




# *An Audacious Year*

ANNUAL REPORT | 2022





“At its essence, this work  
is about love and each  
of our desires to protect  
the people we love.”

Edith and Shahed, TED 2022



# Letter From Our Co-Founders

Dear friends,

In our near-decade of working together to build Noora Health, we've witnessed countless Care Companion Program (CCP) and Training of Trainers (ToT) sessions. We've seen devoted nurses lead curious but uncertain patients and caregivers toward the comfort of knowledge, confidence, and skills – a comfort so necessary and rare in health care. We watched more than 360 teammates grow within their unique roles supporting and advocating for caregiving as a global standard of care.

In 2022, we had the privilege of seeing our team, community, and programs in a new light, thanks to the honor of becoming a TED 2022 Audacious Project Grantee and recipient of the 2022 Skoll Foundation Award for Social Innovation. These opportunities were nothing short of mission rocket fuel for achieving our most ambitious goal yet: expanding the CCP to more than 70 million caregivers and patients across Bangladesh, India, Indonesia, and Nepal by 2027.

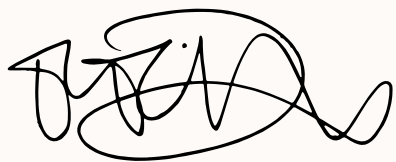
In October, we joined a CCP session at Jamalpur Hospital, a 250-bed general hospital outside of Dhaka, Bangladesh. Our master trainers led a group of caregivers through a training, sharing lessons on nutrition, parenthood, and wellness. The session was seamless and full of thoughtful exchange. It was also deeply moving for us to be together, in a new country, seeing the torch of our mission passing from person to person, lighting the way for a future caregiver and someone they love. It was

a clear reminder that in our 2022 whirlwind – in six-year scaling plan meetings, in high-stakes conversations with new partners, and through the challenges and opportunities that come with a rapidly growing team – the moments that shape our work happen every day in tender interactions in hospital hallways, wards, and clinics, led by healthcare workers and guided by compassion and love.

In our 2022 Annual Report, you'll find three core sections that align with the pillars of our 2023 goals: **expansion, programs, and learning**. We celebrate the bright spots, reflect on laying the groundwork for scale, and underscore our commitment to learning and to centering the voices who make this work possible.

To both our lifelong supporters and new community members, thank you for being a part of a truly Audacious year.

With Gratitude,



Edith



Shahed



*Nurses enjoy a moment together following a Care Companion Program session at Shishu Hospital in Dhaka, Bangladesh.*



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# Our Model

There is a power imbalance in our global healthcare system where those who care most for patients — their loved ones — are left out of patient healing. At Noora Health, we support healthcare systems in acknowledging family caregiving as a standard of care, because **we believe no one should suffer because of a preventable medical condition.**

Our mission is to improve outcomes and strengthen health systems by equipping family caregivers with the skills they need to care for their loved ones. By placing patients and their families at the center of the healthcare journey, we believe that they can radically transform patient outcomes.

Identify priority family care practices



Develop engaging materials



Support effective training delivery



Connect with families to support them at home



# Growth Overview

In 2022, we surpassed one million caregivers reached in a single year, **training 1,279,974 caregivers across 308 hospitals and 133 clinics.**

This brings us to a **total of 3,046,954 caregivers trained since 2014, representing 2,085,262 patients.** We are well-situated for growth ahead as we expand to new states in India, scale our programs in Bangladesh, and pilot our work in Indonesia and Nepal.

We focused on templatizing and rapidly scaling our Maternal & Newborn Care (MNC) Care Companion Program (CCP) in India and Bangladesh, and we prioritized the redesign of our Cardiac and General Medical & Surgical (GeMS, formerly “in-patient”) programs. In both Bangladesh and Punjab, we continued to support a team of teletrainers to provide evidence-based guidance to COVID-19 patients and families.

We welcomed 103 new teammates in 2022, totaling more than 360 Noorans, and completed renovations on a sunny office in the heart of Bangalore. We believe it’s important to have a space for our diverse and interdisciplinary team to connect and collaborate in-person.



*A caregiver demonstrates caregiving skills during a Care Companion Program session at Shishu Hospital in Dhaka, Bangladesh.*

## 2022 Impact at a Glance

**1,279,974** Caregivers Trained

**881,027** Patients Represented

**720** Healthcare Staff Trained

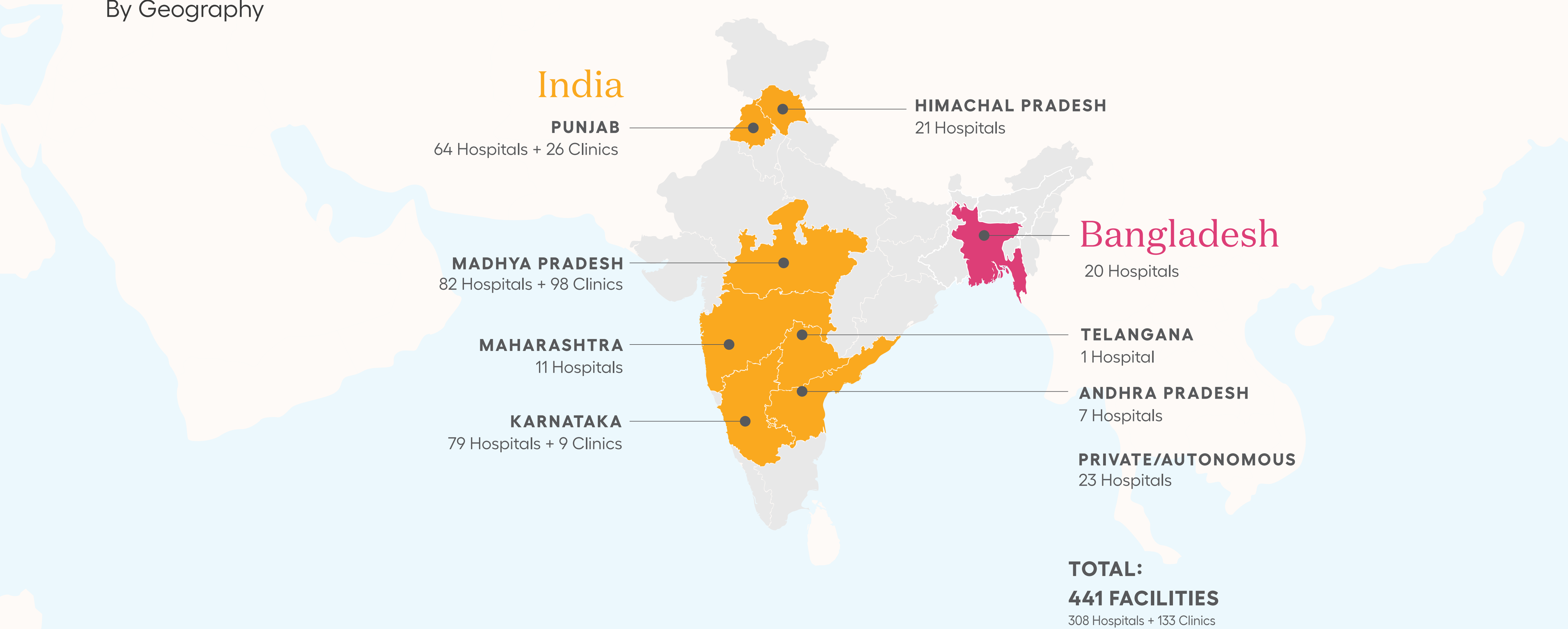
**85** Hospitals and **35** Clinics Added

