

Noora Health

Final Grant Report

Project Details

- Organization: Noora Health
- Project Title: Maternal, Newborn, and Child Health Care Companion Program in India
- Grant Amount: \$35,000
- Contact Person: Edith Elliott, edith@noorahealth.org
- Address: 2443 Fillmore St, #380-3203, San Francisco, CA 94115
- Project Location: India – Karnataka, Maharashtra, Punjab, Madhya Pradesh, Andhra Pradesh, and Telangana
- Project Goal: The goal of this project was to scale our existing Care Companion Program (CCP) across India to achieve our goal of training over 1.1 million new mothers and their families cumulatively by the end of 2021.
- Grant Period: Sept 2020 to Dec 2021

About Noora Health

[Noora Health](#)'s mission is to improve outcomes and strengthen health systems by equipping family caregivers with the skills they need to care for their loved ones. Founded in 2014, Noora Health turns hospital hallways and waiting rooms into classrooms by tapping into the most compassionate resources available for the patient's care: their own family.

With the support of six state governments in India, the Government of Bangladesh, and large private hospital systems, Noora Health has trained more than two million caregivers across 329 facilities. In a cohort of patients, the program reduced post-surgical cardiac complications by 71%, maternal complications by 12%, newborn complications by 16%, and newborn readmissions by 56%.

Noora Health was honored as a TED 2022 Audacious Project Grantee and recipient of the 2022 Skoll Foundation Award for Social Innovation. Featuring Edith Elliott and Shahed Alam, our Co-Founders and Co-CEOs, Noora Health's mission [took the spotlight at TED 2022](#) and was also featured in a [2022 Skoll video](#).

The Challenge Noora Health is Tackling

Noora Health works in India and Bangladesh, and when you stand outside a hospital we work in, one of the first things you notice is the crowd. When you walk in, you may see patients doubled up on beds and you see



hallways and wards filled with families, and their belongings, because they've moved to the hospital to be there with their loved one. Families are anxiously passing the time, while providers are doing what they can to keep up with the intense demand.

And we know it's only getting worse. Globally, we're likely to face a shortage of 18 million health workers by 2030. Staff have little time to focus on tasks outside of urgent medical treatment, spending less than a few minutes to convey care instructions. Patients and their caregivers often leave health facilities with the implicit responsibility of ensuring recovery yet without the basic, life-saving information on how to do so. An estimated 40-80% of critical health and home care information provided to patients is forgotten immediately, and almost half of what is remembered is incorrect.

The results — a wound becoming infected, or a newborn suffering from jaundice — create a vicious cycle: complications and hospital readmissions further burden families and healthcare systems and lead to tragic, yet preventable, illness and death. In South Asia alone, nearly 1.5 million children under five die every year from causes that could be averted through better health practices, many of them actionable at home.

Project Objectives

The goal of this project was to support scaling our existing Care Companion Program (CCP) across India to achieve our goal of training over 1.1 million new mothers and their families cumulatively by the end of 2021. By the end of 2021, we surpassed this goal by training a cumulative 1,320,723 new mothers and their caregivers, representing 901,976 new mothers. Below you can find a breakdown of our reach both cumulatively and discretely during the grant period:

	Cumulative Total by end of 2021	Total trained during grant period
New Mothers (Patients) and their Caregivers trained	1,320,723	697,325
New Mothers (Patients) reached	901,976	484,331

Our initial goal was to scale to 200+ facilities by expanding to two new states and expanding to more facilities in the six states we work in. We did scale our maternal and newborn Care Companion Program to 200+ facilities (231 by the end of 2021), bringing us to a total of 327 facilities with our programs. As for geographic scaling, we prioritized expanding programs within our established state partnerships and our growing relationship with the Government of Bangladesh, and did not expand to states beyond the six we work in.



We accomplished this scale by training 498 nurses in 2021 to deliver our Care Companion Programs across the 327 facilities we deliver programs in. We trained these nurses over 12 Training of Trainers (ToTs) and five booster trainings, with three out of the 12 ToTs and four of the five boosters held virtually. All but three of these trainings were to support implementation of our Maternal and Newborn Care Companion Program.

