

Impact Report

Q2 | 2023



*Nurses gather together at
a regional hospital in Una
district, Himachal Pradesh.*

Letter from our co-founders

Dear friends,

At Noora Health, we pride ourselves on the high quality of the programs and services we deliver, and the conviction our partners have in our work. As we navigate our path to training 4.1 million caregivers in 2023 alone, the question that has been front and center for us is: How do we ensure that we maintain quality as we scale?

We're seeing [co-creation](#) play an increasingly powerful role in helping us tread the fine balance between sustainability, scale, and quality. This is because it decentralizes decision making and puts it into the hands of those the program is designed for — patients, caregivers, and healthcare workers. It allows us to grow in a very personal and relationship driven way, while constantly ramping up the speed.

In Q2 2023, we trained 923,000 family caregivers, bringing us to a total of over 4.4 million caregivers who support and care for more than 3 million patients.

Our dual focus on quality and scale also led to many wins this quarter, including:

- New [research](#) showing that participation in the Care Companion Program (CCP) is associated with an 18 percent reduction in neonatal mortality
- Thirteen training of trainers workshops across India and Bangladesh, representing 833 healthcare workers
- A new MoU in the state of Maharashtra, India, that will expand our work to 78 new hospitals in the state

In the following pages find out more about our thinking around quality and scale, expansion updates, future plans, and much more!



Edith



Shahed

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A mother smiles as she cradles her newborn baby at a community health center in Andhra Pradesh.



Growth overview

This quarter, we reached 923,000 caregivers in Q2 2023 alone – our highest quarterly reach since Noora Health’s inception. In the first half of the year, we reached more than 1.4 million caregivers, already surpassing our total reach in 2022.

We are encouraged by our continued ability to scale up our programs and expand to new facilities in order to achieve our goals. By the end of Q2 2023, our programs are in 572 hospitals and 4,133 clinics, expanding on our original goal of delivering programs in 590 hospitals and 660 clinics by the end of 2023.

As a part of this increased clinic expansion, we virtually onboarded 5,000 Community Health Officers (CHOs) across 4,000 clinics in Andhra Pradesh on how to deliver the Care Companion Program (CCP) at the community and health clinic level. We will generate learnings as we continue training and supporting these CHOs in this new hybrid support model.

A nurse shows families how to properly care for their new babies at a facility in Chikkaballapur, Karnataka.



Q2 impact at a glance

923,000 caregivers trained

620,000 patients represented

55,135 new mobile service subscribers

5,833 healthcare staff trained

13 training of trainers workshops

244 hospitals added

4,000 clinics added

42 teammates hired

Reach to date

By geography

India

PUNJAB
64 hospitals + 26 clinics

HARYANA
20 hospitals

MADHYA PRADESH
82 hospitals + 98 clinics

MAHARASHTRA
12 hospitals

KARNATAKA
109 hospitals + 9 clinics

HIMACHAL PRADESH
21 hospitals

Bangladesh

39 hospitals

TELANGANA
1 hospital

ANDHRA PRADESH
201 hospitals + 4000 clinics

PRIVATE/AUTONOMOUS
23 hospitals

Indonesia

EAST JAVA
MoU signed, implementation underway

TOTAL:
4705 FACILITIES
572 Hospitals + 4133 Clinics

Reach to date

In numbers

Caregivers trained

TOTAL:
4,484,000

Region	Q2	Cumulative
Andhra Pradesh	126,213	176,049
Bangladesh	11,340	122,133
Haryana	74,446	74,615
Himachal Pradesh	21,078	35,676
Karnataka	162,949	1,193,241
Madhya Pradesh	344,046	1,762,866
Maharashtra	54,076	290,810
Private	6,366	276,489
Punjab	122,115	543,367
Telangana	1,312	8,998
Total*	923,000	4,484,000

Patients represented

TOTAL:
3,048,000

Region	Q2	Cumulative
Andhra Pradesh	84,142	117,365
Bangladesh	8,086	112,646
Haryana	49,631	49,744
Himachal Pradesh	14,052	23,785
Karnataka	108,633	798,591
Madhya Pradesh	229,364	1,175,258
Maharashtra	36,051	194,483
Private	4,244	184,327
Punjab	85,603	386,452
Telangana	874	6,001
Total*	620,000	3,048,000

Reach to date

By heath condition

Caregivers trained by health condition

Health condition	Q2	Cumulative
Cardiac	8,887	346,379
COVID-19	1,578	163,646
General Medical & Surgical (GeMS)	79,951	220,723
Maternal & Newborn	831,292	3,729,346
Oncology	1,245	19,286
Tuberculosis	988	4,864
Total*	923,000	4,484,000

*Attendance data reported by our trainers, with the final total rounded down to the nearest thousand.



