

# Impact Report

Q2 | 2022





# Letter From Our Founders

Dear friends,

[Last quarter](#), we shared the monumental news of Noora Health's selection as both an [Audacious Project](#) and [Skoll Foundation](#) awardee – two distinct honors and significant funding opportunities that launched us into our most ambitious chapter yet: scaling our reach and impact across four countries in six years. But Q2 2022 was our true jumping off point: that exciting shift when big plans transition into even bigger action.

**In Q2, we trained 282,723 family caregivers, bringing us to a total of 2,333,138 caregivers who support and care for more than 1,600,907 million patients.** We visited hospitals and held meetings at the Ministry of Health in Jakarta to learn from healthcare workers and see how caregiving comes to life in the community – a crucial exploratory step in our 2023 goal for program expansion in Indonesia.

The Bridgespan Group kicked off discovery sessions with our teammates to inform our long-term operating model. We joined the [Aspen Ideas Festival](#), welcomed 59 new Noorans to our team which is now 396 people strong, and began data collection for our endline neonatal study – an organization-wide effort, led by our research team, to understand the behaviors, knowledge, and attitudes of new mothers and caregivers who participated in the Care Companion Program (CCP).

*A newborn and his caregiver at Moga District Hospital, Punjab.*



Amid major milestones in Q2, we still missed some deadlines, adjusted a few plans, iterated constantly, waited (in masks) at airports, and brainstormed across time zones and virtual spaces. In Q2, we didn't just embrace chaos, we funneled that energy into momentum and deeper connection.

Together, we set our sights on scaling goals while refining our model, programming, and internal processes to meet the shifting dynamics of our growing team. We did this while listening to nurses, trainers, patients, and caregivers – an enduring practice that holds strong, even amidst change.

Edith

Shahed

# Growth Overview

In Q2, we trained **282,723 new caregivers representing 192,287 patients across 335 facilities** (230 hospitals and 105 clinics). We are now 38% of the way to our 2022 goal of training 1.5 million new caregivers representing one million patients. With implementation planned in 128 additional hospitals and 22 more clinics in the second half of the year, we anticipate meeting or even exceeding our targets.

We made minor shifts to our scaling plan in Q2, including:

- Expanded operations within our six established state partnerships
- Delayed implementation of the Care Companion Program (CCP) in a new state to Q4 (Chhattisgarh)
- Reached priority COVID-19 patients via teletraining while implementing programs in a reduced number of facilities in Bangladesh