The funding from Together Women Rise supported our Training of Trainers (ToTs) in the following states, funding two in-person and one virtual ToT for our Maternal and Newborn Care Companion Program to train 128 nurses:

- **Punjab** for our implementation in 42 Sub-District Hospitals (SDHs). This was the first time we expanded the program to SDHs. We held two Training of Trainers (ToTs) where we trained 82 new nurses to deliver the CCP. Funding from TWR supported one of our two ToTs, enabling us to train 41 nurses.
- **Karnataka** for our implementation in four urban Primary Health Centers, two Medical College Hospitals, and 12 rural Sub-District Hospitals (SDHs) — the next largest health facility following the District Hospitals (DHs) – expanding our programs to SDHs for the first time in the state. We held three virtual ToTs for 18 new facilities where we trained 109 new nurses. Funding from TWR supported one of our three virtual ToTs, enabling us to train 75 nurses.
- **Maharashtra** for our implementation in two District Hospitals in areas designated by the Government of India as “aspirational districts,” areas noted as a priority for improving health and social indicators. We held two ToTs where we trained 24 new nurses across the two facilities. Funding from TWR supported one of our two ToTs, enabling us to train 12 nurses.

These nurses trained to deliver our program will become Master Trainers who will then go on to train ~500 nurses and counselors in the healthcare facilities in which they work, continuing to spread the impact of this project. You can find more information about our state specific scaling in 2021 in our [Annual Report](#).

Our Maternal and Newborn Care (MNC) Remote Engagement Service (RES), delivered through WhatsApp and Interactive Voice Response System (IVRS), directly brings Noora Health’s evidence-based CCP information into patient and families’ homes in situations where accessing a doctor or hospital is challenging. This service was designed to reinforce and enhance the in-person CCP by providing access to the information and training beyond the health facility. This service was available across 115 facilities in four Indian states in their regional languages at the time of our application, and our goal was to expand this service to all facilities by 2021.

As we’ve continued building out our Remote Engagement Service (RES), including creating our new “Product” team and bringing on a Director of Product, we are iterating on our goals for product development of both our RES with patients and families and our Health Educator Platform (HEP) to engage nurses and healthcare staff. For our RES component, for example, we are seeking to improve accessibility for all patients who undergo in-hospital training by launching a feature-phone version of RES in addition to WhatsApp.



By the end of 2021, our MNC RES service was available across 221 facilities in six Indian states in six regional languages, and in 2022 we have expanded this service to Bangladesh. Our goal for 2022 is to focus on increasing the reach of this post-discharge follow-up by increasing the number of patients and families trained who sign onto the service.

Impact of Our Program

In our YouTube series the Care Companion Program (CCP) Chronicles, you can see two videos showcasing the impact of our work. One [video](#) features Seethamma, who at 60 didn't anticipate needing to care for a new baby and discusses how the CCP prepared her for this challenge. Another [video](#) features a nurse delivering our programs, Sharmila, where you can hear more about what drives our trainers to put themselves at risk and save lives during the pandemic.

In a [video](#) made for the 2022 Skoll World Forum, you can hear various narratives and see glimpses of our work. In our [2021 Annual Report](#), you can hear from Gayathri, a Child Health Counselor at a hospital where we work, who was appointed to teach about breastfeeding without adequate prior training. She shares how Noora Health's training empowered her in how she can help patients and families. In the report, you will also see the story of Jeevan, a child who underwent heart surgery and was cared for by his mother and grandmother.

Please see the attached [folder](#) for pictures of our work, that you can also access

We lead with both human insight and the power of data. As we continue to scale and establish new partnerships, Noora Health is committed to understanding and strengthening the impact of our program. Every day, Noora supports health systems in training over 2,000 patient caregivers across hundreds of facilities throughout India and Bangladesh. We monitor reach and program quality, and evaluate behavior and health outcomes for patients, caregivers, and health systems.

Across all program areas, we expect to see improved outcomes at three levels — the caregiver, patient, and systems — which we are committed to measuring through quasi-experimental and pre-post studies by condition area. We conduct ongoing, high-quality research to understand the impact of our approach on health outcomes, refine our programs and services, and build evidence for health-systems change in the communities where we work.

With our Maternal and Newborn Care CCP, we have seen the program reduce maternal complications by 12%, newborn complications by 16%, newborn readmissions by 56%, and newborn mortality by 18%. You can learn more about our research studies and the impact of our work on our [website](#).

