



Dear friends,

The defining moments of 2021 were often the most gut-wrenching and difficult, most notably the second wave of COVID-19 in India and Bangladesh. Throughout, we leaned on the support and dedication of our community of partners. Thank you for being there for us.

We stayed nimble and delivered on our promise to bring high-quality caregiver training to new hospitals and clinics. We doubled down on our COVID-19 response efforts, offering telehealth services to home isolated patients and in-person training to frontline health providers.

Our efforts toward our broader vision are working:
We've reached 1,766,980 total caregivers to date, representing 1,204,235 patients.

As we navigated a year of growth and challenges, we relied on the core principles that drive our work:

- **We listen deeply.** Noora's model didn't emerge from a lab or an experiment. It evolved from listening, and from being fully present with others during vulnerable moments. This principle reverberated around our team as we rushed to support the communities we serve.
- **We support what already exists.** Noora-trained healthcare workers championed the Care Companion Program (CCP) and proudly facilitated sessions that reached over 700,000 caregivers. Our programs now touch every tier of the Indian healthcare system, from tertiary to primary care, and we are refining our new "clinic" model, underpinning the flexibility of our approach.

- **We design in complement with a growing network of partners.** This year, we expanded to a new condition area, Tuberculosis, based on our needs-finding alongside the Government of Madhya Pradesh and Nishtha, a JHPIEGO-run and USAID-supported initiative. We redesigned our COVID-19 home isolation teletraining to complement the needs of overstretched healthcare systems during surges, with more than 150 teletrainers joining Noora to connect with 150,000 COVID-19 patients recovering at home.

The pandemic cracked open the fissures that already existed in health systems. It revealed, with fresh urgency, the need for our family, friends, and loved ones to participate in health care in skilled, celebrated ways. In the words of the late, beloved Dr. Paul Farmer, "the social network is the social safety net. Being fortunate enough to exist in webs of friendship and shared purpose requires us to be responsive, to give and to get attention, to respond not just to events but to others' evaluation of those events."*

Thank you for being part of our web of friendship and shared purpose.



Edith



Shahed

*Weigel, J. (Ed.). (2013). To Repair the World: Paul Farmer Speaks to the Next Generation (1st ed.). University of California Press.
<https://www.ucpress.edu/book/9780520275973/to-repair-the-world>



A caregiver attending a training session in Mandya, Karnataka

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WHO WE ARE



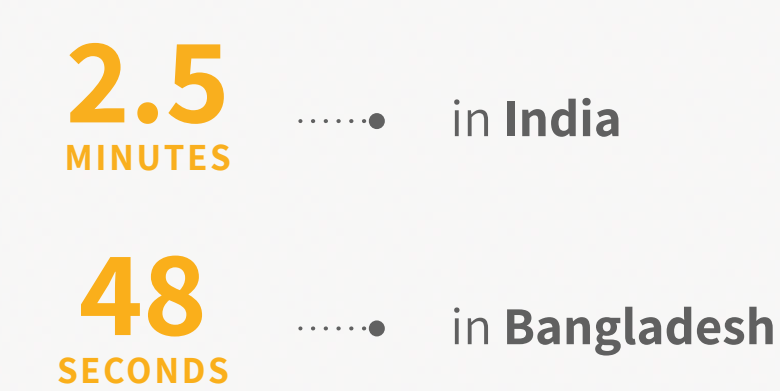
A new father with his baby in Seoni, Madhya Pradesh

THE CHALLENGE

At Noora Health, we believe no one should suffer because of a preventable medical condition.

Health systems around the world are under-resourced and direly overstretched, unable to meet patient demands and needs.

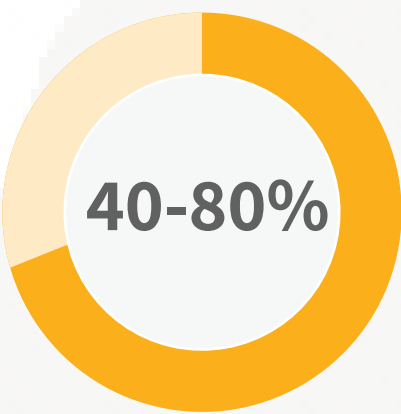
For patients, this results in a fleeting experience with the doctor, who may only have time to write down the medications needed. Too often, there is simply no time to explain the actual diagnosis or treatment plan. As a result, patients and their family members leave facilities with the implicit responsibility of ensuring recovery – without the basic lifesaving information to do so.



Average time that public healthcare providers are able to spend with a patient and their family to convey care instructions¹

The delicate transfer of care from providers to patients must be redesigned in order to effectively convey caregiving instructions to prevent avoidable complications, readmissions, and mortality.

In many cases, discharge instructions are sparse or difficult to remember. This can lead to devastating results: a warning sign is missed, or a newborn suffers from an umbilical cord infection. Patients are rushed back to health centers, often at great cost for their families.



Estimated amount of critical health and home-care information that is provided to patients is forgotten immediately, and almost half of what is remembered is incorrect²

THE OPPORTUNITY

While healthcare is delivered in hospitals and clinics, some of the most important care happens at home.

Our greatest advocates and champions are often already at the bedside: our family, friends, and loved ones. Their compassion and willingness to help plays a significant role in healthcare delivery, but they are often overlooked. The busy pace at health facilities, combined with a lack of formal processes to engage the patient's informal network of support, often means that patients and caregivers feel unprepared, alone, and helpless.

We have the opportunity to change this. We believe that families and loved ones are the most powerful yet untapped resource in healthcare today. When these caregivers receive training, tools, and support, they can not only improve patient health, but they can also fill key gaps in care and even relieve the burden on already overstretched systems.

70% Estimated percent of deaths in children under 5 that are preventable through health behaviors, many of them actionable at home³

United Nations Inter-agency Group for Child Mortality Estimation (UNIGME), "[Levels & Trends in Child Mortality: Report 2019](#), Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation," United Nations Children's Fund, New York, 2019.

A caregiver attending to a cardiac patient in Mandya, Karnataka

Our Mission is to improve health outcomes and save lives 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.

Noora Health seeks to redefine the boundaries of the healthcare system, extending it beyond formal institutions and taking it into homes. Our model leverages both healthcare systems and technology to empower and equip families of patients with valuable and potentially lifesaving health skills.

By recognizing the power of the most effective caregiver that any individual has — their own family — and empowering them with the right information and skills, we believe we can radically transform patient outcomes and strengthen health systems.



A caregiver and child at the District Hospital, Seoni, Madhya Pradesh

MODEL

In collaboration with public health systems, Noora Health turns wards and waiting rooms into classrooms to equip patients’ loved ones with the knowledge and skills they need to provide care at home confidently and effectively.



WHAT WE DO



Caregivers attending a training session at the District Hospital, Seoni, Madhya Pradesh

GROWTH IN 2021

In 2021, we implemented the Care Companion Program (CCP) in 162 new health facilities (64 hospitals and 98 clinics), training 712,077 caregivers representing 497,326 patients.

We deepened state and national government partnerships and expanded across diverse patient populations.

This year, we expanded our model by:

- Bringing the CCP to the clinic setting for the first time
- Launching Tuberculosis as a new content area
- Scaling our COVID-19 teletraining response
- Developing and refining digital tools
- Evaluating our impact in collaboration with academic partners
- Significantly growing our team



REACH TO DATE

With Care Companion Programs in Maternal and Newborn, Cardiac, Oncology, Adult Medical and Surgical, COVID-19, and Tuberculosis, we have trained a cumulative **1,766,980 caregivers**, representing **1,204,235 patients** across **327 facilities** (229 hospitals and 98 clinics) in India and Bangladesh.

