

Impact Report

Q3 | 2022



Letter From Our Founders

Dear friends,

In October, we embraced time together in-person and gathered teammates, our Board, and several key funding and government partners in Bangalore and Dhaka. Teammates and partners from near and far came together for a lively two weeks of reconnection, collaboration, and planning (and of course, team lunches, bottomless chai, and pani-puri happy hours on the terrace).

As we visited hospitals, discussed critical challenges, and reviewed our six-year scaling plan (for more on this, please see our [Q2 Impact Report](#)), we welcomed the opportunity to both dive deep and dream big together, while sitting at the same table.

We also reflected on short-term successes and the expected challenges of an organization growing and scaling at full tilt. We asked our team, **“What’s one word that describes Q3?”** – and their answers were similar. **Acceleration. Thrust. Energy.** Varun, our Director of Implementation, elaborated, “It’s the middle of the innings, where games are won or lost. But we’re always learning, and we’re making things happen.”

Varun is right. In Q3, we made things happen. **We trained 336,945 caregivers, bringing us to a total of 2,670,083 caregivers and patients trained from more than 1.8 million patient families.** We signed another



long-term MoU with a state government in India. We hosted a five-facility Training of Trainers (ToT) session in Bangladesh and 63 ToT refreshers in Karnataka, expanded the Care Companion Program (CCP) into health and wellness centers in Punjab, and much more.

Below, learn more about Q3 2022 – a quarter of motion, motivation, and making things happen. We can’t wait to see what the next inning brings.

*Board members, partners,
and our Co-CEOs at the
Noora Health office in
Bangalore, 2022.*

Edith

Shahed

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*Father and son, Savar,
Bangladesh, 2022.*



Growth Overview

In Q3, we celebrated new state-level partnerships and tested new models for program implementation. We continued conversations with the Ministry of Health in Indonesia and began the recruitment of regionally-based experts to support our expansion efforts.

In every community where our programs is present, we continued to listen to nurses and families, and we adapted our designs and program offerings to deliver what’s needed most.

In Q3, we also:

- Welcomed 29 new teammates across Noora Health.
- Expanded to 66 new healthcare facilities – bringing us to a total 401 facilities implementing our programs.
- Trained 343 healthcare staff to deliver the Care Companion Program (CCP) through 13 Training of Trainers (ToT) sessions and boosters – bringing us to a cumulative 6,130 trainers trained to date.
- Trained 336,945 caregivers through the CCP – bringing us to a cumulative 2,670,083 caregivers trained to date representing 1,832,312 families.

Trainer Girish facilitates a cardiac care training at Jayadeva Hospital, Karnataka.



We’re Hiring!

Medical Director Bangalore

Product Development Engineer Bangalore

Program Manager Bangladesh

Project Manager Bangalore

Strategic Consultant Indonesia

[View all of our open roles](#)

Reach to Date

By Geography



Reach to Date

By The Numbers

Caregivers Trained

TOTAL:
2,670,083

Region	Q3	Cumulative
Punjab	40,571	342,026
Madhya Pradesh	130,498	986,758
Maharashtra	37,693	143,071
Karnataka	90,832	809,029
Telangana	1,657	5,322
Andhra Pradesh	11,665	36,439
Private Indian Hospitals	9,165	254,592
Bangladesh	14,864	92,846
Total	336,945	2,670,083

Patients Represented

TOTAL:
1,832,312

Region	Q3	Cumulative
Punjab	30,197	247,283
Madhya Pradesh	86,997	657,853
Maharashtra	25,129	95,990
Karnataka	60,554	542,450
Telangana	1,105	3,550
Andhra Pradesh	7,779	24,292
Private Indian Hospitals	6,110	169,729
Bangladesh	13,533	91,165
Total	231,404	1,832,312

Reach to Date

By Heath Condition

Caregivers Trained by Health Condition

Health Condition	Q3	Cumulative
Maternal and Newborn	288,925	2,074,099
Cardiac	12,924	315,387
COVID-19	20,326	156,756
Genral Medical and Surgical - GEMS	12,430	105,589
Oncology	705	16,091
Tuberculosis	1,635	2,161
Total	336,945	2,670,083



A caregiver provides breastfeeding support to a new mother, Chikkaballapur District Hospital, Karnataka.