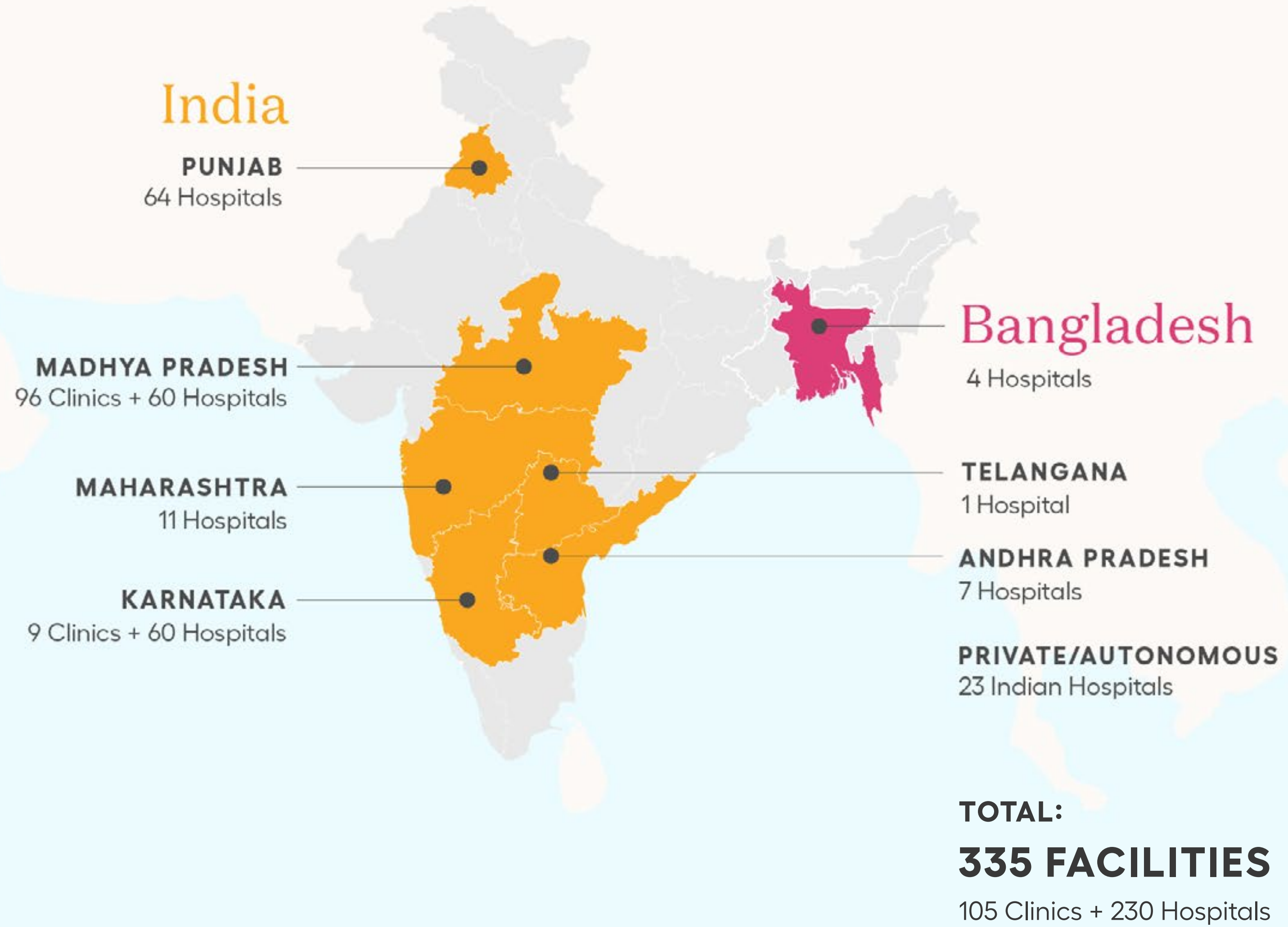
With our Remote Engagement Service (RES), we reached 36,366 new users through WhatsApp and Interactive Voice Response System (IVRS), bringing us to 111,399 new users in 2022 which represents 37% of our annual target of 300,000 new users. With access to the Reproductive and Child Health portal across multiple states containing contact information for all new mothers, we are on pace to reach our targeted 300,000 new users by the end of the year.



Care Companion session in the Kolar District Hospital, Karnataka.

# Reach to Date

By Geography



# Reach to Date

By The Numbers

## Caregivers Trained

TOTAL:  
**2,333,138**

## Patients Represented

TOTAL:  
**1,600,907**

Region	Q2	Cumulative
Punjab	32,389	301,455
Madhya Pradesh	113,294	856,260
Maharashtra	20,965	105,378
Karnataka	93,360	718,197
Telangana	959	3,665
Andhra Pradesh	1,828	24,774
Private Indian Hospitals	10,824	245,427
Bangladesh	9,103	77,981
<b>Total</b>	<b>282,723</b>	<b>2,333,138</b>

Region	Q2	Cumulative
Punjab	22,715	217,086
Madhya Pradesh	75,530	570,856
Maharashtra	13,976	70,861
Karnataka	62,240	481,896
Telangana	639	2,445
Andhra Pradesh	1,218	16,513
Private Indian Hospitals	7,216	163,619
Bangladesh	8,753	77,631
<b>Total</b>	<b>192,287</b>	<b>1,600,907</b>

# Reach to Date

By Health Condition

## Caregivers Trained by Health Condition

Health Condition	Q2	Cumulative
Maternal and Newborn	243,565	1,785,174
Cardiac	14,894	302,463
COVID-19	11,414	136,430
Adult Medical and Surgical	12,109	93,159
Oncology	496	15,386
Tuberculosis	245	526
<b>Total</b>	<b>282,723</b>	<b>2,333,138</b>



Interview with a caregiver in Seoni district, Madhya Pradesh.

