers.

With an overburdened health system, we realized that empowering families to manage COVID-19 at home is the need of the hour. In Q2, we leveraged our expertise in improving health outcomes at home to develop a comprehensive ‘Care Companion Program for COVID-19 (CCP for COVID-19)’, which builds on our existing program model of high-impact training for families.

Our aim with CCP for COVID-19 is to support those who need it the most, as quickly as we can. At the start of the pandemic, we had collaborated with the Government of Maharashtra to train frontline workers and design health education content for mass distribution. Soon, Maharashtra became the worst hit state by COVID-19, which presented a critical need and opportunity for this service. We began by implementing the program in the Mumbai Metropolitan Region, where we have worked closely

with officials to integrate this program into the existing health system. Mumbai, the capital of Maharashtra, was the center of the outbreak in India, and has faced acute shortages of beds for COVID-19 patients. To date, we have reached over 5,200 people through CCP for COVID-19 services. We are finalizing proposals that will allow us to expand to serving the needs of other Indian states, as well as in Bangladesh, where less than 5% of patients are currently being treated in hospitals.

“
Despite being well educated, I don’t know enough about COVID-19. There are so many others too who don’t have the right information about the virus. I want to share your (tele-trainer’s) number with people so that they can learn from you.”
– A family member of a COVID-19 patient

This service provides empathetic, proactive phone training and skill-building for families caring for infected patients at home.



Our team first securely receives numbers of confirmed COVID-19 patients from government partners.



Families receive a call from a tele-trainer. They learn about key topics like symptom and pre-existing medical condition management, caregiver precautions, and hospital care-seeking practices.



Tele-trainers teach through a flexible, coaching based model, and are equipped with ample support and follow-up resources to share with families.



A key feature of this model is the use of technology including IVR for reminders and access to content and live support through our WhatsApp service.



THE SITUATION IN OUR PARTNER HOSPITALS

In the early days of the COVID-19 pandemic, the Indian national government issued lockdown orders to mitigate the spread of the virus, and this deterred patients visiting healthcare facilities. As a result, we saw a marked decline in the number of people visiting our partner hospitals and being trained. In Q2, we began to observe a steady increase in the number of Care Companion Program (CCP) training sessions being conducted. As people and facilities adjust to the realities of living with COVID-19, partner hospitals that had paused some healthcare services and training sessions are beginning to restart the program. In Madhya Pradesh, for example, training is almost back to pre-lockdown levels.

We are facilitating this recovery and sustaining continuity by liaising extensively with hospital administrations and supporting our nurses. Our original ambition this year was to implement the CCP in additional hospitals; however, the current need has shifted our focus to supporting our existing partners and doubling down on the relationships and trust that have been foundational to our program's impact.

The Balaghat District Hospital in Madhya Pradesh has always been consistent in conducting Care Companion Program (CCP) sessions, much of which can be attributed to the dedicated efforts of staff nurse and Master Trainer, Monika Uikey. However, with the disruption COVID-19 brought to hospitals, CCP sessions in Balaghat came to a halt. Staff and patients were told to follow physical distancing protocols strictly and avoid gatherings to minimise the spread of infection. The situation demanded the internal relocation of the departments and wards, which made it all the more difficult

for Monika to regularly hold training sessions. COVID-19 related stigma and fear amongst Monika's own family added to the challenge. "I have a 3 year old son and everyone was really skeptical about his well-being, so I eventually sent him to his grandparents' house," shares Monika.

When conditions improved, Monika was adamant on restarting the CCP sessions safely. She gathered all her fellow nurses and gave them a pep talk on how operations could be managed if they worked together and prioritized patient well-being. She also talked to the higher authorities to ensure administrative support. Monika, along with her colleagues, began with conducting 1-2 sessions every week. Today, sessions are back to running every day.

Monika and her colleagues continue to inspire us with their commitment to the CCP, and have even filmed short videos themselves to make their training sessions more engaging and interactive for patients during the pandemic.

