

Impact Report

Q3 | 2023





Shahed Alam, Noora Health, and Kathryn Harrison, Skoll Foundation, onstage with Chelsea Clinton and other commitment makers at the Clinton Global Initiative 2023 meeting.

Letter from our co-founders

Dear friends,

It's been an unforgettable quarter for us at Noora Health. In September, we officially launched the Care Companion Program (CCP) in Indonesia — a culmination of eight intense months of needs-finding, systems mapping, and content development to create a contextually-relevant model for caregiver training in the country.

We were also honored to participate in events around the United Nations General Assembly week in New York, where world leaders came together to tackle global challenges. Here, we had the opportunity to discuss our work with health delegations from Indonesia and Bangladesh, attend a [UN high-level meeting](#) on tuberculosis, and connect with senior leaders affiliated with the World Health Organization. Another highlight of this week was announcing a new [Commitment to Action](#) at the Clinton Global Initiative meeting to develop best practices for caregiver education globally. Taken together, these are incremental — but crucial — steps toward making family caregiver training the standard of care.

In the midst of these big, exciting moments our programs have continued to mature and grow, reaching more caregivers than ever before. In Q3 2023, we trained over 1.2 million family caregivers (more than 3x our reach in Q3 2022!), bringing us to a total of over 5.7 million caregivers who support and care for more than 3.9 million patients.

Join us as we celebrate our wins from Q3 2023 and reflect on the road ahead!

Edith

Shahed

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A grandmother listens attentively during a CCP session.



Growth overview

In Q3 2023, we crossed another unprecedented milestone in our growth journey, training over one million caregivers in a single quarter. Surpassing last year’s annual reach in this quarter alone is a powerful marker of the scale and speed of our work. In Q3, with our programs operating in more than 600 hospitals and 4,100 clinics across India, Bangladesh, and Indonesia, we reached 1.2 million caregivers representing over 861,000 patients. Notable highlights include the launch of our programs in Indonesia, and the integration of our tuberculosis model in Goa as part of the Government of India’s national initiative to end TB.

As we grow, we have taken an increasingly tech-enabled approach to deepen our engagement with both caregivers and frontline healthcare staff, particularly those at the community level. In this report, we delve into the tech side of our work — as a means to extend connection, strengthen learning, enable data-driven decisions, and scale our impact.



Nurses share a moment in the rain outside B.J. Medical College in Pune, Maharashtra.

