





Dear Friends,

In Q3, we saw the devastation and case numbers from the second wave of COVID-19 in India begin to decrease, while in Bangladesh we saw case numbers peak in early August. As we emerged from the depths of reprioritizing our COVID-19 response, we saw the return to an increasing number of Care Companion Program sessions across all hospitals. This enabled us to iterate on our programs, prepare to initiate impact evaluations, and ultimately reach more patient families as our programs grow within facilities.

We also expanded our model to multiple new healthcare settings — now spanning the entire Indian healthcare infrastructure from tertiary to primary care. Additionally, we developed programming for a new condition area —Tuberculosis — for Health and Wellness Centers in Madhya Pradesh (in partnership with the Government of Madhya Pradesh and Jhpiego’s Project Nishtha, supported by USAID). This expansion underpins the flexibility of our model. We will evaluate these different use cases to ensure that we continue to see impact through our programs regardless of the condition area and setting in which they are delivered.

As we grow, we are incredibly thankful for the dedication and passion of our team, the support of our community, and the humbling recognition we have received for our work. In Q3, our COVID-19 work was selected as one of Fast Company’s [18 designs that made a big impact in 2021](#), we were featured in a [Dasra-authored landscape](#) on how NGOs and funders in India approach gathering and utilizing feedback, and we co-hosted a [webinar](#) with the Lancet Citizens’ Commission on Reimagining India’s Health System titled, “Meeting People Where They Are: How pharmacies, schools and families can change healthcare.”

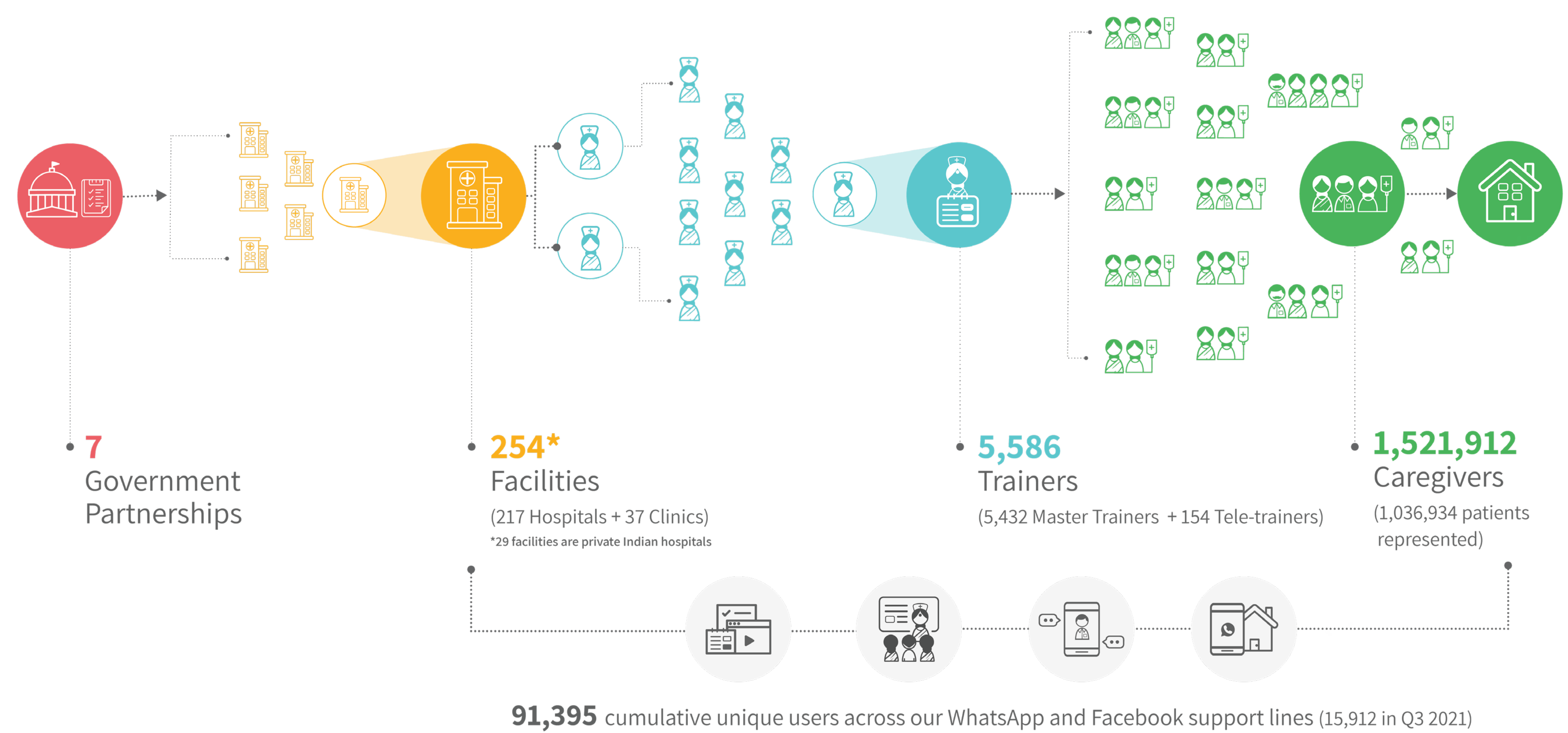
We look forward to building on our expansion and momentum in Q4 and beyond.


