NOORAHEALTH

Quarterly Report | Q3 | 2020

Dear Friends,

While lockdowns have been lifted and many daily activities resume in India and Bangladesh, COVID-19 continues to spread rapidly, and India now has the second highest case count globally. The coming months will require sustained efforts to manage the virus, and we believe empowering families is a critical component in that effort. Our work with partners and research efforts have given us a deep understanding of the realities within our communities, and motivated us to adapt to these ever-evolving challenges.

While we remain steadfast in our commitment to improving health outcomes and saving at-risk lives, COVID-19 has taught us that new ways of reaching patients and healthcare workers are essential to navigating changing barriers of access and achieving our goals. With physical distancing becoming the norm and reaching homes in low-resource settings becoming increasingly difficult, our focus in Q3 was to continue to rapidly innovate and deploy affordable technological solutions, while still prioritising the power of human connection.

Our mobile offerings not only enhance the longevity and post-discharge follow-up capacity of our Care Companion Program (CCP), but help us quickly and effectively build relationships with new populations that require support most. We're making important information on health behaviors accessible to frontline healthcare workers, partner organizations and their staff, new mothers, COVID-19 patients, caregivers and family members - meeting people wherever they are. In Q3, we spent time exploring different ways of thinking about health messaging at scale. For instance, we combined the tried and tested method of storytelling along with targeted social campaigns to address COVID-19 stigma and misinformation in Punjab.

We are humbled to be leading a wonderful team that is pushing creative boundaries to ensure critical, life-saving information and skills reach as many people as quickly as possible. We know that this takes a family, and we've been re-energized by the constant support you have given us as we chart our course through this pandemic. Thank you!

Edith

Shahed

OUR COVID-19 **TOOLKIT**

COVID-19 has continued to affect the health and well-being of thousands across South Asia. Until the subcontinent has sufficient immunity through a vaccine, we remain diligent in providing comprehensive tools and services in order to support our communities. In Q3, we continued to refine our COVID-19 Toolkit in order to better equip those on the frontlines as well as directly reach families affected by the disease. We appreciate having our response featured in **this World Health Organization (WHO) Social Innovations in Health Initiative article.**

CARE COMPANION PROGRAM (CCP)

The CCP continues to train at-risk patients and caregivers in our 160 partner hospitals across India.

With enhanced safety protocols, team members are regularly visiting hospitals and supporting nurses as they adapt to new conditions while implementing the program.

TRAINING

We upskill frontline healthcare workers and field workers of partner organizations.

386 frontline workers were trained and followed up with in Q3 through online learning, webinars, and Augmented Reality modules.

CONTENT

We have updated our open source content library to reflect evolving WHO and government guidelines.

We have also developed new materials to address growing misinformation and stigma. Connect with us at **covid19@noorahealth.org** to learn more.

MOBILE SUPPORT

Our mobile offerings continue to provide health behavior information and COVID-19 guidelines.

They support families of COVID-19 patients, those who were trained through our in-facility CCP, and frontline healthcare workers through WhatsApp, Interactive Voice Response System (IVRS) and two-way communication.

OUR PROGRESS IN NUMBERS

9,284
people reached through our COVID-19 teletraining for home quarantined patients and families

4,619
trainers trained to date (and 386 trainers trained in Q3 2020)

15
COVID-19 health behavior change topics in 14 regional languages covered in our Resource Library

26,202
unique mobile services users across our COVID-19 and Maternal and Child Support WhatsApp lines