**103** Noora Health Teammates Joined



# Reach to Date

By Geography



# Reach to Date

By Numbers

## Caregivers Trained

TOTAL:  
3,046,954

Region	Q1	Q2	Q3	Q4	Annual	Cumulative
Andhra Pradesh	6,104	1,828	11,665	5,303	24,900	41,742
Himachal Pradesh	-	-	-	656	656	656
Karnataka	73,100	93,360	90,832	111,212	368,504	920,241
Madhya Pradesh	120,106	113,294	130,498	170,841	534,739	1,157,599
Maharashtra	11,060	20,965	37,693	40,658	110,376	183,728
Punjab	35,378	32,389	40,571	29,423	137,761	371,450
Telangana	842	959	1,657	936	4,394	6,258
Indian Private	7,717	10,824	9,165	9,165	36,871	263,757
Bangladesh	29,128	9,104	14,864	8,677	61,773	101,523
Total	283,435	282,723	336,945	376,871	1,279,974	3,046,954

## Patients Represented

TOTAL:  
2,085,262

Region	Q1	Q2	Q3	Q4	Annual	Cumulative
Andhra Pradesh	4,067	1,218	7,779	3,535	16,599	27,827
Himachal Pradesh	-	-	-	438	438	438
Karnataka	48,734	62,240	60,554	74,141	245,669	616,591
Madhya Pradesh	80,071	75,530	86,997	113,894	356,492	771,747
Maharashtra	7,374	13,976	25,129	27,105	73,584	123,095
Punjab	29,304	22,715	30,197	19,956	102,172	267,239
Telangana	562	639	1,105	624	2,930	4,174
Indian Private	5,145	7,216	6,110	6,110	24,581	175,839
Bangladesh	29,128	8,753	13,533	7,148	58,562	98,312
Total	204,385	192,287	231,404	252,951	881,027	2,085,262



# Reach to Date

By Heath Condition

## Caregivers Trained by Health Condition

Health Condition	Q1	Q2	Q3	Q4	Annual	Cumulative
Cardiac	9,085	14,894	12,924	11,853	48,756	327,240
COVID-19	46,283	11,414	20,326	5,109	83,132	161,865
General Medical & Surgical	6,253	12,109	12,430	13,950	44,742	119,539
Maternal & Newborn	220,637	243,565	288,925	344,728	1,097,855	2,418,827
Oncology	896	496	705	705	2,802	16,796
Tuberculosis	281	245	1,635	526	2,687	2,687
Total	283,435	282,723	336,945	376,871	1,279,974	3,046,954

*During a Care Companion Program session at Hosahalli Referral Hospital in Karnataka, a facilitating nurse provides support to a new mother.*





# Key Learnings

In 2022, we reached the most caregivers in a year to-date, surpassing our reach in 2021 by nearly 80%. However, we fell short of our target and reached 85% of our 2022 goal to train 1.5 million caregivers and 97% of our goal to reach 455 total facilities. Here are a few reflections on missing that mark.

- **Delays happen.** Our work is closely tied to government-led timelines, which often come with unpredictable delays (even more so during a global pandemic). Moving forward, we will initiate permissions with our government partners earlier and with a wider set of potential stakeholders knowing that there will inevitably be delays.
- **Quality over everything.** While volume is a critical metric for measuring success, we equally value program quality, performance, integrity, and our partnerships. These metrics are harder to measure, but must be considered alongside quantitative metrics of success. In 2022, we invested in improvements to the quality of our content and technologies which will support impact at scale.
- **We built the ship (and sailed it).** For eight months, we shepherded a new operating model to help us navigate the stressors of scale while preserving the heart of Noora Health (read more on page 45). We are thrilled to reap the benefits of that foundational work as we set even more ambitious goals in the years ahead.

# Quarter by Quarter Growth - Caregivers Trained





# Expansion

Overview

State Updates Across India

Our Progress in Bangladesh

Establishing Our Work in Indonesia

Expansion Spotlight

*In Madhya Pradesh,  
a grandmother cares  
for her grandchild  
at home.*



*Participants gather for an activity during a Training of Trainers session in Savar, Bangladesh.*



## Overview

In 2022, we deepened our impact in India in six established states and piloted a new partnership in Himachal Pradesh. In Madhya Pradesh and Punjab, we piloted our Care Companion Program (CCP) in primary care settings, laying the groundwork to develop and validate a “clinic model” for primary health centers and clinics in India over the next year.

In Bangladesh, we launched multi-facility Training of Trainers (ToTs) sessions and created custom-tailored materials, building the foundational tools necessary to expand our reach across Special Newborn Care Units and COVID-19 response efforts.

Our ambitious expansion efforts also came to life in Indonesia, our newest country partner. We cultivated government partnerships, learned about key needs and opportunities within the established healthcare system, and recruited local talent to lead our programs in 2023 and beyond.

On the following pages, you will find individual state updates across India, as well as country updates for our expansion efforts in Bangladesh and Indonesia.



# Madhya Pradesh

In Madhya Pradesh, we trained 534,739 caregivers in 2022 – bringing us to 1,157,599 cumulative caregivers trained representing 771,747 patients across 82 hospitals and 98 clinics.