OTHER HOSPITAL PARTNERS

29 Private Facilities
226,886 caregivers trained
representing 151,258 patients

INDIA

PUNJAB

64 Facilities
233,688 caregivers trained
representing 164,911 patients

MADHYA PRADESH

149 Facilities
622,860 caregivers trained
representing 415,255 patients

MAHARASHTRA

6 Facilities
73,353 caregivers trained
representing 49,124 patients

KARNATAKA

67 Facilities
551,737 caregivers trained
representing 367,825 patients

BANGLADESH

4 Facilities
39,750 caregivers trained
representing 39,750 patients

TELANGANA

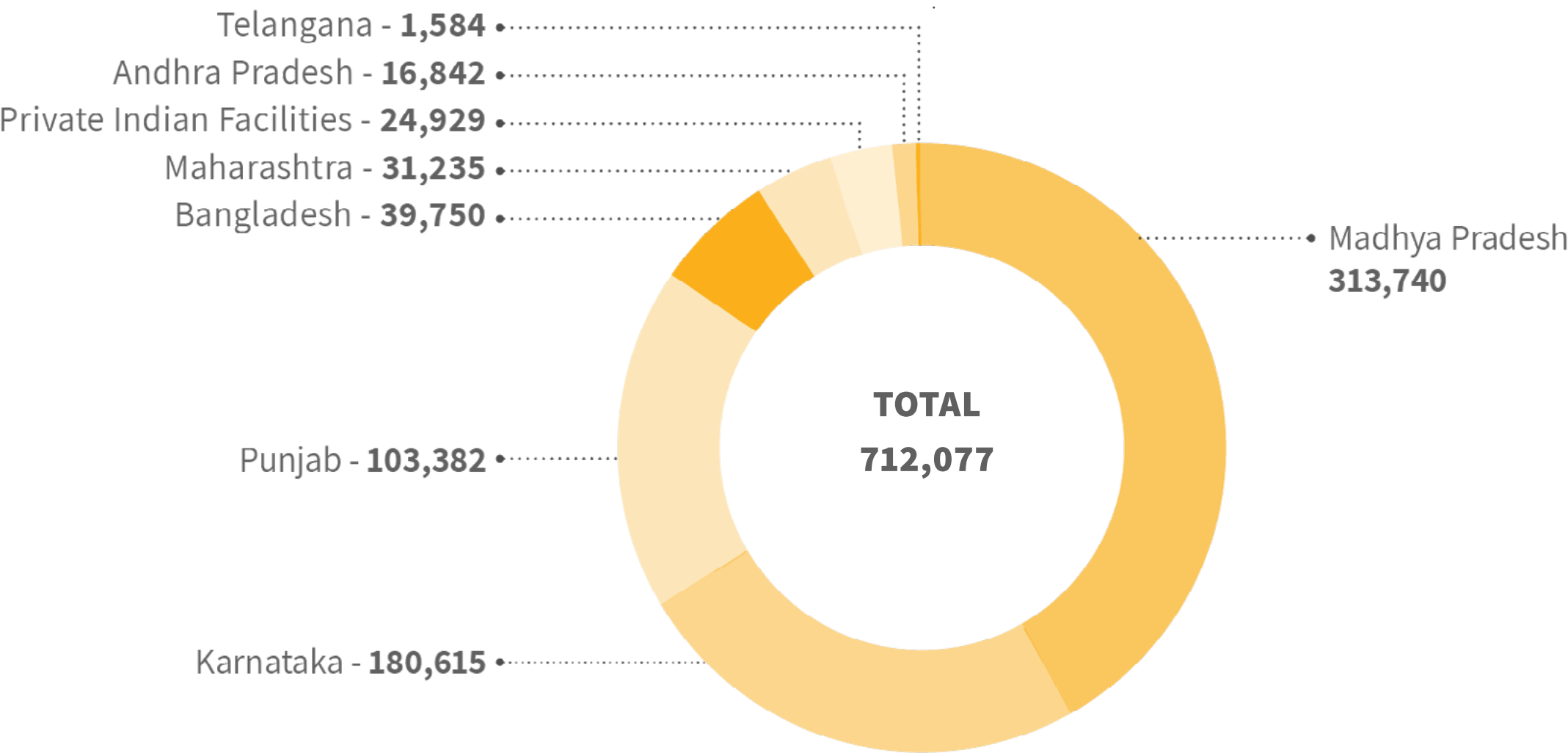
1 Facility
1,864 caregivers trained
representing 1,244 patients

ANDHRA PRADESH

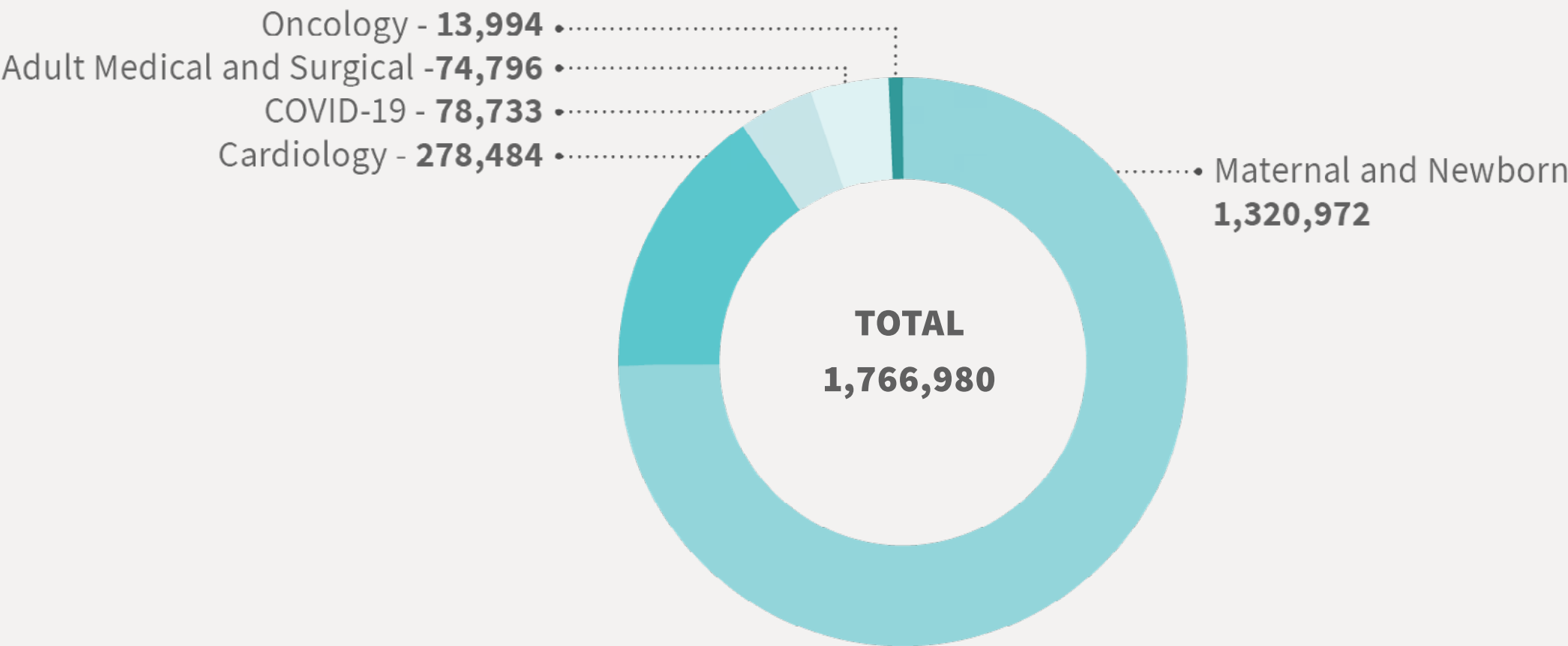
7 Facilities
16,842 caregivers trained
representing 11,228 patients