Program Updates

Refreshing skills and supporting nurses and trainers in Karnataka

In Karnataka, we completed refresher Training of Trainers sessions in four batches for the 63 facilities that currently implement the Care Companion Program (CCP). Often requested by partners, refresher ToTs include booster content and an opportunity for trainers and nurses to connect, share best practices, address gaps and challenges in their own CCP implementation, and improve their overall health education skills. We also completed a three-day ToT for 15 new sub-district hospitals across the state.

Through an MoU signed with its partner institution, the Bangalore Medical College, we will continue implementation of the CCP at the esteemed Vanivilas Hospital — one of the biggest tertiary care maternal child health centers in India.

Additionally, we hosted a CCP review meeting with officials from the Bruhat Bengaluru Mahanagara Palike (BBMP), the administrative body of the Greater Bangalore metropolitan area. Attending officials included Dr. Nirmala Buggi, Chief Health Officer, and Dr. Shobha, Maternal Health Nodal Officer, who approved program expansion to additional BBMP maternity hospitals that experience high volumes of patients.



Participant asks a question during a ToT at Jayadeva Hospital, Karnataka.

A new partnership model in Himachal Pradesh, expanding the Care Companion Program (CCP) in India

Alongside the Himachal Pradesh Health Department and [MAMTA Health Institute for Mother and Child](#), we signed an exciting three-year MoU to improve the quality of caregiver education across the state. Himachal Pradesh now marks the seventh state in India to offer the CCP to caregivers to better care for their loved ones at the hospital and at home. The first stage of this partnership will be to implement the Maternal and Newborn CCP in 20 high volume facilities across the state.

We are grateful for the opportunity to shape a long-term vision for supporting caregivers with government partners in Himachal Pradesh, and we look forward to working with MAMTA as our implementing partner – a new model for us that will combine MAMTA’s positive track record in the state, the proven impact of the CCP, and our vision of integrating family caregiving into health systems.



Signing a new, three-year MoU with partners in Himachal Pradesh, 2022.

Expanding community-level care in Punjab

To support district and state governments to improve health indicators across Punjab, we introduced the Companion Program (CCP) into 26 health and wellness centers (HWCs) in the districts of Moga and Ferozpur.

In India, [HWCs](#) are often the first point of contact for comprehensive primary healthcare, delivering a range of services directly to communities. To support HWC staff as they reach patients and families where they live, we trained 26 Community Health Officers (CHOs) during a three-day residential session in August. The training covered topics related to HWC services, including prenatal and postnatal care, chronic disease management, and mental health.

Participating CHOs will use the tools provided in training to conduct one-on-one or group sessions with patients and families who access care through local community health workers (known as Accredited Social Health Activist or ASHAs) and Auxiliary Nurse Midwives (village-level female health workers) for sessions hosted in trusted community spaces.

We were honored to have Sh. Ajoy Sharma, Principal Secretary Health of the Government of Punjab, and other state officials in attendance for this event. With state and district partners, we hope to expand the program across more than 175 HWCs in Moga and Ferozpur by next year.



Community-based health session at a gurudwara, Khesa district Moga, Punjab, 2022.

Joining the Bangladesh Ministry of Health at an UNGA sideline meeting in New York

During 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 to discuss our growing partnership.

During the meeting in New York, the honorable Health Minister, dignitaries, and members from our leadership team discussed the urgent need to support patients and their families accessing care at public hospitals across Bangladesh, while reducing stress on health providers, supporting and recognizing nurses, and improving the overall quality of services and facilities.

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.

“Our long-term vision includes the Government at the helm of this work — where the CCP is an integral part of care delivery and families remain at the center of all we do.” – Dr. Arefin Islam, Noora Health’s Country Director, Bangladesh



H.E. Mr. Zahid Maleque, MP, the honorable Health Minister of Bangladesh, members of his delegation, and the Noora Health team gather for an UNGA sideline meeting in New York, 2022.