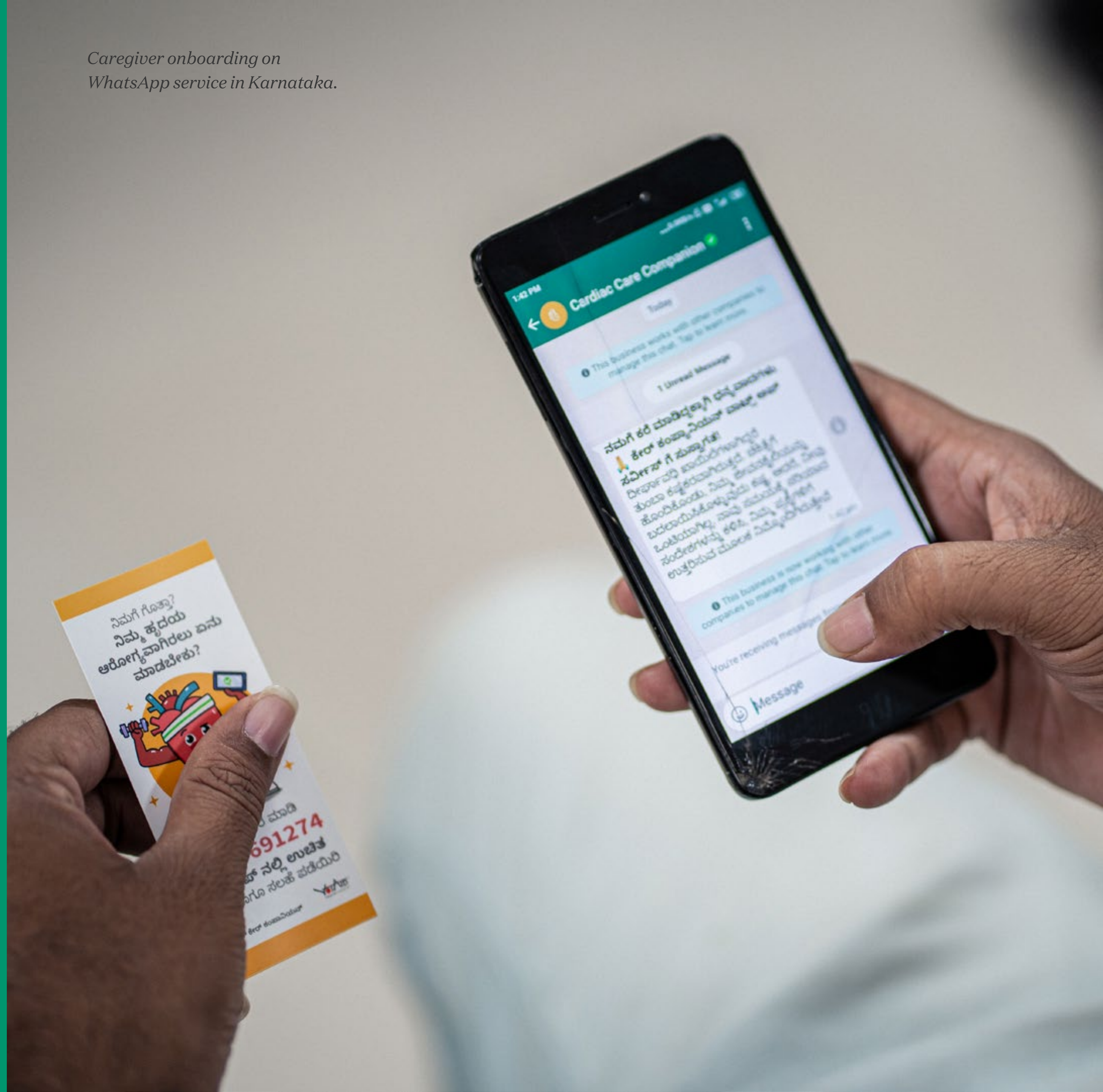
# The Highlights

Program Updates

Research and Evaluation

Product Updates

Caregiver onboarding on WhatsApp service in Karnataka.





# Program Updates

## Overview

In June, we presented our work at the [AVPN Global Conference](#) in Indonesia, connecting with a range of leaders across the social impact sector. We also had the chance to visit health facilities, meet with government health officials and frontline providers in Jakarta, and initiate conversations that help to set the stage for our expansion plans in the region.

In Bangladesh we continued to expand, preparing five additional facilities for implementation. We also reached more than 76,000 families with our COVID-CCP teletraining service that continues to be critical to Bangladesh's national COVID-19 strategy.

While we prepared for program expansion, we also deepened our work and continued to build trusted partnerships across public health systems that implement the Care Companion Program (CCP).