Edith


Shahed

Families attend a training session at District Hospital Mansa, Punjab | Photograph taken pre-pandemic

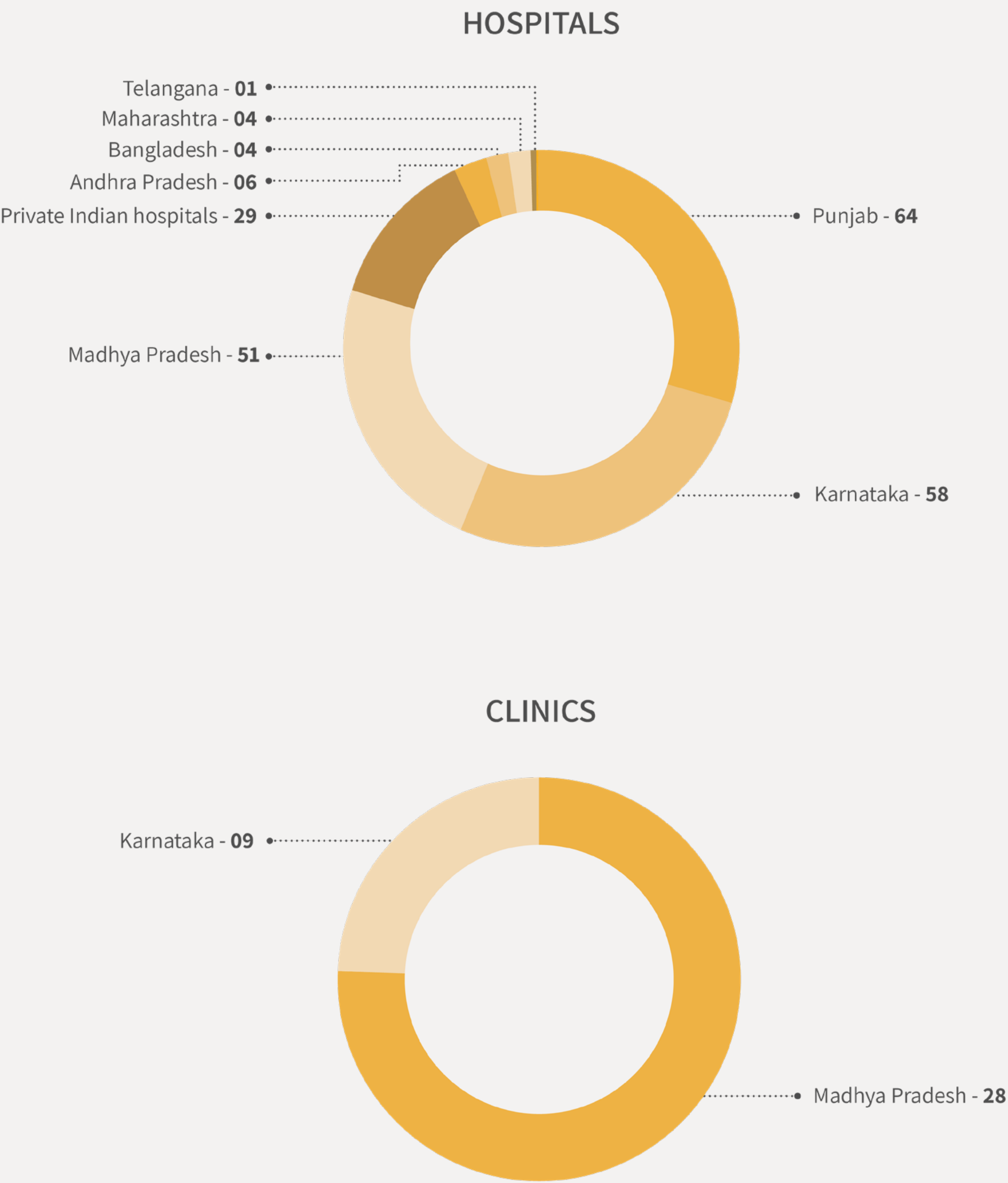
OUR PROGRESS IN NUMBERS | CUMULATIVE TO DATE