REACH TO DATE | BREAKDOWN

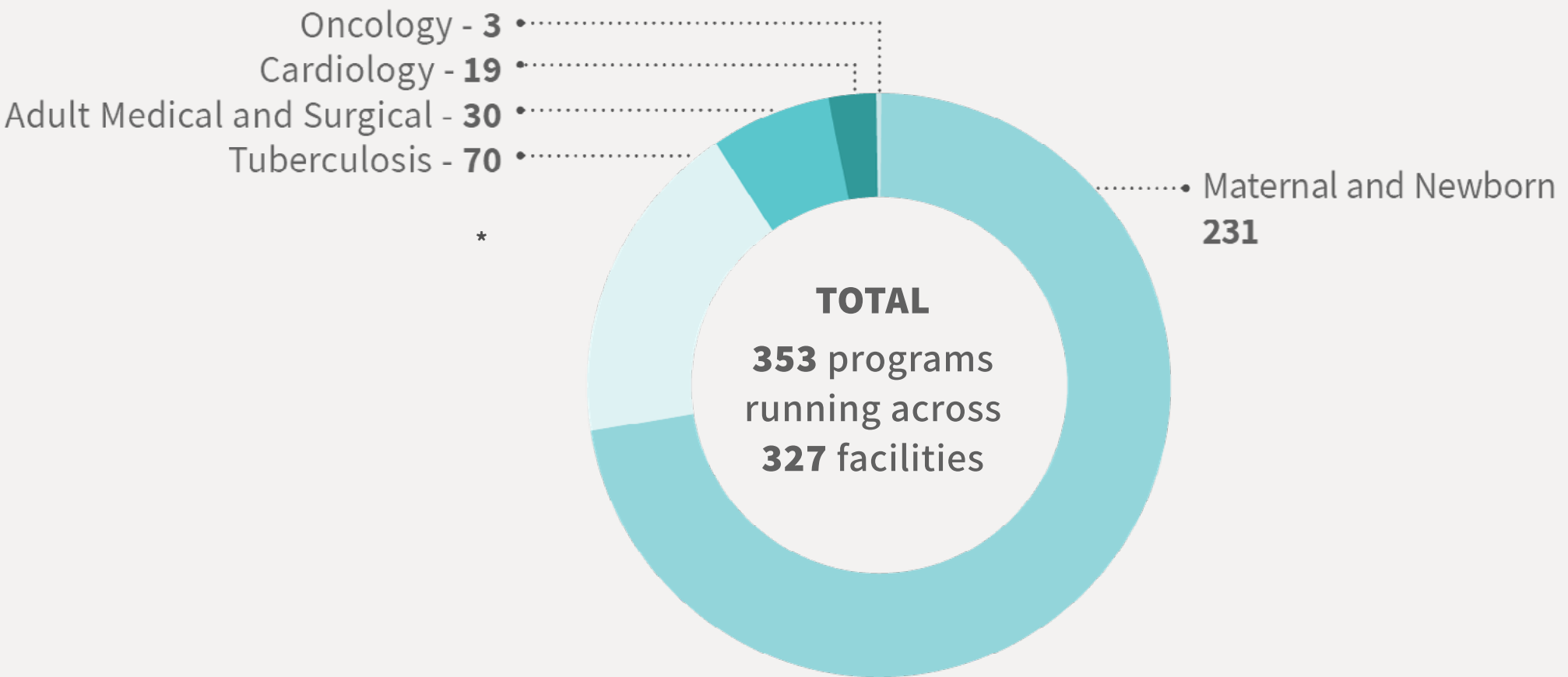
NEW CAREGIVERS TRAINED BY GEOGRAPHY
(2021)



CAREGIVERS TRAINED BY HEALTH CONDITION
(CUMULATIVE)*



PROGRAMS RUNNING BY HEALTH CONDITION
(CUMULATIVE)



*We have not included numbers for the Tuberculosis caregivers trained in this calculation as the program was still in pilot phase in 2021. We started counting caregivers trained in Tuberculosis as of Q1 2022.

UPDATE ON 2021 GOALS

We entered 2021 with ambitious goals and hope for relief from COVID-19. When the second wave hit, we pivoted to support our team and the response, but were still able to meet our milestones for the year.

INITIAL GOAL SET FOR 2021



Scale our model across 120 facilities in India and Bangladesh, training over 500,000 family caregivers

•.....•



Expand to new condition areas and new settings of care, including primary health centers

•.....•



Test and launch technology-enabled innovations through remote training, mobile-based follow-up tools, and direct-to-caregiver approaches

•.....•



Monitor program quality and conduct outcome evaluations

•.....•

STATUS TOWARD THIS GOAL

We scaled to 162 new health facilities (64 hospitals and 98 clinics) and reached over 712,077 caregivers representing 497,326 patients in India and Bangladesh

We expanded to the primary or “clinic” healthcare setting, and we launched Tuberculosis, a new condition area, in Health and Wellness Centers in Madhya Pradesh

We added 50,431 unique users to our remote engagement service in 2021, bringing us to 104,671 total users across our WhatsApp and Facebook support lines

We conducted assessments to understand the impact of our COVID-19 teletraining, and reanalyzed our data on neonatal outcomes

RESEARCH AND EVALUATION

In 2021, we continued to lead with data.

Neonatal mortality analysis

We went back to data collected from our research study conducted in collaboration with the Better Birth team at Ariadne Labs, which compared neonatal and maternal mortality between families who attended Care Companion Program (CCP) sessions and those who did not (data collected from 28 public tertiary facilities in four states in India). The study suggested an 18% reduction in risk of newborn death for families who attended CCP sessions, translating to 9.2 baby lives saved for every 1,000 live births.

COVID-19 teletraining analysis

We conducted an exploratory randomized trial to assess the impact of our teletraining program on COVID-19 patient outcomes, finding 48% less likelihood of hospitalizations for those who received the training (N=763) and those who did not (N=592). This analysis suggests potential benefits of the program to improve COVID-19 patient outcomes.

Initiating the inpatient evaluation and endline evaluation of our Special Newborn Care Unit (SNCU) Program

In Q4, we initiated an evaluation of our Adult Medical and Surgical CCP, in addition to the endline evaluation of our SNCU CCP in partnership with UNICEF. The Adult Medical and Surgical evaluation looked at medication adherence, diet, physical activity, and confidence, as well as complications and hospital readmissions.

Sharing our work with the global community

Our team presented at two conferences in December: [SBCC South Asia Conversation](#) where Victoria G, a Design Strategist, presented on our Remote Engagement Whatsapp Service; and [Global Health Digital Forum](#) where Dr. Seema Murthy, Senior Research Specialist, presented interim results from the COVID-19 Evaluation.