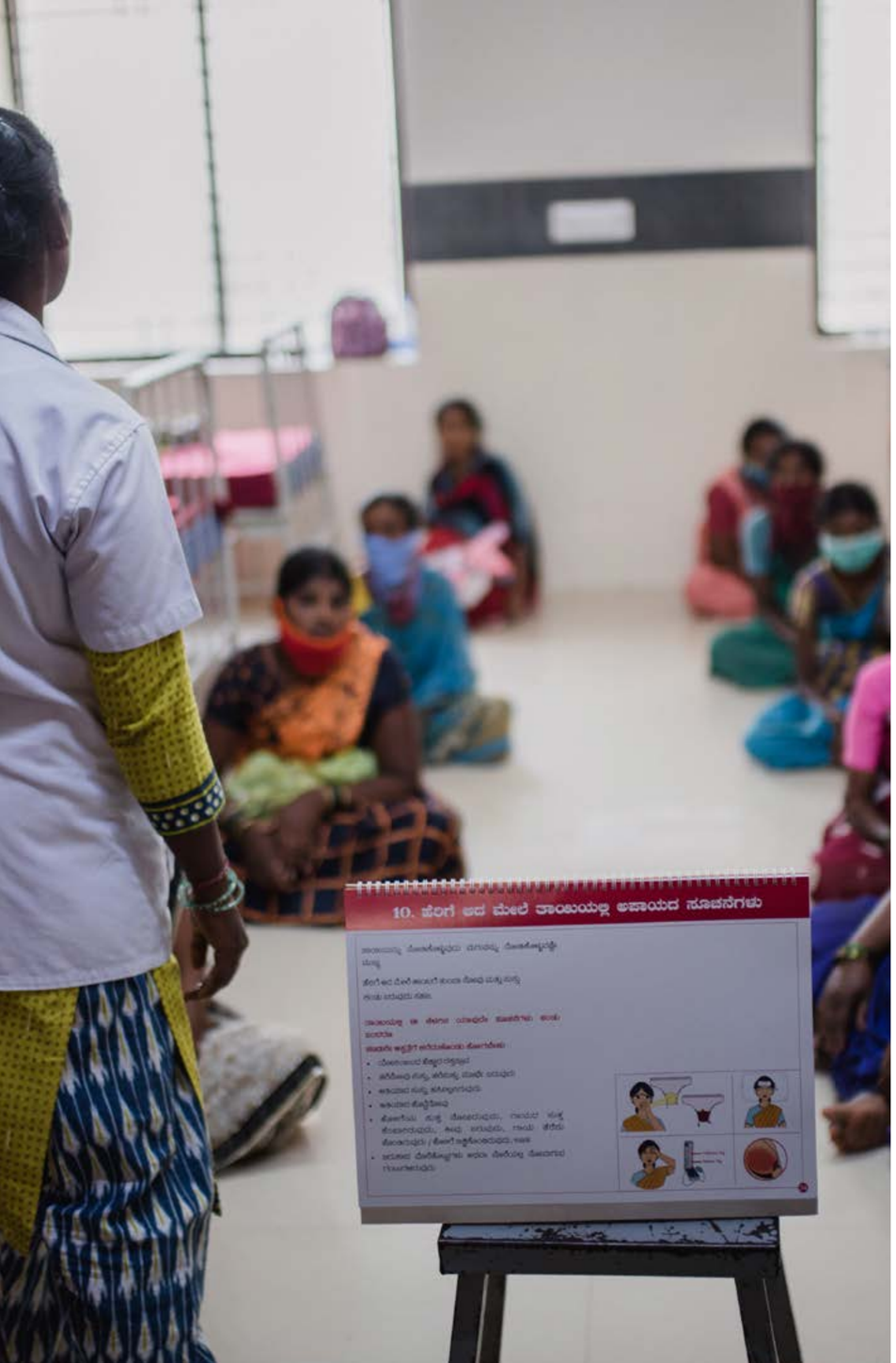
70+
partner organizations engaged in our COVID-19 outreach (and 10 new partners added in Q3 2020)

160
total number of facilities to date (launched and undergoing implementation)

106,133
total family caregivers trained in Q3

953,673
total family caregivers trained to date

13.2 million
total people reached with our COVID-19 training and content



SUPPORTING
THE PUBLIC HEALTH RESPONSE

Visiting hospitals and government offices to oversee program implementation and monitor quality is an integral part of our program model. However, this stalled due to multiple national lockdowns. But now, with an abundance of precaution, our team members are able to visit facilities more regularly.

“In the initial months, hospitals were limiting the emergency and elective services they offered and discharging patients as early as possible,” explains Sareen Kak, Senior Program Manager in Madhya Pradesh. This, combined with the sudden burden of around the clock COVID-19 duty and staff shortages, impacted the delivery of the Care Companion Program (CCP). Despite these challenges, the program continued to run, highlighting the value hospitals, nurses, and doctors see and the sustainability of the solution.

“Interestingly, the Maternal and Newborn Care component of our Care Companion Program saw almost no interruption due to COVID-19 in Punjab,” says Huma Sulaiman, Program Manager in Punjab. With many private facilities unable to cater to cases, government hospitals saw a surge in new mothers coming in.

“The last few months have been tough for our trainers, especially with so many inpatient wards being converted to COVID-19 isolation wards. But with cases dropping in Punjab, we’re finally seeing a reversal and the government too is encouraging the resumption of regular services.”

While there was initially a dip in the number of sessions running, things are starting to normalize. Regularly visiting facilities has given the team the opportunity to not only closely support nurses as they ease back into their routine duties, but also strengthen partnerships with administrators and government partners.

