Connecting with care
“The positive words of a mother are bigger than awards. Knowing that your work is making someone feel better, is bigger than an award. Awards shouldn’t be objects; they should be words of appreciation from the people you work for — be it a child, a mother, or a relative.”

— A healthcare worker in Maharashtra, India
Dear friends,

At the close of another year of extraordinary growth and at the doorstep of our tenth year as an organization, we found ourselves reflecting on the question: What does it mean to connect with care?

• A caregiver at a bedside, holding the hand of their loved one.
• A nurse on their morning round, checking in with a patient after a difficult night.
• A security guard helping a family navigate the maze of a hospital.
• A family doctor at the other end of a WhatsApp number, answering urgent questions in those lonely late night hours.
• A group of designers, health communicators, and local leaders coming together to address the most pressing, unique needs of a community.
• A text to a friend, a meal for a grieving neighbor, and those too-fleeting tender moments between a new parent and a baby.

At Noora Health, connecting with care is at our very core. It's what initially inspired the work and what continues to fuel our mission to equip caregivers with the skills to care for those who matter most.

In 2023, we hit new heights, reaching more than 5.3 million caregivers through 849 hospitals and 10,088 clinics. We officially launched in Indonesia alongside our incredible partners and dedicated team. We introduced a new model cutting across all levels of the health system and into the community in Andhra Pradesh, published five new research studies, and welcomed 137 new Noorans to the team. Looking ahead, we took the stage at the Clinton Global Initiative to commit to developing evidence-based guidelines and resources that will enable global health systems to advance caregiver skill training.

In our 2023 Annual Report, connecting with care is the thread that binds all we do — through significant achievements, moments of failure and learning, and stories of courage and empathy from caregivers.

That thread reaches to you as well, our unmatched supporters and community. We couldn’t do this work without you.

Edith Shahed

Letter from our co-founders
Table of contents

5   Our model
6   Six-year scaling plan
7   Growth overview
9   Reach to date
12  Key learnings
13  Expansion
24  Programs & platforms
31  Learning
39  Looking ahead
45  Supporters
Our model

At Noora Health, we believe in the immense power of loved ones as caregivers. Our mission is to improve outcomes and strengthen health systems by equipping family caregivers with the skills they need to care for their loved ones.

By supporting caregivers effectively, we believe they can radically transform patient outcomes — because no one should suffer from a preventable medical condition.

How do we center patients and caregivers within our global health systems?
Six-year scaling plan

In 2022, thanks to the generous support of a group of donors through the Audacious Project, we were able to embark on a new, ambitious phase of growth. 2023 marked the second year of our six-year strategy to train more than 70 million family caregivers by the end of 2027, improving outcomes for an estimated 48 million patients across four countries.

In the first two years, we trained 6.6 million caregivers — surpassing our target by one million caregivers. The majority of this growth came from India, where we reached 6.4 million caregivers over the two years.

We are poised for even more growth in 2024, deepening our impact through existing programs, expanding our model to new locations, and laying the groundwork to advocate for systems change globally. After doing a grounds up projection of our goals, we aim to train 7.7 million caregivers in the coming year. While this is slightly below our original target of 8 million, given our growth in 2023, we are on track to exceed our three-year goal. In recalibrating our target for 2024, we hope to be more intentional about our scaling strategies, test different pathways, and position ourselves for future scale.
Growth overview

In 2023, we quadrupled our reach, training over 5.3 million caregivers representing more than 3.6 million patients. This means that the Care Companion Program has now reached more than 8.4 million caregivers since Noora Health’s founding.

In Q4 2023, we trained 2.6 million caregivers, with the most significant increase coming from Andhra Pradesh, India, where we implemented a new clinic-based model. By training 10,032 community health officers in the state, we went from training 8,000 caregivers in Q1 2023 to over 1.5 million caregivers in Q4 2023 alone. This is our fastest growth in any geography, and we are excited to take lessons from this community-level, yet highly scalable, implementation to other geographies and condition areas.

In Bangladesh, we expanded our footprint by launching programs in antenatal and postnatal care. In Indonesia, we established our local entity, built a local leadership team, and began program implementation in September, training over 3,000 caregivers. Beyond growing our existing work in Pamekasan, East Java, we’re also in conversation with the Ministry of Health to build a strategic partnership that will take our program across the country’s health system.