EVIDENCE TO DATE

Cardiology

2014 | Kolkata, West Bengal
Quasi Experimental Study
Tertiary Care Facility
[Journal of Global Health Reports](#)

71% Reduction in 30-day post-surgical complications

Maternal and Newborn Health

2017-2018 | Punjab and Karnataka
Quasi Experimental Study
11 District Hospitals | [MedRxiv pre-print](#)

56% Reduction in newborn readmissions

2018-2020 | Punjab, Madhya Pradesh, Maharashtra, Karnataka | Comparing Trained vs Untrained | 9 District Hospitals
[Healthy Newborn Network](#)

54% Reduction in newborn readmissions

2018-20 | Punjab, Madhya Pradesh, Maharashtra, Karnataka | Quasi Experimental Study | 28 District Hospitals
[Manuscript under preparation](#)

18% Reduction in newborn mortality

COVID-19

2020-21 | Punjab | Exploratory Randomized Controlled Trial
[Manuscript under preparation](#)

48% Reduction in hospitalizations



JEEVAN AND MANI

Bairanatha Village | Jayadeva Hospital

Jeevan, a Class 9 student from Bairanatha Village, was admitted to the hospital for chest pain after being sent home during a routine check-up by the school doctor for a potential thyroid problem. His mother, Mani, and grandmother took Jeevan to a local doctor who diagnosed a problem with his heart and referred him to the hospital for a scan. Instead of going to the closest facility, they hopped on the bus to take Jeevan to Jayadeva, a larger specialty hospital, where he was diagnosed with a hole in his heart and informed that open heart surgery was needed.

Jeevan's mother and grandmother stayed in the hospital for nearly 20 days, where they attended our Cardiac Surgery Care Companion Program (CCP) multiple times and received support from Girish, a CCP trainer from the hospital. In those classes, they learned several valuable skills and behaviors related to the care of a patient recovering from cardiac surgery:

- **Pre-surgery:** Mani and Jeevan learned how to help with blood circulation, as well as the importance of proper hygiene and nutrition.
- **Post-surgery:** They learned about warning signs for stroke, physical therapy, and behaviors to aid in his recovery such as proper nutrition and diet, guidance on activities to avoid for a certain time, and the importance of taking his medication at the right time and dosage.

Prior to the classes, Jeevan, Mani, and his grandmother were nervous about the outcomes of the surgery and how to care for Jeevan upon his return home – particularly

Jeevan's mom, who had lost her husband. After attending the classes, Jeevan reflected that he was “confident about asking questions and happy that he got answers for his questions from doctors and nurses.” During our follow-up check-in with the family at home post-surgery, Jeevan was “happy about the care he is receiving from his family, as they have attended the class and know how to take care of him.”

“
If I hadn't attended the class, I would have let him do things his way and we would just give the medicine. This may have led to complications, instead of reminding him what not to do post surgery. This class has helped to ease things at home – my son recovered quickly as I remembered these things.”

- Mani, Jeevan's Mother
.....

KARNATAKA

The Care Companion Program (CCP) first launched in Karnataka, our longest standing state partnership.

2021 UPDATES

Expansion to Sub-District Hospitals:

In Q3, we launched the Maternal and Newborn Care CCP in 10 facilities — four urban Primary Health Centers, two Medical College Hospitals, and four rural Sub-District Hospitals (SDHs) — expanding our programs to SDHs for the first time in the state. We continued this expansion in Q4, implementing in eight SDHs in partnership with the community’s Taluk Health Officers. SDHs typically have fewer government programs, so they initially require more follow-up and on-boarding of administration than District Hospitals.

Distributing COVID-19 Essential Aid:

We distributed 65,000 N95 masks to all of the hospitals in Noora’s network as a part of our COVID-19 response.

“

As an obstetrics and gynecology specialist, I am very much interested in community empowerment through health education activities, camps, etc. When I heard about this Care Companion Program, we implemented it with great enthusiasm. Through its effectiveness and advanced collateral, I think we can reach more people. So, my team and I decided to have regular sessions in all the necessary locations of the hospital.” -Dr. Durga Prasad Medical Superintendent, LGH Mangalore

Adopted the program in 2016

67

facilities
(58 hospitals, 9 clinics)

109

trainers trained

10,851

CCP sessions held

180,615

caregivers trained
(representing 120,411 patients)



PUNJAB

Punjab was our second state partner, and the first to implement the Care Companion Program (CCP) across all districts in the state.

2021 UPDATES

Expansion to Sub-District Hospitals:

In 2021, we expanded our program to 42 new facilities across Punjab in Maternal and Newborn Care. This was the first time we expanded the program to Sub-District Hospitals (SDHs) — the next largest health facility following the District Hospitals (DHs).

COVID-19 teletraining:

We trained over 10,000 patients and caregivers with our service for home-isolated patients. With a team of 50 teletrainers, we reached out to patients and caregivers early in the course of their illness. The Government of Punjab has extended our agreement for this COVID-19 teletraining service until it is no longer needed.

Wellness and Wellbeing sessions for healthcare staff:

We offered daily sessions for staff and their relatives to get help from Mannah Wellness’ trained team of counselors. This service was used by staff nurses, doctors, and administrators from across DH and SDHs.

Accessing the RCH Portal:

In Q3, we were given access to the Reproductive and Child Health (RCH) Portal in Punjab and Madhya Pradesh. The database covers maternal, adolescent, and child health for each state, including phone numbers of individuals who have received care. Access will enable us to expand our WhatsApp service to more individuals outside of the hospital setting and support our research efforts.

Adopted the program in 2017

64

facilities
(64 hospitals)

133

trainers trained
(including 51 teletrainers)

7,914

CCP sessions held

103,382

caregivers trained
(representing 78,041 patients)



MADHYA PRADESH

Through the Government of Madhya Pradesh’s enthusiasm and support, the Care Companion Program (CCP) extends across the entire state and reaches more people per day than any other state.

2021 UPDATES

Signed an MOU for continued partnership through 2024:
In November, we signed a three-year Memorandum of Understanding to implement the CCP in existing as well as new facilities and condition areas.

Expanding our Maternal and Newborn Care (MNC) CCP:
We expanded our MNC programs beyond District Hospitals to 30 primary and secondary care facilities in smaller towns, returning to in-person Training of Trainer(ToT) sessions for three groups of master trainers.

LaQshya accreditation:
The government brought us on as official consultants to support the LaQshya initiative to improve labor room quality. With our help in supporting accreditation, three health facilities in Khargone have cleared state level assessment, and they’ve expressed interest in integrating CCP into their facilities.

Developing a Tuberculosis CCP:
In partnership with government and partner organizations, we designed a CCP program for caregivers of patients suffering from Tuberculosis, which we launched in 70 Health and Wellness Centers (HWCs) of Guna and Khandwa districts (please see the “NEW PROGRAM AREA” section for more details on this program).

Adopted the program in 2018

149

facilities
(60 hospitals, 89 clinics)

153

trainers trained

21,553

sessions held

313,740

caregivers trained
(representing 209,175 patients)



MAHARASHTRA

In partnership with the Government of Maharashtra, we implemented our programs at teaching hospitals across the state, which represent some of the largest facilities delivering the most complex care.

2021 UPDATES

Signed an MOU for expansion of our programs:

We entered into a Memorandum of Understanding with the Commissionerate of Health Services (Government of Maharashtra) to scale in the state beyond Medical Colleges and into District Hospitals (DHs).

Training of Trainers (ToT) in DHs:

In Q4, we began implementing Maternal and Newborn Care programs in two DHs in areas designated by the Government of India as “aspirational districts,” areas noted as a priority for improving health and social indicators. We will expand to five other DHs under this initiative in 2022.