> “We’re now seeing program implementation back at around 70-80%”
>
> – Sareen Kak, Senior Program Manager

LAUNCHING A CAMPAIGN
TO ADDRESS STIGMA IN PUNJAB

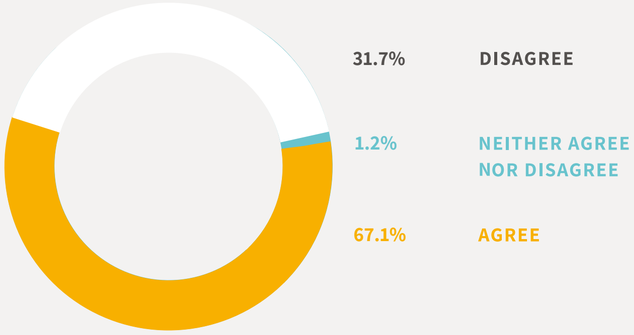
In communities across India, we have witnessed unintended consequences of misinformation about COVID-19. In Punjab, social stigma, under-reporting of symptoms, and apprehensions around testing have created barriers to health behavior practice and healing. For example, rumors circulating in rural areas have **led some people to believe that organs are being harvested under the guise of treating COVID-19**, or that the virus is a hoax. As a result, many people refuse to get tested, despite state government initiatives such as free walk-in testing.

In partnership with the Government of Punjab and IDFC Institute, we spoke with 105 people in Ludhiana (23 through longer form interviews and 82 via surveys) to understand specific fears, myths, and stigma around COVID-19. We found that people were generally uncertain about what COVID-19 services were available and what access looked like, all of which is complicated by misinformation and rumors.

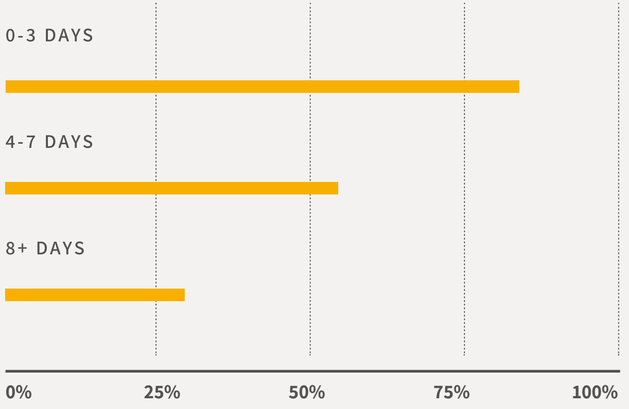
Needs finding Insights:
Across the board, people knew what COVID-19 symptoms to look out for, but relied on personal judgement on whether the symptoms were severe enough to warrant testing. Additionally, while 90.24% felt that they had enough information about COVID-19, we observed that people had little to no experience with COVID-19 services in general. Only 12.20% of people said they knew someone who had tested positive with COVID-19, indicating that what little people do know may be based on second-hand information. While people did trust the government health system, concerns around the chance of other secondary infections, separation from family, and quality of health services remained.

> “For mild symptoms, I will choose home remedies. For severe symptoms, we will go to a doctor for consultation and get ourselves tested. If symptoms prevail beyond 14 days, we won’t take a chance.
>
> - An interviewee

If I have COVID-19 symptoms that are mild, **I do not need to report them.**



If you had COVID-19 symptoms, **how long would you wait to get tested?**



THE CAMPAIGN

Given the need for a quick but comprehensive intervention, we employed a campaign style approach - an exciting first for the team. We designed the campaign around the theme ‘Care & Support’ to promote timely testing, which is critical to not only improving patient health outcomes and recovery, but also to tracing contacts and preventing the rapid spread of the virus.

The campaign is designed to effectively communicate the idea that testing is nothing to be scared of, and helps protect not only oneself, but also family health. The tagline **‘If you love your family, get tested’** appeals to a strong motivator for behavior change and seeking health services: care for one’s family. The importance of testing, where to get tested, and whom to reach out to for help, are communicated through engaging content that can be distributed widely such as pamphlets, posters, standees, banners, videos, and audio clips.

These are being utilized to spread awareness in public spaces by the Government of Punjab and its various mass communication and social media channels, including the Chief Minister’s Office.