A master trainer puts away training tools at a workshop held in Vijayawada, Andhra Pradesh.

A caregiver holds a newborn child at a regional hospital in Una district, Himachal Pradesh.

Balancing quality and scale

Scale is not simply about reaching new people and new geographies; it's about staying true to our values and quality standards as we grow. While we have routine monitoring and evaluation systems in place, the pursuit of quality touches every facet of our work. It's embedded within how we plan, design, deliver, improve, and innovate on our programs.

At Noora Health, our long-term goal has always been to make high-quality caregiver training the standard of care in health systems globally. This is something we can't achieve alone, and have started collaborating more directly with trusted, experienced partners who share our core mission and values.

In **Himachal Pradesh**, for example, [MAMTA Health Institute for Mother and Child](#) has played a critical role in implementing the Maternal and Newborn Care Companion Program (CCP) in 10 districts and 21 facilities in the state. Not only has this partnership enabled our model to spread rapidly, it has also elevated the quality of our overall model through cross-learning and sharing best practices. MAMTA has decades of experience in integrating evidence-based health programs into government health systems, and their approach to stakeholder management, quality assurance, and data reporting has been helpful to understand.

To ensure that we keep quality at the core of our scaling plans, we are also in the process of revising and updating our internal systems that allow us to monitor the quality of CCP sessions across new settings, identify areas for improvement, and fill gaps where our teams can provide additional support. We assess tool usage, content coverage, and trainer soft skills such as communication and facilitation.



M.T. Krishna Babu, Principal Secretary (Health and Family Welfare), speaks at a Care Companion Program training of trainers session in Vijayawada, Andhra Pradesh.

● WATCH HERE

Communicating standards effectively is another important aspect of balancing scale with quality. In Q1, our tuberculosis (TB) program, developed in partnership with Jhpiego and USAID, was selected for national scale-up by India’s Ministry of Health. Including caregiver education as a critical component of national-level TB programs showcases how important and impactful it can be as an approach, and at scale. Incorporating learnings from our pilot program, a set of [guidelines](#) for state implementation and ongoing monitoring was set by the Ministry of Health to drive institutionalization of family member engagement in TB care. We continue to learn and develop best practices around family caregiver engagement, thus deepening our role as a strategic and technical guide for our partners.

Ensuring quality also means staying closely connected to local needs and co-creating with local partners. In **Andhra Pradesh**, co-creation sessions [we held in Q1](#) allowed us to tailor the program to community needs and gain buy-in from the healthcare workers who will deliver the program from the start. A similar approach was taken in **Indonesia**, where our early co-creation and program development work has accelerated the program launch and increased interest from other districts.

These are just a handful of ways we are thinking about maintaining quality through scale beyond routine monitoring: by implementing through trusted partners, co-creating with community stakeholders, and establishing and communicating standards.

Program updates

India

In Q2 2023, we trained 912,601 caregivers across **eight states** in India — bringing us to 4.36 million cumulative caregivers trained representing 2.93 million patients.

Following our MoU with the All India Institute of Medical Sciences, Nagpur in Q1, we expanded our footprint in **Maharashtra** in Q2. We signed an agreement with the state's health department to take the Care Companion Program (CCP) to 78 new hospitals over the next three years. To increase our reach and efficiency in implementation, we plan to bundle the Maternal and Newborn CCP and General Medical and Surgical CCP in the state.

In **Haryana**, things have been moving rapidly, as well. From our launch in March 2023, we've trained more than 74,000 caregivers — the highest reach we've seen in the first full quarter of implementation in a new state. Similarly, it was also the season of training of trainers (ToT) sessions across **Andhra Pradesh**, where we conducted nine workshops in Q2, training 593 healthcare workers across 194 facilities. This is in addition to the 5,000 Community Health Officers (CHOs) we virtually onboarded.



A nurse teaches patients about nutrition during a CCP session at Government General Hospital in Vijayawada, Andhra Pradesh.

In **Karnataka**, where our work first began in 2014, we expanded to 30 new hospitals this quarter. Q2 also marked a new milestone in **Punjab**, where we trained 122,115 caregivers — more than doubling our reach from the previous quarter. With extensive support from our government partners, we have plans to expand the CCP to all the 244 health and wellness centers in the [aspirational districts](#) of Ferozpur and Moga. With our local implementation partner, MAMTA Health Institute for Mother and Child, we conducted a ToT in **Himachal Pradesh** to include antenatal care and special newborn care units within our program.

