



NOORAHEALTH

Annual Report 2019

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Dear Friends,

Since 2014, we have worked together to drive home a big idea – that “it takes a family” to improve how healthcare is delivered. We recognized that a daunting challenge confronts us – patients around the world seek care from under-resourced health systems, and they return home from facilities only to face strikingly preventable morbidity. However, an underutilized and willing resource exists in family members, who, if empowered with the skills they need, can improve health outcomes of their patients.

For six years, we have met many partners along our journey to advance family caregiver training – frontline providers who are trusted to both provide clinical care and prepare patients for recovery, hospital administrators who strive to create environments of healing, and governments who have power to ensure quality health for all. By creating an offering that fosters and engages the various communities who make health possible, we strive to drive meaningful and sustainable shifts in health systems worldwide.

In 2019, these communities allowed us to grow more than ever. This year, we:

- Welcomed 2,837 trainers and 67 team members to our Noora family
- Expanded to 7 states in India and advanced our global mission by initiating work in Bangladesh
- Developed an offering over WhatsApp to maintain connections with families after they leave hospitals, ensuring better support as they care for their loved ones at home

- Doubled the number of family members trained for a third consecutive year - over 334,000 representing 200,000 families

While 2019 was an impactful year, there is still much to do. With new geographies beckoning, we need to ensure the quality of our implementation as we deliver our program to more and more families. And with a program that covers multiple patient populations, we need to understand how our model can improve health outcomes for various types of patient journeys.

When we say “it takes a family,” we acknowledge that we have formed a coalition through which we hope to advance our big idea. We are delighted to share the progress that we have made together so far, and the ambitions that we have to continue moving forward. And we truly can’t thank you enough for being part of our family.



Edith



Shahed



A Global Health Urgency

At Noora Health, we believe no human being should have to suffer because of a preventable medical condition.

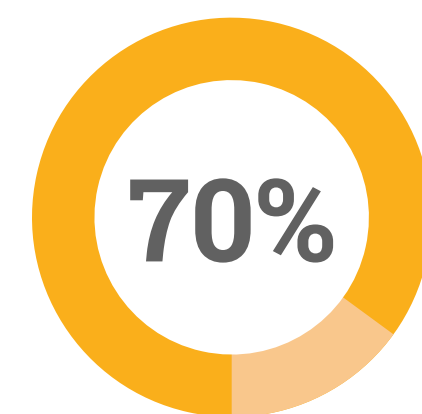
How can we strengthen global healthcare to combat the burden of preventable morbidity?

Around the World

Healthcare facilities are overstretched. Despite the best efforts of frontline providers, patients and families often leave facilities with inadequate information on what they can do to prevent complications and improve their patients' health.

The Case in India

Preventable Morbidity



Estimated percent of deaths in children under 5 that are preventable through behavior change¹

An Overburdened System

2.5
million

Estimated shortage of healthcare staff to serve over 1.3 billion people²

<2.5
minutes

Average time that public healthcare providers are able to spend with a patient and their family to convey care instructions³

The Power of Family

Family Caregivers should be integrated into the healthcare process to ensure patients receive the care they deserve.

Families care most deeply for their loved ones, and play a critical role in a patient's healthcare journey. Empowered with the right tools, they can combat risk factors by practicing evidence-based care behaviors at home. Studies on family caregiving show lasting improvements in health behavior change, health outcomes, and preventable morbidities.

With families at the center of healthcare delivery, everyone benefits.

- For patients, the support of loved ones enables behavior changes that lead to longer, healthier lives.
- For healthcare staff, collaborating with informed caregivers helps optimize limited time and build meaningful connections while delivering quality care.
- For health systems, activating additional caregivers leads to more effective healthcare utilization and reduced costs, as facilities are transformed into places that not only address medical concerns, but empower people to take charge of their healthcare journey.

At Noora Health, we are committed to evaluating and advancing this big idea.

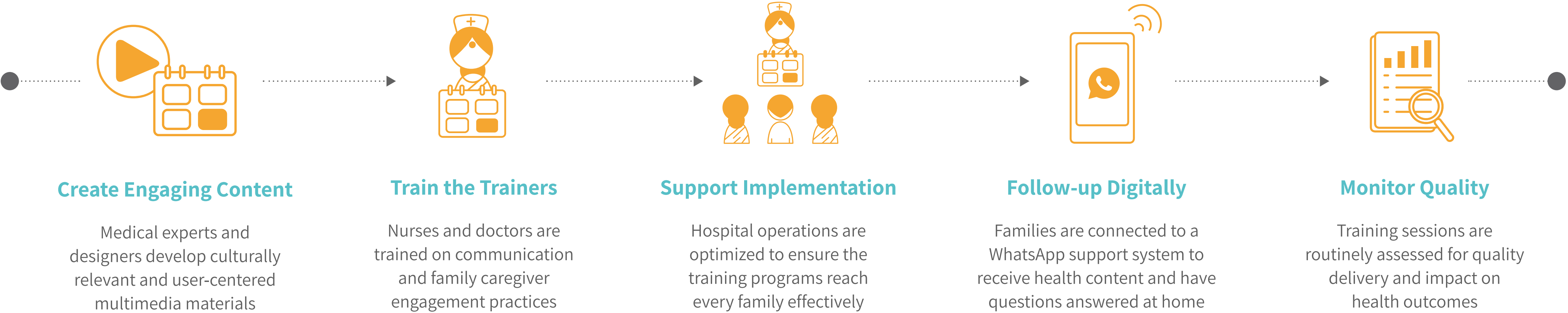


Our Mission is to improve outcomes and save lives of at-risk patients by empowering family caregivers with the skills they need to care for their loved ones.