Annual budgets were approved by states in India, and we're thrilled that the CCP was included as a budget priority in 2022.

**Check out a few state-level highlights from Q2 below**



*Maternal and Newborn Care Training of Trainers (ToT) session in Bangladesh.*

## Long-term vision alongside partners in Punjab

In Q2, we celebrated a significant milestone: signing a five-year partnership agreement with government partners and stakeholders in Punjab – our longest Memorandum of Understanding (MoU) to date. With this five-year partnership, we will expand to all levels of care across multiple types of facilities. The MoU also sets the longer term vision and framework for program ownership by the Government, transitioning Noora Health’s involvement to lighter-touch support.

Our partnership with Punjab dates back to 2017, when we launched the Care Companion Program (CCP) in six facilities there. Today, the CCP is present in all 23 District and 41 Sub-District Hospitals across the state, and we are thrilled that our trusted, long-standing partnership will continue to grow. Special thanks to Dr. Baljit Kaur, Assistant Director at the Department of Health and Family Welfare for the State of Punjab, for her steadfast support.



*MOU signing with Dr. Baljit Kaur and Sh. Tej Pratap Singh Phoolka, IAS, former Mission Director - National Health Mission, Government of Punjab.*

## Health Minister joins launch event in Maharashtra

In May, we launched the Care Companion Program (CCP) at District Hospitals in Jalna and Osmanabad, including a three-day Training of Trainers (ToT) session for 24 nurse participants.

We were proud to welcome the former Honorable Health Minister of Maharashtra, Shri Rajesh Tope, who shared opening remarks at the CCP launch event. The Health Minister championed the role of caregivers, and he shared that the program fills a vital gap in the health system while enabling caregivers to confidently care for their loved ones.

The CCP continues to grow and expand across Maharashtra, scaling to seven district hospitals and four medical colleges.



*Health Minister at the CCP launch in Maharashtra.*

## Celebrating LaQshya certification at Civil Hospital Sanawad in Madhya Pradesh

After nearly two years of working closely with health system partners, we completed our first national-level LaQshya certification at the Civil Hospital Sanawad in Madhya Pradesh.

Assisting hospitals that implement the Care Companion Program (CCP) to qualify for LaQshya certification provides us with an additional avenue to strengthen public health systems and build capacity for healthcare workers at scale.

**Launched by the National Health Mission, LaQshya certification is awarded to public hospitals that meet high-quality standards for labor and delivery care.**

In addition to sharing LaQshya's larger goals of reducing maternal and newborn mortality, we align closely with key programmatic drivers, such as improving the overall quality of care and ensuring better, more respectful, and fulfilling care experiences for patients and families.

With strict adherence to clinical protocols, regular audits, and implementation of best practices collected from across the country, Civil Hospital Sanawad's LaQshya certification will improve the quality of the labor room, maternity operation theater, and the overall obstetrics care in the facility.



National assessment of LaQshya in Sanawad Civil Hospital, Madhya Pradesh.

# Research and Evaluation

## Pre-post study: Improving maternal and neonatal care practices with family-centered, postnatal training

In May, we published our [study](#) on the impact of family-centered postnatal training on maternal and neonatal health and care practices in 12 hospitals across Karnataka and Punjab. In this pre-post study conducted in 2017, we spoke to 1,474 families in the pre-intervention group – those who did not receive the Care Companion Program (CCP) curriculum – and 3,510 families in the post-intervention group (those who received CCP). Compared to the pre-intervention group, many post-group care practices and outcomes improved, including:

- Newborn complications reduced by 16% (RR=0.84, 95% CI 0.76 to 0.91)
- Mother complications reduced by 12% (RR=0.88, 95% CI 0.79 to 0.97)
- Newborn readmissions reduced by 56% (RR=0.44, 95% CI 0.31 to 0.61)
- Skin-to-skin care improved by 78% (RR=1.78, 95% CI 1.37 to 2.27)
- Outpatient visits increased by 27% (RR=1.27, 95% CI 1.10 to 1.46)
- Dry cord care improved by 4% (RR=1.04, 95% CI 1.02 to 1.06)

**This study demonstrates that behavior change impacts our maternal and neonatal care program. Our larger study across 28 facilities, in partnership with [Ariadne Labs](#), will build on this evidence further.**  
[Read full study](#)



*Kangaroo mother care demonstration at Chikkaballapur District Hospital, Karnataka.*

## Cross-sectional study: Supporting immunization uptake during a pandemic

In a new cross-sectional study, we investigated the impact of teletraining calls to remind families that infants who are cared for in [Special Newborn Care Units](#) (SNCUs) are eligible for routine vaccinations earlier due to in the COVID-19 pandemic.