Q3 impact at a glance

1,285,000 caregivers trained

861,000 patients represented

55,544 new mobile service subscribers

752 healthcare staff trained

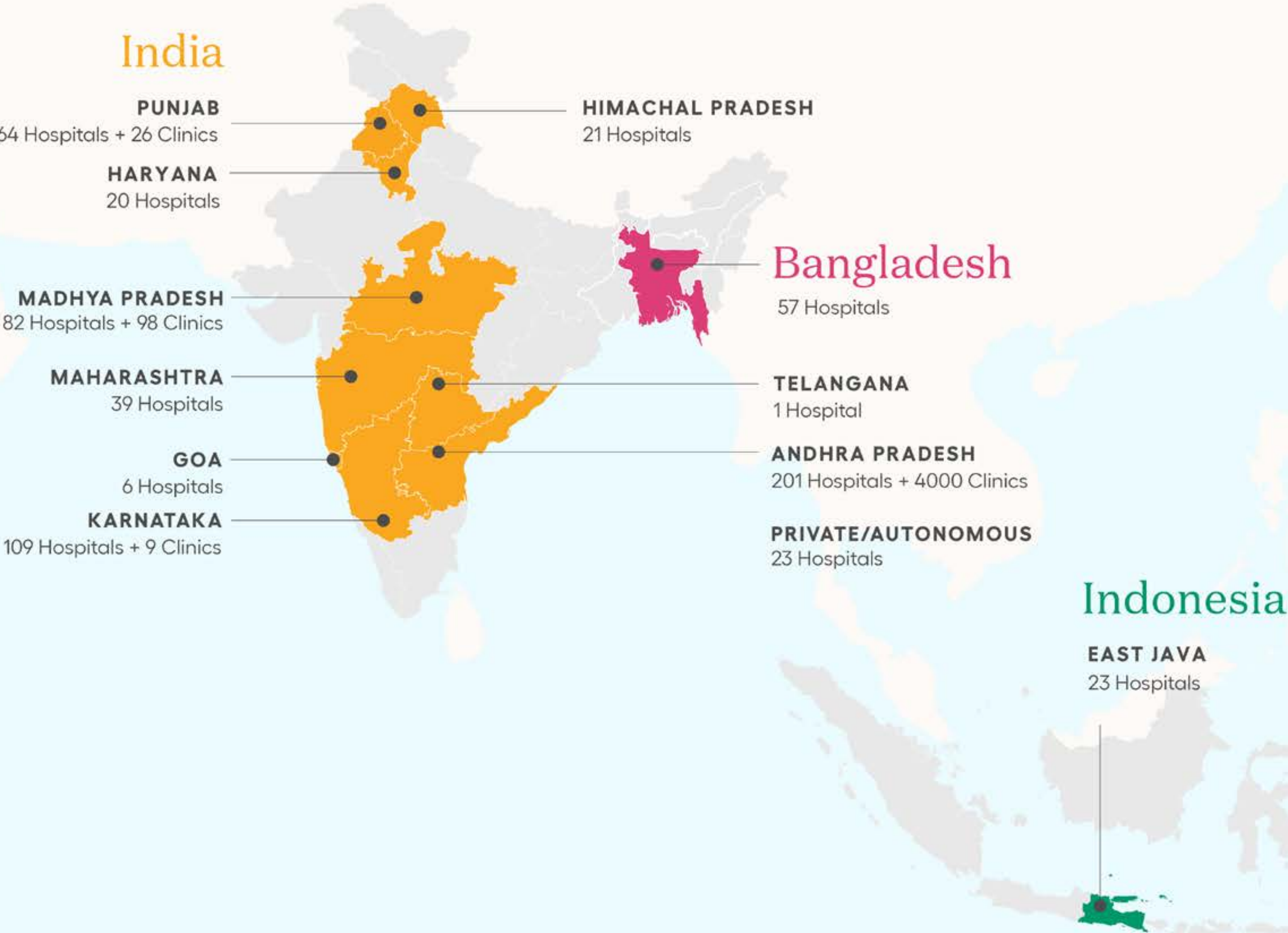
15 training of trainer workshops

74 hospitals added

34 teammates hired

Reach to date

By geography



TOTAL:
4779 FACILITIES
646 Hospitals + 4133 Clinics

Reach to date

In numbers

Caregivers trained

TOTAL:
5,769,000

Region	Q3	Cumulative
Andhra Pradesh	260,636	436,685
Goa	162	162
Haryana	160,493	235,108
Himachal Pradesh	16,898	52,574
Karnataka	230,678	1,424,441
Madhya Pradesh	390,987	2,153,853
Maharashtra	39,190	330,000
Private	4,244	280,733
Punjab	159,037	702,404
Telangana	0	8,476
Bangladesh	21,515	143,648
Indonesia	1,348	1,348
Total*	1,285,000	5,769,000

Patients represented

TOTAL:
3,909,000

Region	Q3	Cumulative
Andhra Pradesh	174,965	292,330
Goa	108	108
Haryana	106,995	156,739
Himachal Pradesh	11,265	35,050
Karnataka	153,786	952,725
Madhya Pradesh	260,872	1,436,130
Maharashtra	26,127	220,610
Private	2,830	187,157
Punjab	109,096	495,548
Telangana	0	5,653
Bangladesh	14,343	126,989
Indonesia	670	670
Total*	861,000	3,909,000

Reach to date

By heath condition

Caregivers trained by health condition

Health condition	Q3	Cumulative
Cardiac	10,832	357,211
COVID-19	0	163,646
Non-Communicable Diseases, General Medical, Surgical Care	122,474	343,196
Maternal & Newborn	1,150,890	4,880,236
Oncology	830	20,116
Tuberculosis	162	5,026
Total*	1,285,000	5,769,000

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

A new mother holds her baby at the Bangladesh Shishu (Children's) Hospital and Institute, Dhaka.