“.....
Conducting the CCP has become a part of my daily work routine. I can see the difference in patients' behavior, especially when engaged attendees ask questions.” – Monika Uikey
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CREATING COVID-19 HEALTH EDUCATION CONTENT

In India’s vast cultural diversity and burgeoning population, grassroots organizations are playing vital roles in empowering vulnerable communities to safeguard themselves against the spread of COVID-19. In Q2, support from partner organizations continued to help us get critical COVID-19 health education into the hands of millions of people and measure the impact on behavior and perception. For example, we worked closely with Ambuja Cement Foundation (ACF), known for its 27 years of success in building rural communities to tackle developmental problems in India. Their dedicated field workers have delivered our health education content to diverse communities such as truckers and MGNREGA workers (labourers covered under the Rural Employment Guarantee scheme).

“The key to reaching the masses is to have well curated content- that makes a huge difference,” explains Dr. Vinayak Sonawane, who leads the health programs at ACF. Ordinarily, ACF field workers would go out to the fields and village public spaces, sharing key messages with people. “COVID-19 forced us to embrace new mediums and go completely digital. Having access to Noora’s multimedia content is very helpful, because it is engaging, properly translated into regional languages, and can be conveniently shared on our large WhatsApp groups.”

In Q2, we sought feedback from ACF field staffers and beneficiaries on their experience with our COVID-19 health education content. This gave us insights into what people found most useful, and what they would like to see more of. Moving forward, our goal will be to tackle fear and stigma, especially in audio formats for beneficiaries who lack access to smartphones.

We are also finalizing a research project, to survey perceptions and behaviors among rural populations, and understand how our Maternal and Child Support WhatsApp service is received outside of our traditional hospital distribution systems.

GROWING OUR DIGITAL FOOTPRINT

We have partnered with MyGov, the Government of India’s platform for citizen engagement and direct participation in governance. MyGov is focused on disseminating accurate COVID-19 information across India, and reaches millions of people through various online platforms such as its own mobile application, Twitter, Instagram, Facebook, and Youtube. MyGov regularly publishes our COVID-19 health education content on their platforms and apps, where some of our videos have garnered over a million views.

“.....
We first thought masks were a waste of money and didn’t know where to find them. ACF would send regular messages about the importance and use of masks, and then we realized their value. Later, our Self Help Group started making these masks and now we educate others about its importance.”

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– Tai Kelwatker, ACF community Self Help Group member
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STRENGTHENING HEALTH SYSTEMS

COVID-19 HEALTHCARE WORKER WHATSAPP SUPPORT LINE

The heroes of the COVID-19 response continue to be frontline healthcare workers, many of whom are working in extremely challenging conditions and low resource facilities in more rural areas. In response, we have developed a dedicated support line that enables optimal flow of validated, government approved clinical guidelines to help primary care providers mitigate the impact of COVID-19.

Existing mobile applications focus on symptom tracking or administrative purposes, but there are no dedicated solutions that serve as a single-source of key information specifically designed for doctors, nurses, AYUSH providers, and hospital administrators working in primary care settings (clinics, nursing homes, and small/medium-sized hospitals). Our service ensures timely access to the right information at critical moments, with integrated additional features such as high-quality clinical training, connections to specialists, mental health support, and a reminder tool for information reinforcement.

We are now working with partners in making the service more widely accessible across India. Three state governments have agreed to adopt this as an official training tool of their state health response. Our goal is to reach 4,000 providers per state in the public sector and upwards of ~ 15,000 providers within the private sector.

“
“This system will be helpful in addressing confusion. There are often multiple directives. We can prevent complications when we know we are following the most recent ones. Getting this information digitally makes our lives easier.” – A primary care provider in Karnataka



MEASURING IMPACT

RESEARCH AND EVALUATION

While the pandemic poses challenges for field investigation, we’ve been able to leverage our existing remote data collection infrastructure to better understand the frontline situation and draw insights for the larger public health community.