FACILITIES UNDERGOING IMPLEMENTATION

In Q3, we began implementation in 58 new hospitals and 31 new clinics, bringing us to a cumulative total of 254 facilities (217 hospitals and 37 clinics) undergoing implementation.

This brings us to 85% of our goal for 2021, with more implementations planned for Q4.

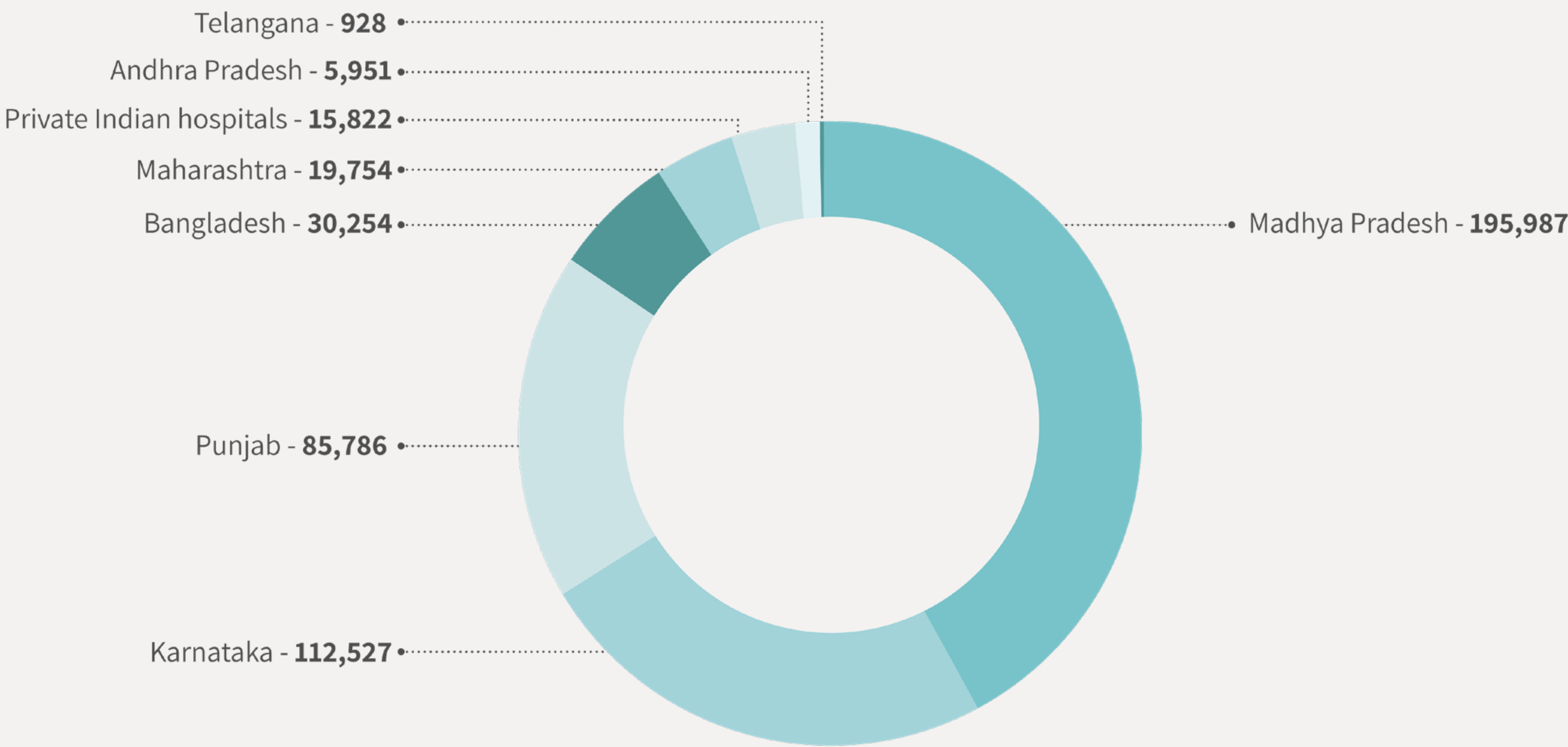


FAMILY CAREGIVERS TRAINED