Program expansion in Bangladesh through a multi-facility training

In July, our team in Dhaka led a six-day Training of Trainers (ToT) for 30 nurses representing several partner facilities. The ToT featured an introduction to the Care Companion Program (CCP), including tools to prepare, organize, and engage patients and caregivers during CCP sessions.

In the sessions on adult learning principles, participants engaged in storytelling activities that included real-life scenarios. Additionally, there were tools at-hand for facilitating live health education sessions within Special Care Newborn Units as well as a review of the ‘Trainer’s Manual’ that acts as a guide for participants.

In September, we began visits to individual facilities to observe trainers as they delivered their first CCP sessions with customized flip charts and tools. We plan to host additional ToTs and expand the CCP to 13 more facilities across Bangladesh by end of year.

“Participants were happy, and the team was proud to provide support, connection, and take-home materials for continued growth.” – Dr. Nazneen, Training Manager



Nurse participants engage in activities during a ToT session in Savar, Bangladesh, 2022.

Research and Evaluation

Understanding maternal and neonatal mortality through Verbal Autopsy

Last year, we investigated associated changes in mortality among people who attend postnatal Care Companion Program (CCP) sessions (read the preprint [here](#)). Our study showed that neonatal mortality decreased by 18% following implementation of the CCP. While the study highlights significant potential benefits of caregiver education in the early postnatal period, we wanted to deepen our understanding of the causes of mortality, which were not elaborated in the study. For the endline of our 28 site evaluation, we explored this further in partnership with [Ariadne Labs](#), incorporating a [verbal autopsy survey](#).

Verbal autopsy is a helpful method of gathering details and circumstances to derive causes of death. In our context, like all of our evaluations, this data provides details about what the CCP is getting right and where there is space for improvement. As mortality is the ultimate health outcome that public health programs focus on and measure, this survey will provide invaluable information about our program.



Kangaroo mother care demonstration at Chikkaballapur District Hospital, Karnataka.

In September, we conducted a four-day training for ten data investigators, featuring three external speakers who shared the goal of the survey, the sensitivities of how to implement this questionnaire, and offered supportive space to practice interview sessions.

Incorporating a verbal autopsy questionnaire will allow us to understand causes of neonatal and maternal mortality—and, hopefully, what associated role the CCP can play in prevention.

We are grateful for our community of experts and our compassionate data investigators who will navigate this process with grace, respect, and empathy.



Data investigators participate in a four-day verbal autopsy training, 2022.

A pilot study with new and expecting mothers on WhatsApp

We are always exploring ways to make the Care Companion Program (CCP) more accessible, and our Remote Engagement Service (RES) is the most direct and effective way to reach more people.

One example is our mobile support service for new and expectant mothers, which originally enrolled users after CCP sessions in hospitals. Over time, we realized it may also be helpful as a standalone offering, regardless of whether mothers attended an in-person session.

In Q3, we completed a pilot that offered our mobile support service directly to mothers in Punjab through a state-managed database, called the Reproductive and Child Health (RCH) portal, which includes new and expectant mothers accessing care at public health facilities.

Participants receive reinforcing messages on maternal and newborn care via WhatsApp. They can ask questions and receive answers from a team of trained nurses. Health topics cover skin-to-skin thermal care, breastfeeding, umbilical cord care, hand hygiene, nutrition, warning signs, immunization, and more.



RES users receive mobile-based health information, 2022.

As part of the pilot, we examined usage metrics and conducted qualitative interviews to understand engagement with the service and associated behavior change. Of the 78,770 mothers who qualified for the pilot and received voice messaging sign-up calls, 48% picked up and 29% opted into the service. From the qualitative interviews conducted with 23 mothers, 30% asked specific questions via WhatsApp, and 43% stated that they shared the information with others, including husbands, mothers-in-law, and other female family members. Overall, 82% of the respondents stated that they trusted the service and found the messages useful.

“There are a lot of things that we did not know and we would rush to the doctor for every small thing. It is very important for those who do not know anything or cannot go to the doctor all the time.” - Mother

The pilot demonstrates the value of mobile-based, customized support that meets families where they are.



Nurse supports a patient signing up for mobile-based services.