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



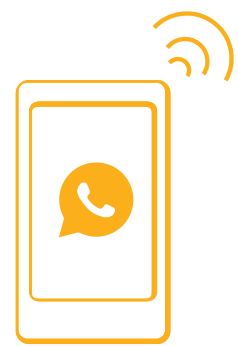
Our Model



**Expanding
Effectively**

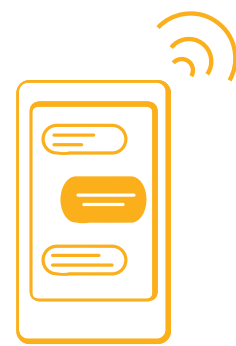


2019 in Numbers



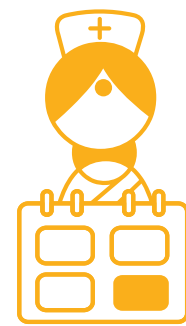
✓ 9,130

Active users on WhatsApp platform this year



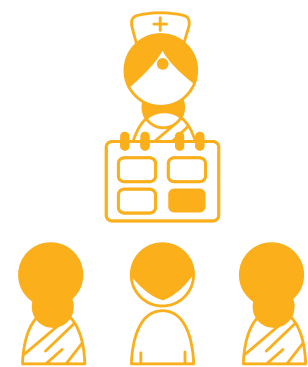
✓ 142,690

Follow-up reinforcement messages sent



✓ 2,837

New trainers certified to run the Care Companion Program



✓ 17,453

Care Companion training sessions conducted



✓ 67

New team members



✓ 78

New hospitals implemented



✓ 334,888

Total family members trained in 2019

We are excited to report that this year, we have exceeded all of our expected targets. For the third consecutive year, we have nearly **doubled** the number of family members trained.

Our Reach



Statewise Expansion

22 Punjab
government district hospitals

51 Madhya Pradesh
government district hospitals

10 Maharashtra
government medical colleges

12 Telangana & Andhra Pradesh (UNICEF)
government hospitals

36 Karnataka
government district hospitals

159 Total number of facilities to date
launched and undergoing implementation

4 Bangladesh
government hospitals

Private Partners (Launched)
6 hospitals - Manipal Hospitals
14 hospitals - Narayana Health

Other Hospital Partners (Launched)
1 government medical college
1 government cardiac hospital
1 government cancer hospital
1 non-profit hospital



638,566

Total family members
trained to date

389,590

Neonatal and Maternal Health

210,422

Cardiology

27,992

General Medical and Surgical Care

10,562

Oncology



3,764

Nurses trained to
deliver the program



The Role of Relationships in Implementation

Tanmay Singh and Bhanu Pratap Yadav Senior Program Managers

Tanmay Singh and Bhanu Pratap Yadav share a similar background (they both practiced dentistry and earned their master’s in public health), and today they share a common goal – to expand and improve our Care Companion Program (CCP). Tanmay leads our work in South India, while Bhanu leads the North.

“Public health systems are overstretched, and the CCP has been successful in bridging the communication gap between doctors and patients by allowing both parties to learn from each other,” Tanmay explains. A critical aspect of their roles is to cultivate relationships with our state government partners. Each new district hospital or state is the result of months of discussions with government officials and hospital administrators, who are important stakeholders in the CCP.

Bhanu is encouraged by the changes he sees on the community level. He was born at home far from any health facility, and he was not taken to a physician until he was much older. In his home state, Bhanu has noticed that more families are beginning to deliver babies in institutions and are actively taught to care for their newborns. “I see first-hand how the program has enabled people to care for themselves and their families and proactively seek better health in ways that were not available during my childhood.”

“At Noora, I learned very early on to have an action-oriented attitude,” Tanmay says. “Put your feet in the soil. Be persistent. Keep pushing and things will work out.”

Tanmay’s positive outlook and hard work have allowed him to lead the expansion of CCP in Karnataka and Maharashtra through strong government partnerships, as well as pave the way for our partnership with UNICEF. In Madhya Pradesh and Punjab, Bhanu’s efforts have helped build enduring partnerships and drive the expansion of our General Medical and Surgical Program, which was launched across all district hospitals in July.

Empathy is critical not only to understand the families that we serve, but also to effectively collaborate with the partners and stakeholders that make our work possible. Bhanu and Tanmay’s approach to building strong relationships by fostering a deep sense of trust is instrumental as Noora continues to grow the CCP across India and globally.