We continue to have the largest reach in Madhya Pradesh, as the Care Companion Program (CCP) extends across the entire state and reaches more people per day than any other state. This significant reach has allowed us to make progress toward making our programs the standard of care in the state.

After nearly two years of working closely with health system partners, we celebrated LaQshya certification at Civil Hospital Sanawad and Bhagwanpura Community Health Center. Launched by the National Health Mission, LaQshya certification is awarded to public hospitals that meet high-quality standards for labor and delivery care. Assisting hospitals that implement the CCP to qualify for LaQshya certification offers us an additional avenue to strengthen public health systems and build capacity for healthcare workers at scale. This work also helps further entrench our programs as the standard of care on a national level.

Additionally, we expanded our Tuberculosis program to 77 primary care facilities (Health and Wellness Centers) in Khandwa and Guna districts (read more on page 30), and our Maternal & Newborn Care CCP to 22 sub-district hospitals.



Participants interact at a Tuberculosis Training of Trainers session in Guna, Madhya Pradesh.



# Karnataka

In Karnataka, we trained 368,504 caregivers in 2022 – bringing us to 920,241 cumulative caregivers trained representing 616,591 patients across 79 hospitals and 9 clinics.

We continue to expand in Karnataka, our longest-standing state partnership. This year, we implemented our Cardiac Care Companion Program (CCP) to two new hospitals, Jayadeva Mysore and Gulbarga Hospital. We also held Training of Trainers (ToT) to launch the Maternal & Newborn Care (MNC) CCP in 15 new sub-district hospitals (SDHs) and facilitated four batches of refresher ToTs for 63 facilities.

At Vanivilas Hospital, one of the largest tertiary maternal and child care centers in India, we signed an MoU with its educational and research partner, the Bangalore Medical College, to extend implementation of the CCP. We also gained approval to expand our programs to high-volume Bruhat Bengaluru Mahanagara Palike (BBMP, the administrative body of the Greater Bangalore metropolitan area) maternity hospitals.

In Q4, we signed an updated MoU with the state to continue integration of our program within the state health system, providing a continued pathway to deepen our reach. In December, Dr. Rajkumar, Joint Director of Quality Assurance and the Deputy Director of Mother Health for the Government of Karnataka, showcased the CCP at a national-level maternal health conference in Delhi – a proud partnership moment.



A new father admires his baby at Hosahalli Referral Hospital in Karnataka.



# Punjab

In Punjab, we trained 137,761 caregivers in 2022 (across both our in-hospital program and COVID-19 teletraining) – bringing us to 371,450 cumulative caregivers trained representing 267,239 patients across 64 hospitals and 26 clinics.

In Punjab, we signed a five-year agreement with government partners. The MoU sets the longer-term vision and framework for program ownership by the government. It also allows us to expand programming to all levels of care across multiple types of facilities.

To prepare for reaching deeper into the health system across the state, we launched the Care Companion Program (CCP) in 26 Health and Wellness Centers (HWCs) in two districts, Moga and Ferozpur. We also completed a pilot of our mobile support service offered through a state-managed database for new and expectant mothers accessing care at public health facilities (also referred to as the Reproductive and Child Health Portal).

In Q4, we introduced our revamped General Medical & Surgical (GeMS) program, replacing the former “in-patient” program, into established facilities. At the [GeMS launch event](#), we welcomed the then Honorable Health Minister of Punjab, S. Chetan S Jauramajra, who shared the personal story of his own caregiving journey. From registration to discharge, the redesigned GeMS program focuses on various touchpoints of the patient journey (read more on page 28).



Participants study Care Companion Program materials during the General Medical & Surgical Care program training in Punjab.



# Maharashtra

In Maharashtra, we trained 110,375 caregivers in 2022 – bringing us to 183,728 cumulative caregivers trained representing 123,095 patients across 11 hospitals.

We started implementing our programs in Maharashtra in 2019. In 2022, we significantly increased both the number of Care Companion Program (CCP) sessions conducted and caregivers trained.

After launching our programs at Daga Memorial Women’s Hospital in Nagpur in April, we tripled the number of CCP sessions conducted and caregivers trained by the end of the year to more than 100 sessions per month. Daga now hosts the highest number of CCP sessions and caregivers trained in the state.

In May, we launched the CCP in district hospitals (DHs) in Jalna and Osmanabad. At the launch event, we welcomed the then Honorable Health Minister of Maharashtra, Shri Rajesh Tope, who championed the role of caregivers and shared that the program fills a vital gap in the health system. In both facilities, we trained 24 nurses who conducted a total of 719 CCP sessions for 19,719 participants.

To lay the groundwork for further state-wide expansion, we collaborated closely with our government partners to finalize an agreement that provides access to the rest of the public health system. The agreement will be signed in Q1 2023.



A nurse shares breastfeeding guidance during a Care Companion Program session at Daga Memorial Women’s Hospital in Nagpur, Maharashtra.



# Andhra Pradesh

In Andhra Pradesh, we trained 24,900 caregivers in 2022 – bringing us to 41,742 cumulative caregivers trained representing 27,827 patients across 7 hospitals.

We initiated our work in Andhra Pradesh in 2020 through [a partnership](#) with UNICEF to assess missed immunizations related to COVID-19 – which has now expanded to include the Care Companion Program (CCP) for Special Newborn Care Units (SNCUs).

In 2022, we worked closely with the state government to finalize our path to scale the program across the state. In Q1 2023, we signed an agreement to bring the program to more than 264 facilities through our traditional approach, and an initiative to include 10,000+ mid-level healthcare providers who provide community based primary care to deliver the program. To reach this large network of healthcare providers, we will pilot a new, hybrid approach to training medical personnel to serve as program facilitators, including interactive learning sessions.



A nurse covers maternal and child care during a Care Companion Program session at Vizianagaram Hospital in Andhra Pradesh.



## Telangana

In Telangana, we trained 4,394 caregivers in 2022 – bringing us to 6,258 cumulative caregivers trained representing 4,174 patients across 1 hospital.

We initiated our work in Telangana in 2020 through a partnership with UNICEF to assess missed immunizations due to COVID-19, which led to a multi-state pilot for Special Newborn Care Units (SNCUs). The resulting [study](#) showed a 35% increase in routine immunizations among SNCU babies following our teletraining intervention.