Change in number of facilities reported

At times, as our programs evolve, we phase out our direct involvement with facilities and no longer maintain monitoring and reporting data on them. This may happen because a program is running successfully on its own, as occurred in 23 private facilities this year. Similarly, once our tuberculosis family care pilot scaled nationally this year, the reporting structure and ownership of implementation shifted. In Madhya Pradesh, India, for example, we stepped back from direct implementation and started working with India’s Central TB Division to access, understand, and report on training data. Finally, at one public facility in Telangana, India, the program is on a temporary pause due to staff shortages, which we are addressing with the facility. You will see these shifts reflected in the charts on pages 10 and 11.
Impact at a glance

2023

5,377,000 caregivers trained
3,606,000 patients represented
261,208 new mobile service subscribers
12,190 healthcare staff trained
56 training of trainer workshops
565 hospitals added
10,032 clinics added
137 teammates hired

Quarter by quarter growth

2023

Quarters in 2023

<table>
<thead>
<tr>
<th>Quarters</th>
<th>Caregivers trained (million)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 (513,349)</td>
<td>0.5</td>
</tr>
<tr>
<td>Q2 (923,941)</td>
<td>1.0</td>
</tr>
<tr>
<td>Q3 (1,285,188)</td>
<td>1.5</td>
</tr>
<tr>
<td>Q4 (2,655,044)</td>
<td>3.0</td>
</tr>
</tbody>
</table>
Reach to date

By geography

India
- Punjab: 64 hospitals + 26 clinics
- Haryana: 20 hospitals
- Madhya Pradesh: 151 hospitals + 21 clinics
- Maharashtra: 95 hospitals
- Goa: 6 hospitals
- Karnataka: 152 hospitals + 9 clinics
- Himachal Pradesh: 21 hospitals

Bangladesh
- 57 hospitals

Indonesia
- East Java: 23 hospitals

TOTAL:
10,937 FACILITIES
849 hospitals + 10,088 clinics
Reach to date
In numbers

Caregivers trained

<table>
<thead>
<tr>
<th>Region</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Annual</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andhra Pradesh</td>
<td>8,094</td>
<td>126,213</td>
<td>260,636</td>
<td>1,572,716</td>
<td>1,967,659</td>
<td>2,009,922</td>
</tr>
<tr>
<td>Goa</td>
<td>-</td>
<td>-</td>
<td>162</td>
<td>2,721</td>
<td>2,883</td>
<td>2,883</td>
</tr>
<tr>
<td>Haryana</td>
<td>169</td>
<td>74,446</td>
<td>160,493</td>
<td>176,023</td>
<td>411,131</td>
<td>411,131</td>
</tr>
<tr>
<td>Himachal Pradesh</td>
<td>13,942</td>
<td>21,078</td>
<td>16,898</td>
<td>21,991</td>
<td>73,909</td>
<td>74,565</td>
</tr>
<tr>
<td>Karnataka</td>
<td>110,051</td>
<td>162,949</td>
<td>230,678</td>
<td>232,373</td>
<td>736,051</td>
<td>1,665,292</td>
</tr>
<tr>
<td>Madhya Pradesh</td>
<td>261,221</td>
<td>344,046</td>
<td>390,987</td>
<td>416,049</td>
<td>1,440,347</td>
<td>2,557,946</td>
</tr>
<tr>
<td>Maharashtra</td>
<td>53,006</td>
<td>54,076</td>
<td>39,190</td>
<td>38,991</td>
<td>185,263</td>
<td>368,991</td>
</tr>
<tr>
<td>Punjab</td>
<td>49,802</td>
<td>122,115</td>
<td>159,037</td>
<td>133,296</td>
<td>466,250</td>
<td>835,700</td>
</tr>
<tr>
<td>Telangana</td>
<td>1,428</td>
<td>1,312</td>
<td>-</td>
<td>-</td>
<td>2,740</td>
<td>8,476</td>
</tr>
<tr>
<td>Private</td>
<td>6,366</td>
<td>6,366</td>
<td>4,244</td>
<td>-</td>
<td>16,976</td>
<td>280,733</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>9,270</td>
<td>11,340</td>
<td>21,515</td>
<td>60,840</td>
<td>102,965</td>
<td>204,488</td>
</tr>
<tr>
<td>Indonesia</td>
<td>-</td>
<td>-</td>
<td>1,348</td>
<td>2,008</td>
<td>3,356</td>
<td>3,356</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>513,000</td>
<td>923,000</td>
<td>1,285,000</td>
<td>2,655,000</td>
<td>5,377,000</td>
<td>8,424,000</td>
</tr>
</tbody>
</table>