Remote Engagement Service (RES)

In the coming months, we plan to share evidence from several studies focused on RES:

- Cluster-randomized trial of our postnatal care (PNC) WhatsApp evaluation across 16 district hospitals in four states against 10 control facilities, which assess knowledge, behavior, and health outcome changes.
- Quasi-experimental evaluation of our General Medicine and Surgery Care program in Punjab which compares three groups: Those who attend a CCP session and enroll in RES, those who engage with RES only, and those from the control group.
- “Care Work in Maternal Health Messaging,” in partnership with the University of Washington, to better understand nurse workflows and tailor messaging for them. This qualitative research study will help inform backend service requirements as the service expands.

Existing evidence for teletraining RES includes:

- Teletraining for COVID-19 patients in home isolation: In an exploratory randomized trial conducted to assess the effect of our remote mobile-based training program on COVID-19 patient outcomes, we found 48% less likelihood of hospitalizations in the trained group (N=763) as compared to the control group, which was the usual care (N=592). The [manuscript](#) has been submitted to a journal.
- Teletraining for Special Newborn Care Units (SNCU) babies for routine vaccinations during COVID-19: In a cross-sectional study, we investigated the impact of teletraining calls to remind families with SNCU babies that it’s time for routine vaccinations. Families of babies discharged from the SNCUs in six government centers in three South Indian states were recruited. Calls were made 10 days after the immunization due date. Missed vaccines were counseled and followed up on seven and 15 days. Of 2,313 contacted, 2,097 completed the survey. At the end of the intervention, the immunization uptake increased from 65.2% to 88.2% ([read the article](#)).

Our Lightbulb Lectures are now on YouTube!

Lightbulb Lectures are a series of webinars open to Noora Health teammates and our community that feature researchers and experts who work across disciplines to better understand and support caregiving in public health.

Watch the [archives](#)

Story Feature

“Caregiving doesn’t have borders.”

– a community story by Mahesh,
Senior Program Associate, Noora Health

When Jayanti came to Karnataka 11 months ago, she was looking for a new life. Having lost two previous pregnancies, she was searching for hope and a new place to call home – for herself, her husband, and the baby they were now expecting. This is the story of Jayanti’s hopes materializing into reality.

Jayanti and her husband, Prajith, moved into a rented house in Belgaum. They do not speak Kannada, the local language here, but as Belgaum borders Maharashtra, and they are able to manage some Hindi, they have found it fairly easy to navigate a new daily life.

Mrs. Sonali Jatendra, the homeowner, became friends with Jayanti, thanks in part to patchwork conversations in Hindi, Marathi, and Kannada. Sonali delivered three healthy



Jayanti and her newborn son resting at Belgaum Institute Of Medical Sciences (BIMS) in Karnataka, 2022.

children at Belgaum Institute Of Medical Sciences (BIMS), and she knew many tips and tricks for an expecting mother new to the area.

As Sonali attended Care Companion Program (CCP) sessions at BIMS during her pregnancies and post-delivery, she thought it would be a good idea to connect this new family to the program in BIMS, and she was happy to accompany Jayanti to her first session.

Thanks to the efforts of Sonali, the good doctors at BIMS, and the skilled CCP trainers, Jayanti received comprehensive care all in one place. Jayanti delivered a baby boy at 11 PM on August 23, weighing 2,900 grams (about 6.4 pounds), and both mother and baby are healthy.

The family learned about best practices for breastfeeding, burping, [kangaroo mother care](#), and how to recognize warning signs for both baby and mother.



Maternal and Newborn Care Training of Trainers (ToT) session in Bangladesh.

Sonali feels proud when we call her the real “Care Companion”. She is happy to answer any questions, and promises that she will take care of Jayanti and her son until they are able to manage themselves. Jayanti, full of tears of joy, says Sonali is like her mother here. She assures us that she’ll pass on everything she learned during the CCP sessions to others in her home village in Himachal Pradesh — just as Sonali did.

Caregiving doesn’t have borders. The CCP crosses states and language barriers; it’s a must-know local tip from one mother to the next, acting as a bridge that connects communities, families, and generations.



Maternal and Newborn Care Training of Trainers (ToT) session in Bangladesh.



We are *all*
caregivers.