At Niloufer Hospital in Hyderabad - one of the largest maternal and child care training hospitals in South Asia - 120 nurses from different districts received CCP training following its inclusion as a module in Niloufer Hospital to the state's facility-based newborn care (FBNC) training curriculum. This training led to a formal request from the Medical Superintendent at Suryapet Area Hospital to bring the CCP to its facility.

In Q4, we joined a panel at the Social and Behavior Change Communication (SBCC) Coordination Committee at [the National Institute of Rural Development and Panchayati Raj](#). This collaboration of the state government, central government, and UNICEF aims to bring policy level change for SBCC in the state. We hope to use these supports for securing an agreement to further expand the program across the state.



*A nurse discusses nutrition while using the Thali model during a Care Companion Program session at Niloufer Hospital in Hyderabad, Telangana.*



# Himachal Pradesh

In Himachal Pradesh, we trained 656 caregivers in 2022 representing 438 patients across 21 hospitals.

In 2022, we welcomed a new Indian state government partnership with Himachal Pradesh. With a three-year MoU signed in September, we took a different approach to implementation by working with the well-established NGO, [MAMTA-Health Institute for Mother and Child](#), as our primary implementing partner. In the years to come, the new partnership model with MAMTA can help grow our collaboration and reach through their existing network across multiple states.

In Q4, we completed the initial set of Training of Trainers (ToTs) for 21 facilities. Nurses are already conducting sessions, and the government is excited for the program and its impact.



Participants collaborate on a group activity during a Training of Trainers session in Himachal Pradesh.



# Bangladesh

In Bangladesh, we trained 61,773 caregivers in 2022 (across both our in-hospital program and COVID-19 teletraining) – bringing us to 101,523 cumulative caregivers trained representing 98,312 patients.

In 2022, we focused on developing a contextualized program for hospitals in Bangladesh, based on design research conducted with patients, families, and healthcare providers. We then provided quality, tailored support and training to staff nurses and nursing supervisors as they prepared to deliver the Care Companion Program (CCP) across 20 hospitals.

One of the unique aspects of our approach in Bangladesh is our extended Training of Trainers (ToT). We conduct a week-long training that allows more time to practice delivering the training alongside peers. The program now reaches hospitals across the country, with a specific focus on newborn care in rural areas as well as high-volume facilities in Dhaka.

Additionally, we surpassed 90,000 families cumulatively trained through our COVID-CCP teletraining service, which included mobile-based messaging to COVID-19 patients about healthy behaviors, tips for caregivers, mental health support, and more.

At the 77th session of the U.N. General Assembly, we hosted the honorable Health Minister of Bangladesh, H.E. Mr. Zahid Maleque, MP, and members of his delegation. We discussed our vision for growing the partnership and the urgent need to support patients and families.

Over the next five years, we aim to support the Government of Bangladesh in expanding access to family caregiver training to more than nine million caregivers and the patients they serve.



Participants practice breastfeeding techniques during a Training of Trainers session in Savar, Bangladesh.



## Indonesia

In 2022, we laid the groundwork for establishing the necessary partnerships and team to deliver our program over the years to come in Indonesia. This included discussions with the national Ministry of Health, potential academic partners, and regional stakeholders and healthcare providers who would serve as the initial champions of the work. This led to our first agreement signed in Indonesia with the district of Pamekasan, East Java, in Q1 2023. We also secured the initial buy-in with the national Ministry of Health, and have an MoU in progress to be signed in 2023.

We welcomed our first Indonesia-based teammates – [three remarkable individuals](#) – and we continue the search for local [talent](#) to support our growing work.

In early 2023, we are hard at work on a regionally-tailored caregiver education model for the Indonesian context. In partnership with local partners and consultants, needs-finding, systems mapping, and content development are now underway in multiple district and community-level facilities in East Java.



Noora Health teammates spend time together in a village near Teja Puskesmas District, Indonesia.



# Expansion Spotlight

## Ten Years Later: A Mother Receives Comprehensive Newborn Care Support

In September, after attending a Care Companion Program (CCP) session at a District Hospital in Chikkamagaluru, Karnataka, we connected with Shruthi, a caregiver who attended the session with her cousin, who had just welcomed a new baby.

After the birth of her own child ten years ago, Shruthi did not receive guidance on newborn care, including proper techniques for umbilical cord care. Through the early days of motherhood, she had many interactions with local healthcare workers but ultimately spent numerous days at the hospital for her baby’s umbilical cord infection. Confused and concerned, she needed support and information about how to keep her baby healthy.

Now, as a caregiver to her cousin, Shruthi was grateful that they could receive timely, crucial information to confidently prevent and respond to any issues. She noted the importance of family planning information, breastfeeding



*Following a Care Companion Program session at a district hospital in Chikkamagaluru, Karnataka, Shruthi, a caregiver, shares her story.*



support, proper nutrition for mothers, and of course how to take care of the umbilical cord – critical tips that she wished she received a decade ago. She also appreciated the CCP’s WhatsApp-based follow-up resources as a way to reduce hospital visits for simple questions.

“I [learned] how a mother should take care of the baby. I really did not know anything about how to hold the baby, how to feed the baby, or the importance of cleanliness. I learned them all here. There are many ways I can get [information], but this is the easiest one. You send us information, videos, and you gave me a phone number to ask questions, too. This is very helpful. Now that my cousin has delivered a baby, I’ll take care of her with all these things in mind.”

– Shruthi, a caregiver from Chikkamangaluru, Karnataka.



*A tender family moment while awaiting care.*



# Programs & Tech Platforms

Overview

Powering Our Programs with Tech

Reimagining In-Patient Care

Programs Spotlight

*After attending a Care Companion Program session, participants explore takeaway materials and mobile-based follow-up services.*



*A young family leaves  
Shishu Hospital in  
Dhaka, Bangladesh.*



## Overview

As we continued to improve the quality of several of our offerings, we evolved the digital power of the Care Companion Program (CCP) and improved accessibility. We launched new software to streamline mobile-based follow-ups, enhanced chat and WhatsApp services, and provided dedicated technology support for nurses.

We returned to our human-centered design principles to examine our existing General Medical & Surgical (“in-patient”) CCP sessions in order to better address the needs of patients and caregivers. We launched a public health communications campaign to support community-based health workers in delivering patient and caregiver education on Tuberculosis.

The following features represent just a few moments within our programs. As we expand and grow, so too does the creative spirit and dedication of each of our teammates.