Adopted the program in 2019

6

facilities
(6 hospitals)

35

trainers trained
(including 11 teletrainers)

848

CCP sessions held

31,235

caregivers trained
(representing 21,045 patients)



TELANGANA AND ANDHRA PRADESH

Our work in Telangana and Andhra Pradesh began in collaboration with UNICEF in 2020 to first assess missed immunizations due to COVID-19, and then to launch a multi-state pilot of the Care Companion Program (CCP) for Special Newborn Care Units (SNCUs).

2021 UPDATES

Quality assessment of CCP training sessions:

As a part of our routine monitoring activities, we conducted a [quality audit](#) of the CCP training. The data was collected by direct observation of the training sessions by field research associates. The exercise revealed the following:

- Flipcharts are used by trainers 100% of the time in CCP sessions
- Breastfeeding was demonstrated in 81% of training sessions
- Diet was facilitated using the “thali plate” model in 63% of training sessions
- Kangaroo Mother Care (KMC) was demonstrated in 59% of training sessions

Post-discharge education with WhatsApp, Interactive Voice Response System (IVRS) and teletraining:

In an effort to test a more comprehensive and uniform post-discharge follow-up system, we implemented a three pronged post discharge support process in Andhra Pradesh and Telangana, including WhatsApp, IVRS-based training, and live teletraining. 2,972 mothers and families enrolled in WhatsApp education and training, and 37,578 IVR-based reminders and calls were completed.

“

Many families enquire with us at discharge what they should do when they go home. I’m thankful for our nurses, who in conducting the sessions address families’ doubts and upskill them on best practices of taking good care at home after discharge.”

- Dr. Uma, KGH Visakhapatnam

Adopted the program in 2020

8

facilities
(8 hospitals)

130

trainers trained

1,351

CCP sessions held

18,426

caregivers trained
(representing 12,284 patients)



BANGLADESH

We began our partnership with the Government of Bangladesh in 2020 with our COVID-19 response efforts, reaching families of home-isolated patients and now have laid the groundwork for implementation of our facility based programs.

2021 UPDATES

Signed 3 agreements for core and COVID-19 CCP activities:
After several months of discussions with the Directorate General of Health Services (DGHS), we launched the COVID-19 teletraining for home isolated patients. We originally planned to officially launch and gradually expand the core Care Companion Program (CCP) in Bangladesh during 2021, however those plans were pushed to Q1 2022 due to surges in COVID-19 cases.

Connecting with the Noora Health India team to test tools:
In December 2021, team members from India and Bangladesh worked together to test a draft version of different tools developed for CCP in Rangpur Medical College Hospital and Thakurgaon District Hospital. These learnings are being integrated into the program for the next round of implementations across all facilities.

Building our teletraining capacity:
The Bangladesh team of teletrainers, which grew from 10 to 92 people, provided interactive and empathetic teletraining to roughly 40,000 families.

Initiated work in 2020



4

facilities
(4 hospitals)

92

teletrainers trained

39,750

patients and caregivers trained



GAYATHRI

Child Health Counselor | MIMS Hospital | Mandya | Karnataka

My name is Gayathri. For the past six years, I have worked as a Child Health Counselor at MIMS, where I was appointed to teach about breastfeeding. Many children were dying because of aspiration problems, and I was appointed to bring these situations under control.

Everyday, when I start my duty, I go to every ward and give health education about breastfeeding to all mothers. After delivery, many mothers are not aware of how to take care of the baby, especially in the scenarios where it's their first child. They are taught many myths at home and in the villages - like not to give the first milk - but these elders passing on knowledge are not aware that some of what they teach can cause harm to mother and baby in some cases.

When I joined, there were so many such cases. People used to give honey to their babies, or they would not give the baby colostrum, believing it would cause constipation. They would then need to be admitted to the Intensive Care Unit with hypoglycemia and jaundice.

I hadn't received any training about feeding in the past six years until the Care Companion Program (CCP) training; I just started doing health education on my own. The information I got from CCP training was very crucial. I hadn't had any sources explaining these things in-depth before.

Initially, I was focusing only on feeding the baby. After the training, I started explaining about how to take care of both babies and mothers, who often do not eat proper diets and especially do not

drink enough water, leading to some of the problems they would have with breastfeeding. Mothers will often not be convinced with the doctor's answers, and many times they will not follow the suggestions given to them.

The training was really helpful to me in many ways. After the training, I was able to explain these things in a better way. Previously, people wouldn't understand topics like Kangaroo Mother Care (KMC) when I explained it to them. But now, post-CCP training, they comprehend better and quicker. The takeaway materials and dolls have had a very big impact. There are many patients we support who don't speak the same language, and these materials have been very helpful to show them the pictures and demonstrations. Personally, I feel like they can understand these things easily even though they don't know the language.

Now, because of health education, families are more careful and admission of babies to the Intensive Care Unit because of feeding issues have drastically reduced. I love the work I do.



Gayathri delivering a CCP session at MIMS in Mandya, Karnataka



UPDATE ON COVID-19 RESPONSE

As of the end of 2021,
India and Bangladesh saw:

46M+
cumulative confirmed
COVID-19 cases

509,000+
total reported deaths from
the COVID-19 pandemic

2.9M+
projected total deaths from
the COVID-19 pandemic

In response to the devastating second wave of COVID-19 in India and Bangladesh, we leveraged our learnings, partnerships, and capabilities from the first wave to address these challenges and continue to support our communities. Our response included:

- **Teletraining COVID-19 patients in home isolation:** With countless families managing COVID-19 at home, we knew that equipping them with the right knowledge and skills for at-home care was critical. We developed a teletraining program for this purpose (see next page).
- **Supporting healthcare provider wellness:** Acknowledging the heightened challenges of the pandemic, we launched a collaborative initiative with the Government of Punjab and Mannah Wellness to support healthcare workers, offering a range of individual and group mental health sessions.
- **Training frontline providers of partner NGOs:** We collaborated with over 100 NGOs and grassroots organizations to train their staff on COVID-19 appropriate behaviors and information, so they could spread awareness and train the communities they work with.
- **Content customization and creation:** With NGO and government partners in India, Bangladesh, and Nepal, we created and adapted content to address emerging topics, such as vaccine hesitancy, with accurate, relevant, and easily digestible content for high-needs populations.
- **Distributing essential aid and raising awareness:** Witnessing the severe unmet need for life saving medical supplies, we utilized our network to procure and distribute equipment, basic medications, and supplies to high-need facilities, including 250 oxygen concentrators.

“

The training and its timing was invaluable. It not only helped our staff personally, but gave them a sense of purpose as they made information available that clients needed in the crisis. This also helped strengthen our relationships with the communities where we work.”

- Founder / Director of an NGO partner organization we trained

*You can learn more about our response to the second wave of COVID-19 on our [Q2 2021 Impact Report](#) and [blog](#).

A nurse explains handwashing during a training session

TELETRAINING HOME ISOLATED PATIENTS AND THEIR FAMILIES

Throughout 2021, we continued to support COVID-19 patients in home isolation and their families by offering our teletraining Care Companion Program (CCP).

We aim for our teletrainers to be empathetic listeners who serve as a support for families rather than a one-way source of information. The program equips families with skills such as proning, oximeter usage, symptom management, and caregiver safety, among others.