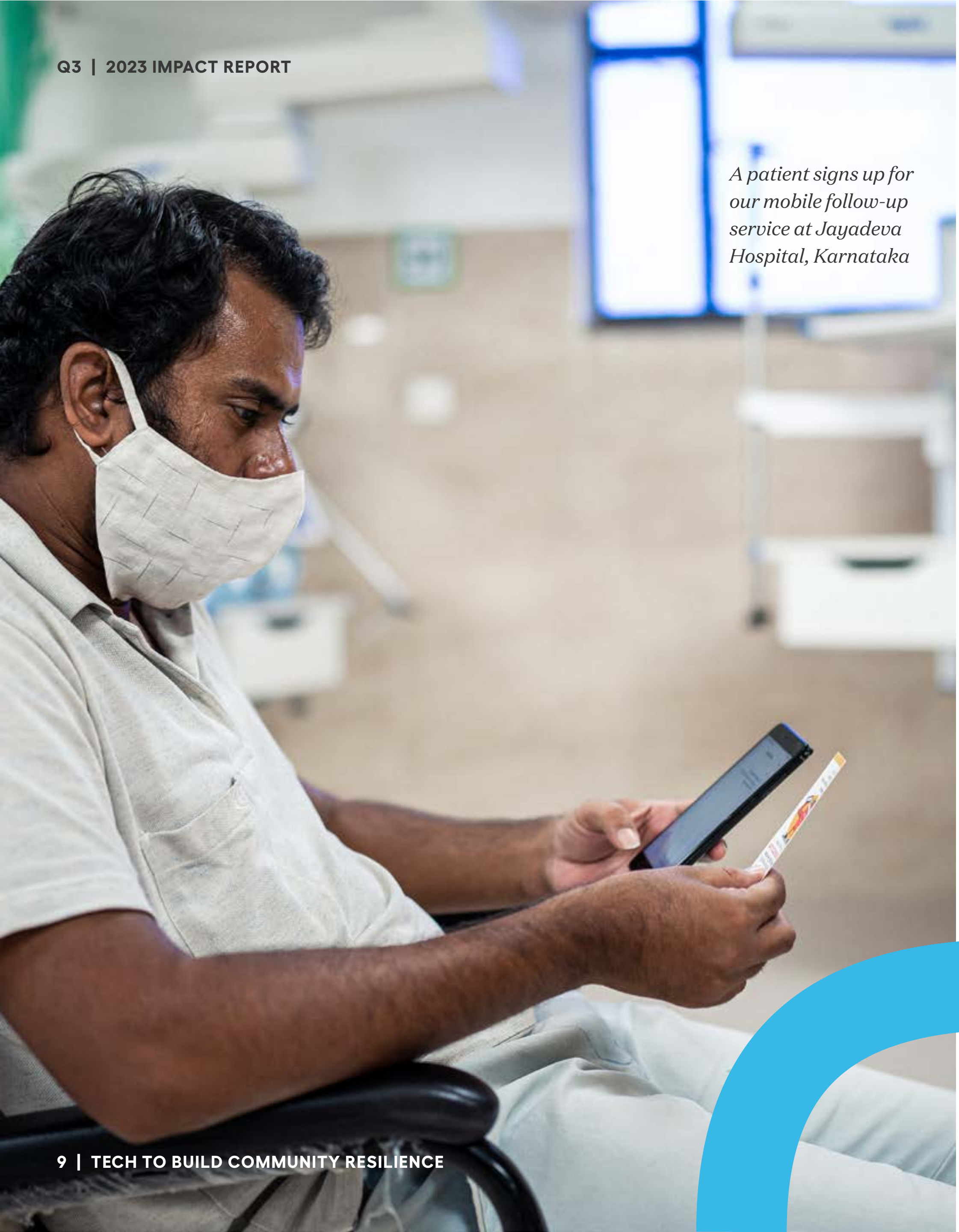
Following a CCP session, a caregiver signs up for our WhatsApp mobile services in Pamekasan, Indonesia.

Tech to build community resilience

“One day, I noticed that my baby had droopy eyelids, and wasn’t opening his eyes much. My mother-in-law dismissed my worries, saying he was just sleepy. But I remembered learning from your training and calls that this could be a sign of danger. My family suggested I take my son to the kobiraj (local village healer), but I decided to take him to the hospital instead, where he was admitted and taken care of. He’s now safely back home.”

Finding new ways to better support caregivers like Sadia, who shared this story with us in a feedback call, are central to our mission. As Noora Health tests new pathways to scale, we’re witnessing the powerful role technology can play in building community resilience by equipping caregivers, patients, and healthcare workers with targeted knowledge, data, and continued support.

Originally, we set up our tech work to reach **caregivers and patients** beyond the health facility. Our remote engagement service (RES) is a mobile-based messaging platform that nudges patients and caregivers towards healthy behaviors. RES is delivered through a mix of WhatsApp (scheduled messages, chatbot, and live chat), pre-recorded voice messages (IVRS), and tele trainers (live support). To date, we have engaged with over 480,000 users, and our health desk now responds to over 500 questions a day.



