The year started off with two extraordinary honors that recognize the dedication, vision, and impact of our team and partners, who work tirelessly each day to serve patients and caregivers.

We are proud to share that Noora Health was named a TED 2022 Audacious Project Grantee and a recipient of the 2022 Skoll Foundation Award for Social Innovation. These honors cap nearly a decade of listening, training, collaborating, and building alongside health systems; and they propel our most ambitious plan yet: to reach 70 million caregivers and patients across four countries over the next six years. As we prepare to scale, we are actively focused on growing our team by recruiting local talent and enhancing our tech-enabled products to improve access and reach.

We took the stage at TED 2022 to share the achievements of our dedicated team and partners while calling for a family caregiving movement that will revolutionize the way we experience healthcare. We also had the opportunity to share our story through the Skoll Foundation’s incredibly thoughtful and talented storytelling team, leading to a beautiful short film about our history and future.

But the most powerful moments in Q1 didn’t happen on stages or through awards. They took place in 15,206 Care Companion Program /ccp/ sessions across 329 facilities where we reached over 280,000 new caregivers, and in onboarding sessions for 31 new teammates. They happened in the first training for our maternal and newborn care program in Bangladesh with nurses from Rangpur and Thakurgaon hospitals. They happened every day at partner meetings and in creative working sessions that led to our new website and refreshed brand. Most importantly, they happened in tender moments at home when a caregiver confidently provided care to help their loved one heal.

We look forward to building on these milestones in bigger, braver ways — together. We’re so grateful to have you in our community and on this journey with us.

Edith

Shahed
A Quarter Like No Other

From the TED stage to the Skoll Awards, we’re grateful to have these major milestones captured on video. Watch and share below.
Growth Overview

In Q1, we trained 283,435 new caregivers representing 204,385 patients—19% of our 2022 goal of training 1.5 million new caregivers representing 1 million patients. We reached 47,855 new users through our remote engagement service, which represents 16% of our annual target of 300,000 new users.

Our momentum in expanding to new hospitals was slightly delayed by the January and February wave of COVID-19 in India and Bangladesh. Our original Q1 goal was to conduct four Training of Trainer (ToT) sessions and to expand to nine new facilities (five in Maharashtra, two in Karnataka, and two in Bangladesh). Unfortunately, we had to postpone the planned expansion in Maharashtra and Bangladesh to early Q2.

We successfully launched our Cardiac Care program in two new hospitals in Karnataka — Jayadeva Mysore and Gulbarga Hospital — and conducted two ToTs, welcoming 20 new trainers. We are now rapidly picking up speed to make up for delays related to COVID-19, and we are tracking well against our 2022 goals.
Reach to Date
By Geography

India
- PUNJAB: 64 Hospitals
- MADHYA PRADESH: 60 Hospitals + 89 Clinics
- MAHARASHTRA: 6 Hospitals
- KARNATAKA: 60 Hospitals + 9 Clinics

Bangladesh
- 4 Hospitals

TOTAL: 329 FACILITIES
(231 Hospitals + 98 Clinics)
# Reach to Date

By The Numbers

## Caregivers Trained

<table>
<thead>
<tr>
<th>Region</th>
<th>Q1</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Punjab</td>
<td>35,378</td>
<td>269,066</td>
</tr>
<tr>
<td>Madhya Pradesh</td>
<td>120,106</td>
<td>742,966</td>
</tr>
<tr>
<td>Maharashtra</td>
<td>11,060</td>
<td>84,413</td>
</tr>
<tr>
<td>Karnataka</td>
<td>73,100</td>
<td>624,837</td>
</tr>
<tr>
<td>Telangana</td>
<td>842</td>
<td>2,706</td>
</tr>
<tr>
<td>Andhra Pradesh</td>
<td>6,104</td>
<td>22,946</td>
</tr>
<tr>
<td>Private Indian Hospitals</td>
<td>7,717</td>
<td>234,603</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>29,128</td>
<td>68,878</td>
</tr>
<tr>
<td>Total</td>
<td><strong>283,435</strong></td>
<td><strong>2,050,415</strong></td>
</tr>
</tbody>
</table>