In 2020, we supported 10,919 COVID-19 home isolated patients and caregivers. In Q2 2021, as the second wave hit, we accelerated efforts to scale this teletraining initiative, reaching 67,814 patients and caregivers with this live teletraining by the end of 2021. We also significantly scaled our Interactive Voice Response System (IVRS) support line, reaching 82,396 households in 2021.

In Q3, we expanded this service for a few months in collaboration with the Government of Madhya Pradesh. In addition, we continue to deliver programs in Punjab, Maharashtra, and Bangladesh, where this service receives the highest volume of calls. We now have an in-house team of 154 teletrainers. We continue to increase capacity across all teams to ensure we are prepared for future waves of COVID-19.



48% reduction in hospitalizations

for COVID-19 patients in home isolation received our teletraining CCP (see “RESEARCH & EVALUATION” for more information)

150,210 COVID-19 home isolated patients

and their caregivers supported via our live teletraining and IVRS support services in 2021

“

I found the training very useful because they were always ready with solutions and addressed my queries immediately. I would call, message them in case of doubts - like if I can venture outside, etc. They were readily available which gave me strength to withstand those days.”

- Home isolated patient

SHAHRIN HOQUE

Program Associate and Former COVID-19 Teletrainer | Noora Health | Bangladesh

Shahrin began her journey at Noora in the midst of the pandemic, as a teletrainer for our Bangladesh COVID-19 Care Companion Program (CCP). Shahrin says it was the culture of learning and community among her colleagues that stood out most to her. In their daily team debriefs, the teletrainers discussed the obstacles that emerged everyday and shared solutions with each other.

“I have learned that people are really willing to learn about things if they are presented in an organized and empathetic way. As the idea of educating patients about diseases and equipping family members with caregiving knowledge is totally new here in this part of the world, I have noticed tremendous interest and appreciation about Noora Health’s initiative from people,” Sharin shared.

After working as a teletrainer for over a year, Sharin reflected that her “overall journey as a teletrainer was full of mixed emotions—heartfelt happiness, anger, appreciation, confusion—and [she] enjoyed every bit and piece of it and learned from the challenges.”

“The feeling of being the reason for some of my patients’ mental peace and smiles was exciting for me last year. I owe Noora a lot because it gave me the opportunity to serve humankind at a time when many of us (including myself) were witnessing a pandemic for the first time in our life-cycle!”

Shahrin has recently transitioned into a Program Associate role on our growing Bangladesh team. She now works closely with our team of teletrainers, leaning on her prior experience to help

them navigate any difficulties. Shahrin is learning how best to manage and support this team as they work remotely, in addition to developing other administrative skills to support Noora’s growing presence in Bangladesh.

“.....
I like the idea of providing support to caregivers who spend a lot of time with patients. I think the idea is innovative, unique, and effective. Not only has the journey with Noora so far been exciting and challenging, but I also feel like I am contributing to society, to some extent, through my work.”

- Shahrin Hoque
.....



EXPANDING OUR OFFERINGS



Maternal and Newborn Care Program Launch at Sub-District Hospital Raikot, District Hospital Ludhiana, Punjab

NEW FACILITY SETTINGS

In 2021, we expanded to new facility types. Our programs now reach every tier of the health system, from tertiary to primary care.

When we bring our model to new settings, we typically partner first with large tertiary care facilities that support diverse patient populations from wide geographic areas, such as District, Speciality Care, and Medical College Hospitals.

This year, we aimed to bring our programs closer to home for patients. We implemented the Care Companion Program (CCP) at the primary care, or “clinic” level, across Primary Health Centers, Community Health Centers, and Health and Wellness Centers in Madhya Pradesh and Karnataka. These clinic settings serve patients in smaller, rural towns away from district capitals, and are typically much more accessible to patients and their families.

Noora’s Design team visited Madhya Pradesh to assess our programs in Community Health Centers (CHCs) and Health and Wellness Centers (HWCs). Through observation, stakeholder interviews, and needs-finding design activities, our team gathered insights and data to help us refine and improve our programs in the months ahead.

As we build our scaling strategy around the clinic model, we will continue to partner with District Hospital-level or equivalent facilities as entry points, then expand to surrounding clinics in the district.

We look forward to sharing lessons as we tailor and refine the clinic model.



A nurse conducts a CCP session at the D.J Halli Maternity Hospital, Bangalore, Karnataka



NEW PROGRAM AREA

In 2021, we completed the first batch of training for our Tuberculosis (TB) Care Companion Program (CCP).

Noora Health began exploring TB as a potential program area prior to the start of COVID-19, particularly because:

1. India, and more broadly South Asia and the world, faces a significant TB burden, as it is one of the leading infectious disease killers globally⁴
2. There is government momentum to tackle the burden of TB. Our plans align well with India's Draft National Strategic Plan to End TB in India (2020-2025), which calls for the active engagement and participation of communities affected by TB
3. There is an opportunity for caregiver behavior change to positively impact patient outcomes (for example, patient medication adherence to the end of treatment)

While the pandemic initially caused a shift in our priorities in 2020, we returned to exploring new condition areas in 2021, as we continued to navigate multiple waves of COVID-19. TB stood out: not only does South Asia face a significant TB burden, but the pandemic worsened outcomes for TB patients who couldn't access medicine or get tested.

In February 2021, we signed an agreement with JHPIEGO to collaborate with the Nishtha initiative (supported by USAID) and the Government of Madhya Pradesh to design a Care Companion Program (CCP) for TB. Working collaboratively

with partners, we utilized tools like service design mapping, needs finding, user interviews, and patient and caregiver feedback to develop the program, all while navigating the restrictions of the second surge of COVID-19.

With our newly established TB CCP, we trained 80 Community Health Officers (CHOs) across 70 government run Health and Wellness Centers (HWCs, i.e. primary health care clinics) in rural Madhya Pradesh to deliver the program. They began rolling out the program at the end of 2021. As we implement the CCP in the HWCs into 2022, we will continue to assess its impact to guide our decisions ahead.

.....

26% of the global TB cases are in India, and 27% of the global burden of multidrug resistant TB lies in the country

.....

25-30% decline in the notification of TB cases from January to June 2020 is an adverse impact of the pandemic.⁵

.....

⁴:CDC Global Health, "[Tuberculosis](#)",page last reviewed: April 6, 2020 | ⁵: WHO Global Tuberculosis Programme, "[Global tuberculosis report 2020](#)", released on October 15, 2020.

A patient reads about Tuberculosis in Health and Wellness Center, Mawan, Guna, Madhya Pradesh

EVOLVING PRODUCT

In 2021, we refined our digital platform to stay connected with patients and caregivers.

We focused on three primary efforts:

- **Building our product team:**
This year, we brought on a Head of Product (see next page) to lead the Product (formerly Tech) team, and made several key engineering hires. We will continue to add capacity by hiring additional Engineers, Product Managers, Tech Ops, and Data Analysts. If you are interested in these roles, or in helping us get the word out, please send people to our [careers page](#) or reach out to us directly at people@noorahealth.org.
- **Remote Engagement Service (RES):**
In 2021, we expanded the post-discharge digital service to all health condition areas - remotely supporting new mothers (antenatal, postnatal, and sick newborn care), cardiac patients (surgical and non-surgical care), general in-patients (adult surgical and medical), and COVID-19 patients. We also engaged with our 100,000th user over WhatsApp. In addition to interacting with patients over chat-based platforms (WhatsApp/Facebook), we also piloted Interactive Voice Response-based remote campaigns to support non-smartphone users. We continue to collect questions that patients ask into an FAQ bank that enables us to quickly respond to the most typical questions. In 2022, we plan to run several experiments to further improve accessibility, engagement, and patient experience with our digital service.
- **Health Educator App:**
As we implemented our newly designed Tuberculosis program, we revamped and piloted our mobile application aimed at supporting healthcare providers to deliver our programs. Currently, the app offers a quick and simple way to mark attendance, provides trainers with insight into how many sessions they have run and the number of caregivers and patients impacted, and has an offline mode enabling them to use the app without wifi or cell connectivity. Additional features will be added in 2022 and the app will be expanded to other health condition areas based on success.