*A patient signs up for
our mobile follow-up
service at Jayadeva
Hospital, Karnataka*

Building on these efforts, we are now focusing on tailoring our RES platform to meet the needs of different users, such as high-risk patients and those with chronic illnesses. Additionally, using behavior change communication approaches, we have been testing various messaging styles (from instructional to narrative), rich media (images, gifs, short-videos), as well as timed nudges to increase engagement. We have also been rigorously testing large language models to aid our health desk nurses answer user queries at scale.

Parallely, we are also building and expanding our digital capabilities to better engage the **healthcare workers** delivering our programs. For some contexts, such as in Bangladesh, we have built our own offline-first app, to help nurses better monitor the CCP. In other settings, such as the state of Andhra Pradesh, where we are supporting over 10,000 Community Health Officers (CHOs), we have integrated our CCP tools and monitoring in the state-run application. In Indonesia, healthcare workers shared with us that they prefer WhatsApp over downloading multiple different applications. Keeping this in mind, we are using a WhatsApp-based chatbot for data monitoring and learning.

With an aim to scale up our training capabilities and offer hybrid (virtual and in-person) and blended (virtual synchronous and asynchronous) learning opportunities to healthcare staff, we are integrating a learning management system within our digital tools, in partnership with [Ooloi Labs](#). And finally, we are also building a centralized data warehouse and revamping our dashboards to enable experimentation and generate more actionable insights.

Digital technologies enable Noora Health's core functions, allowing providers, patients, and caregivers to play an active role. There is a growing interest in tech from health systems, and we will continue to pursue opportunities in the space and further integrate tech into our program.

Program updates

India

In Q3 2023, we trained 1.26 million caregivers across **nine** states in India — bringing us to 5.6 million cumulative caregivers trained representing 3.7 million patients.

In **Andhra Pradesh**, our community-level work reached more than 200,000 caregivers in a single quarter — a testament to the commitment of the 5,000 community health officers trained in Q2. Similarly, the Care Companion Program (CCP) gained a lot of traction in **Haryana**, where it crossed the 100,000 caregivers trained mark in just four months, and was reviewed by state-level officers for the first time.

In **Maharashtra**, we signed an agreement to implement the CCP in 10 government medical colleges across the state. This is an opportunity for significant direct and indirect impact as these institutions often treat the most critical medical cases and teach a large percentage of healthcare workers. We've also started bundled training, where we train healthcare workers in two condition areas (maternal and newborn care as well as general medical and surgical care) at once, allowing for a potentially more cost-effective training approach.

In **Karnataka**, we're seeing creative examples of involvement in and ownership of the program from health system stakeholders. For instance,

A mother smiles at her baby during a CCP session at the Government General Hospital in Vijayawada, Andhra Pradesh.



staff at the Bidar Institute of Medical Sciences [painted illustrations](#) and key messages from our training materials onto the walls of their waiting rooms. Similarly, the Kolar Gold Fields Hospital [listed](#) the CCP as one of the services they provide. We have also set up ongoing review meetings with key district officials, increasing their accountability for the program.

Building on our previous efforts to support healthcare facilities in **Madhya Pradesh** in obtaining the national-level [LaQshya](#) quality certification, we worked alongside two new facilities in Q3. The CCP was also part of a high-level review with the Regional Joint Directors of Sagar and Rewa districts, demonstrating their growing focus on the program's performance and effectiveness.

In **Himachal Pradesh**, we've submitted a proposal to pilot the CCP with [ASHA workers](#) in a few districts. In **Punjab**, talks are ongoing to expand our support to the [Rashtriya Bal Swasthya Karyakram](#) (a national child health initiative) and into new condition areas.

Earlier this year, our Tuberculosis (TB) Family Care Model [was selected](#) to scale across India by the Central government. In Q3, we supported **Goa** in implementing these guidelines across the state. As a technical partner, we advise training activities while the state owns and runs the implementation.



A caregiver reads a Noora Health pamphlet at a regional hospital ward in Una district, Himachal Pradesh.

Bangladesh

In Q3 2023, we trained 21,515 caregivers across eight divisions in Bangladesh, bringing us to 143,648 cumulative caregivers trained representing 126,989 patients.