“
We are part of a large, complex puzzle of delivering quality healthcare in government facilities. It’s not just about getting our program’s work done, but also about understanding the complexities of the system and our partner’s priorities.”

Advancing our Global Vision: Bangladesh

In 2019, we took our first steps outside India to establish family caregiving as a global standard of care. This year, we made strides to launch the Care Companion Program (CCP) in Bangladesh, where we collaborated closely with government agencies to target pilot implementation in public hospitals.

Bangladesh has made rapid strides in improving health indicators and continues to make consistent progress toward achieving the UN Sustainable Development Goals. Our entry into the country coincides with a critical juncture to ensure sustained improvement in Bangladesh’s health status.

Alongside the challenge of continuing to drive forward sustained reduction in its infant mortality rate and maternal mortality ratio, Bangladesh is also undergoing a population level transition to higher rates of disease burden attributable to non-communicable diseases such as cardiovascular disorders, diabetes, and cancer. Patient and family education are key components to addressing these varied health issues, and we see an opportunity to meaningfully impact care in health facilities in Bangladesh, particularly in the context of healthcare worker shortages.

The CCP also aligns well with several of the directions Bangladesh’s health ministry is keen to focus on as part of their strategic objectives for the coming years, such as adding additional capacity and key skills to the toolkit of dedicated health educators assigned to each government district hospital. Historically, Bangladesh has had strong community-based health interventions

in place. Our aim is to collaboratively complement this work while focusing on improving patient and caregiver engagement being delivered at the facility level.

Our dedicated team will now embark on extensive needs-finding to design and adapt the CCP to suit the unique health, social and cultural needs of Bangladesh. This adapted model will be tested in the four pilot hospital sites jointly selected by Noora Health and the Health Ministry. Learnings from the pilots will then inform the scaling of the program throughout the country, with the end goal of ultimately reaching all relevant hospitals in Bangladesh.

“.....
We’ve engaged in meaningful conversations with government authorities in Bangladesh. Our sweet spot is to add to the progress that Bangladesh has already made in the health sector by efficiently leveraging the busy healthcare worker’s time and improving patient care.”
- Dr. Riad Mahmud, Bangladesh Country Advisor
.....



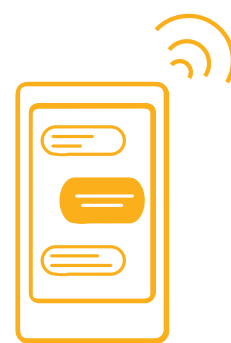
Monitoring Quality

How might we ensure that nurses are supported and empowered to conduct training sessions effectively?

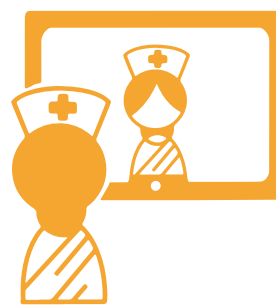
Our Solution



Conduct booster training sessions to reinforce important program concepts at both the local and state level



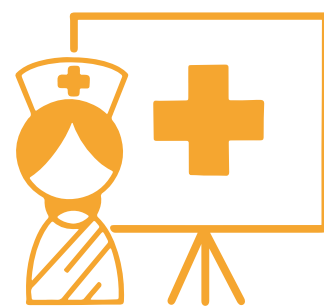
Facilitate conversations between administrators and nurses over WhatsApp groups to acknowledge their efforts and nudge effective practices



Utilize video tele-conferencing to stay connected with nurses and trainers across our vast coverage of hospitals



Build forums for learning and experience sharing amongst the nurse community



Host an annual conference recognizing nurses as the backbone of the health system and the CCP
(see ‘Teach Summit 2019’ – page 15)

For the Care Companion Program (CCP), expansion is not only about increasing program delivery, but also about ensuring a high quality offering across our partner facilities. Quality assessments are routinely conducted using different tools to ensure optimal session delivery and effective feedback loops to government officials and administrators.

One such mechanism is our Observation and Feedback (OF) tool, developed to understand the quality of sessions conducted and to make necessary program improvements. Nurses are coached on a range of soft skills - approachability, voice modulation and ability to deliver the curriculum as prescribed. Program managers then relay their feedback, provide comprehensive support, and facilitate collaborative brainstorming to help nurses improve their impact. A monthly analysis of OF scores is also useful in determining patterns and factors that lend positively or negatively to performance.

The OF tool is part of a monitoring system which utilizes online and offline techniques of collecting and acting on pertinent data to ensure the best possible fidelity of our model. Our government partners play a critical role in this process as well, as they review progress of the program and intervene to correct any gaps in program delivery.

120+ Targeted Observation and Feedback visits conducted per month

Improving Product Offerings



Provider Engagement and Motivation

Going beyond our primary offering, we have strived to engage with families post-discharge and better support nurses as they continue to play a key role in growing the Care Companion Program (CCP).