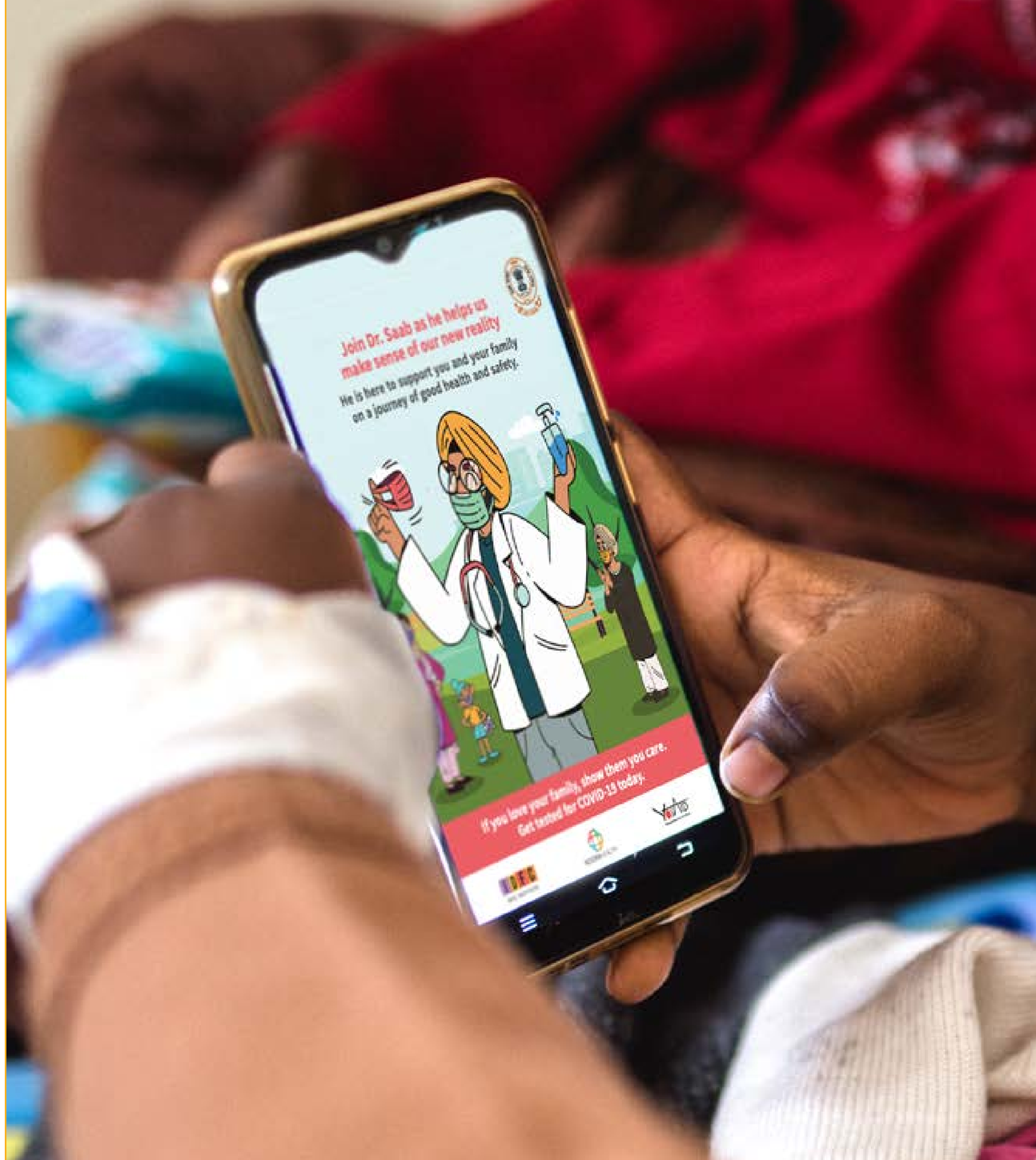
CAMPAIGN MASCOT | DR. SAAB

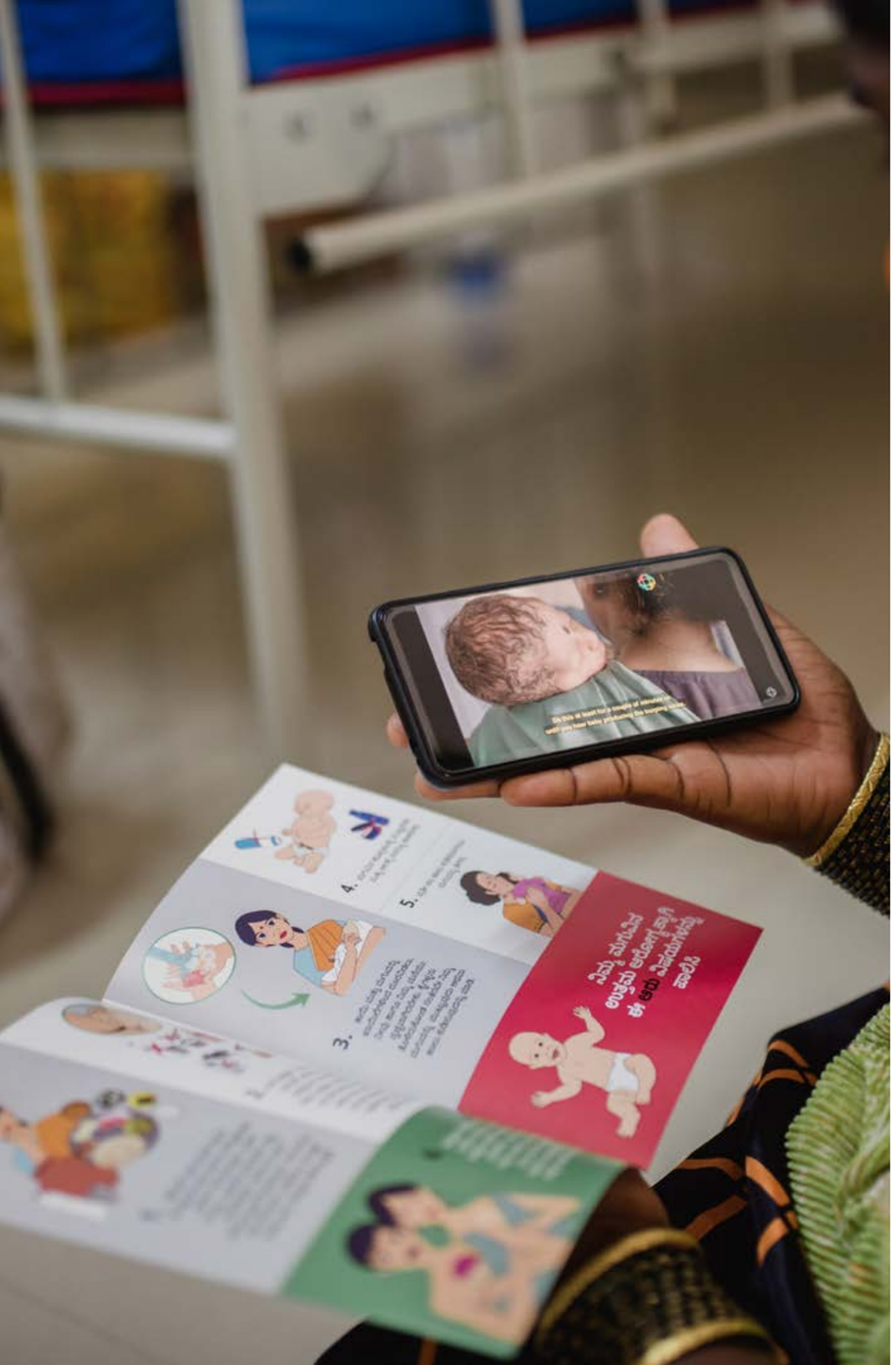
Our needs finding efforts showed that 64.3% of respondents believed doctors and physicians were the most trusted messengers for COVID-19 information, and another 74 % reported that their main concern was the safety of their family.

We developed a mascot focused on the health of family, to ensure relevance and relatability. The key focus was on creating a mascot with a voice that was credible and engaging, while also being empathetic and inclusive.

Thus, many hours of creative brainstorming and iterations gave birth to ‘Dr. Saab’, who is central to the campaign. ‘Dr. Saab’ means ‘Doctor Sir’ in Hindi, and is a jovial, learned, and relatable character. He was designed to be a friendly, trusted neighborhood doctor who acts as a bridge between the community and healthcare system, and promotes dialogue around safe practices and healthy behaviors. He features prominently in all campaign materials to assuage fears, dispel myths about COVID-19, and promote testing.

Watch Dr. Saab being brought to life through animation.





AMPLIFYING OUR **VIRTUAL CONNECTIVITY**

As we have seen with patients and high-risk populations being prescribed home quarantine, and others learning to live with the virus, empowering families to manage COVID-19 at home is the need of the hour. The physical barriers surrounding COVID-19 have made it critical to collaborate with governments and partners in amplifying our virtual connection with communities. In response, we are creating and leveraging tools that allow us to reach people as directly as possible, without compromising the quality of care.

CHATBOTS: WHATSAPP AND FACEBOOK

We operate chatbots in both India and Bangladesh for frontline health workers, families with newborns, partners utilizing our COVID-19 content, and family caregivers seeking COVID-19 information. These services are driven by our ethos of empathy, with users being onboarded by a team member and provided live support. Over 20,000 people have accessed our chatbots.