Project Challenges and Lessons Learned



2021 was a big strategic year for us as we were pushed to codify our model and determine where to direct our efforts in developing our new six-year scaling plan. The pandemic cracked open the fissures that already existed in health systems and revealed, with fresh urgency, the need for our family, friends, and loved ones to participate in health care in skilled, celebrated ways. With so much clear need and demand for our work everywhere, it was difficult to determine where we wanted to channel our resources, both for geographic expansion and in pushing the boundaries of our model. This process, and the pandemic itself with the need to develop more ways to access patients outside of the hospital, pushed us to consider and assess many different potential paths, and ultimately align on our six-year scaling strategy.

Organization Changes Since Grant Application

Since Sept 2020, our organization has undergone significant growth. In 2021, headcount nearly doubled to 293 full time employees, including officially opening our Bangladesh office in Dhaka. The majority of our team growth came in Bangladesh, where we hired 82 teletrainers, in addition to growing our core staff there. One of Noora's first employees, Anubhav Arora, re-joined our team as Director of Product.

This growth was enabled by several large gifts and awards that we won during the grant period to support our future scaling efforts. Noora Health became a [TED 2022 Audacious Project Grantee](#) and recipient of the [2022 Skoll Foundation Award for Social Innovation](#). Together the two gifts catalyzed \$52M in funding to further our vision of a world where patients and their caregivers are a core component of healthcare delivery and family-member training is a standard of care. The funding through the two opportunities will help us expand to train over 70 million caregivers and patients across four countries over the next six years (2022 to 2027), as well as enhance tech-enabled products to improve access and reach, while continuing to grow our team globally.

We are incredibly grateful for this support, and are continuing to fundraise to support our ambitious six-year scaling plan. Thus far, we have raised about 79% of our projected budget for the six-year plan, with a gap of just over \$15 million that we are looking to close. In 2022, we are still seeking approximately \$400,000 in funding.

Future Scaling Plans

In 2022, we plan to train 1.5 million caregivers representing 1 million patients. We expect our Maternal and Newborn Care programs to train over 1.2 million new mothers and their caregivers, representing over 800,000 new mothers and their babies. With our Remote Engagement Service (RES), we will acquire 300,000 new unique users, expand to new topics within condition areas, new geographies and facilities as we scale, and examine user feedback to further develop the service.



To achieve this reach, we will expand our programs to more facilities in our established six state partnerships in India, scale to an additional state in India, grow our recently launched in-person programs in Bangladesh, and lay the foundation for expansion to another country (Indonesia). We expect to double our staff size again to over 500 full-time staff, expanding our research, design, implementation, product, and human resource teams.

Allocation of Grant Funds

The grant from Together Women Rise was allocated to fund two core activities:

- 1) Creating our print and video content that will be used by healthcare workers in the facilities to train patients and family members with life saving information
- 2) Costs of three Training of Trainers (ToTs) of healthcare workers, two in-person and one virtual, to deliver our Care Companion Program in the new healthcare facilities that we will expand into in 2020 and 2021

The funding from Together Women Rise supported us in training 124 nurses in the states of Karnataka, Punjab, and Maharashtra over 3 batches of training. These master trainers will then go on to train ~500 nurses and counselors in the healthcare facilities in which they work, and the scale of the impact will grow as programs continue operating and expanding in facilities.

The \$35,000 covered over 70% of our total costs for the three trainings, including covering the costs of video and content design and production shared across all our ToTs. You can see a breakdown of how the funds were allocated on the following page:

Together Women Rise Final Project Budget:

		Shared	KA	MH	PB	TOTAL	Together Women Rise
	Particulars		Virtual ToT	In Person TOT	In Person TOT		Grant Allocation
1	Printing costs for TOT		\$963	\$2,061	\$2,109	\$5,134	\$2,706
2	Audio/Video Production costs	\$8,093				\$8,093	\$8,093

3	TOT costs						
a	Training hall, Food expense			\$1,256	\$3,963	\$5,219	\$2,751
b	Nurses -Travel & lodging			\$89	\$2,115	\$2,204	\$1,162
c	Materials purchase for TOT		\$515	\$329	\$777	\$1,621	\$854
d	Aurora Staff - Travel & Lodging			\$3,366	\$5,459	\$8,825	\$4,652
4	Payroll Cost						
a	Implementation & training		\$3,346	\$2,342	\$2,876	\$8,564	\$4,514
b	Design	\$856	\$1,740	\$1,740	\$1,740	\$6,076	\$8,644
c	Medical		\$704	\$704	\$704	\$2,112	\$1,113
d	Operations		\$322	\$322	\$322	\$967	\$510
	TOTAL	\$8,949	\$7,590	\$12,209	\$20,065	\$48,815	\$35,000