Aarogya Seva

Loosely translated as ‘Health Service’ in Hindi, the Aarogya Seva messaging service enables us to connect with families post-discharge to reinforce health behavior change. WhatsApp, which is widely used by the majority of people in India, is utilized to send health information via messages and videos. This platform also allows for two-way communication with qualified health providers, and a dedicated medical team answers health related questions from families.



Namaste Nurses Mobile Application

Namaste Nurses is a platform for frontline providers across India to connect with us and with each other. It acts as an engagement tool as well as a means to streamline skills development, logistics, and quality monitoring. Nurses can also update and view their personal journey on the app, logging in their activities such as trainings, attendance, and program notes. Namaste Nurses will roll out for beta testing in early 2020.



TEACH Summit 2019

The annual TEACH Summit, conducted in collaboration with Narayana Health, brings together healthcare leadership and CCP trainers from across India to share and learn from each other’s experiences with the program. This year, over 120 nurses from 60+ facilities attended. The event explored best practices for patient and care provider engagement through panel discussions with industry experts, networking, and collaborative brainstorming activities.



From Hospitals to Homes

Connecting with Families Over WhatsApp – Stories from Madhya Pradesh

Our Aarogya Seva messaging service not only provides behavior reinforcing messages for those who attend Care Companion Program (CCP) sessions, but also serves as a vital and personalized link in situations where accessing a doctor or hospital is difficult. Whether in hospitals or through personalized WhatsApp responses at home, our programming supports families through their entire behavior change journey.

After his wife Steffina’s delivery at Madhya Pradesh’s Bal Chikitsalaya Government Hospital, Adwin noticed a sticker on a pillar outside the labor room and dialed the number. The call signed him up for Aarogya Seva, which sent daily maternal and child healthcare messages and allowed for direct communication with health professionals to ask specific questions.

The service proved especially helpful when discharge fluid formed a clot and made it difficult for Shon, Adwin and Steffina’s first baby, to open his eyes. An older woman who frequently cares for newborn babies in Adwin’s neighborhood told him to put drops of breastmilk in his eyes, which may pose additional risks. However, after reaching out on Aarogya Seva, he was advised to consult a doctor instead. As a result, Adwin and his wife took Shon to the hospital, where they were prescribed eye drops instead. In another part of Madhya Pradesh, Deepika delivered baby Chanchal via C-section at Madhya Pradesh’s District Hospital in Chhindwara and attended a CCP session soon

after, where she learned the importance of breastfeeding, eating nutritious food, and drinking plenty of water. “I stay far away from the city and can’t go to the hospital often,” says Deepika. “There is no older, experienced woman at home who can answer my questions. I ask Aarogya Seva directly, and get sound advice. It is very comforting.”

Taslima also attended a CCP session at Maharashtra’s JJ Hospital after delivering her first baby Ishaan, and signed up for Aarogya Seva soon after. “This service is very helpful to those who have delivered for the first time,” says Taslima.

“
.....
When I came back home, there was nobody to tell me what to eat or when my breast milk would start. I ask the team my questions on Whatsapp and get quick responses. I follow their advice religiously and Ishaan is healthy and happy.” - Taslima
.....