In six government centers in three South Indian states, we recruited families of infants who were discharged from SNCUs. Calls were made ten days after the immunization due date, and missed vaccines were counseled and followed-up on seven and 15 days after. Of the 2,313 families contacted, 2,097 completed the survey. Respondents were mostly mothers (88.2%), poor (67.5%), and had secondary-level education (37.4%). Vaccinations were missed due to the baby's poor health (64.1%), COVID-19 related concerns (32.6%), and lack of awareness (16.8%).

At the end of the intervention, the immunization uptake increased from 65.2% to 88.2%, which suggests that phone-call intervention may safely support immunization and lower the burden on health workers and families.

**Moving forward, we plan to explore and incorporate teletraining into our Remote Engagement Service (RES) strategy.**

[Read full study](#)



SNCU baby in District Hospital, Punjab.

## Lightbulb Lectures: Sharing knowledge, building community

In 2020, we launched “Lightbulb Lectures,” a series of webinars open to Noora Health team members and our community that features researchers and experts who work across disciplines to better understand and support caregiving in public health. In Q2, we hosted four speakers in the series, and each shared insights at the intersection of research and health – from the relationship between humans and tech to community-based coalitions honoring tribal health. Here’s a snapshot of our recent series speakers:

### ASHAs: Understanding their Unique Position

Dr. Vrinda Marwah, Postdoctoral Fellow, University of Utah, shared ethnographic research to understand what makes Accredited Social Health Activists (ASHAs) unique and uniquely vulnerable – and why it matters for public health.

### Doctor Sahab: The Patient-Doctor Relationship in Early Post-Independence India

Kiran Kumbhar, PhD candidate at Harvard University, examined the history and perceptions of India’s medical profession through the years, highlighting how a scholarly, historical approach can help shine a light on people’s attitudes toward doctors during those early decades.

### At the Edge of the Interface: An Anthropological View on the Relationships Between Humans and the Screen Interface

Dr. Deepak Prince, Assistant Professor at GITAM University, presented key challenges for the architects of screen-based technological systems and explored how human interactions with technology impact us – and vice versa.

To watch recordings of our Lightbulb Lecture series or sign up to receive information about future events, reach out to [research@noorahealth.org](mailto:research@noorahealth.org)

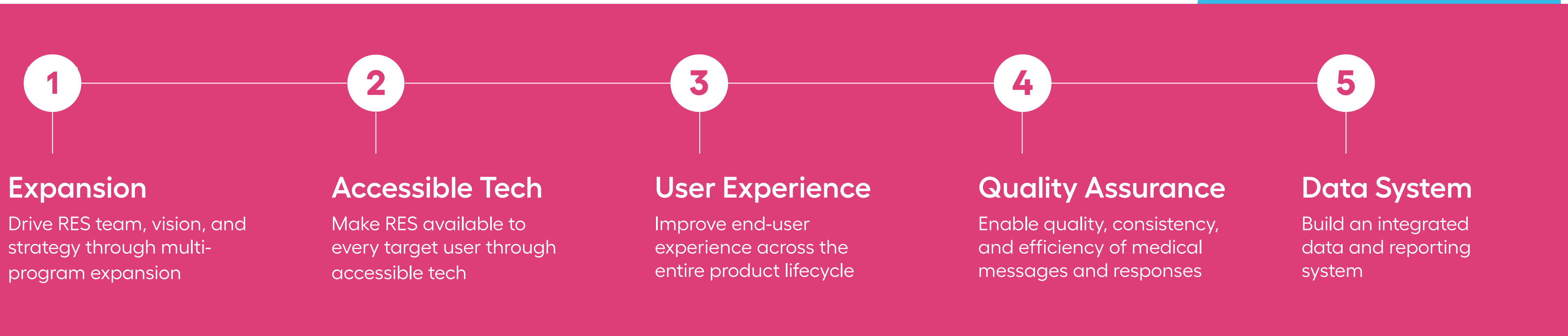
### Patterns, Process, and Action on Tribal Health: Critical Reflections

Dr. Prashanth N Srinivas, Assistant Director (Research), health equity cluster lead at the Institute of Public Health (IPH) Field Station, shared his journey of establishing a long-term field station focused on Adivasi health in southern Karnataka with support from DBT/ Wellcome Trust India Alliance and an ongoing partnership with the Solega Abhivruddhi Sangha, a community action collective and social movement of the Solega Adivasi communities.