In Q3, we trained 164,196 family caregivers representing 115,969 patients, bringing us to a cumulative total of 1,521,912 caregivers trained representing 1,036,934 patients.

With a 2021 total of 467,009 family caregivers trained representing 330,025 patients, we are over 80% of our way to our 2021 goals.

FAMILY CAREGIVERS TRAINED IN 2021



HIGHLIGHTS FROM Q3



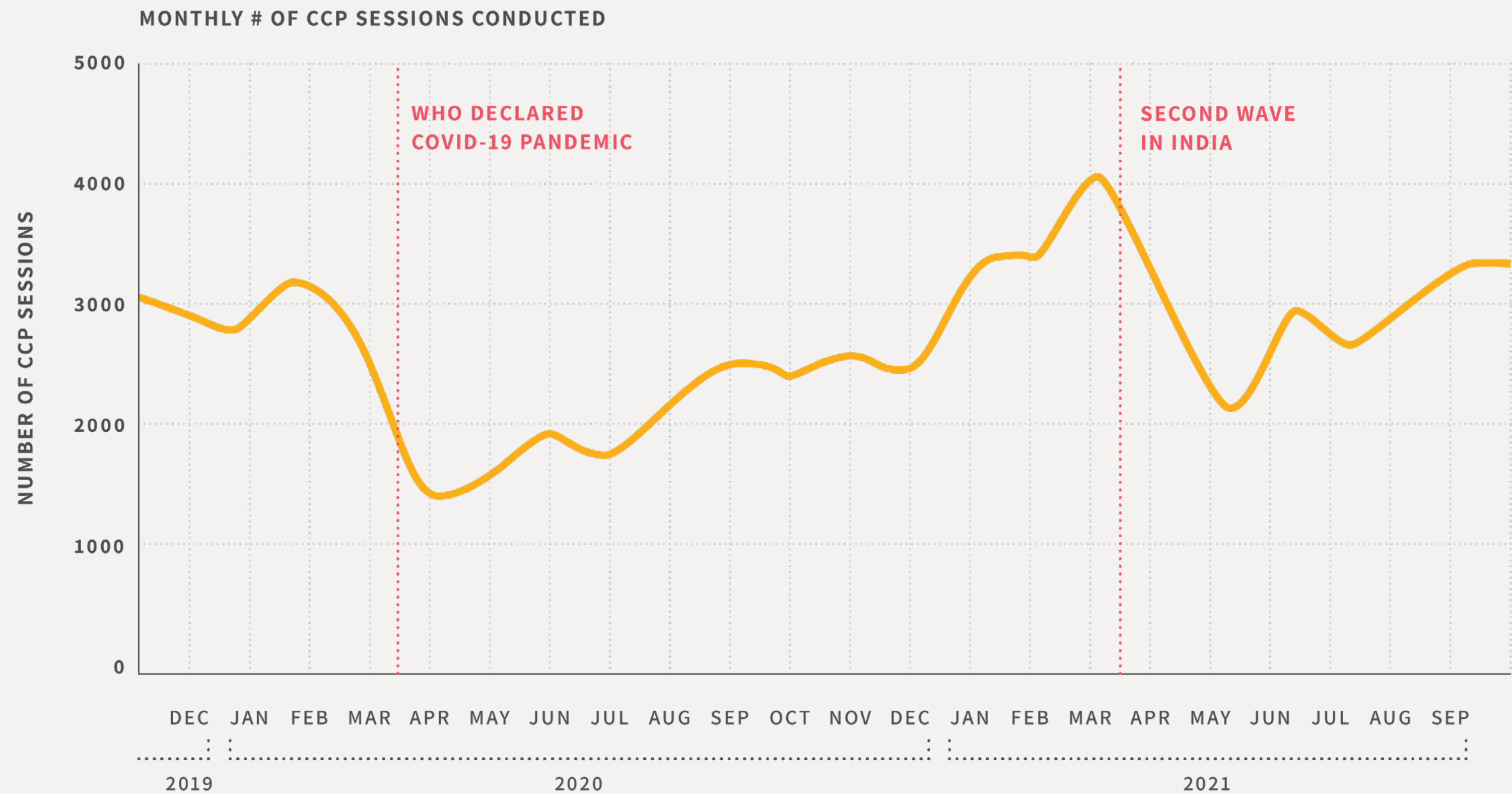
Nurse conducts a training session at District Hospital Haveri, Karnataka.