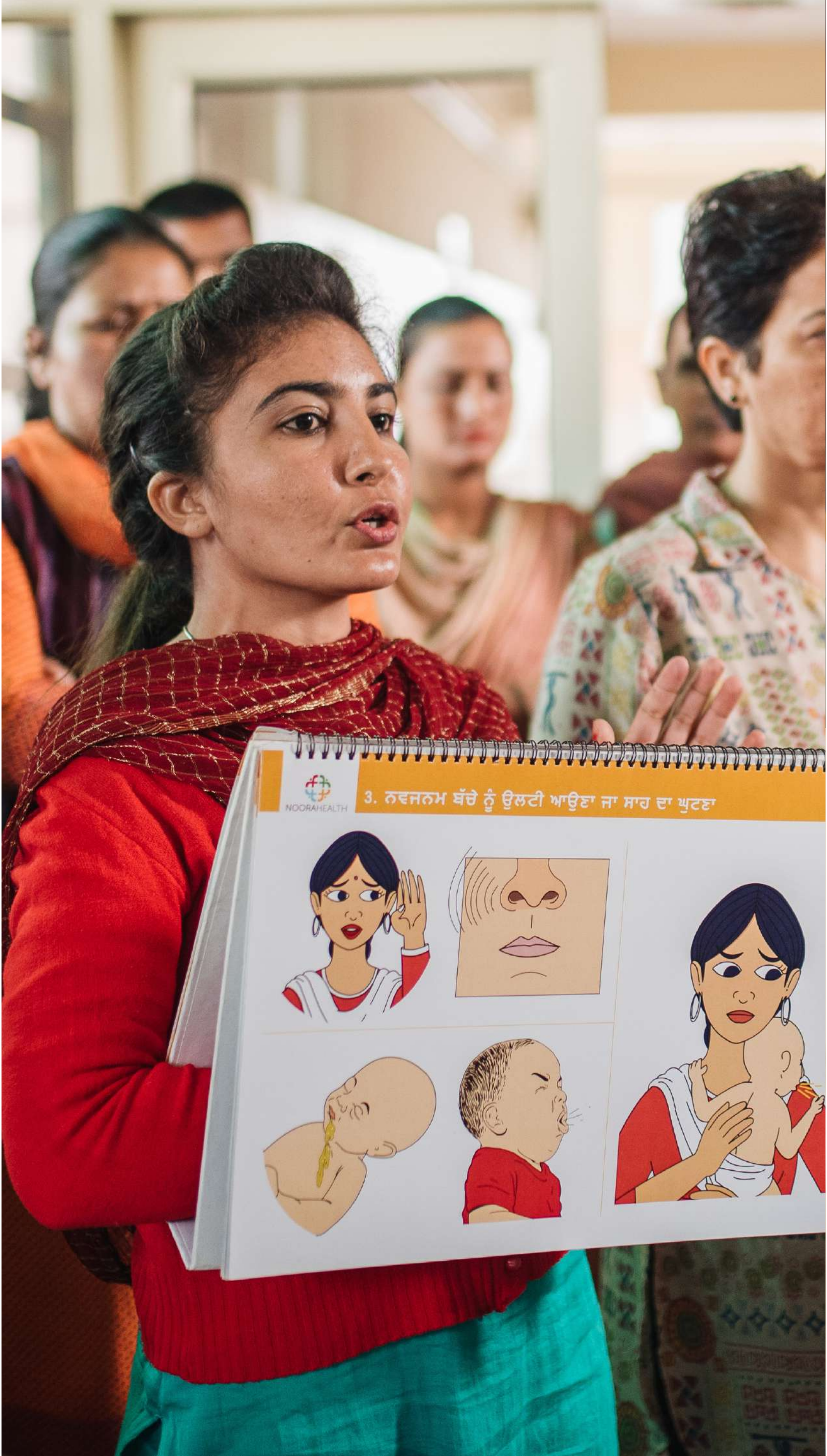
Centers Of Excellence

While design thinking lies at the heart of our programs, it is research and testing which allow them to evolve. This year, we designated six collaborative learning sites called ‘Centers of Excellence’ to test additions and refinements to the Care Companion Program (CCP). Centers are chosen to be representative of the types of facilities where we intend to scale our programs. They are also hospitals where we have agreements with leadership to test new ideas.

The objective is to understand how our current tools or refinements to our program lead to improved knowledge gain and health behavior adoption. For example, variations in video sequencing, video genres, and usage of Q&A cards instead of traditional flipcharts, are currently being tested. Moving forward, the team will continue to define a set of parameters to determine the best experience of the CCP program for diverse settings, which will better inform implementation and broader scaling across all hospitals.

“A Center of Excellence is a location where new concepts can be tested, developed and refined into products, which can then serve as a ready package for replication and expansion across other geographies and condition areas,” says Shirley Yan, Behavior Change Research Lead.

“
Our ultimate goal is to improve our CCP offering across condition areas, to affect the outcomes that are important to the families we serve. - Shirley Yan



Demonstrating Impact



Research & Evaluation

Research and evaluation play an integral part in our journey. We utilize a blend of public health research and implementation science to inform, improve and measure the impact of the Care Companion Program (CCP).

Ongoing Research Partnerships



With our partners at Ariadne, we are conducting a large-scale evaluation measuring the effects of the CCP in maternal and newborn health across 28 hospitals in 4 Indian states

70,000+ patient families enrolled for follow up data collection since May 2018

2019 Progress

Ariadne Labs

- Completion of baseline data collection (N=14,802)
- Initiation of interim data collection (prior to midline analysis)
- Initiation of a home visit and qualitative study

Stanford Center for Health Education

We are working with Stanford Center for Health Education to test program components and further investigate the role of family caregivers in improving patient health outcomes. We also study various approaches to digital messaging for effects on behavior change.

Stanford Center for Health Education

- Finalization of study protocol
- Piloting and completion of survey tools
- Ethics approval



New Research Initiatives



UNICEF Special Neonatal Care Units (SNCUs)

In partnership with UNICEF, we will evaluate the Care Companion Program in SNCUs across 3 Indian states.



General Medical and Surgical

During our testing and initial implementation of the program, we found improved knowledge and intention for behavior change. In Q2 of 2020, we will begin a multi-site study to assess longer-term effects of the program.



Cardiac Surgery

To learn more about the outcomes seen in our cardiac study (published in 2019), we will conduct a similar evaluation across two government hospital sites in Karnataka on key cardiac surgery outcomes.



Oncology

In 2019, we delivered our Oncology program in our first government regional oncology center. In 2020, we will conduct a single-site evaluation of the program with guidance from an expert panel convened by Ariadne labs.