In August, we held our first ever antenatal and postnatal care training of trainers (ToT) session. Forty senior staff nurses from tertiary- and district-level hospitals participated in the four-day event. To ensure that the program has strong supervision from within the system, we held a one-day training for 17 nursing supervisors. Alongside this, we held another Special Care Newborn Unit (SCANU) workshop, training 43 senior staff nurses and 19 nursing supervisors. We were encouraged to see participation from senior government officials, including the Director General (DG) of the Directorate General of Family Planning.

Through these trainings, we launched the Care Companion Program (CCP) in 18 new medical colleges and district hospitals in the country. This takes our reach to 48 out of 64 districts across the eight divisions of Bangladesh — an enormous achievement considering that we first launched our hospital work last year.

And finally, in a meaningful moment of synergy, we had two key government officials from Bangladesh visit Bangalore to observe the implementation of the CCP and understand how the work matures after years of collaboration with health systems. This, alongside our meeting with the health delegation led by the DG of the Directorate General of Health Services at the sidelines of the United Nations General Assembly, has provided further advocacy and expansion support.

“The CCP is not only Noora Health’s program; it’s also a government program. So, we all should work together to make it successful.” — Dr. Zakiul Islam, Deputy Director, Mymensingh Medical College Hospital



A master trainer demonstrates the danger signs for pregnant mothers during a training of trainers session in Dhaka, Bangladesh.

Indonesia

In September, we officially launched the Care Companion Program (CCP) in Indonesia with a memorable training and event in Pamekasan.

Participating nurses and midwives from [Puskesmas](#) (community health clinics) and [Dinas Kesehatan](#) (the local health department) praised the training for its thoroughness, high-quality resources, and competent instructors. In the month that followed, 137 CCP sessions were held, training 1,348 caregivers, representing 670 patients.

Currently, the program is focused on maternal and newborn care, and is operating at several levels, including in hospital (RSUD) wards and outpatient clinics, Puskesmas, and in community health camps via [Posyandu](#). We developed tools that were relevant for these diverse settings, and co-created the overall service model with our partners. After implementation, our team continues to support trainers, monitor sessions, and document lessons learned.

Finally, at the sidelines of the United Nations General Assembly, we had a productive meeting with Indonesia’s Minister of Health, Pak Budi Sadikin. They responded enthusiastically to the concept, and discussed a pathway to test the model across a set of regencies — allowing us to further tailor it and scale. Since then, we continued to lay the groundwork for expansion, and have signed our second agreement with [Kabupaten](#) Ponorogo, East Java. We’re excited for what the future has in store for us in Indonesia!



Noora Health teammates with the Vice Regent and Regent of Pamekasan at the launch of Noora Health's program in Indonesia.

● WATCH HERE

Research and evaluation

In Q3, we completed preliminary data analysis for our endline study, in partnership with [Ariadne Labs](#). Covering 28 facilities in four Indian states, this is our largest study to date, and it examines the impact of our postnatal care program on health behaviors and outcomes. Originally started in 2018, we paused data collection during the height of the COVID-19 pandemic and resumed work between June 2022 and May 2023. In total, we surveyed 37,279 mothers before they were discharged postpartum — 21,959 who attended a CCP session and 15,320 who did not.

We look forward to completing the full data analysis and sharing results with the wider global health community in coming months.

A family celebrates the arrival of their baby at the Government General Hospital in Vijayawada, Andhra Pradesh.



What does it mean to be a caregiver?

Earlier in the year, [The Caregiving Lab](#) set out to answer this question via its project, Caregiving Conversations. Through interviews with Noora Health teammates, we uncovered many commonly celebrated aspects of caregiving, while also creating space for the fear, loneliness, and potential isolation that can occur in caregiving roles.

We shared these perspectives in an immersive audio-visual experience at our Bangalore office. The interactive exhibit provided an important window to understanding the diverse ways we define caregiving within the organization, and how that might shape our programmatic work.

Building on this work, the Lab recently launched a project to unpack what caregiving looks like for high-risk patients. Data synthesis and analysis is ongoing, with plans to use the emerging themes and insights to strengthen our approach.

“I was running and taking buses, going to every hospital anybody suggested, to find the best treatment options for Arnav. Even if you suggest something to me right now, I will go there because I don’t know what's the best option.”

“My day was not my day anymore, it was my father’s.”

“I ask people who are already taking care of someone how they're doing it, what they are doing.”

“I kept thinking to myself, ‘What is wrong with me?’ I’m the one who gave birth to a child with a hole in his heart.”