THE RESILIENCE OF OUR PROGRAMS

Despite an ongoing global pandemic, babies continue to be born and patients still suffer from health issues that bring them to the hospital.

In this chart you can see how the pandemic impacted our core programs, notably with the second surge in cases starting in late March, 2021.

While the overwhelmed healthcare workers in our partner hospitals trained fewer caregivers in Q2, nurses continued to deliver Care Companion Program (CCP) sessions throughout the second wave and, remarkably, the programs never ceased operations. In Q3, the number of monthly CCP sessions conducted increased to surpass pre-pandemic numbers. This reinforces the significance of our program with facilities who view it as a vital part of their care.



EXPANSION OF OUR PROGRAMS

In Q3, we expanded our Care Companion Programs (CCPs) with our government partners into more health facilities.

We also returned to in-person launches and Training of Trainers, which had transitioned back to being virtual at the start of the second wave of COVID-19 in Q2 of this year. Our team diligently maintained all precautions (see “FINDING MOMENTS TO GATHER” for more information) as we re-explored the value of hybrid delivery models in this new reality.

Madhya Pradesh:

- We expanded our Maternal and Newborn Care (MNC) programs beyond District Hospitals to 30 primary and secondary care facilities in smaller towns away from district capitals, returning to in-person Training of Trainers for three batches of master trainers.
- In an effort to align with the Central Government’s public health programs, we are now recognized as official consultants for the Government in supporting accreditation through the ‘LaQshya’ initiative to improve labor room quality. Under our supervision, 3 health facilities in Khargone have cleared state level assessment. We plan to implement the CCP across these accredited facilities as well.
- In partnership with the government, we finished designing a CCP program for caregivers of patients suffering from Tuberculosis that will soon be operational in 70 Health and Wellness Centers of Guna and Khandwa districts in the state — see our [Q2 Impact Report](#) for more details on the development of this program.

Karnataka:

- We returned to in-person launches for our MNC programs in 10 facilities — 4 urban Primary Health Centers, 2 Medical College Hospitals, and 4 rural Sub-District Hospitals (SDHs) — expanding our programs to SDHs for the first time in the state.

