

# Impact Report

Q1 | 2023





*The Care Companion Program at Bangladesh Shishu (Children's) Hospital and Institute provides a supportive community for families to engage and learn from nurses.*

# Letter from our co-founders

Dear friends,

It's been a year since Noora Health was honored as both a [TED Audacious Project](#) and [Skoll Foundation](#) awardee. These opportunities catalyzed our most ambitious goal yet: Expanding our flagship Care Companion Program (CCP) to more than 70 million caregivers and patients across Bangladesh, India, Indonesia, and Nepal by 2027.

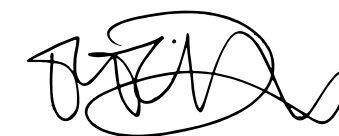
To put our vision into practice, we spent the [last year](#) setting up the systems and processes needed for exponential growth, and we're continuing to build and evolve alongside our partners and community members.

**In Q1 2023, we trained 513,349 family caregivers, bringing us to a total of over 3.5 million caregivers who support and care for more than 2.4 million patients.**

It was also a season of many firsts for Noora Health, including:

- Our first MoU in Indonesia with the district of Pamekasan, East Java.
- Our first co-creation sessions with health system stakeholders in both Andhra Pradesh and Indonesia.
- Our first MoU signing with the Nagpur outpost of the prestigious All India Institute of Medical Science (AIIMS).
- The first national-level adoption of the program in India for our tuberculosis work.

These are just a few of our many accomplishments this quarter, and it's all thanks to our growing teams, strategic partners, and supportive funders. We invite you to dive in to read more about Q1 2023!



Edith



Shahed

## স্বাস্থ্য শিশুর জন্য টেলিফোন সেবা

পরিবারের সদস্যদের এই ফোন-ভিত্তিক সার্ভিসটি সহজে বুঝিয়ে বলার জন্য আপনি নিচের প্রশ্নগুলো অনুসরণ করে নিন।

আপনি কি আপনার নবজাতকের স্বাস্থ্য নিয়ে পরামর্শ পেতে চান?

১২ ৫৫৪৪৮ নম্বরে একটি কল দিন এবং স্বাস্থ্য বার্তাটি শুনুন। এভাবে আপনি বিনামূল্যের একটি টেলিফোন সেবা গ্রহণের সুযোগ পাবেন। সঠিক করে নম্বরটি সেত করে রাখবেন।

আপনার টেলিফোন সেবা-কর্মী আপনাকে কল করবেন। আপনি সংকোচ না করে আপনার স্বাস্থ্যের ব্যাপারে শিশুর স্বাস্থ্য সম্পর্কে সহায়তা নিন।

সহায়তার পরে, যোগ করুন এই ০৯ ৬১২ ৫৫৪৪৮ নম্বরে।

আপনার স্বাস্থ্যের জন্য আমরা এখানে আনন্দিত অনুভব করে এই কলগুলো ধরুন।





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*In Andhra Pradesh, a nurse guides a caregiver through Kangaroo Mother Care training.*





# Growth overview

**In Q1 we reached more caregivers and patients than we ever have in a single quarter. We trained 513,349 caregivers representing 342,710 patients — bringing us 12.5% closer to our goal of training 4.1 million new caregivers (representing 2.8 million patients) in 2023.**

In Q1 2023, we successfully enrolled 29,380 new users onto our remote engagement service (91% were enrolled on WhatsApp and the rest received IVRS voice messages), representing approximately 9% of caregivers who attended our in-hospital CCP session. In Q1, 24% of our newly-enrolled users engaged with our messages, responding with at least one message. Half of these engaged users asked questions. In 2023, we are running several experiments – such as introducing QR codes, adding clear calls to action (CTAs) to our messages, and utilizing AI-enabled automated prompts – to increase user enrollment and engagement rates.

In India, we successfully launched our Maternal & Newborn Care CCP in 20 new hospitals in Haryana at the end of Q1. As we scale up our maternal and newborn care programs in Bangladesh, we have opened a new local office as our team continues to grow. In Indonesia, we signed our first MoU with the district of Pamekasan, East Java.

As our programs gain momentum in new geographies and as we deepen our engagement with existing partners, we are positioned for rapid growth throughout the rest of the year.