Patients represented

<table>
<thead>
<tr>
<th>Region</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Annual</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andhra Pradesh</td>
<td>5,396</td>
<td>84,142</td>
<td>174,965</td>
<td>1,050,568</td>
<td>1,315,071</td>
<td>1,343,246</td>
</tr>
<tr>
<td>Goa</td>
<td>-</td>
<td>-</td>
<td>108</td>
<td>1,814</td>
<td>1,922</td>
<td>1,922</td>
</tr>
<tr>
<td>Haryana</td>
<td>113</td>
<td>49,631</td>
<td>106,995</td>
<td>117,349</td>
<td>274,088</td>
<td>274,088</td>
</tr>
<tr>
<td>Himachal Pradesh</td>
<td>9,295</td>
<td>14,052</td>
<td>11,265</td>
<td>14,661</td>
<td>49,273</td>
<td>49,711</td>
</tr>
<tr>
<td>Karnataka</td>
<td>73,367</td>
<td>108,633</td>
<td>153,786</td>
<td>154,915</td>
<td>490,701</td>
<td>1,107,292</td>
</tr>
<tr>
<td>Madhya Pradesh</td>
<td>174,147</td>
<td>229,364</td>
<td>260,872</td>
<td>283,827</td>
<td>948,210</td>
<td>1,719,957</td>
</tr>
<tr>
<td>Maharashtra</td>
<td>35,337</td>
<td>36,051</td>
<td>26,127</td>
<td>25,994</td>
<td>123,509</td>
<td>246,604</td>
</tr>
<tr>
<td>Punjab</td>
<td>33,610</td>
<td>85,603</td>
<td>109,096</td>
<td>91,622</td>
<td>319,931</td>
<td>587,170</td>
</tr>
<tr>
<td>Telangana</td>
<td>953</td>
<td>874</td>
<td>-</td>
<td>-</td>
<td>1,827</td>
<td>5,653</td>
</tr>
<tr>
<td>Private</td>
<td>4,244</td>
<td>4,244</td>
<td>2,830</td>
<td>-</td>
<td>11,318</td>
<td>187,157</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>6,248</td>
<td>8,086</td>
<td>14,343</td>
<td>40,560</td>
<td>69,237</td>
<td>167,549</td>
</tr>
<tr>
<td>Indonesia</td>
<td>-</td>
<td>-</td>
<td>670</td>
<td>1,022</td>
<td>1,692</td>
<td>1,692</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>342,000</td>
<td>620,000</td>
<td>861,000</td>
<td>1,782,000</td>
<td>3,606,000</td>
<td>5,692,000</td>
</tr>
</tbody>
</table>

*Attendance data reported by our trainers, with the final total rounded down to the nearest thousand.
Reach to date
By health condition

Caregivers trained by health condition

<table>
<thead>
<tr>
<th>Health condition</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Annual</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac</td>
<td>10,252</td>
<td>8,887</td>
<td>10,832</td>
<td>6,960</td>
<td>36,931</td>
<td>364,171</td>
</tr>
<tr>
<td>COVID-19</td>
<td>203</td>
<td>1,578</td>
<td>0</td>
<td>0</td>
<td>1,781</td>
<td>165,646</td>
</tr>
<tr>
<td>Non-Communicable Diseases, General Medical, Surgical Care</td>
<td>21,233</td>
<td>79,951</td>
<td>122,474</td>
<td>1,448,858</td>
<td>1,672,516</td>
<td>1,792,054</td>
</tr>
<tr>
<td>Maternal &amp; Newborn</td>
<td>479,227</td>
<td>831,292</td>
<td>1,150,890</td>
<td>1,196,513</td>
<td>3,657,922</td>
<td>6,076,749</td>
</tr>
<tr>
<td>Oncology</td>
<td>1,245</td>
<td>1,245</td>
<td>830</td>
<td>0</td>
<td>3,320</td>
<td>20,116</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>1,189</td>
<td>988</td>
<td>162</td>
<td>2,721</td>
<td>5,060</td>
<td>7,747</td>
</tr>
<tr>
<td>Total*</td>
<td>513,000</td>
<td>923,000</td>
<td>1,285,000</td>
<td>2,655,000</td>
<td>5,377,000</td>
<td>8,424,000</td>
</tr>
</tbody>
</table>

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

2023 was our most impactful year yet, where we met (or exceeded!) our ambitious targets while navigating the challenges and opportunities of growth. Here is a glimpse into what we learned:

Rapid growth requires retooling
In January 2023, we launched a new operating model that emphasizes ownership of strategy at the local level, clear accountability, and learning and sharing as a key function. As we settled into the new structure, we realized that some of our existing processes and familiar ways of working would also need to be revamped. For example, we’ve had a low attrition rate and those who were involved in early days of the organization still play key roles. While this is an asset, relying on institutional memory also creates challenges when it comes to replication and onboarding of new team members. In this new stage of growth, we’re learning to keep what is unique about Noora Health, while evolving and adapting around it.