# Powering Our Programs with Tech

In 2022, we enhanced our digital platforms to better support the Care Companion Program (CCP) and reach patients and their caregivers where they are.

Our key focus was improving user accessibility and interaction with our Remote Engagement Service (RES).

To increase accessibility in sub-district hospitals across India, community clinics, and areas with limited smartphone usage, we offered post-discharge messaging via WhatsApp and pre-recorded voice calls (IVRS) to allow access to non-smartphone users.

In Bangladesh, where WhatsApp usage is low, we launched RES through an IVRS-first approach. We also onboarded RES subscribers through live tele-calls, which led to higher engagement rates.

In Punjab, we expanded RES beyond facilities where the CCP is offered by directly reaching new and expecting mothers registered in the government database. In 2023, we will introduce the program in Andhra Pradesh and Madhya Pradesh.



*Participants at a Training of Trainers session in Savar, Bangladesh, explore mobile-based Care Companion Program tools.*



To enhance engagement, we also piloted a story-based and more conversational style of messaging for caregivers accessing the General Medical & Surgical Care (GeMS) CCP in Punjab (see more on GeMS below).

With our increased scale of RES, we now support and answer about 100 user questions a day on WhatsApp. In 2022, we continued to build our helpdesk team of medical support executives and their systems for answering questions at scale, and worked closely with [Turn.io](#) to improve our response capabilities.

In Bangladesh and Health and Wellness Centers in Madhya Pradesh, we introduced our Health Educator Platform as a user-friendly mobile application to track CCP attendance. Since launch, our master trainers are actively utilizing the platform—and sharing positive feedback. As a Caregiving Lab initiative called “Project Nightingales,” we initiated a project to explore other ways in which the app can support the needs of healthcare workers before expanding the platform further in India.

**In total, more than 155,000 users enrolled in the RES in 2022.**

### What is RES?

Remote Engagement Service (RES) is a 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 pre-recorded audio messages (IVRS), text messages (SMS/ WhatsApp), and live training on the phone.



*A nurse supports a patient signing up for mobile-based services in Karnataka.*



# Reimagining In-Patient Care

The **rise** of non-communicable diseases (NCDs) in India, including heart disease, hypertension, and diabetes, threatens to overburden health systems and significantly impact communities. We have an opportunity to help patients and caregivers prevent and manage chronic conditions, stemming the risk of long-term complications.

In 2022, in response to shifting public health needs, we revamped our in-patient program (implemented in Punjab since 2019) to focus on improving health behaviors related to NCD prevention and care management. The program also extends across out-patient and in-patient departments, promoting preventative care, early screening, and regular follow-ups.

Redesigned as “General Medical & Surgical Care (GeMS),” key outcomes and features of the program include:

- **Delivery of fully revamped GeMS program**, including a rich medical content strategy, evidence-based prevention strategies, Theory of Change, supportive disease management behaviors, and potential barriers to care.

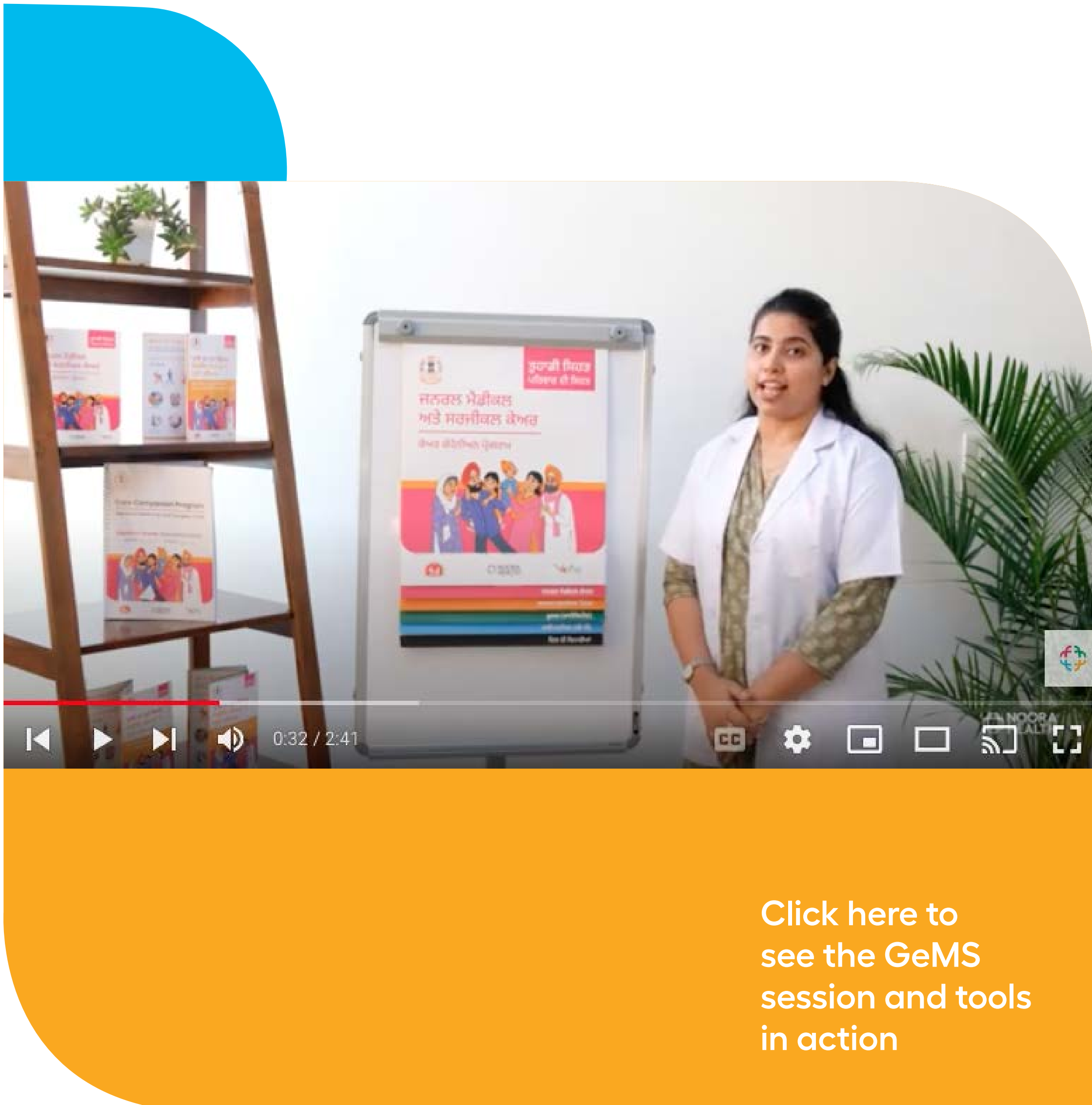


*Proud partners and participants following the General Medical & Surgical Care program training session in Punjab.*