We also celebrated a milestone moment in **Madhya Pradesh**, where we crossed the 100,000 sessions mark, training 1.76 million patients and caregivers since our work first began in the state in 2019. In Q2, our team also supported the Gogawa Community Health Center in getting its [LaQshya](#) accreditation, a national-level certification awarded to public healthcare centers that meet high-quality standards for labor and delivery care. This is our fourth [LaQshya](#) certification, and we will continue to support the state with several such health systems strengthening initiatives going forward.

Taken together, these snapshots affirm our commitment to a path to scale that is not just about getting bigger, but also doing better. Across the country, we are on track to achieve our output targets, expand the TB model in Karnataka and Goa, implement the CCP in AIIMS Bathinda, and form a new state partnership in the coming months.



A family gathers for a CCP session, embracing their newborn baby.

Bangladesh

In Q2 2023, we trained 11,340 caregivers, bringing us to 122,133 cumulative caregivers trained representing 112,646 patients across Bangladesh.

A major milestone was receiving approval from the Directorate General of Health Services (DGHS) to expand the Care Companion Program (CCP) to 40 tertiary care centers, medical colleges, and district hospitals across Bangladesh. This allows us to deepen our existing work with Special Care Newborn Units (SCANU) and also focus on antenatal and postnatal care. We are currently onboarding the new facilities, taking our program footprint to all eight administrative divisions of the country.

In June, we held a week-long SCANU training of trainers workshop. The program included 40 senior staff nurses from 20 hospitals, 20 nursing supervisors, and key government partners, such as the Director General of the Directorate General of Nursing and Midwifery (DGNM) under the Ministry of Health and Family Welfare (MoHFW) and the Additional Secretary for Nursing and Midwifery under the MoHFW.

On the tech front, we will launch a new mobile-based health education service that sends weekly messages to expectant and new mothers. To prepare, we recruited 15 new tele-support executives and held a training in our Dhaka office.

We are in the process of renewing our MoU with the DGHS for the next five years, and signing a new MoU with the DGNM.

“I am proud to be able to attend this CCP training. It has been a pleasure and of much learning from the beginning to the end. We have understood it very well and learned the techniques to teach it to others.”

– Shristy Debnath, a senior staff nurse from Kishoreganj District Hospital



A healthcare worker leads a CCP session in Savar, Bangladesh.

Indonesia

In Indonesia, we are building our operations up one step at a time. Using the insights we gained from our [co-creation session last quarter](#), we spent Q2 developing and customizing the program to meet the health system’s specific needs. Preparations are also in full swing for the launch of our first training of trainers in September in Pamekasan district, East Java.

Another exciting development was the establishment of our local entity, Yayasan Noora Health Indonesia. With this in place, we are actively pursuing MoUs with additional districts in East Java. In particular, we are in discussion with the districts of Blitar, Kediri, and Bangkalan.

Leveraging the country’s extensive smartphone penetration, we will launch our WhatsApp-based Mobile Care Companion Service in September. This service will reinforce healthy behaviors taught during the in-person CCP, deliver behavioral nudges, provide interactive health education, and send personalized reminders, transforming the way Indonesia’s patients and caregivers manage their health.

To ensure that we are able to match the demand for our program, we are hiring extensively and are excited to introduce our leadership team in Indonesia in Q3.



Master trainers actively contribute and collaborate during a co-creation activity in Indonesia.

Research and evaluation

Promising association between the CCP and reduction in neonatal mortality

In May 2023, we published [a study](#) in PLOS Global Public Health that highlights how Care Companion Program (CCP) participation is positively associated with decreased neonatal mortality. This research is part of a larger quasi-experimental evaluation we've been conducting since 2019 in collaboration with [Ariadne Labs](#) across 28 facilities in four Indian states.

Data collected from more than 133,000 individuals between October 2018 and February 2020 showed, post-CCP implementation, there was a trend towards a **reduction in newborn deaths by 18 percent** within the first month. This would translate to 9.2 lives saved for every 1,000 live births.

These results are promising because they show that the CCP program could be a viable, low-cost strategy for improving neonatal outcomes. With data collection complete and analysis well underway, we will continue to learn more about the impact of the CCP program.

A mother and her children share a tender moment in Himachal Pradesh.