## Q1 Impact at a glance

**513,349 caregivers trained**

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**342,710 patients represented**

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**29,380 new mobile service users**

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**40 healthcare staff trained**

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**20 hospitals added**

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**27 Noora Health teammates hired**

# Reach to date

By geography

## India

**PUNJAB**  
64 hospitals + 26 clinics

**HARYANA**  
20 hospitals

**MADHYA PRADESH**  
82 hospitals + 98 clinics

**MAHARASHTRA**  
11 hospitals

**KARNATAKA**  
79 hospitals + 9 clinics

**HIMACHAL PRADESH**  
21 hospitals

## Bangladesh

20 hospitals

**TELANGANA**  
1 hospital

**ANDHRA PRADESH**  
7 hospitals

**PRIVATE/AUTONOMOUS**  
23 hospitals

## Indonesia

**EAST JAVA**  
MoU signed; training underway

**TOTAL:**  
**461 FACILITIES**  
328 hospitals + 133 clinics

# Reach to date

In numbers

## Caregivers trained

TOTAL:  
**3,560,303**

## Patients represented

TOTAL:  
**2,427,972**

Region	Q1	Cumulative
Andhra Pradesh	8,094	49,836
Bangladesh	9,270	110,793
Haryana	169	169
Himachal Pradesh	13,942	14,598
Karnataka	110,051	1,030,292
Madhya Pradesh	261,221	1,418,820
Maharashtra	53,006	236,734
Private	6,366	270,123
Punjab	49,802	421,252
Telangana	1,428	7,686
<b>Total</b>	<b>513,349</b>	<b>3,560,303</b>

Region	Q1	Cumulative
Andhra Pradesh	5,396	33,223
Bangladesh	6,248	104,560
Haryana	113	113
Himachal Pradesh	9,295	9,733
Karnataka	73,367	689,958
Madhya Pradesh	174,147	945,894
Maharashtra	35,337	158,432
Private	4,244	180,083
Punjab	33,610	300,849
Telangana	953	5,127
<b>Total</b>	<b>342,710</b>	<b>2,427,972</b>



# Reach to date

By health condition

## Caregivers trained by health condition

Health condition	Q1	Cumulative
Cardiac	10,252	337,492
COVID-19	203	162,068
General Medical & Surgical (GeMS)	21,233	140,772
Maternal & Newborn	479,227	2,898,054
Oncology	1,245	18,041
Tuberculosis	1,189	3,876
<b>Total</b>	<b>513,349</b>	<b>3,560,303</b>

*A caregiver signs up for our mobile services following a Care Companion Program session at Bangladesh Shishu (Children's) Hospital and Institute.*





# Program updates

## Tuberculosis (TB) Family Care Model on the national stage

At the One World TB Summit on March 23, India's Prime Minister Narendra Modi launched five new initiatives to end TB by 2025 – five years ahead of the [Sustainable Development Goals](#) timeline. The TB Family Care Model, developed and designed by Noora Health and implemented in partnership with Jhpiego's [NISHTHA](#), with support from USAID, was selected by the Ministry of Health as one of the [key interventions](#) to be implemented at the national level.

The Family Care Model is a holistic, caregiver-centered intervention focusing on all aspects of TB – from awareness and testing to adoption of positive health behaviors and treatment adherence. In 2022, in partnership with the state government of Madhya Pradesh, we piloted the TB Family Care Model, focusing on 78 health and wellness centers in the districts of Guna and Khandwa. We worked closely with Community Health Officers, who are primarily responsible for implementing the program; Accredited Social Health Activists (ASHAs); Auxiliary Nurse Midwives (ANMs);



Watch the launch of five new national-level initiatives (including the TB family care model) [here](#).



and leaders in the local community. To date, the model has reached nearly 3,000 caregivers.

We are thrilled that the central government of India shares our belief in the power of family and caregiver education, evidenced by their recent [program guidelines](#) for providers, policymakers, and other stakeholders. As we strengthen our partnerships with the Ministry of Health's Central TB Division, we will continue to serve as technical partners of the TB Family Care Model and assist individual states. Our focus remains on supporting health system integration and helping partners adopt, adapt, and deliver the model in their unique contexts and communities.