- **Updated content for various materials and tools** based on the touchpoints where the tools will be located within the facility, like flip charts used by nurses, posters in waiting areas, and informative danglers at registration desks.
- **Culturally-appropriate, NCD-centered medical videos** using storytelling to help families understand common unhealthy behaviors at home, and encourage adoption of good health practices. Using conversations between fictional but relatable Punjabi characters to cover different health topics, these messages were written in the Punjabi dialect using the English script, mirroring the behavior seen among WhatsApp users in the state.
- **Added interactive voice feature to WhatsApp follow-up support**, including two-way communication between patient/caregiver and medical experts to increase accessibility, as well as multiple campaigns allowing families to receive relevant information based on diagnosis.

We implemented the new GeMS program in 41 new sub-district hospitals and updated established in-patient programs in 23 district hospitals, onboarding facility administration, nurses, and master trainers. New materials are already displayed across facilities, with ongoing positive feedback. In 2023, we look forward to scaling this program through new facilities and regions.



[Click here to see the GeMS session and tools in action](#)



# Programs Spotlight

## Linking Communities to Local Health Centers Through Tuberculosis Education Campaign

In partnership with Jhpiego's [NISHTHA](#), a USAID funded project, we hosted a series of Training of Trainers (ToTs) on the Tuberculosis (TB) Family Care Model in Guna and Khandwa districts, Madhya Pradesh. Conducted for Community Health Officers (CHOs) who link communities to primary care services at local Health and Wellness Centers (HWCs), the goal of the ToTs was to deliver patient and caregiver education on TB in order to enhance self-efficacy and encourage uptake of healthy behaviors.

As a component of the project, we delivered a robust communications campaign to CHOs with regular reminders on key program activities, tips on patient data entry, and promotion of dedicated resources to support patients and families, including a TB support number. CHOs conducted community-based TB education campaigns and rallies alongside Accredited Social Health Activists (ASHAs). The rallies focused on building awareness of TB, recognizing symptoms requiring testing, and information on accessing services at the local HWC. Some CHOs reached out to



A community rally organized by a Health and Wellness Center in Guna, Madhya Pradesh, creates awareness among members on prevention and treatment of Tuberculosis.



school principals and local leaders to deliver this critical information across the community.

In its first year, the TB Family Care Model trained 2,687 caregivers. Evaluation and key learnings synthesis of the TB program is now underway with outcomes ready to report in 2023.

“I used this opportunity to raise awareness about TB in the village. I [helped] villagers understand that anyone can contract TB and there is no need to discriminate against them from society because of this. With proper medication over six months, it can be cured. This awareness campaign led to positive outcomes as many people started coming to the [health center] for symptoms of TB.”

— Sonu Gurjar, CHO,  
SHC Jharpai, Raghogarh, Guna



Sonu Gurjar, a Community Health Officer in Guna, facilitates a Tuberculosis education workshop in Madhya Pradesh.



# Learning

Sharing Insights

Research in Progress

Introducing the Caregiving Lab

Learning Spotlight

*Patients and visitors await care at Shishu Hospital in Dhaka, Bangladesh.*



*Participants listen during a Care Companion Program session in Shishu Hospital in Dhaka, Bangladesh.*



## Overview

As an evidence-driven organization, we are committed to deeply understanding our performance and impact. We monitor our programs closely, run research studies to evaluate our impact on health outcomes, and advocate strongly for continuous learning and improvement.

In 2022, we published peer-reviewed studies, presented at global conferences, conducted impact evaluations with partners, and launched a dedicated caregiving hub (“The Caregiving Lab”) to improve our understanding of caregiving dynamics in the settings where we work.

Our learning agenda is ever-evolving, designed to capture critical data in real time and ensure our model consistently reflects the lived experiences of those we serve.



# Sharing Insights

Our published research in 2022 shows that family caregiver education is an effective intervention for improving health behaviors and health outcomes.

Of note, [our study](#) in *BMJ Open Quality* examined the impact of our neonatal Care Companion Program (CCP) in 11 district hospitals across two states. Following the intervention, dry cord care increased by 4% and skin-to-skin care by 78%. We also found a 56% decrease in newborn readmissions, a 16% decrease in post-discharge newborn complications, and a 12% decrease in maternal complications – very promising and exciting results underscoring the benefits of caregiver education.

Additionally, [our study](#) in *Vaccines* investigated the impact of teletraining calls to remind families with Special Newborn Care Unit (SNCU) babies to get their routine vaccinations. After the intervention, immunization uptake increased from 65.2% to 88.2%, showing that phone-based interventions can safely support immunization and potentially lower the burden on health workers.



*A baby receives treatment at Shishu Hospital in Dhaka, Bangladesh.*



In addition to our published work, we were thrilled to share insights at global conferences, including:

- **Catalyst 2030's Catalysing Change Week (May):** Joined partners from **Swasti** to discuss comprehensive primary care and the need for an integrated approach to family caregiving.
- **Global Scientific Guild and Turn.io's Chat for Impact Summit (November):** Highlighted the role of technology within our model of caregiver training.
- **IIHMR Bangalore's Digital Health Symposium (November):** Awarded second place for our poster on digital health education for caregivers.
- **Nationwide Quality of Care Network's Community of Practice Session (November):** Explored the power of caregiver education to improve outcomes.
- **Social and Behaviour Change Communication Conference (December):** Discussed results of our COVID-19 teletraining intervention.



Noora Health teammates Sareen, Shreyas, and Victoria at the Digital Health Symposium held at the Indian Institute of Health Management Research in Bangalore.