Great work!
Thank you for adding the sessions



Your session has
been **marked successfully!**

VIEW PREVIOUS SESSIONS

VIEW PROFILE



ANUBHAV ARORA

Head of Product | Noora Health | India

Dear friends of Noora,

Eight years ago, I joined Noora Health, as their first hire, on a bold mission to reimagine the patient experience.

As we started building the Care Companion model, we rallied around three core beliefs to create impact where it truly mattered- 1) the power of family members to be effective caregivers, 2) solving first for the most at-risk, and 3) organizing our model within the formal healthcare system. Four years later, we had trained more than 100,000 family caregivers across 30 hospitals. We were making a dent in improving health outcomes. Our pioneer model had stabilized and we were testing a much larger scaling strategy with public hospitals in Karnataka and Punjab.

I then took a break to pursue my love for academia. My work at Noora exposed me to human centered design, and I got the incredible opportunity to dive deeper into its methods in a Master's program at MIT at the intersection of design, management, and engineering. My research and work afterwards focused on studying innovative, experimental models of healthcare delivery in the US. What I discovered changed my perspective about the potential of technology. I saw technology being developed collaboratively with those it was meant to serve – patients and frontline providers – and being integrated in the broader work system.

During this time, Noora dramatically scaled its impact, training the one millionth family member in 2020. As smartphone adoption grew among target users, we doubled down to expand our post-discharge digital support. When the pandemic hit, I heard about the active role that Noora was playing in supporting COVID-19 patients in India. Sitting across the world, I felt compelled to jump back in.

In my second inning at Noora, I am building our youngest function – Product. While Product teams can be uncommon among nonprofits, in true Noora style we are pioneering a fresh approach. We are already learning what works for us and what doesn't, and iterating fast.

Within Product, we are experimenting with ways to amplify the role of enabling technology in our work – more specifically, increasing the usefulness and usability of our patient and nurse facing digital platforms. We are growing our in-house engineering capabilities and strategic partnerships within the digital healthcare landscape, as well as fostering more agile and leaner development processes to ensure that we stay nimble as we enter our next phase of growth.

Coming back to Noora feels like a homecoming. The problems we are solving continue to challenge and inspire me everyday. I can't wait to see what lies ahead for us and share what we learn with all of you.

With gratitude and love,

Anubhav

GROWING OUR TEAM

We prioritize creating a culture of support, learning, and community for our team.

Opening the Bangladesh office: We believe in building capacity locally in the settings where we work. In 2021, we officially opened our Dhaka office. Our India team had the opportunity to visit the Bangladesh office and team, fostering cross functional connection and ensuring that the Noora values are consistent as we expand into new geographies.

Team retreats: In Q4, as the second wave of COVID-19 in India and Bangladesh waned, we held team retreats so small teams could meet in person. Our team has grown significantly during the pandemic, with many folks having never visited the office or met fellow team members, so these moments were long awaited and wonderful.

Live translations: After a year of testing and iterating on different means of bringing live translation to our internal meetings, we now have live translations for every all-team gathering across six languages.

NooraU: We launched an internal learning and development initiative to cover foundational topics. Through interactive workshops, deep dive learning sessions, office hours, talks by external speakers, and a space for conversation with our “Breakfast Scoop” initiative, we covered topics including Human Centered Design, Behavior Change, Medical Learning, and Health Systems.

Supporting team mental health: Throughout the COVID-19 pandemic, we have pushed on new ways to support our team, including efforts ranging from providing COVID-19 financial support to team members and their families, unlimited mental health sessions in partnership with the Green Oak initiative and Manah, and office closures for wellness breaks, among others.

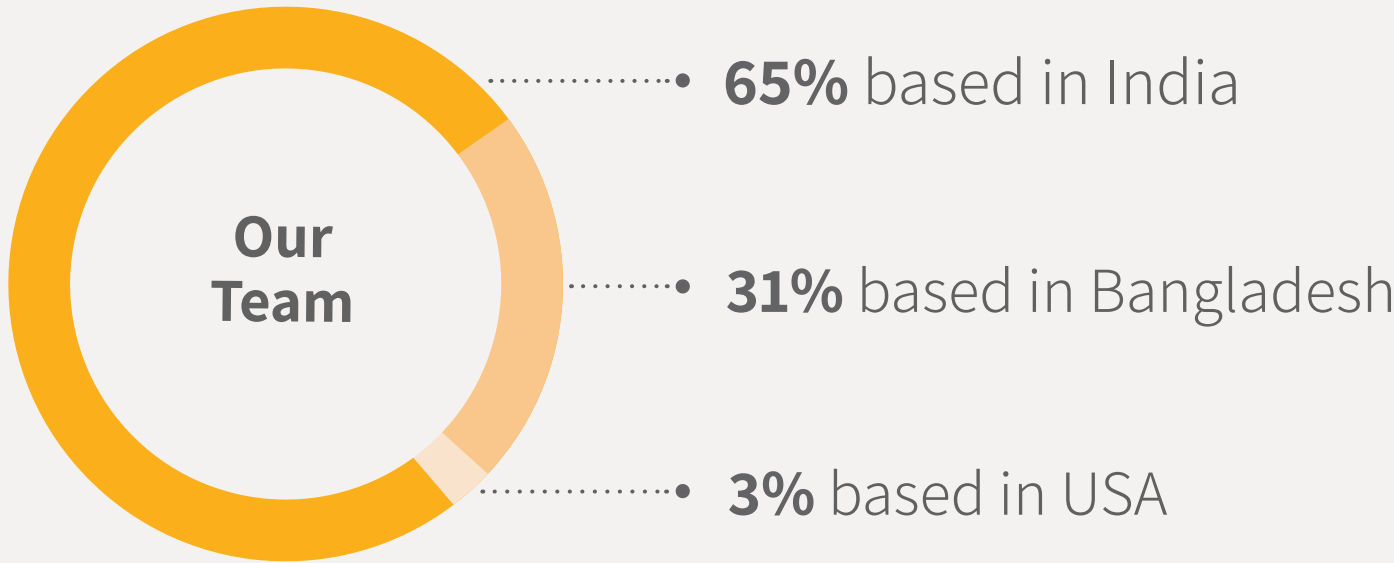
In 2021, our team nearly doubled from 163 team members at the end of 2020 to 305 at the end of 2021. We saw the most significant growth in our Bangladesh team, the majority of whom are teletrainers supporting our COVID-19 response.

142
people added
to the team

305+
strong
community

81%
identify
as women

98%
South-Asian
origin



LOOKING AHEAD



A new mother reads about breastfeeding and Kangaroo Mother Care in the maternal ward

2022 GOALS | KEY FOCUS AREAS

In 2022, we will continue to solidify and scale our core model to new geographies, while testing and iterating on our programs and new products.