Alignment with partners is key
Our scale targets would not be achievable without the trust and commitment of our government partners. This year, we tried a new approach in our initial conversations with partners, formalizing upfront our goal of integrating our programs into the health system. In systems like Andhra Pradesh, India, where we discussed our goals early on, we observed greater ownership from the start and much faster scale-up.

Some things take more time than others
Although the journey to scale is fast-paced, not all elements of the work move at the same speed. Our programs have expanded dramatically, outpacing the adoption of our tech platform. While we learn more about what’s driving the lag — such as primary phone ownership, and missed opportunities to onboard our trainers — we are focusing on new strategies for engagement while enhancing our systems and databases for scale (learn more about our tech platforms and approach on page 27).

Prioritizing quality and meeting targets is a delicate balance
In 2023, we focused on meeting ambitious targets while developing systems and growing our team. Now that some of the stage has been set and growing pains have settled, we are focusing on improving and maintaining the quality of our work, while adapting our learning and monitoring systems.
Expansion

India
Bangladesh
Indonesia
Expansion spotlight

Kaders (community health workers) and new mothers convene at a trusted midwife’s home in Pamekasan, Indonesia.
India

In 2023, the Care Companion Program (CCP) reached 5.27 million caregivers across nine states in India — bringing us to 8.2 million cumulative caregivers trained representing 5.5 million patients. With this reach in India alone, the program crossed our global goal of training 4.1 million caregivers in 2023.

This past year, alongside our implementing partners in India, we set out to dramatically expand our reach in new yet sustainable ways. Our focus was on implementing programs in high-volume, high-impact facilities; standardizing and bundling our content for faster adoption; and training new cadres of healthcare providers who work closely with communities. The state-level highlights below reflect some of our proudest moments this year across India.

The exponential increase in patients and caregivers trained was in large part due to our community-level work in the state of Andhra Pradesh. In early 2023, we signed an agreement with the state government to implement the CCP in 259 health facilities and reach communities through 10,000+ Community Health Officers (CHOs). Through the dedication of the 10,000 CHO’s we’ve trained virtually during this year, we’ve been able to reach 1.6 million people.

“Every hospital needs to conduct CCP sessions. It will not only help mothers and their companions but also enhance staff nurses’ own skills.” – Dr. K. Lakshmi, a medical superintendent from Area Hospital Rampachodavaram, Andhra Pradesh

A healthcare worker looks at a training tool during a workshop in Maharashtra, India.
Additionally, we integrated our work on non-communicable diseases into the state’s Jagananna Arogya Suraksha (JAS) campaign of community health outreach camps. The response from our partners and stakeholders has been overwhelmingly positive, and we’re excited to use our learnings to grow our community-level work in other geographies in coming years. Read more about our plans on page 25.

This year, we also took our program to the state of Haryana, where we implemented the maternal and newborn health CCP across 20 facilities. In just a year, we’ve reached more than 400,000 caregivers — one of our fastest deployments to date. With support from the government, we plan to expand to new condition areas, such as dialysis and non-communicable diseases.

In Himachal Pradesh, the maternal and newborn health CCP has been growing at a steady state through the work of our implementation partner, MAMTA Health Institute for Mother and Child. Collaborating with them has allowed for a deeper understanding of the local health context, thus improving the quality and reach of our services.

In Karnataka, we are seeing increased government ownership and accountability of the CCP through quarterly performance review meetings with district-level officials. Based on feedback shared by our government partners, we also developed an externally accessible dashboard that would allow them to monitor progress in real time. In a moment of pride, the state nodal officer managing the CCP presented the program at a national-level conference organized by the Ministry of Health and Family Welfare.
With the Indian Ministry of Health selecting our tuberculosis (TB) Family Care Model for country-wide scale up in March 2023 (see page 29 for more), alongside growing our programs within hospitals, we also played an advisory role during its implementation in both Karnataka and Goa. Across two trainings, around 110 healthcare staff have been trained, including medical officers, community health officers, and officials from Goa’s TB division. The program currently operates across 42 health facilities in Goa including medical colleges, district hospitals, specialized TB care hospitals, sub-district hospitals, and primary healthcare centers.