# Research in Progress

- **“Investigating the Role of Social Learning in Health Messaging: Evidence on Maternal and Child Health in India,”** in partnership with researchers from UC Berkeley and Aix-Marseille University, about the role of mothers-in-law in decision-making for pregnant women. This study will understand the relationship between mothers-in-law and daughters-in-law on antenatal care health outcomes.
- **“Bundling WhatsApp reminders with information targeting false beliefs to reduce missed follow-up visits for adults with hypertension: a randomized control trial in Punjab, India”** in partnership with University of Munich.
- **Pilot evaluation of our General Medical & Surgical Care (GeMS) CCP**, focusing on outcomes such as medication adherence, diet, physical activity, and confidence, on top of complications and hospital readmissions.
- **Special Newborn Care Unit (SNCU) Care Companion Program (CCP) study in partnership with UNICEF**, which evaluates the impact of the CCP within SNCU populations across three South Indian states.
- **Special Care Newborn Unit (SCANU) CCP evaluation in Bangladesh** following a case control design (pilot) to evaluate the impact of the CCP in the SCANU population.
- **Endline evaluation for 28-site neonatal study in India**, in partnership with [Ariadne Labs](#), to assess the impact of the CCP on knowledge, behaviors, and health outcomes. Additional components include father and caregiver involvement, cost of care, and vaccine uptake.
- **Endline evaluation of the Cardiac CCP program**, implemented in Bangalore and Mysore Jayadeva hospitals to assess the impact on knowledge, behaviors, and health outcomes.
- **“Care Work in Maternal Health Messaging,”** in partnership with the University of Washington, to better understand workflows and tailor messaging for nurses.

## Evidence to Date

### Cardiac Care

2014 | Kolkata, West Bengal  
Quasi Experimental Study | Tertiary Care Facility |  
[Journal of Global Health Reports](#), 2019  
**71%** Reduction in 30-day post-surgical complications

### Maternal & Newborn Care

2020 | Andhra Pradesh, Karnataka, Telangana  
Cross-Sectional Study | 6 Healthcare Facilities |  
[Vaccines](#), 2022  
Immunization uptake increased from 65.2% to **88.2%**

2017-18 | Punjab and Karnataka  
Quasi Experimental Study | 11 District Hospitals |  
[BMJ Open Quality](#), 2022  
**56%** Reduction in newborn readmissions

2018-20 | Punjab, Madhya Pradesh, Maharashtra, Karnataka | Comparing Trained vs. Untrained | 9 District Hospitals | [Healthy Newborn Network](#), 2020  
**54%** Reduction in newborn readmissions

2018-20 | Punjab, Madhya Pradesh, Maharashtra, Karnataka |  
Quasi Experimental Study | 28 District Hospitals |  
[medRxiv](#) (pre-print; publication coming soon)  
**18%** Reduction in newborn mortality

### COVID-19 Care

2020-21 | Punjab  
Exploratory Randomized Controlled Trial- Interim Analysis |  
[Clinical Epidemiology and Global Health](#), 2023  
**48%** Reduction in hospitalizations



# The Lab

In 2022, we launched an innovation and inspiration hub – The Caregiving Lab.

The Lab uses design research to improve our understanding of systems of care globally and in the settings where we work, and pursues a range of projects that support Noora Health’s learning agenda. Lab-led insights are used to improve our

programs as well as forecast future needs in the caregiving space. This is essential to ensure that we maintain the quality and relevance of our programming while continuing to push for caregiver education as standard practice everywhere.

Check out ongoing projects on the sidebar, and read more about the role of The Caregiving Lab [here](#).

*Members of The Caregiving Lab collaborate at our office.*



## Projects by The Lab

### Caregiving Conversations

How might we understand the various definitions of caregiving to improve our practice of it?

### Friends of The Lab

How might we collaborate with the global caregiving community to radically transform health outcomes?

### Project Nightingales

How might we understand the care nurses need at the workplace to become torchbearers of our caregiving movement?

### Not a Blank Slate

How might we help patients and caregivers overcome barriers to following medical advice that are driven by myths and misconceptions?

### WRAP

How might we enhance community care by elevating the patient experience both inside and outside the hospital?



# Learning Spotlight

## Evaluating the Impact of Postnatal WhatsApp Messaging for New Mothers

From March 2021 to January 2022, we investigated the impact of delivering postnatal health messages via WhatsApp to new mothers for six weeks post-discharge. In 15 randomly selected hospitals across four states in India, new mothers were offered the WhatsApp service after attending Care Companion Program (CCP) hospital sessions. Ten hospitals served as the control group, where mothers attended the CCP but were not offered WhatsApp follow-up.

Over a 50-day period, participants in the intervention group received 30 messages (seven included video content) covering infant nutrition, breastfeeding, skin-to-skin care, hygiene, umbilical cord care, maternal nutrition, vaccination, and warning signs.

In total, 14,139 mothers participated in a six-week follow-up survey. We observed significantly higher rates of breastfeeding and skin-to-skin care among the intervention group, as well as greater knowledge of maternal nutrition, breastfeeding, and cord care best practices. In addition,



*A nurse assists a patient with signing up for mobile-based services in Mandya, Karnataka.*



nearly half of the mothers enrolled in the service shared messages with one or more other individuals. More details on the study will be shared in an upcoming publication anticipated in early 2023.

We're excited to further explore how tech can support caregiver education for new parents. Special thanks to [Digital Medic](#), an initiative of the [Stanford Center for Health Education](#) at Stanford University, who partnered with us on this study.

“This promising study and our collaboration with Noora Health lays the groundwork to better understand how to create and distribute meaningful digital health education in order to improve the health and well-being of families worldwide.”

— Jamie Johnston, Research and Evaluation Director,  
Stanford Center for Health Education



*A newborn is cared for at Shishu Hospital in Dhaka, Bangladesh.*



# Looking Ahead

2023 Goals

A Growing Team

Maintaining Connection & Culture

*Children say, "Hello!" during a community visit in Savar, Bangladesh.*





# 2023 Goals: Expansion

India	Train 3.5 million caregivers
Bangladesh	Train 400,000 caregivers
Indonesia	Train 200,000 caregivers



# 2023 Goals: Programs

**Package model for rapid scale** in two condition areas – Maternal & Newborn Care (MNC) and Cardiac Care.

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**Iterate on programs** in newer condition areas, particularly Tuberculosis (TB) and General Medical & Surgical (GeMS) for India, and expand to other states and facility types.

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**Develop and validate a clinic model** for primary care settings, including a more tech-forward approach.

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**Improve Remote Engagement Service (RES)** message quality, response systems, and increase user sign-up and engagement rates.