Expand within Indian states:

- Reach more Sub-District Hospitals (SDHs) and Community Health Centers (CHCs) to expand Noora's services to some of the hardest-to-reach populations in each state. We aim to reach approximately 100 new hospitals across the settings where we work.
- Increase the “bundled offering” in more facilities to create economies of scale - for example, offer Maternal and Newborn Care (MNC) as well as Adult Medical and Surgical, in addition to adding a third condition area in facilities with established bundles.
- In partnership with stakeholders, establish processes for longer-term handover of complete program monitoring and operations to the government.

Expand to new states in India:

- Begin partnership development in two new states selected on the basis of need, readiness to implement the services, and Noora's positioning to enter the state (i.e. pre-established partnerships or familiarity).

Expand in Bangladesh:

- Implement our MNC program in District Hospitals (DHs) & Medical Colleges.
- Initiate needs-finding activities for additional levels of the health system to enable implementation in 2023.

Expand our tech-enabled products:

- Increase the accessibility and reach of our remote engagement service across all condition areas.

Continue evaluating the impact of our model:

- Complete data collection for ongoing evaluations of our Postnatal Care WhatsApp service, Adult Medical and Surgical, MNC, Cardiology, and Special Newborn Care Unit Care Companion Programs (CCP).
- Begin data collection for evaluations of our Tuberculosis CCP in Health and Wellness Centers and our MNC CCP in Bangladesh.
- Model out the cost savings that the CCP creates for health systems, in addition to better understanding the total costs that the health systems contribute to the program.





UPDATE ON LONG TERM STRATEGY

In 2019, we developed an ambitious three-year growth strategy, setting milestones for what we aspired to achieve from 2020 through the end of 2022.

When we were making these plans, we could not have predicted that COVID-19 would dramatically shift our work. Although we needed to change gears to urgently respond to the crisis, we were ultimately able to meet and even surpass the goals envisioned in the original three-year growth plan. This was possible, in part, because the pandemic underscored and accelerated the need for family caregiving to become a more formalized part of the health sector.

Both emboldened and humbled by the impact of the pandemic, we are poised to pursue an ambitious new phase of our movement-building around family caregiving. We are excited to share more about our long-term growth strategy and capital growth campaign in our Q1 2022 Impact Report.

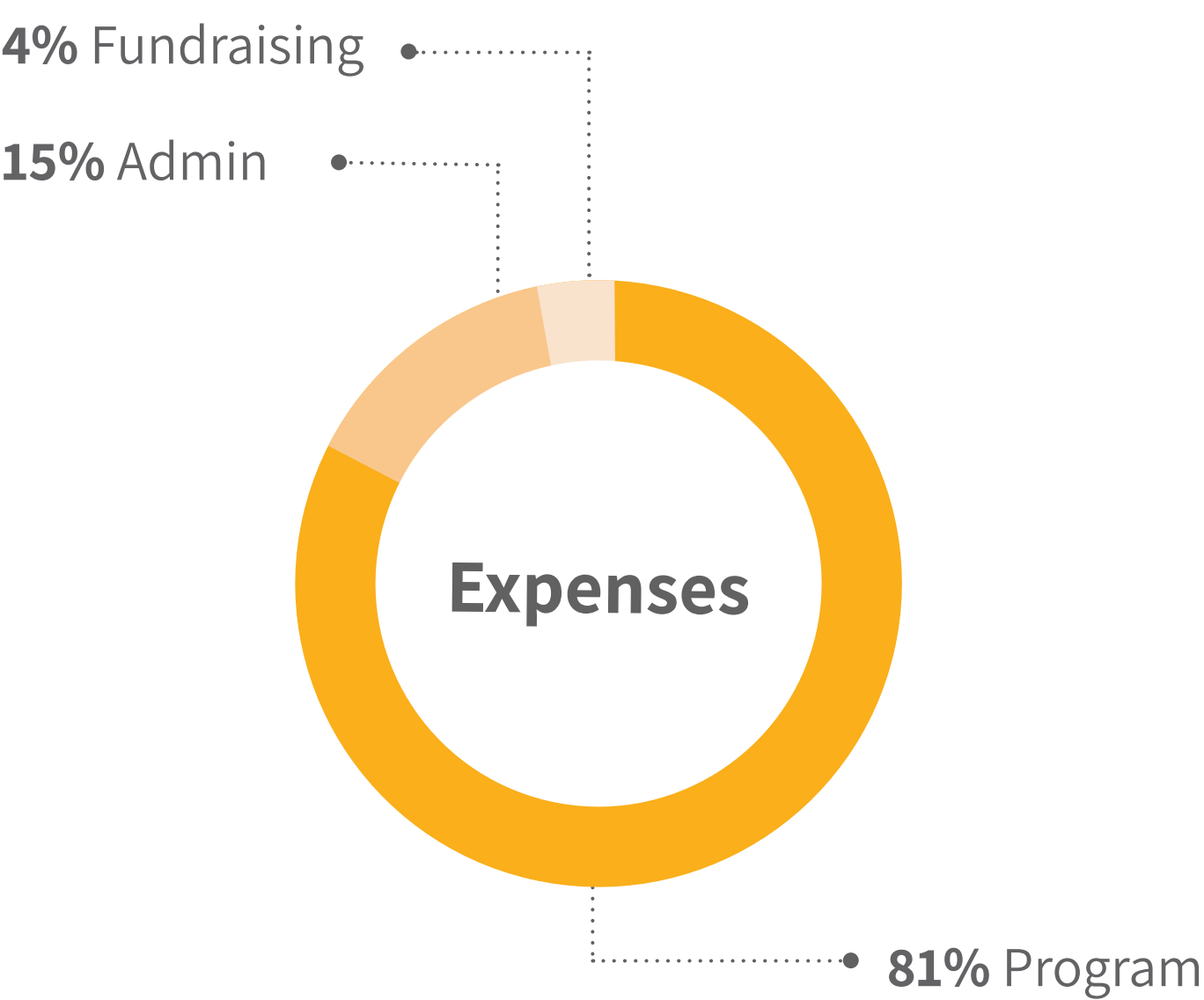
FINANCIALS & SUPPORTERS



Nurses deliver a training at the Dasarahalli government hospital, Karnataka

FINANCIALS

Donations and Other Income		Assets	
Foundation grants	18,441,980	Cash	36,819,007
Government grant	43,215	Pledge Receivables	12,461,000
Individuals donations	26,987,102	Other non current assets	14,621
Total Donations	45,472,297	Total Assets	49,294,628
Other Income	807		
Total Income	45,473,103	Liabilities and Net Assets	
		Liabilities	
Expense		Accounts Payable	297,734
Implementation	1,054,875	Accrued Expenses	71,923
Research	904,482	Total Current Liabilities	369,657
Design	719,871		
Advocacy and Partnerships	356,649	Non-current liabilities	52,485
Technology	200,779		
Training	201,980	Total Liabilities	422,142
Medical	114,693		
Total Direct Program Costs	3,553,329	Net Assets	
Indirect Costs		Unrestricted	12,076,320
General & Administrative	641,983	Temporarilily Restricted	36,796,166
Fundraising	176,546	Total Net-Assets	48,872,486
Total Indirect Costs	818,529	Total Liabilities and Net Assets	49,294,628
Total Operating Costs	4,371,858		
Net Income	41,101,245		
<small>*Preliminary unaudited financials through December 31, 2021. Stated revenue includes \$36,796,166 in multiyear grants and other commitments that will be implemented between fiscal year 2022 and 2027. Our forthcoming six-year plan outlines our program expansion efforts and related resource requirements and will be shared in our next report.</small>			



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