ONE-ON-ONE COMMUNICATION WITH PROFESSIONALS

Our WhatsApp services ensure families regularly receive messaging to reinforce key health behaviors, and allow them to send in queries which are answered by our team of trained clinicians. We've had 8,091 such interactions over WhatsApp - each question answered can potentially save a clinic visit, or nudge someone to seek the right type of care.

INTERACTIVE VOICE RESPONSE SYSTEM (IVRS)

We introduced IVRS as a tool that allows families to revisit pre-recorded messages at their convenience. This is primarily being used for our COVID-19 programs, and our messages have reached 3,835 people so far.

THE CARE COMPANION MOBILE APPLICATION

Nurses and trainers connect with us, as well as with each other, through our Android application. It shares interesting stories and public health developments, individual accomplishments, and also digitises the collection of training session details such as patient attendance and topics covered.

MEET SHRUSHTI |
OUR COVID-19 TELE-TRAINER

Thanks to invaluable support from our partners and donors, we have been able to grow our team and adapt our operations to meet the challenges that COVID-19 has posed. When research activities had to pause, we re-skilled our team of over 80 survey investigators to work on our evolving remote training services.

One such team member is Shrushti Tayde, from Vidarbha in Maharashtra. Shrushti joined as an investigator, responsible for collecting data from mothers and families undergoing our Maternal and Newborn Care curriculum. Today, Shrushti is at the forefront of our Care Companion Program for COVID-19 (CCP for COVID-19) efforts in Maharashtra, as a tele-trainer who trains home quarantined positive patients and their families on recovery and preventing the spread of the virus. Shrushti trains caregivers in the Mumbai Metropolitan Region, where our service first launched, in close collaboration with state government and municipality officials. Her work involves diligently studying tele-training scripts and undergoing training herself, before equipping patients and caregivers with critical information.

“Lack of information is the biggest challenge”, Shrushti shares. “Some patients and caregivers don’t even know which helpline number to call when they need help, or how many days they must quarantine. In many families, being unaware of the importance of staying isolated has caused the virus to spread rapidly among members of the household,” she explains.

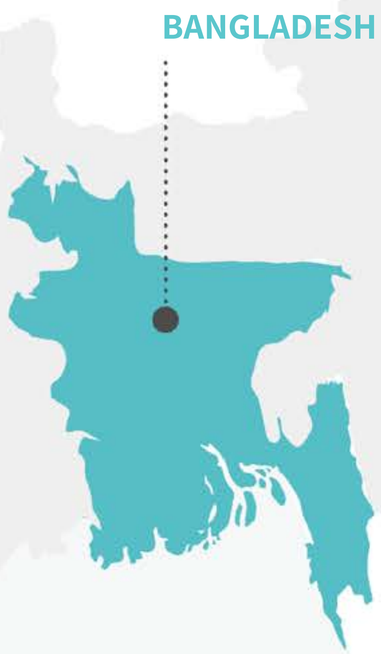
COVID-19 tele-training began as uncharted territory for Shrushti and the team. Caregivers have plenty of questions for them, ranging from the basics of isolation to what a patients’ dietary requirements are. “I’ve learned so much through this experience, and understand that empathy is key,” Shrushti says. Most families are initially frustrated, overburdened with many phone calls, or simply unwilling to discuss their diagnosis for fear of the social stigma attached to it. “But we invest a lot of time and patience in relationship building, and they slowly warm up to us. Many patients are doing much better now, and on the road to recovery. Through follow-ups we’re seeing that several of them have already recovered successfully at home.”

The CCP for COVID-19 continues to run successfully in Maharashtra, and is now launching in Punjab and in Bangladesh with integrated IVRS and SMS support to enhance user experience.

> “If I can provide them even a little knowledge, or just support them through such a difficult and overwhelming time - then I’ve succeeded.”

OUR PROGRESS IN **BANGLADESH**

In 2019, we engaged with the Government and healthcare partners in Bangladesh to begin the process of adapting the Care Companion Program(CCP) for launch in 2020. While our plans shifted as a result of COVID-19, our work and expansion efforts have not stalled. Led by a growing team in Bangladesh, we have been able to contribute to the public health response in a number of ways, and fostered enduring partnerships with the health system.



EARLY PANDEMIC CONTENT DISTRIBUTION

In March, we partnered with the Public Health Association and the Government's Directorate General of Health Services (DGHS) to develop and disseminate COVID-19 health education materials.

This content has reached over 1 million people largely through community-level healthcare facilities.

REMOTE TRAINING FOR COVID-19 PATIENTS

Our Care Companion Program for COVID-19, which teletrains family caregivers of home isolated patients, has been approved for implementation.