EVIDENCE TO INFORM OUR COVID-19 RESPONSE

Over the last several months, we analyzed overall trends from our COVID-19 needs finding survey– conducted from March 20th to June 10th 2020– across Karnataka, Maharashtra, Madhya Pradesh, and Punjab, with over 6,000 respondents. The survey aimed to understand overall risk perceptions, knowledge and practice of preventive behaviors (self-reported), and access to information. The full needs finding reports can be found [here](#). These findings have also been published by leading Indian news publications like [The Hindu](#) and [Scroll.in](#).

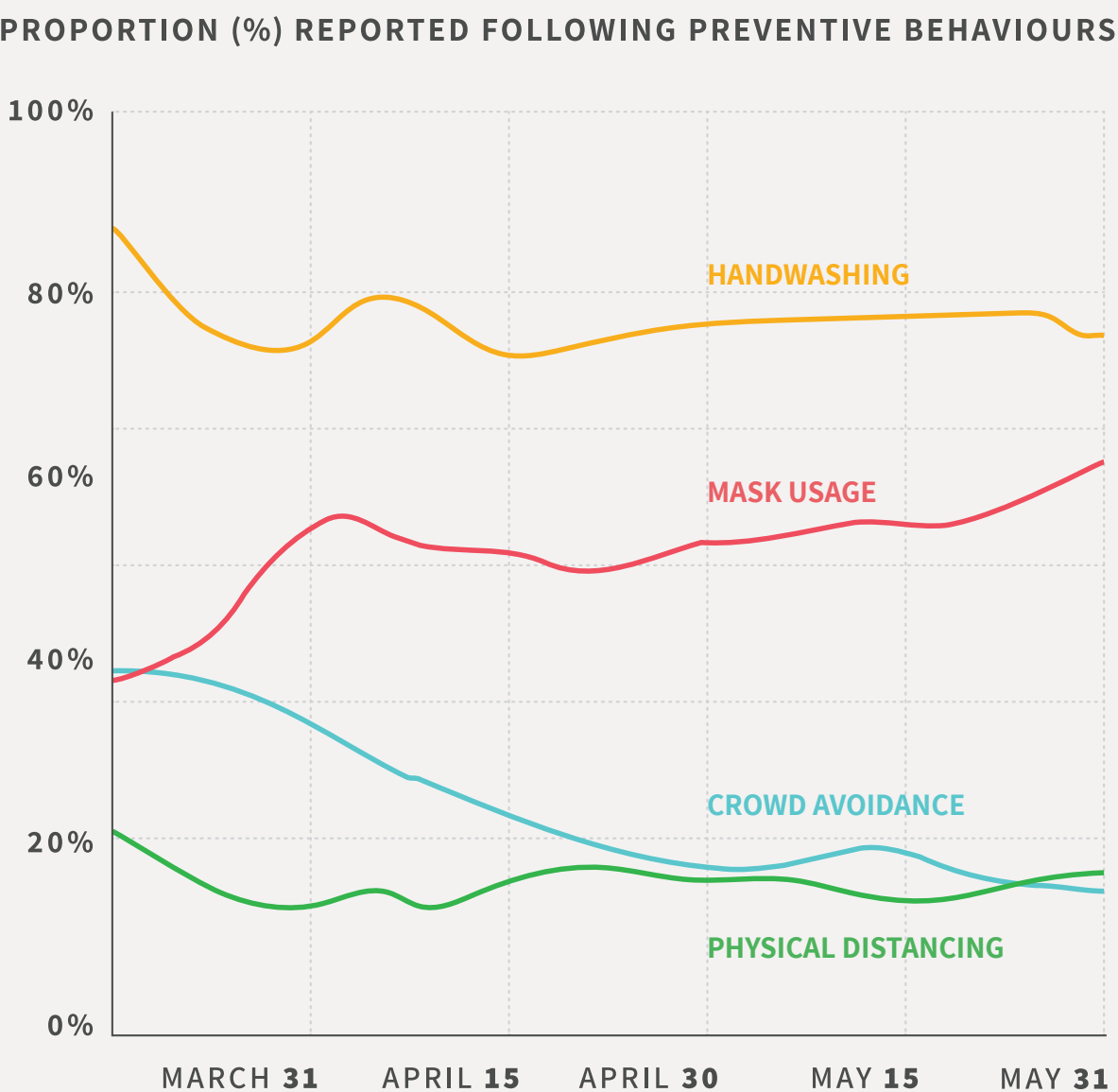
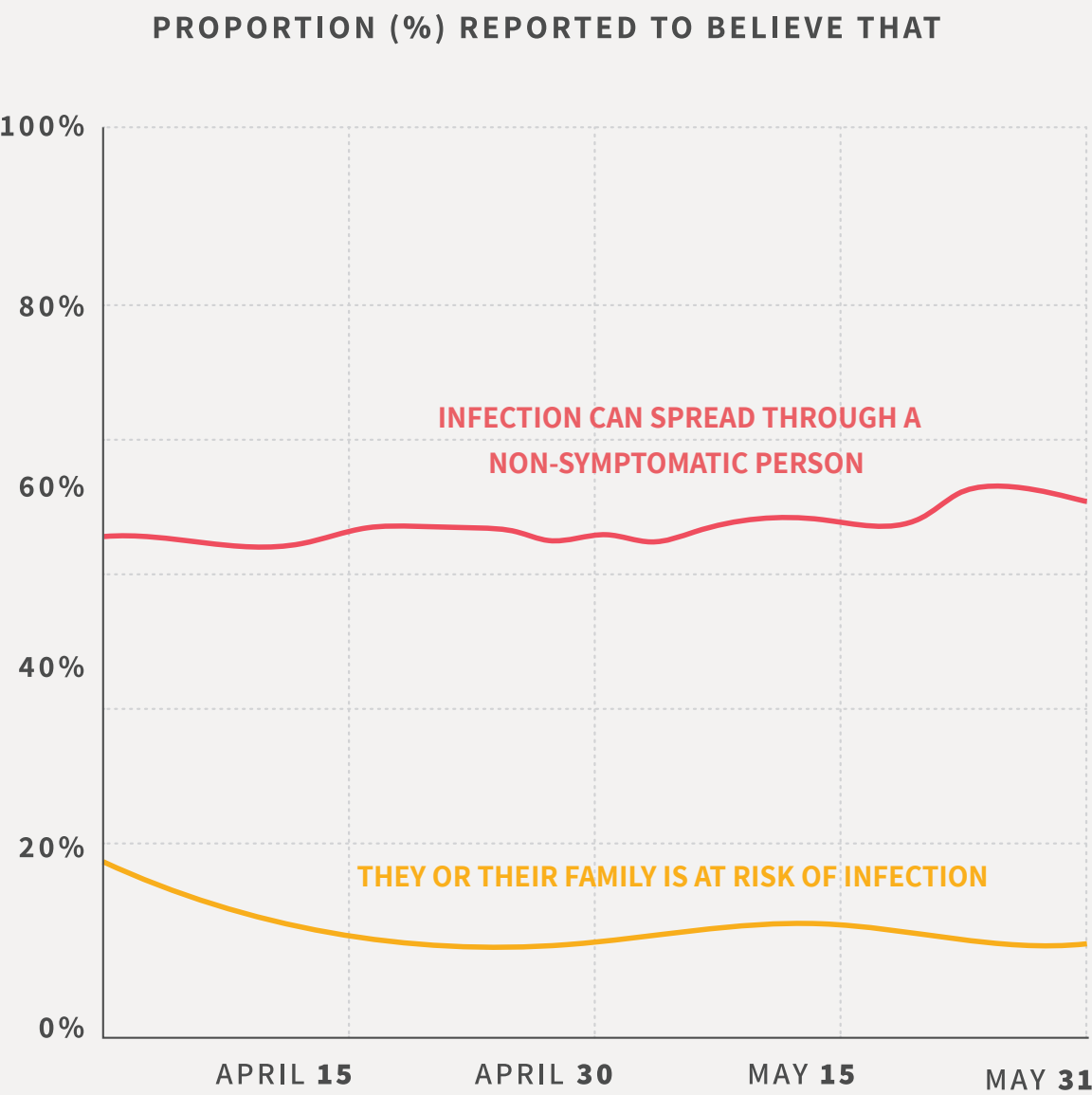
Our analyses tell us that while people are receiving information about COVID-19, or in some cases even too much information, not all of it is engaging, nor as comprehensive as it should be. As economic activities resume, it is crucial to address this gap by effectively communicating a more balanced view of preventive practices and risks associated with the spread of COVID-19.