Punjab:

- We launched MNC programs in 42 new facilities — 41 SDHs and one new District Hospital — returning to in-person Training of Trainers for two batches of master trainers.

In Q3, we gained government support to access the Reproductive and Child Health (RCH) Portal in Punjab and Madhya Pradesh. The database covers maternal, adolescent, and child health across the nation.

Access to the RCH Portal, which includes phone numbers of individuals who have received care, will enable us to expand our WhatsApp service to more individuals outside of the hospital setting. This is particularly significant for Antenatal care, as many mothers do not continuously reach out to facilities after confirming their pregnancy. This access will also support our research efforts.



Training of Trainers for Sub-District Hospitals in Punjab | August 24-26, 2021



Program launch in Nandagudi Primary Health Center, Karnataka

EXPANSION OF OUR PROGRAMS

Maharashtra:

- We entered into an MOU with the Commissionerate of Health Services (Government of Maharashtra) to lay the foundation for continued scaling in the state beyond Medical Colleges.
- In Q4 2021, we will implement Maternal and Newborn Care programs in 7 District Hospitals, 2 of which are in districts designated by the Government of India as “aspirational districts” — districts noted as a priority for improving health and social indicators.

Andhra Pradesh & Telangana:

- We implemented post-discharge WhatsApp services across all facilities.
- We completed booster trainings for the Special Newborn Care Unit (SNCU) program, and we initiated post-session feedback surveys. We plan to expand the SNCU program, along with other condition areas (such as our Post-Natal Care offering), to 20 District Hospitals, with in-person launches followed by virtual or onsite training.

Bangladesh:

- While our COVID-19 work continued to operate, our team also refocused efforts to prepare expansion of our facility-based program by focusing on high-fidelity prototyping and testing our Care Companion Program (CCP) in facilities through the end of 2021. We will use that feedback to iterate on our tools and products. We are prioritizing designing the refined Bangladesh CCP while building the local team capacity by bringing on more staff in preparation for launching and scaling operations in 2022.

In Q3, we expanded our COVID-CCP services for a few months in Madhya Pradesh for tele-training of COVID-positive patients and their families. Alongside Madhya Pradesh, we continue to deliver programs in Punjab, Maharashtra, and Bangladesh, where this service receives the highest volume of calls.

In Q3, our team of 154 tele-trainers reached 19,515 households with COVID-19 positive patients with live teletraining and 1,463 households with our Interactive Voice Response support line.

FINDING MOMENTS TO GATHER

As the second wave of COVID-19 in India waned and cases decreased, we began returning to the in-person functions of our work — both in delivering our programs and working alongside one another.

Q3 was the first time we hosted in-person Training of Trainers (ToTs) and launches since before the second wave, keeping many precautions in mind to ensure that we could return to these vital in-person moments safely while also exploring hybrid models. Some in-person programmatic highlights from the quarter include our Punjab launch and ToTs, our Karnataka launch that was followed by virtual ToTs, and design research work in Madhya Pradesh preparing us to launch in the Health and Wellness Centers.

Q3 saw the return of the Noora Health team gathering — many colleagues met one another for the first time as our team has grown significantly since the start of the pandemic.

This quarter also saw our Leadership, Training, and Design teams come together for in-person meetings designed to foster connection, collaboration, and trust. For these types of gatherings, programmatic travel, and for those opting to visit the office, we maintained safety protocols such as masking, requiring PCR tests, and achieving complete vaccination across our team. We will continue exploring what components of our work are most enhanced by in-person engagement, but will maintain the learnings of our remote work as we move towards a more hybrid system.



State Launch and Sub-Divisional Hospital Training of Trainers, Punjab | August 25, 2021

MANPREET KAUR

Assistant Hospital Administrator, District Hospital Moga, Punjab

Manpreet works as a hospital administrator for the District Hospital in Moga, Punjab, where she manages reporting, training staff, and general hospital management. In her role, Manpreet coordinates creating and sharing rosters and setting the target for number of sessions, so she has seen the growth of these programs first hand.