*Sareen Kak, regional lead at Noora Health, addresses participants during the TB Family Care Model Training of Trainers in Guna, Madhya Pradesh.*



## Gaining trust and traction in Bangladesh and India

Our promise to scale rapidly as a trusted partner was evident in our growth throughout India and Bangladesh, where we had the opportunity to sign MoUs with highly influential partners and efficiently launch our work.

In Haryana, India, we signed an MoU with the health department in January and launched our first Training of Trainers (ToT) session in March – an unprecedented turnaround time.

In Nagpur, India, we signed an MoU with the All India Institute for Medical Sciences (AIIMS), a leading research and training institution that defines standards of care in India – further cementing our position as a nationally-recognized source for caregiver education and support.

Additionally, we launched our programs in Dhaka Medical College Hospital in Bangladesh at a similarly fast, quality-first pace. Like AIIMS, Dhaka Medical College is one of the largest tertiary care centers in Bangladesh that both serves its capital city and welcomes patients from around the country. As our programs gain trust and traction in Bangladesh, we anticipate having a national footprint by the end of 2023.



*Participants engage during the first Care Companion Program Training of Trainers session in Haryana, India.*

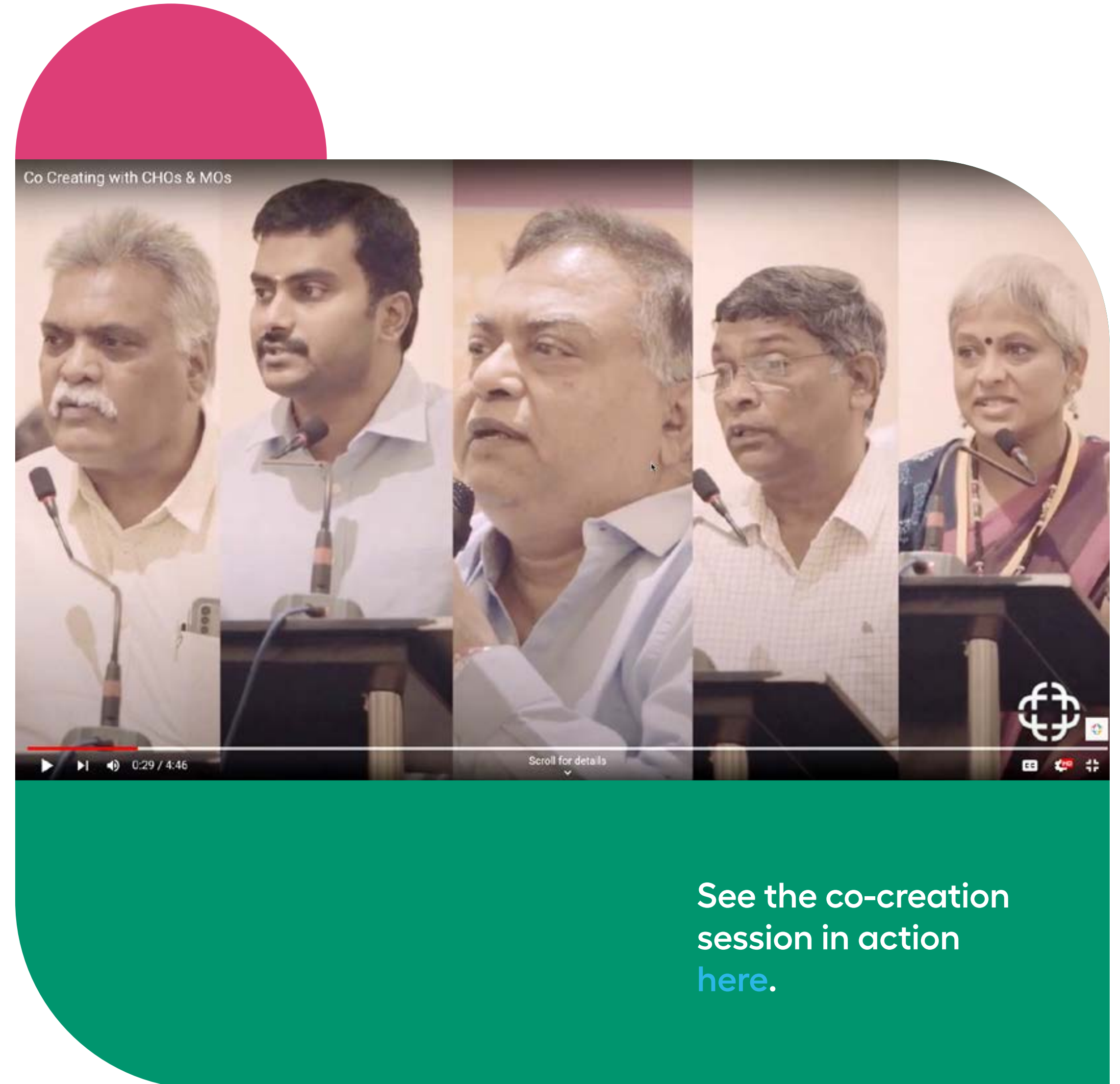


## Piloting co-creation in Andhra Pradesh and Indonesia

In Q1, we took [our first steps](#) in two new geographies – both deepening and widening the reach of our work. We signed our first MoU in Indonesia with the district of Pamekasan, East Java. We also signed an MoU with the state government of Andhra Pradesh in India to implement the Care Companion Program (CCP) in 264 Health facilities and reach communities through 10,000+ Community Health Officers (CHOs, also known as Mid-Level Health Providers) – engaging with new kinds of facilities and new stakeholders than we have in the past.

As we embark on our expansion journey, we want to ensure that the many people our program serves – nurses, patients, and caregivers – continue to drive program design, albeit in a more formalized and thoughtful way. To this end, we piloted [co-creation](#) workshops in both Andhra Pradesh and Indonesia. This process of localization and customization was especially important as both their health system requirements are quite different from where we've previously worked.

Going into the co-creation session in Andhra Pradesh, our goal was to understand how CHOs and Medical Officers (MOs) see their roles within the system, what their training needs and expectations are, and how



