Noora Health
April 2021 Featured Project
Introducing Noora Health

Maternal, Newborn, and Child Health Care Companion Program in India

Noora Health's 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.

India contributes more than any other country to newborn death, and it accounts for approximately one-fifth of maternal deaths worldwide.

Neonatal mortality contributes to more than one-half of under-five mortality (58 percent) with India reporting 640,000 newborn deaths annually.
India

Only 3 million skilled healthcare professionals are available to serve a population of 1.25 billion, or only 24.1 per 10,000 people.

27% of the population live in poverty, with 21% living on less than $1.90 per day.

Current environmental challenges include deforestation, soil erosion, overgrazing, desertification, air pollution from industrial effluents and vehicle emissions, water pollution from raw sewage and runoff of agricultural pesticides, preservation and quality of forests, and biodiversity loss.

Tap water is not potable throughout the country, and the huge and growing population is overstraining the natural resources.
Life Challenges

For poor families across India, preventable health complications and deaths occur due to a lack of specific knowledge and inadequate resources to meet their health needs.

Public health facilities are simply too overstretched and understaffed to meet the demands of the burgeoning population.

The shortage of trained medical professionals in India means that most patients recovering from medical interventions often rely on care provided by family members.
Life Challenges

Nearly 1 million children under the age of 5 die in India every year - an estimated 70% of which could have been prevented at home.

India has made slow progress with respect to child mortality compared to other countries in the region: it ranks 48 out of 89 on infant mortality rate. Neonatal mortality contributes to more than half of under-5 mortality (58%) with India reporting 640,000 newborn deaths annually.

Many poor families in these contexts have low health literacy and hold varied beliefs about healthy behaviors, inadvertently leading to poor health outcomes.

Anxious patients return to their homes with little understanding of their health conditions, and their families are uncertain of how to care for their loved ones—often leading to post-discharge complications or even deaths.
The Project

Noora Health will train new mothers and family members how to improve health outcomes through exclusive breastfeeding, skin-to-skin thermal care, hand hygiene, umbilical cord care, postpartum maternal diet, and health-seeking behaviors in response to warning signs among newborn care.

Noora Health’s Care Companion Program (CCP) turns hallways and waiting rooms in public healthcare facilities into classrooms, where hospital staff trained by Noora Health deliver appropriate and relevant health information and training.

Families can opt-in to Noora Health’s WhatsApp engagement service, which allows for two-way communication with qualified medical practitioners. Caregivers and patients ask questions and receive tailored support.

The goal is to scale the existing CCP across India to achieve the goal of training over 1.1 million new mothers and their families cumulatively by the end of 2021.
# Budget

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Cost</th>
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<tbody>
<tr>
<td>Communication</td>
<td>Development of print and video communication materials on newborn care,</td>
<td>$16,030</td>
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<tr>
<td>Materials</td>
<td>antenatal and postnatal care, child health and more</td>
<td></td>
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<tr>
<td>Training</td>
<td>Includes training of healthcare workers from identified facilities to</td>
<td>$18,970</td>
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<tr>
<td></td>
<td>provide the knowledge, skills, and tools to conduct CCP sessions</td>
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<tr>
<td>Total</td>
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<td>$35,000</td>
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About Noora Health

Noora Health was established in 2014 by four graduate students at Stanford in the d. School course “Design for Extreme Affordability.” They traveled to India and found an incredible resource in motivated, compassionate, but untapped caregivers, and a desperate need for higher quality care.

What started as a class project soon turned into an obsession, primarily because a simple solution for a direct, tangible need was found. In 2015, Noora Health’s first public hospital partnership was launched with Sri Jayadeva Institute, the largest government cardiac center in South India and the organization also partnered with the private Manipal Hospital chain.

Launching in 2016 were both an oncology training program and a maternal and newborn care program.

In 2018, Noora Health piloted a mobile engagement platform on WhatsApp, enabling them to reach patients and families with critical information once they returned home.
Share your thoughts

Why do you think Noora Health decided to use WhatsApp to follow up instead of asking families to return?

How do you think this model might be used in the United States to improve care?

Are family members as influential here as they are in India?
Women’s Microfinance Initiative

April 2021 Sustained Grantee
Empowering Village Women Through Business Ownership (Uganda)

• Expands financial access for rural village women who are considered “un-bankable” through a two-year cycle of four consecutive, 6-month term loans of up to $250

• Provides training, support, and education to ensure the women succeed in their business and can successfully repay these loans.
Women’s Microfinance Initiative

April 2021 Sustained Grantee
Empowering Village Women Through Business Ownership (Uganda)

- Includes WMI’s regular loan program, a jumbo loan program for alumni who are experienced businesswomen, and construction/solar and technology upgrades.

Direct Impact: 1,360; Indirect Impact: 13,600 – 25,000