The first phase will include implementation in the Rangpur division, with subsequent expansion nationally. An impact study is concurrently being launched to assess the outcomes of the program.

HEALTHALERT BANGLADESH

We supported the DGHS in developing a WhatsApp chatbot for COVID-19 related information and official guidelines. **The chatbot can be accessed here.**

This was launched by the State Minister - ICT Division of the Ministry of Telecommunication and Information Technology, and 337,877 messages have been sent to 22, 028 users.

SUPPORTING IPC TRAINING

We are supporting the government in training healthcare workers in one out of Bangladesh's 64 districts on infection prevention and control (IPC).

This partnership has trained more than 150 healthcare providers including medical officers, nurses, and midwives that serve a population of 1.4 million people.

CARE COMPANION PROGRAM (CCP)

Picking up from our original plans, we have agreed on the terms for a Memorandum of Understanding with the DGHS.

This will enable us to begin implementing our Care Companion Program in four government hospitals.

MEASURING IMPACT

RESEARCH AND EVALUATION

In 2019, we launched a 28-facility, quasi-experimental, observational study in partnership with **Ariadne Labs** (jointly of Brigham & Women's Hospital and the Harvard TH Chan School of Public Health) alongside the expansion of our neonatal and maternal health program. The baseline findings (from 13,000+ mothers surveyed across 3 states) were published this July in the peer-reviewed **BMJ Global Health**, establishing the vital need for family-based postnatal education and the key role it could play in improving MNH outcomes.

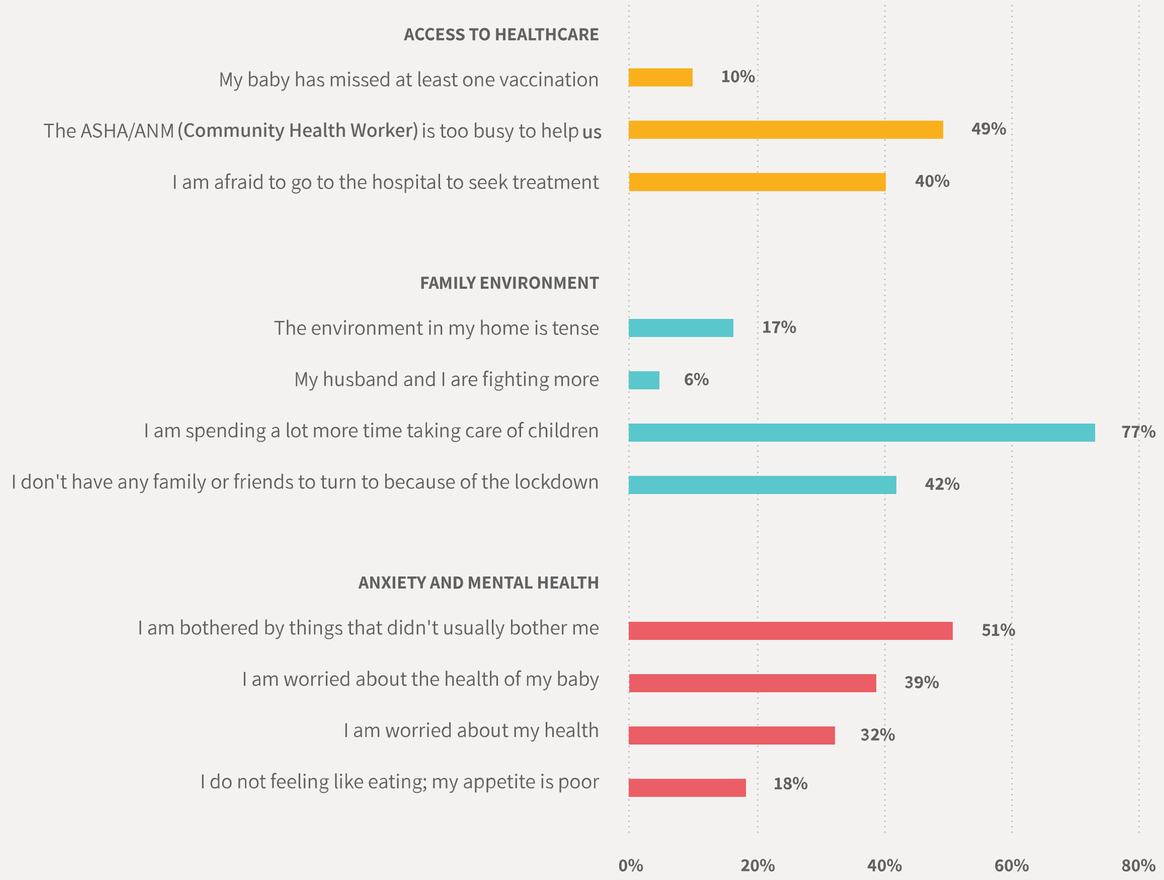
Following on, we reported **interim results** (data collected prior to the pandemic) this August. From 7,000+ mothers surveyed, we found mothers who participated in CCP trainings performed multiple key health behaviors at higher levels compared to mothers who did not participate in a training (e.g., 72% vs. 52% practiced correct care of the cord, and 29% vs. 7% performed skin-to-skin care). We also observed lower readmission rates for newborns among the trained group compared to the untrained (1.3% vs. 2.8%).