As Noora implements Care Companion Program (CCP) sessions in the Moga District Hospital, “The patients have become more aware of their medical conditions, treatment procedures, and what has to be done for proper care.” Manpreet views this awareness as a result of the changing relationship between nurses, patients, and caregivers that the CCP enables. Because of the increased interactions between staff and patient families, the relationship between patients and caregivers becomes more personal as families are able to ask more questions and receive more time to prepare to return home.

She emphasized that, “The patients and their relatives need to be provided with quality services, and this starts with the CCP session. Due to the increased interaction between the staff and the patients, we are able to provide better care.”

Manpreet noted that as the hospital used the CCP sessions to meet their objectives of providing quality treatment and ensuring that the patient goes home with the accurate and relevant information,

the CCP program has received increasing support to grow and deliver more sessions. This support spans hospital administration to doctors and healthcare staff, who see not only an increasing ability to answer patient questions, but an increase in the patient’s family’s ability to care, and a reduction in newborn readmissions.

“

I definitely would recommend having CCP sessions if I were transferred to another hospital. In fact, I also visit Community Health Centers and would like to start sessions there, because all patients should know that this is there for their health benefit.”



RESEARCH AND EVALUATION

In Q3, we focused our Research and Evaluation efforts on preparations for studies (e.g. testing surveys and getting IRB approvals) that are scheduled to start through the end of the year and the start of 2022.

After the second wave of COVID-19, it took time for hospital admissions to increase enough where we thought it made sense to start previously planned evaluations or restart ones that had been paused, such as our Neonatal Care Companion Program (CCP) evaluation with Ariadne Labs.

Ongoing

- “Care Work in Maternal Health Messaging,” in partnership with the University of Washington, to better understand nurse workflows and tailoring messaging for them and tailoring messaging for them
- “Pilot evaluation of post discharge followup service using WhatsApp for maternal and newborn care,” in partnership with The Stanford Center for Health Education

Planned

- Medical/Surgical Inpatient evaluation of the CCP and WhatsApp follow up service, focusing on outcomes such as medication adherence, diet, physical activity, and confidence, on top of complications and hospital readmissions
- Special Newborn Care Unit (SNCU) endline in partnership with UNICEF
- Cardiology endline in Jayadeva Bangalore and Mysore, focusing on knowledge and behaviors for post-cardiac surgery care, complications, and hospital readmissions
- “Investigating the Role of Social Learning in Health Messaging: Evidence on Maternal and Child Health in India” study, in partnership with researchers from UC Berkeley and Aix-Marseille University, about the role of mother-in-laws in decision-making for pregnant women
- Tuberculosis evaluation as part of our partnership with Jhpeigo in Health and Wellness Centers, focusing on health outcomes such as relevant TB knowledge, behaviors, medication adherence, and complications
- Pilot study of our Maternal and Newborn Care CCP in in partnership with Government of Bangladesh
- Endline evaluation of the Neonatal and Maternal Care CCP in partnership with Ariadne Labs, focusing on postnatal behaviors, complications, and hospital readmissions

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 Randomised Controlled Trial
[Manuscript under preparation](#)

48% Reduction in hospitalizations

REVISITING OUR 2021 GOALS

We are on target to reach both our projected number of facilities undergoing implementation (299) and family caregivers trained (579,000) by the end of 2021.

For our technology-enabled innovations, we initially set a goal to have the Care Companion App for nurses expanded across 35% of our facilities (across 6 states). We also aimed to have post-discharge follow-up available for Maternal and Newborn Care, COVID-19, Inpatient, Tuberculosis, and Cardiology by the end of the year.

While post-discharge follow-up is on track to be available for the above-mentioned condition areas by the end of the year, our plans for the Care Companion App have shifted — we are instead prioritizing app design refinement and building out the backend infrastructure prior to expanding to new facilities. Expansion beyond the pilot sites in India will begin in a phased manner beginning towards the end of 2022.



Facilities Undergoing Implementation



Family Caregivers Trained

It takes a **family.**

Noora Health
2443 Fillmore St | #380-3203
San Francisco, CA 94115
www.noorahealth.org