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**Improve the nurse training app** to incorporate skill-building features for robust, long-term trainer engagement.



# 2023 Goals: Learning

**Generate evidence for impact** – Continue to study the impact of elements of our programs (such as videos, teletraining, and complementary tools) and in new condition areas and geographies (generate evidence, establish replicability, and document learnings).

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**Institutionalize reporting** – Establish data-driven learning mechanisms for our programs (improve dashboards and define processes for program lifecycle management and feedback loops).



# Six Year Scaling Plan

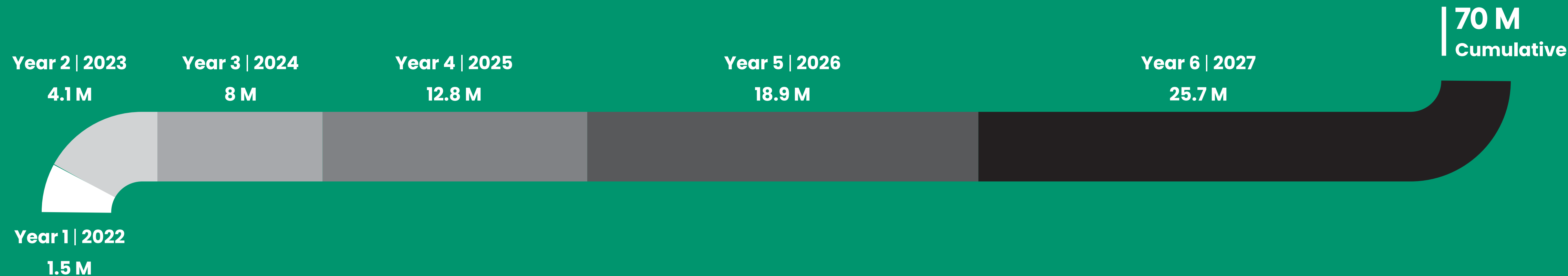
Thanks to the generous support of a group of donors through [The Audacious Project](#) in 2022, we were given the opportunity to dream bigger and set ambitious, strategic goals around our impact and scale for our next phase of growth. In 2023, we continue down the path of our ambitious six-year scaling plan to reach more than 70 million family caregivers through 2027 and dramatically deepen our impact.

By expanding our family-centered model in new healthcare systems, we will reach **70 million caregivers** and improve outcomes for an estimated

**48 million patients**, reshaping the standard of care in four countries to recognize and equip caregivers. We will also leverage technology as a key pathway to reach patients outside of health facilities, continue integrating caregivers into the patient’s care journey at home, and connect with the healthcare staff delivering the program.

**We are poised for rapid scale in 2023, with the program, team, and operating model in place to take us forward on this ambitious path.**

## Road to 70 Million Caregivers Trained by 2027





# A Growing Team

While we deepened our work and grew our reach significantly, we were equally committed to internally bolstering our team connections.

Throughout 2022, we worked closely with [The Bridgespan Group](#) and a dedicated working group of Noora Health leadership to redesign our operating model and organization structure to execute our long-term growth strategy. In Q4,

we unveiled a reimagined operating model, focused on building out our cross-country shared resources and strengthening our regionally-based teams. This clearer delineation of shared and country-specific resources will enable smoother delivery of our impact, particularly as we scale to new countries. Our new operating model took effect in Q1 2023.

362 Noorans

As our work grows, so too does our team! In 2022, we welcomed 103 new teammates. In 2023, we plan to hire more than 120 new roles in Bangladesh, India, and Indonesia.

[View our open roles](#)





# Maintaining Connection & Culture

Change can often come with growing pains, and we met the moment of transition with in-person gatherings dedicated to connection, reflection, and transparency.

- **Board and Partner Retreat, October 2022:** We gathered teammates, our Board, and several key funding and government partners in Bangalore and Dhaka for two lively weeks of reconnection, collaboration, and planning.
- **All Team Retreat, December 2022:** One of Noora Health's oldest traditions returned in-person!
- **Noora Health HQ office renovation:** The culture (and style!) at the heart of our team came to life during the renovation of our office space, led by our in-house design superstars and local architecture and interior design studio, ShoulderTap.



*Our All Team Retreat was filled with team-building exercises, workshops, and friendly competition.*



# Milestone Moments

From presenting on the TED stage to being recognized at the Skoll World Forum, we're grateful for these major milestones captured in 2022. Click and watch below.



TED2022 | AUDACIOUS PROJECT GRANTEE



2022 SKOLL WORLD FORUM | SKOLL AWARD FOR SOCIAL INNOVATION



# Financials

## Statement of Activity

### Donations & Other Income

Foundations	\$7,842,739
Government	\$52,067
Individuals	\$110,077
<b>Total Donations</b>	<b>\$8,004,883</b>
Other Income	\$463,959
<b>Total Income</b>	<b>\$8,468,842</b>

### Operating Expenses & Net Income

#### Direct Expenses

Implementation	\$1,913,975
Research	\$1,439,595
Design	\$1,494,693
Advocacy & Partnerships	\$516,977
Technology	\$638,742
Training	\$273,192
Medical	\$270,820
<b>Total Direct Expenses</b>	<b>\$6,547,994</b>

#### Indirect Expenses

General & Administrative	\$1,222,169
Fundraising	\$231,779
<b>Total Indirect Expenses</b>	<b>\$1,453,948</b>

**Total Operating Expenses** **\$8,001,942**

**Net Income** **\$466,900**

## Statement of Position

### Assets

Cash	\$4,502,481
Short Term Investments	\$30,408,386
Pledge Receivable	\$17,262,032
Prepaid Expenses	\$19,309
Other Non Current Assets	\$14,265
<b>Total Assets</b>	<b>\$52,206,473</b>

### Liabilities & Net Assets

#### Liabilities

Accounts Payable	\$492,736
Accrued Expenses	\$123,049
<b>Total Liabilities</b>	<b>\$615,785</b>

#### Net Assets

Unrestricted	\$29,216,473
Temporarily Restricted	\$22,374,215
<b>Total Net Assets</b>	<b>\$51,590,688</b>

**Total Liabilities & Net Assets** **\$52,206,473**



# Supporters

We are so grateful to our community of advisors and supporters for their ongoing commitment to our mission.

Board of Directors	Supporters			
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*A father and son in  
Savar, Dhaka District,  
Bangladesh.*



# We are *all* caregivers.

**noorahealth.org**



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