Understanding the impact of the General Medical and Surgical program in Punjab

In Q2, we wrapped up data analysis of an evaluation of our General Medical and Surgical (GeMS) CCP in Punjab, conducted from December 2021 to December 2022. Across five districts, we compared outcomes related to health-promoting behaviors, risk perception, disease management, and treatment-seeking behaviors between 1,087 CCP patients and 900 patients in the control group.

Compared to a control group, the findings indicate that individuals enrolled in the CCP:

- Had higher levels of **physical activity** post-discharge
- Were more likely **adhere to the medication plan** provided
- Displayed more **readiness to leave the hospital** at the time of discharge
- Were **less likely to be readmitted** to the hospital in case of post-surgery ill health (though this isn't statistically significant)

This evidence points to the important effects of the CCP on health behavior and outcomes in a new patient population and program. We look forward to publishing the findings in a peer-reviewed journal in the upcoming months.

Sharing research and insights

We also presented our work at two major global conferences this quarter:

- **Consortium of Universities in Global Health (April):** Our research partner DigitalMedic, based at the Stanford Center for Health Education, **presented our evaluation** on the postnatal care WhatsApp service in India.
- **International Maternal Newborn Health Conference (May):** We presented our **pilot postnatal care evaluation** at the conference, which was attended by more than 1,000 people.

Additionally, in partnership with the University of Washington, we co-authored a **human-computer interaction paper** discussing how we might rethink the design and implementation of health information services – like our WhatsApp service – to also engage with structural issues.

Story feature

How does Pragati, a pediatric nurse at JJ Hospital in Mumbai, Maharashtra, help new mothers and families care for their children?

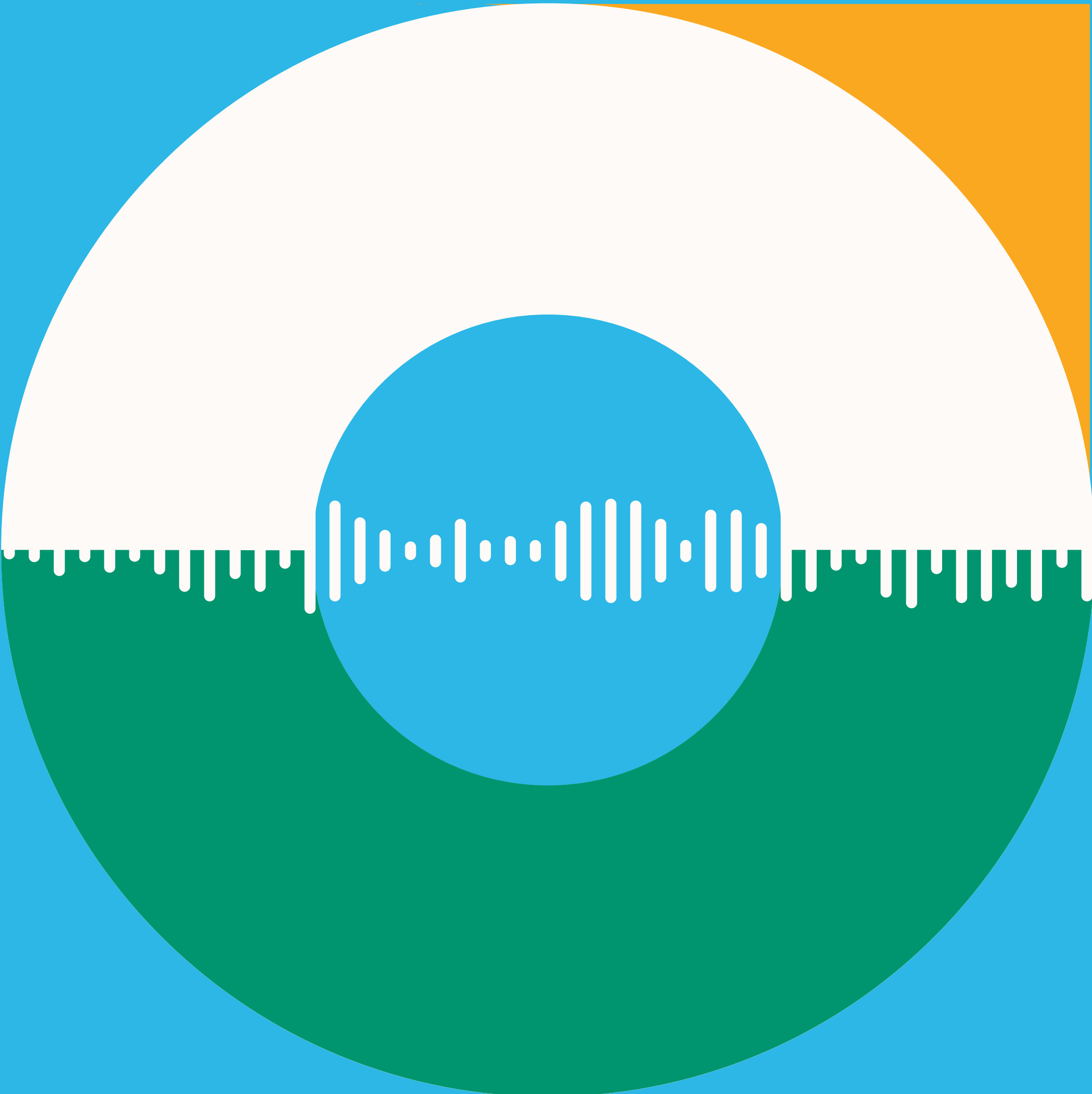
In our latest installment of the [CCP Chronicles](#), a series where we showcase the voices of the people behind the Care Companion Program (CCP), Pragati shares her aspiration and determination to help families — especially mothers — to care for their children. She proudly talks about how the CCP has helped her connect with and train many families, leading to better health outcomes for their children.