The pandemic and subsequent shut-down across India (March-July) struck in the midst of our ongoing research efforts, causing us to pause field data-collection activities, and pivot our research focus to study how populations are responding to COVID-19, investigate its impacts on health outcomes, and on the delivery of services such as immunization coverage.

IMPACT OF COVID-19 ON MATERNAL AND CHILD HEALTH

Along with the Stanford Center for Health Education, we completed a survey of 841 new mothers between May-June to learn about the impacts of COVID-19 on them and their families during India's national lockdown. Importantly, 68% of respondents resided in villages, and 65% live below India's poverty line. Concerningly, 40% of mothers reported being fearful of seeking postnatal care, 49% reported that community health workers were unavailable (usually focused on MNH care, now reassigned to outbreak-related duties), and 39% reported worrying about the health of their child. Given the ongoing systemic access, care delivery and capacity challenges, these findings are even more critical as we continue to adapt and contextualize our approach, services, and products for new moms in the COVID-19 pandemic and to inform other ways we support families. Access additional data and read more about the study **here.**

Effects of the COVID-19 Pandemic on New Mothers in India **(N=841)**



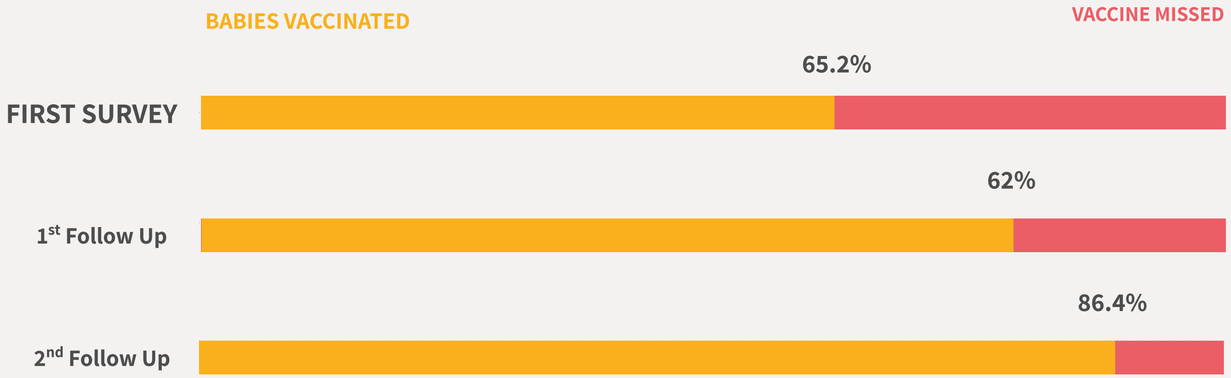
MEASURING IMPACT

IMMUNIZATION STUDY WITH UNICEF

We surveyed 2,097 respondents across the states of Andhra Pradesh, Telangana and Karnataka to assess the extent of immunization coverage for babies discharged from Sick Newborn Care Units (SNCU) during the pandemic, and assess whether providing follow-up phone calls (with vaccination information and reminders) could impact vaccination coverage. 88.2% of the respondents were mothers, 6.1% were fathers, and 5.7% were other family members.

Research shows that immunization is one of the most successful interventions to reduce child mortality, and with our follow-up calls we saw coverage increase from 65.2% to 86.4% within 2 weeks of calling (76.3% response rate). Phone based interventions provide a safe, convenient and cost effective option to narrow the immunization gap when in-person communication is not possible, especially with hard-to-reach populations. As we further develop remote and digital interventions, we are encouraged to incorporate straightforward and effective follow-up calls as key components of our larger post-discharge service strategy.

Change in **Immunization Uptake**



2097 SURVEYS CONDUCTED

1813 BABIES VACCINATED

284 NOT VACCINATED

It takes a **family.**

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