Evidence to date

Cardiology

2014 | Kolkata, West Bengal
Quasi-experimental study at a tertiary care facility

71%

reduction in 30-day post-surgical complications

23%

reduction in hospital readmissions

Neonatal and Maternal Health

2017-2018 | Karnataka and Punjab
Pre post study across 11 district hospitals

53%

reduction in newborn readmissions

19%

reduction in infant complications

15%

reduction in mother complications



Fouzia Anjum

Care Companion Program Trainer
Seoni District Hospital, Madhya Pradesh

Fouzia has been a Master Trainer for the Care Companion Program (CCP) since June 2019. As a counselor at Seoni District Hospital in Madhya Pradesh since 2009, she has a prolific history of patient education and working with diverse local communities. Every day, Fouzia coordinates seven training sessions and conducts at least three of them herself. Up to 50 women and their families attend the daily sessions for antenatal, postnatal, post-operative and sick newborn care. Additionally, Fouzia has taken the initiative to connect with more families by holding sessions in the immunization and HIV counseling wards.

Seoni is a western district of Madhya Pradesh and is home to large Adivasi populations, where low literacy levels and premature deliveries are common. Fouzia has become familiar with educating mothers on the importance of good nutrition and taking iron and calcium supplements. Many of her patients have never had an antenatal care visit and rush to the hospital only when labor pains begin.

“Through the CCP, we’re communicating the right information effectively and raising awareness to ensure pregnant women don’t wait until the last minute,” Fouzia says. “They’re even adopting family planning methods and are now aware of injectable and oral contraceptives.” Fouzia meets thousands of new mothers and recalls the profound impact of the CCP on them. One mother, Keerthi, would travel to the hospital from a village 15 miles away and made sure to attend a CCP session every time she came in for her monthly checkup.

Keerthi’s visits continued well after the birth of her baby boy, and through the CCP, she has forged a close relationship with Fouzia and the hospital staff.

“.....
You need support and family. As a mother myself, I can relate to the struggles of new mothers and caregivers, especially those that don’t have a strong support system. My motivation is to help them as much as possible.
.....