We observed varying levels in the prevalences of different self-reported behaviors over time.

Handwashing remained consistently high, despite population disparities of income and water supply. Additionally, we noted a clear increase in mask usage over time. However, despite their importance, other self-reported preventive behaviors, including avoiding crowds and maintaining distances, were not as high in prevalence.

Falling risk perceptions may make people less likely to practice healthy behaviors.

Despite encouraging rates of some behaviors in response to the pandemic, people’s risk perceptions of getting infected were disconcerting. A small proportion of people – about 10% in May – believed that they or their family were at risk of contracting the disease. Even more concerning, this proportion has been falling.



MEASURING IMPACT

TESTING KNOWLEDGE AND BEHAVIOR CHANGE OF CONTENT

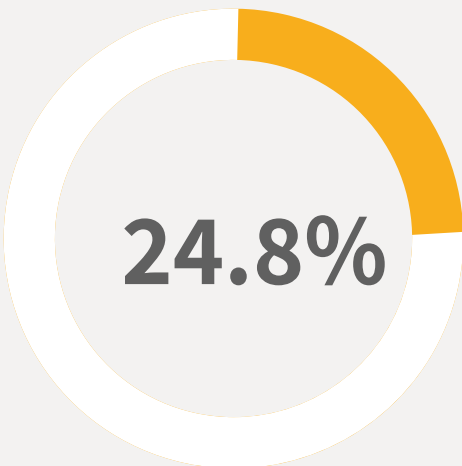
In Q2, we tested our content through a pre/post study on knowledge and behaviors after the images and audio clips were shared through WhatsApp. A baseline survey was conducted before beneficiaries were sent the content, and an endline survey soon thereafter. This pre/post analysis attempts to understand the associated outcomes of people who were sent our content.

KNOWLEDGE AND BEHAVIOR CHANGE

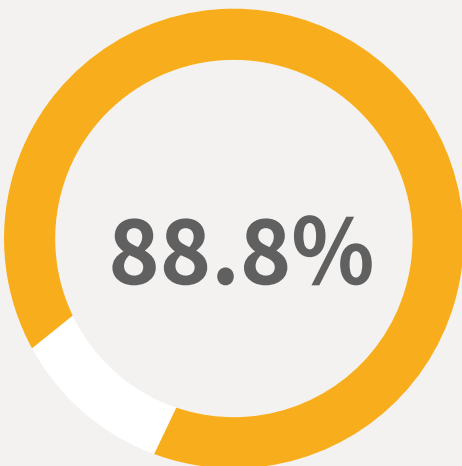
We studied a range of key preventive behaviors, and observed improvements in adherence or knowledge. However, in some instances, such as the usage of masks, we observed minimal change (0.2%). This may be due to an already high prevalence of self-reported practice (98.3%), which we also observed in our previous studies.