See the co-creation session in action [here](#).



best our program can support them. The workshop was attended by 10 MOs and 49 CHOs, each of whom serve anywhere between 4,000-12,000 people.

The session exceeded our expectations. The participants commented that “Nobody till now has asked us what we want; how we would like the programs to be run.”

In Indonesia, the session brought together more than 40 key public healthcare system stakeholders to co-create a comprehensive picture of the state of family caregiving and create a shared understanding of the public health system in Indonesia.

**“Usually programs come to us from the national or provincial level, but this co-creation activity was a chance for us to learn and build together.” – Dr. Raden Budi Santoso, Director, RSUD Pamekasan, who participated in the co-creation session.**

Our teams gained deep learnings into the needs, pain points, gaps, and opportunities that will shape the CCP model in both Andhra Pradesh and East Java through 2023. We see co-creation as essential to the success and sustainability of our impact, and we are committed to making it a crucial first step when growing in new geographies and with new stakeholders.



*Our team and participants gather following a successful co-creation session in the district of Pamekasan, East Java, Indonesia.*



# Research and evaluation

## Launching our first study in Bangladesh

In Q1, we kicked off a research study in Bangladesh – **our first dedicated evaluation assessing the impact of our programming outside of India**. We have two studies planned:

- An initial pilot evaluation of our Maternal & Newborn Care Companion Program (CCP) in SCANUs (Special Care Newborn Units) across three facilities, comparing two intervention facilities and one control facility.
- A quasi-experimental study design across 14 facilities with SCANUs in Bangladesh, comparing data from mothers and families both pre- and post-program introduction.

Both studies explore the associated impact on health behaviors and outcomes among new mothers and babies, including reduction in complications and readmissions. The pilot evaluation data collection will end in July 2023 and will allow us to share results more quickly as we await results from the quasi-experimental study (data collection to be completed by December 2023).

As we scale, we will continue to assess our impact in new settings, refine our organizational research strategy, and study the broad effects of caregiver education on health outcomes and health systems.

*A provider and caregiver check in on a newborn patient at Bangladesh Shishu (Children's) Hospital and Institute.*





Following a CCP session, a caregiver signs up for our WhatsApp mobile services in Dhaka, Bangladesh.