Advancing the Big Idea
of Empowering Families

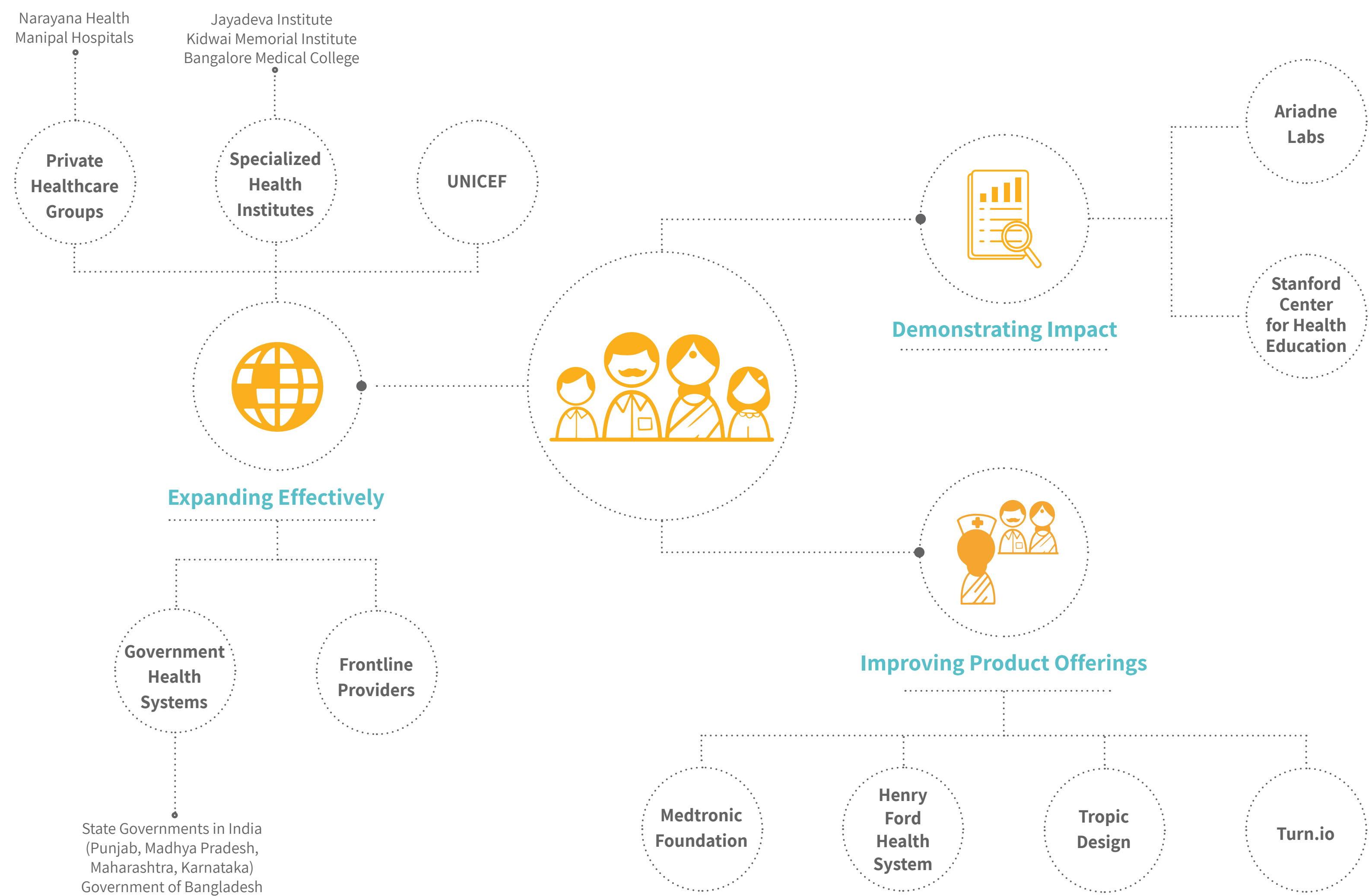


Building a Coalition

From Noora’s inception, we have recognized that our strategic objectives cannot be achieved by working in isolation, and that ultimately the design, implementation and scaling of the Care Companion Program (CCP) will be most successful by building a coalition that collaborates to establish family caregiving as a standard of care worldwide.

This coalition is constantly evolving and spans a range of partnerships at various levels. Each partnership helps drive particular strategic objectives, from effective frontline provider engagement and quality CCP implementation to robust product design and rigorous evaluation. As we expand our offering to new geographies, we will continue to focus on driving systems-level change, enabled in large part by this coalition, to ensure family caregiving is not only informed by a human-centered approach, but is successfully integrated into health policy.

“
We’re actively tapping into people, and the strengths of partners across a range of areas, drawing on their expertise and willingness to work hand-in-hand to improve our programs on-ground and transform global public healthcare systems .” - Arjun Rangarajan, Director of Global Partnerships & Strategy





Dr. Baljit Kaur

Assistant Director, Directorate of Health Service (DHS), Punjab

For nearly three decades, Dr. Baljit Kaur has overseen the implementation of every health program throughout Punjab. From maternal and child care to geriatric care, she has worked to strengthen multiple verticals of healthcare, most recently through the introduction of mid-level health providers across the state. She says adding the Care Companion Program to the roster two years ago was an easy decision.

Dr. Kaur explains, “When we have family undergoing treatment in the hospital, we’re always looking forward to that little time we can get with the doctor to know how best to care for the patient. Everyone has felt this need at some point in their life.”

An integral reason for the success of the CCP-Punjab partnership has been the strong buy-in and support from the state’s health administration. None more so than from Dr. Baljit Kaur herself. Dr. Kaur traveled south to Bangalore and participated in CCP training for a week. She also sat in when the initial batch of 12 nurses were trained in Punjab.

Today, Dr. Kaur says she sees one sure sign of the effectiveness of the CCP when she visits the 22 state district hospitals where it is currently being implemented. “In all the sessions I’ve visited, the nurses are hand-holding in a very structured manner,” she says. “You can see that spark in the patient and caregiver’s eyes when they learn something.” Dr. Kaur credits Noora’s unique communication style and structured sessions for people’s awareness and understanding. Her team recently borrowed Noora’s communication model for

an iodine information campaign for the 600 member strong health ministry. Not only did the campaign create awareness about the proper storage and usage of iodized salt, but the iodine testing camps conducted also revealed hyperthyroidism for many, including Dr. Kaur.

Dr. Kaur wants to see the CCP grow in quality and quantity in Punjab. In 2020, all 22 of Punjab’s district hospitals will be offering CCP sessions across five condition areas. Specialized content is already being developed for additional areas. Soon enough, the CCP will be introduced in community health centers and primary health centers. Dr. Kaur will also work closely with Noora to develop a new training protocol for the state’s behavior change department. This will enable counsellors and communicators to also get involved with the CCP, in addition to the nurses and nursing students that currently train patients and caregivers.

“

People are running information campaigns all over the world, but if these don’t actually translate to behavior change, they’re a waste of money. The CCP concept itself is so unique, tangible, and touches everybody’s hearts.”

Looking Forward



Our Goals for 2020

Key Highlights from Our Annual Strategy



Expand Effectively

Ensure quality program implementation across 7 states in India and pilot facilities in Bangladesh



Advance the Big Idea

Establish 1 connection with a national government initiative with the purpose of contributing to policies for family caregiving in India



Grow Our Capacity

Hire for key leadership positions including Director of Research & Evaluation, Communications Director, and Chief Operating Officer



Over

400,000

family members trained in 2020



Improve Our Product Offering

Integrate our high-touch training model with technology that follows up with families and nurses to ensure sustained behavior change across all conditions and hospitals



Demonstrate High Impact

Generate evidence in behavior change and health outcomes in 4 condition areas (Postnatal Care, Sick Newborn Care, Cardiac Care, General Medical and Surgical Care)