# Product Updates

Remote Engagement Service (RES) is a free, mobile-based support service for caregivers. Based on stage of treatment, subscribed users receive reinforcing messages and training on healthy caregiving practices through a combination of prerecorded audio messages (IVRS), text messages (SMS/WhatsApp), and live training on the phone.

In Q2, we restructured the product team to focus on refining RES. The product team is now 32 people strong and includes product managers (4), development engineers (6), data analyst (1), medical support executives (7), and tele-trainers (14). The team has identified five objectives for the next year in addition to the below roadmap for RES.





# Remote Engagement Services (RES) Roadmap

## Expansion

## Accessible Tech

## User Experience

## Quality Assurance

## Data System

### NOW

*We are currently working on the following capabilities.*

- Audio messages on Interactive Voice Response System (IVRS)
- Content for General Medicine & Surgery (GEMS) patients
- Teletraining on 10th Day

- Record a question on IVRS

- User segmentation based on language and stage
- Collateral for RES marketing

- SOPs for medical response & triaging
- Standardized content across modalities
- Automated search in FAQ bank

- Datstores for WhatsApp, IVRS, and teletraining
- Dashboards with usage metrics

### NEXT

*We will add these features in the next 3-6 months.*

- Data from government Reproductive and Child Health Portal
- Train government call center executives

- Audio messages on WhatsApp
- Bot-based repository on WhatsApp

- A/B test message engagement
- Automated message tags

- Digital health compliance
- Basic level triaging based on user details

- Consolidated FAQ bank
- Geo-tagging sign-ups

### LATER

*We will add these features in the next 6-12 months.*

- Deepen content in Mother & Child Health
- Campaigns for health awareness

- Voice responses on WhatsApp
- Audio FAQ bank

- RES marketing outside wards

- Complex triaging using symptom assessment tool

- FAQ search across languages
- Centralized Care Companion Program (CCP) and RES data
- Data-driven triggers

# International Nurses Day 2022

Using film and creativity to celebrate nurses



**Nurses have long played a central role in Noora Health's reach and impact.**

In celebration of International Nurses Day on May 12, our storytelling and film team created a video that highlights the known, and often unseen, impact of nurses' work across the hospital system. The team spoke with patients, caregivers, facilities staff, and security guards – those who interface with nurses in myriad ways – to hear firsthand about the valuable and impactful care and training nurses provide every single day.

**WATCH THE VIDEO**

# Financials

## Statement of Activity

### Donations and Other Income

Foundation grants	5,932,208
Government grant	52,067
Individuals donations	3,959

### Total Donations

**5,988,235**

Other Income	38,321
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### Total Income

**6,026,556**

### Expense

Implementation	680,235
Research	685,270
Design	528,330
Advocacy and Partnerships	276,837
Technology	193,324
Training	85,409
Medical	92,130

### Total Direct Program Costs

**2,541,536**

### Indirect Costs

General & Administrative	349,439
Fundraising	99,166

### Total Indirect Costs

**448,604**

### Total Operating Costs

**2,990,140**

### NET INCOME

**3,036,416**

## Statement of Position\*

### Assets

Cash	14,644,817
Short Term Investments	22,516,751
Pledge Receivables	17,399,448
Other non current assets	66,276

### Total Assets

**54,627,291**

### Liabilities and Net Assets

#### Liabilities

Accounts Payable	350,454
Accrued Expenses	61,209

### Total Liabilities

**411,663**

#### Net Assets

Unrestricted	53,715,628
Temporarily Restricted	500,000

### Total Net-Assets

**54,215,628**

### Total Liabilities & Net Assets

**54,627,291**

\* The Statement of Position reflects the \$50 million Audacious Project grants won in 2022 for our 6 -year plan. For more details, please reference our Q1 2022 Report [here](#).



We are *all*  
caregivers.

[noorahealth.org](https://noorahealth.org)