## Q1 Published research

January

**“Can training over phone calls help improve outcomes for COVID-19 positive patients under home isolation? An analysis of the COVID-19 Care Companion Program in Punjab, India,”** CEGH

In an exploratory randomized trial conducted to assess the effect of our remote mobile-based training program on COVID-19 patient outcomes, we found 48% less likelihood of hospitalizations in the trained group (N=763) as compared to the control, which was the usual care (N=592). Home isolation is an important strategy to address the shortage of hospital resources for COVID-19, and a teletraining program like this in a public-private partnership can help support the government’s pandemic response strategy.

February

**“Qualitative assessment of family caregiver-centered neonatal education program in Karnataka, India,”**

PLOS Global Public Health

As a part of our ongoing collaboration with [Ariadne Labs](#), the study examined how and why maternal and newborn training changes (or doesn’t change) knowledge and behavior of caregivers. Results showed that patients and caregivers had a positive perception of the neonatal Care Companion Program (CCP) and retained knowledge and awareness of the training content one month later.



# Story feature

## Do we *really* know our nurses?

### Project Nightingales and seven recommendations for supporting nurses in India

Nurses are the bedrock of our work at Noora Health. They are champions and facilitators of the Care Companion Program (CCP), knowledgeable medical experts, and trusted sources of compassion in the often stressful journey of a patient or caregiver.

Over the past two years, as we set out to refine and rebuild an app to support upskilling nurses, we found ourselves asking the same question over and over again: “Do we *really* know our nurses?” It became clear that more work was needed to hone in on the needs and lived experiences of nurses working in government hospitals across India — their hopes, dreams, and challenges. That’s when Project Nightingales was born.

*Nurses enjoy a moment together following a Care Companion Program session in Andhra Pradesh.*





For six months, [The Caregiving Lab](#), alongside the product team, explored the question: “How might we understand the care nurses need at the workplace to be torchbearers of the caregiving movement?” The team conducted [analogous research](#), [extreme user interviews](#), and in-depth one-on-ones with nurses in many contexts. The team spent time synthesizing learnings, gathering and framing insights, and gut-checking assumptions with nurses at crucial steps along the way.

“I really enjoyed these interviews, no one talks to us and asks us these types of questions – what we want, what makes us happy.” – A nurse in Punjab who participated in a Project Nightingales interview in March 2023.

In Q1, the synthesis was complete, resulting in seven design principles that we believe anyone working with nurses in government hospitals in India should keep in mind. They represent a new way of thinking about how to design solutions that truly meet the needs of nurses and the patients they serve.

[Explore the seven design principles](#)

*Project Nightingales participants engage in activities exploring the needs, dreams, and realities of nurses in India.*





# Team updates

## Kicking off 2023 with a new operating model

Last year, we spent eight months developing a new operating model to help us reach our ambitious scaling goals while preserving the heart of Noora Health. Officially launched in Q1, our new operating model focuses on strengthening our country-based operations and expertise with the support of a 'shared' services team.

Within the new model, we've reimaged team structures, roles, touchpoints, and ways of working. One notable shift are our newly established 'management forums', which are designed to maximize collaboration across teams and span key topic areas, including executive leadership, strategy and impact, project coordination, and more.

The clearer delineation of shared and country-specific resources, in addition to these forums, will enable smoother cross-team processes, particularly as we scale to new countries and establish local teams. This foundational work will set us up to successfully achieve our ambitious goals in the years ahead.

## Key Q1 hires

The new operating model is designed to provide transparency and clear paths for collaboration across our team, especially as we welcome a flurry of new Noorans in 2023 (and future years)! In Q1, we launched our most ambitious hiring spree yet, with a goal of recruiting more than 120 new teammates.

Below, check out a few key hires. Please share widely with your networks!

**Head of Program Design & Development | BANGLADESH**

**Director of Platforms & Engineering | SHARED**

**Head of Program Design & Development | INDIA**

**Country Director | INDONESIA**

**Head of Program Design & Development | INDONESIA**



Participants connect following a Maternal & Newborn Care session in Andhra Pradesh.



We are *all* caregivers.

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



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