Bringing our cumulative total to over

1,000,000

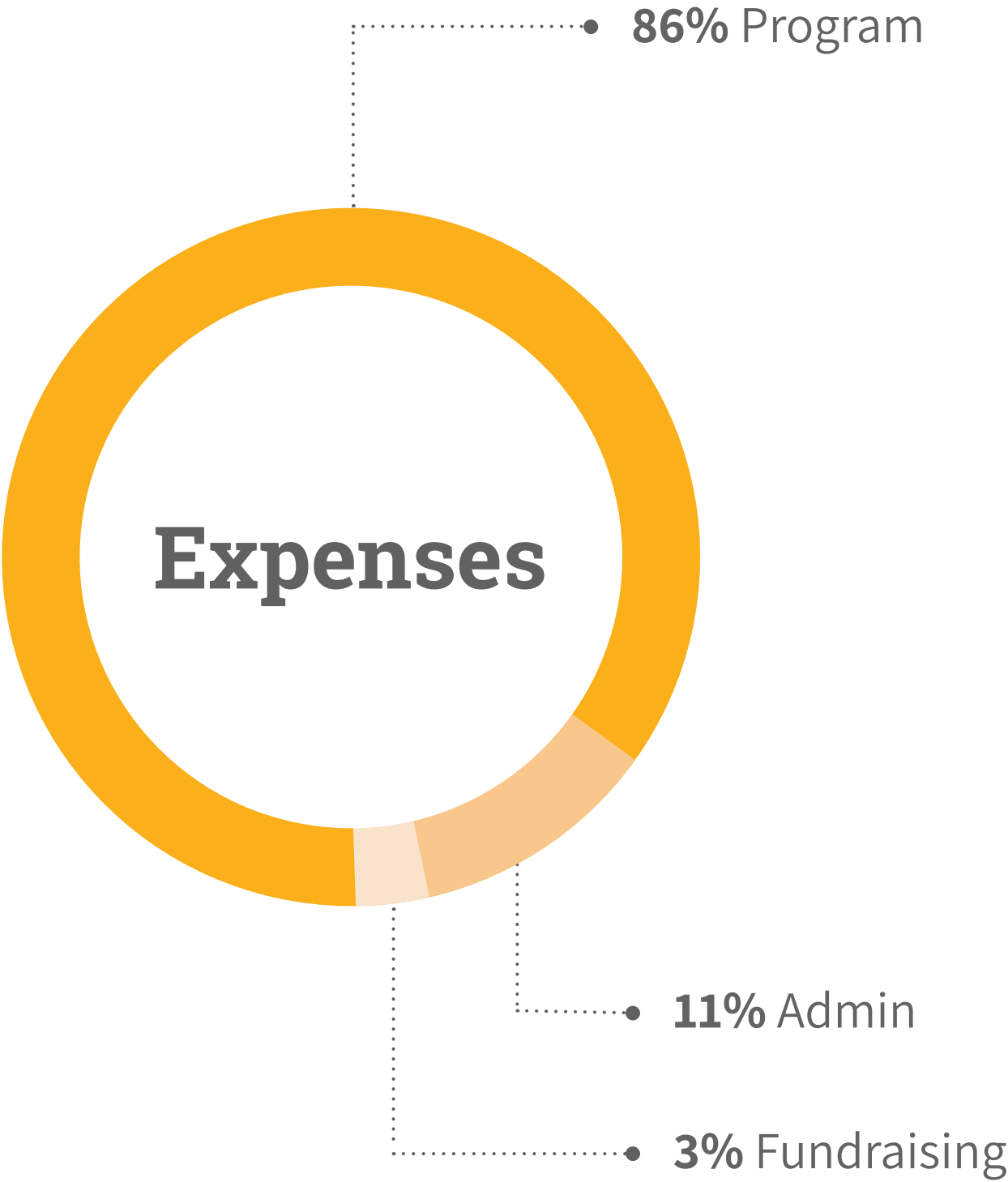
family members trained since program inception

Financials

Donations		Assets	
Foundation	3,523,077	Current Assets	3,614,065
Corporate	1,700	Non-Current Assets	11,054
Individual	8,115		
Stipends from Non-Profits	-	Total	3,625,120
Total Donation Income	3,532,892	Liabilities	
Other Income	6,802	Current Liabilities	53,570
Total Income	3,539,694	Other Liabilities	17,443
Expenses		Total	71,013
Personnel Expenses	875,877	Net Assets	
Benefit Expenses	62,521	Unrestricted	1,554,107
Outside Services	307,333	Temporary Restricted	2,000,000
Direct Program	478,762	Total	3,554,107
Fundraising	13,164		
Monitoring & Evaluation	404,604	Total Liabilities and Net Assets	
Overhead Expenses	225,289	Total	3,625,120
Total	2,367,551		
Net income			
Total	1,172,143		

2019 numbers are unaudited and all values are in USD

In 2019, we strengthened our overall fundraising capacity. Our revenue increased by 173% from last year, as we implemented our work in 78 new facilities and launched several key products. We maintained a strong cash reserve to protect against unexpected events, and invested in team capacity, impact monitoring, and systems to accommodate our expected growth over the next 3 years. In 2020, we aim to raise \$3.4 million in line with our three-year fundraising goal of \$10 million.



Thank You

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

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Fast Forward

Gerson Lehrman Group (GLG)

Greater Washington Community Foundation

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Vishal Saluja

Warren Skaaren Charitable Trust

Yao-Yun Hsu

Y Combinator

It takes a family.



Noora Health

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