## Patients Represented

<table>
<thead>
<tr>
<th>Region</th>
<th>Q1</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Punjab</td>
<td>29,304</td>
<td>194,371</td>
</tr>
<tr>
<td>Madhya Pradesh</td>
<td>80,071</td>
<td>495,326</td>
</tr>
<tr>
<td>Maharashtra</td>
<td>7,374</td>
<td>56,885</td>
</tr>
<tr>
<td>Karnataka</td>
<td>48,734</td>
<td>419,656</td>
</tr>
<tr>
<td>Telangana</td>
<td>562</td>
<td>1,806</td>
</tr>
<tr>
<td>Andhra Pradesh</td>
<td>4,067</td>
<td>15,295</td>
</tr>
<tr>
<td>Private Indian Hospitals</td>
<td>5,145</td>
<td>156,403</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>29,128</td>
<td>68,878</td>
</tr>
<tr>
<td>Total</td>
<td><strong>204,385</strong></td>
<td><strong>1,408,620</strong></td>
</tr>
</tbody>
</table>
Reach to Date
By Health Condition

Caregivers Trained by Health Condition

<table>
<thead>
<tr>
<th>Health Condition</th>
<th>Q1</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal and Newborn:</td>
<td>220,637</td>
<td>1,541,609</td>
</tr>
<tr>
<td>Cardiac:</td>
<td>9,085</td>
<td>287,569</td>
</tr>
<tr>
<td>COVID 19:</td>
<td>46,283</td>
<td>125,016</td>
</tr>
<tr>
<td>Adult Medical &amp; Surgical:</td>
<td>6,253</td>
<td>81,050</td>
</tr>
<tr>
<td>Oncology:</td>
<td>896</td>
<td>14,890</td>
</tr>
<tr>
<td>Tuberculosis:</td>
<td>281</td>
<td>281</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>283,435</strong></td>
<td><strong>2,050,415</strong></td>
</tr>
</tbody>
</table>

Caregivers engage in training session at the District Hospital, Moga, Punjab.
Photo credit - Skoll Foundation
The Highlights

Team Growth and Hiring

Last year, we experienced significant team growth, doubling in size to more than 300 teammates by the end of 2021. We saw the highest growth in our Bangladesh team, the majority of whom were teletrainers leading our remote teletraining services.

In 2022, our hiring goals are even more ambitious, and we will accelerate the growth of our team across multiple functions to add nearly 200 additional team members by the end of the year.

We have several open roles we are excited to fill with talented and remarkable new “Noorans.” Please share these through your networks:

- **Digital Marketing & Social Media Manager** to amplify and present our brand story, impact, and partnerships across digital platforms.
- **Executive Assistant** to support our program-focused Co-CEO.
- **Global Head of People** to build our people operations team and set strategy for hiring new talent to support our growing team.
- **Medical Technical Officer** to develop a health education curriculum based on government guidelines and local health practices as well as review and approve content for medical accuracy.
- **Monitoring Lead** to spearhead efforts to design, implement, and build processes for end-to-end monitoring of key programs.
- **Visual Designer** to execute on-brand materials as part of the design team based in our Dhaka studio.

EXPLORE ALL OPEN ROLES
The Highlights

Program Updates

Madhya Pradesh continues to be the state with our largest footprint. The Care Companion Program (CCP) now extends across the entire state and reaches more people per day than any other state. Our newer tuberculosis offering at the Health and Wellness Center-level has been ramping up after a 2021 launch, and our team completed facility-level program support across 30 Community Health Centers (including six LaQshya facilities, which are designated by the government as needing labor room quality improvement measures).

Outside of Madhya Pradesh, we initiated the remote engagement service for our Special Newborn Care Unit (SNCU) CCP in Andhra Pradesh, Telangana, and Karnataka. We also completed facility launches and program initiation support across 42 Sub-District Hospital facilities in Punjab. Our growing Bangladesh team led a pre-training of trainers as a soft launch for two facilities and spent a week at our central Bangalore office to meet with India-based colleagues and partake in team-building sessions.

Our COVID-19 work is still underway, with our COVID-19 teletraining CCP reaching 129,987 patients and families in Punjab and Bangladesh in Q1. We also adapted our content for the surge of COVID-19 cases due to the omicron variant.