Story feature

“We learn about Kangaroo Mother Care, but kangaroos aren’t a familiar animal for people in our country. Instead, we ask them to imagine a monkey and how it keeps its baby close to its chest, and then show them how to do the same.” — A nurse in Maharashtra

Healthcare workers (who are often nurses), are the backbone of the Care Companion Program (CCP), and earlier this year, we conducted a short qualitative study to understand the nurses’ experience in implementing the CCP. Eighteen nurses across four states shared how the CCP helped streamline the existing patient counseling process, enabled them to grow personally and professionally, and gave them a sense of agency in their own work — ultimately motivating them to keep delivering the training to patients and their families. The nurses also shared feedback on additional ways in which Noora Health can support them, and we plan to incorporate it into our programmatic work.

● [READ HERE](#)

PS. For more such perspectives, don’t forget to check out [The Companion](#), our new blog and storytelling home!

A healthcare worker provides guidance on how to safely hold a baby during a Care Companion Program (CCP) session in Jind, Haryana.





Podcast feature

“Hearing how much relief and gratitude people have for being given information just reinforces how powerful something so simple can be in someone’s life and in their healthcare journey.”

Edith Elliott and Shahed Alam, our Co-Founders and Co-CEOs, were recent guests on [The Business of Giving](#) podcast to discuss Noora Health’s work so far and mission to make family caregiver training a standard of care.

In their conversation with host Denver Frederick, hear all about the organization’s unconventional start and its journey to supporting 70 million caregivers in the next five years.

● [LISTEN HERE](#)

*Noora Health teammates
at work at our sunny
Dhaka office.*

We're hiring!

In Q3, we onboarded 34 new team members across multiple functions and regions. Among these were key leadership positions across each country. The new Noorans have hit the ground running and their contributions are already creating ripples of positive impact.

In the next quarter, we look forward to welcoming more talented, creative, and driven people to the team. We've set ourselves an ambitious target to recruit 84 new team members across our India, Bangladesh, Indonesia, and Shared teams. Check out a few key hires below, and please share them within your networks!

Programs & Operations Director | BANGLADESH

Medical Director | BANGLADESH

Platforms Lead | INDIA

Health Communications Manager | INDONESIA

Medical Lead | INDONESIA

Medical Content Manager | INDONESIA

Senior Training Manager | INDONESIA

What's next at Noora Health?

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

TECH

In an effort to utilize technology to amplify our impact, we're exploring using generative artificial intelligence (AI) to build a recommendation agent that suggests safe, reliable, and medically-accurate responses to patient and caregiver queries. Currently, as part of our remote engagement service, a health desk of nurses sifts through hundreds of incoming questions every day, assigning, classifying, translating the queries, searching our knowledge bank, and selecting, editing, or rewriting the response. This process is time consuming, and we are testing large language models to automate the search and response generation process, which in turn will help nurses respond more effectively and accurately at scale.

MOVEMENT BUILDING FOR CAREGIVER EDUCATION

Our mission is not only about direct impact — it's about movement building to enable other systems to better support loved ones of patients. In the next several years, we aim to synthesize our model into evidence-based toolkits and guidance that others can readily adopt and adapt. We've laid the groundwork for these ambitions by developing a multi-year, global research strategy and announcing a [Commitment to Action](#) at the Clinton Global Initiative (CGI) 2023 Meeting.

TUBERCULOSIS

Our India programs team has been busy building out a Remote Engagement Service, to provide WhatsApp and Interactive Voice Response (IVR) follow-up support to tuberculosis patients and caregivers. We plan to take it live in Karnataka within the next few months. Almost simultaneously, India's Central Tuberculosis Division launched their remote engagement guidelines, based on the pilot we had conducted in Madhya Pradesh. We were extremely excited to see that the approach outlined by the government is closely aligned with ours. Taking the learnings from our work, we hope to collaborate with the government in rolling out their service, deepening our national-level engagement with them.

HEALTH SYSTEMS

Every two years, state governments in India prepare Program Implementation Plans (PIPs) where they outline plans and budgets needed for achieving defined health outcomes in the next two years. Integrating our program costs into these PIPs is a key strategy to ensure the sustainability and government ownership of the Care Companion Program (CCP). Currently, we have requested a renewal of PIP funding in three states and proposed a new allocation of CCP budgets in five states. Being a part of this process is indicative of the government's confidence in Noora Health's work, demonstrates their ownership, and sets stage for future expansion. Stay tuned for more updates.

Nurses enjoy a group activity during a training of trainers workshop in Indonesia.



We are *all* caregivers.

noorahealth.org