We recognized that while these modest gains were affirming, there was still much more to do than to broadcast and share information digitally. This informed our more hands-on ‘Training the Trainer’ approach, partnering with NGO frontline workers in COVID-19 best practices. We’ve conducted research through Q3, and will share the results in the next report.

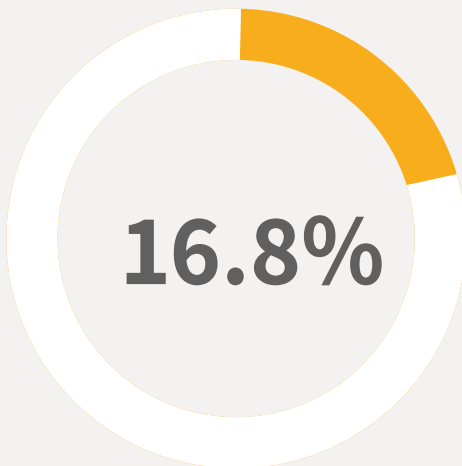
For more information, please reach out to us to access our evaluation and research data.



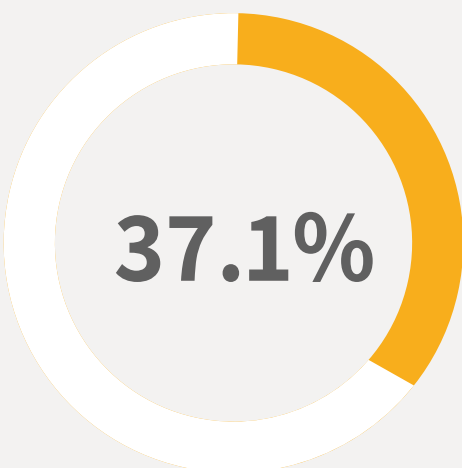
PHYSICAL DISTANCING PRACTICE



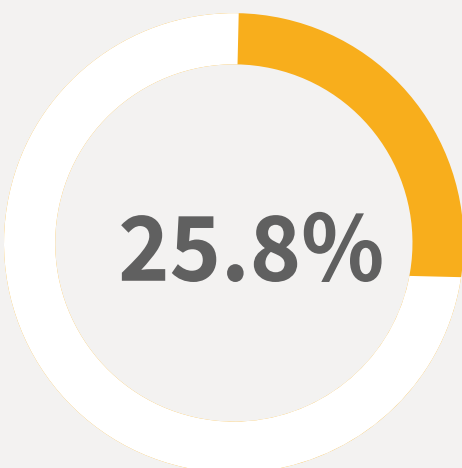
HANDWASHING KNOWLEDGE



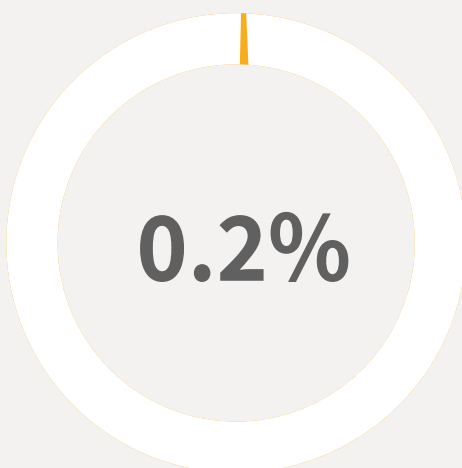
AVOIDING CROWDS PRACTICE



HELPLINE KNOWLEDGE



ASYMPTOMATIC SPREAD KNOWLEDGE



FACE MASK USAGE

A photograph of an elderly woman with grey hair and a bindi, wearing a yellow sari with a purple border, holding a newborn baby. A younger woman wearing a yellow headscarf and a pink sweater is smiling and holding the baby's hand. The background shows a simple home interior with a window, a water dispenser, and a wooden cabinet.

It takes a **family.**

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