A caregiver provides support for a loved one while waiting for care at District Hospital Moga, Punjab. Photo credit - Skoll Foundation.
Research and Evaluation

As an organization trying to affect behavior change at the individual and system-level, we strive to incorporate behavior science and change principles into our work. Along with human-centered design, these are tools that help our team design programs that best serve nurses, patients, and families.

In Q1, as part of NooraU, we ran a series called Behavior Science and Change 101, led by behavioral science expert Neela Saldhana. Through biweekly sessions with Neela, our team was fortunate to learn about behavioral science theory and apply it directly to our own work through exercises and discussion.

Throughout ten sessions, we covered the following topics: basics of behavioral science, understanding and diagnosing behavioral issues, designing solutions, testing, ethics, and current topics. Noorans were encouraged to form cross-disciplinary teams to develop projects and apply learnings from the course. Noorans could also attend office hours to ask questions specific and timely to their work.

One team explored how to revamp the skin-to-skin care content in our postnatal CCP sessions in preparation for endline analysis. Based on data collected across 28 facilities in India from our postnatal care sessions, it was clear that there was a knowledge behavior gap. Our CCP sessions increased awareness among those trained compared to those not trained, but practice was comparatively lower. Potential explanations as to why this was lower include the belief among nurses and mothers that skin-to-skin is only for low-birthweight babies. Additionally, how nurses communicate about when and who can do skin-to-skin care may be a factor. Ideas now being prototyped include:

1. Combine the behavior with breastfeeding and burping as one larger, composite behavior
2. Help families operationalize and plan the behavior
3. Promote peer learning
4. Understand how to integrate the behavior into existing rituals

This is just one example that illustrates how design thinking and behavioral science knowledge play an important role in how we approach our programs. Noora Health is implementing these ideas to improve our postnatal CCP program, and our upcoming 2022 evaluation will assess whether these interventions lead to better health outcomes.
The Highlights

Our Six-Year Scaling Plan

Thanks to extraordinarily generous support through The Audacious Project, we were given the opportunity to dream bigger and set ambitious, strategic goals around our impact and scale for our next phase of growth. Working closely with the Audacious team, The Bridgespan Group, and our dedicated board and team, we’ve focused on codifying our model and exploring where to direct efforts in developing our long-term growth strategy.

Together, we designed a six-year scaling plan to chart a clear path to reaching more than **70 million family caregivers over the next six years and dramatically deepening our impact.** Both emboldened and humbled by the impact of the COVID-19 pandemic, we welcome this new phase of our movement-building around family caregiving.

By expanding our family-centered model in new healthcare systems, we will improve outcomes for an estimated 48 million patients and reshape the standard of care in four countries to recognize and equip caregivers. Here are a few highlights from our six-year scaling plan:

Key Priorities

- Actively promote family caregiver training as a standard of care both in the health systems in which we work and in systems across the globe.
- Build and strengthen our organizational capacity to enable expansion to new settings and condition areas.
- 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.

Patients and visitors await care at District Hospital Moga, Punjab. Photo credit - Skoll Foundation.
The Highlights

Pathway to Scale

We will continue to use a phased approach when entering new health systems and settings:

1. Phase 1: Build relationships and develop agreements with local stakeholders.
2. Phase 2: Tailor our content and services to the specific needs of the local population and public health systems, bringing in the voices of public health officials, hospital administrators, and hospital staff to adapt our caregiver training modules.
3. Phase 3: Run a program pilot and iterate on the program offerings.
4. Phase 4: Expand the program regionally based on learnings from the pilot.
5. Phase 5: Work toward handing over the program to local stakeholders while continuing to monitor progress and offer light-touch support.

PROJECTED REACH

By the end of 2027, we will have trained over 70 million new caregivers:
- 50 million new caregivers across established programs in six states in India and across Bangladesh.
- 11 million new caregivers in four new states across India.
- 11 million new caregivers in two new countries, likely Nepal and Indonesia.

PROJECTED IMPACT

We expect to see improved outcomes at the caregiver, patient, and systems levels, leading to a 20 to 50% reduction in patient complication and readmission rates across condition areas. We will continue to measure through quasi-experimental and pre-post studies by condition area.

If you’re interested in seeing the full six-year scaling plan, please reach out to us at founders@noorahealth.org.
We are all caregivers.