Watch the full story below to hear how Pragati's training helped save a young patient's life.

● [WATCH HERE](#)

Pragati talks with Noora Health's film team about her journey to becoming a nurse.





Podcast feature

“There are so many problems — massive problems in this world — that traditional markets cannot and will not solve.”

On a recent episode of [The Social Radars](#) podcast, Edith Elliott, our Co-Founder and Co-CEO, charts Noora Health’s journey from a graduate school project to a rapidly growing organization – and all the hurdles in between that many nonprofits face. But the breadth of impact has been worth it, she tells podcast hosts Jessica Livingston and Carolynn Levy.

● LISTEN HERE

Noora Health teammates
at work at our sunny
Bangalore office.

We're hiring!

As our work continues to grow, so does our team. In Q2 alone, we welcomed 42 new Noorans, bringing our team to over 411 incredible individuals across four countries.

None of our work is possible without our talented team, and we're constantly on the lookout for curious, compassionate, and dedicated people who work at the intersection of social impact and public health. This reflects in our ambitious plan to recruit more than 60 new team members in Q3.

Check out all open roles on our new [careers page](#) and a few key hires below. Please share them within your networks!

Director of Program & Operations | BANGLADESH

Head of Program Design & Development | BANGLADESH

Director of Monitoring & Evaluation | INDIA

Medical Content Manager | INDONESIA

Program Associate | INDONESIA

Director of Platforms & Engineering | SHARED

What's next at Noora Health?

A sneak peek into plans, projects, and perspectives that are in the pipeline.

TECH

We are partnering with [Ooloi Labs](#) to develop a learning management system (LMS) and a knowledge management system (KMS). The LMS will enable us to train nurses and other healthcare providers virtually, as well as continue to support them beyond the first training. This will increase nurse capacity through continued development and engagement, and further maintain the quality of our programs. The KMS will enable us to capture, access, and process knowledge flowing through different verticals and cross-functional divisions within the organization.

Through the creation of this centralized platform, we hope to improve overall organizational efficiency and support organizational growth, collaboration, and knowledge sharing.

COMMUNICATIONS

Caregiving is complex, universal, and often invisible. At Noora Health we have privileged access to inspiring and impactful stories via our partners, teams, and communities — insights and perspectives that deserve to be showcased and documented. Enter: The Companion, Noora Health's first-ever blog, and storytelling home, set to be launched in Q3!

RESEARCH

We've completed our endline data collection for our study on our postnatal care CCP in 28 facilities across four states in partnership with Ariadne Labs. Analysis is ongoing and we're expecting results soon!

GENDER

It's no secret that caregiving disproportionately affects women — an estimated 70 percent of caregivers are women and girls. We encourage increased male attendance in Care Companion Program (CCP) sessions and work to provide visuals and other examples of ways that men can support key health behaviors. Still, larger barriers and challenges remain that mediate our programs, like gendered phone ownership, who is allowed in hospital wards, and who is expected to perform caregiving roles. Over the last year, we have been focusing on understanding how gender intersects with our design, content, training, and implementation work. We plan to continue to focus and communicate on developments of this work.



We are *all*
caregivers.

noorahealth.org



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