The year ended on a high note in Madhya Pradesh, where another one of our partner facilities was accredited by LaQshya, a national-level initiative to improve the quality of care provided during labor and delivery. With this, we have successfully assisted five hospitals in obtaining the certification and taken a step forward in institutionalizing quality maternal care practices within the health system. From our government partners, we’re also seeing increased co-ownership of the CCP — with states requesting us to integrate our monitoring data into the government’s dashboards. Government oversight and ownership of the data is a key driver of embedding our programs in health systems.

Maharashtra was another state where the program launched and scaled rapidly in 2023. We went from working with 11 facilities in January to being present in 95 facilities across the state at the end of the year — including 10 of the largest government medical colleges. We successfully
tried a new ‘bundled’ approach, where we trained healthcare workers in two condition areas — maternal and newborn health and non-communicable diseases, general medical, and surgical care — combining the groups for one of the three days of training to share information common across condition areas.

In Punjab, we operated in 26 out of the 244 health and wellness centers in the aspirational districts of Ferozpur and Moga, with plans to reach the remaining centers in 2024. As we enter our seventh year of working in the state, we’re also in conversations with the health department to implement the CCP in community health clinics and health and wellness centers, along with expanding to new condition areas such as non-communicable diseases, child health, and addiction rehabilitation. The recent memorandum of understanding with the Punjab State AIDS Control Society for implementing caregiver support for HIV treatment is also a step in this direction.

Since the launch of the CCP in India nearly ten years ago, the long-term sustainability of our programs has been front and center for us. In line with this goal, we continue to cost-share as much as possible with our government partners. In 2023 we submitted proposals to integrate additional program costs into the health budget of all the above states. The requests are being reviewed by India’s Ministry of Health and Family Welfare, and approval would indicate a strong sense of ownership from the government in making caregiver training a part of healthcare delivery in India.
Bangladesh

In 2023, we trained 102,965 caregivers in Bangladesh. Since launching in the country in 2020, we have trained a total of 204,488 caregivers, representing more than 167,549 patients.

The year was marked by rapid country-wide expansion in Bangladesh. We added antenatal care and postnatal care as new condition areas, growing our maternal and newborn health Care Companion Program (CCP) to 57 medical colleges, tertiary hospitals, and district hospitals across all eight administrative divisions in the country. Among these were the Bangabandhu Sheikh Mujib Medical University, which is the only medical university in Bangladesh, as well as the Dhaka Medical College Hospital, which is the largest tertiary care center and a referral hospital for patients from all over the country.

We also conducted five training of trainers workshops to train 213 senior staff nurses as our master trainers and orient 57 nursing supervisors on facility-based program monitoring. Participating nurses received certificates from the Directorate General of Health Services under the Ministry of Health and Family Welfare, Bangladesh, and initiated the training of new CCP trainers in their respective facilities.

Over the course of the year we also deepened our engagement with central-level government stakeholders to strengthen partnerships, support expansion, and ensure program sustainability. Big wins for us
were getting approvals for long-term agreements with the Directorate General of Health Services (DGHS), Directorate General of Nursing and Midwifery, and the Directorate General of Family Planning — all of which fall under the Ministry of Health and Family Welfare. In February 2024, we signed a five-year memorandum of understanding with the DGHS, laying the foundation to support our longer term scaling and integration with the health system in Bangladesh.

Our goals in Bangladesh are ambitious, and we recognize that learning from and collaborating with other experienced organizations in the country ensures our continued commitment to quality and sustainability. In 2023, we started exploring possible partnerships with promising results and hope to continue this work in the months ahead.

In 2024, we plan to expand the CCP to more than 300 healthcare facilities and begin implementation at the sub-district tier of the public health system, allowing us to reach more facilities closer to communities. We will also expand to new condition areas such as general medical and surgical care, cardiology, and non-communicable diseases.

“Caregivers are one of the most important parts of the healthcare system, and working with Noora Health is a good reminder of this.”
— Dr. Ripple Bappi Chakma, Resident Medical Officer, Khagrachari Adhunik Sadar Hospital, Bangladesh
Indonesia

Since launching in Indonesia in September 2023, we have trained 3,356 caregivers, representing 1,692 patients.

In early 2023, we signed our first agreement with the district of Pamekasan, East Java. Through intense needs-finding, systems mapping, and content development, we spent the remainder of the year co-creating a contextualized model for caregiver training alongside our government and health system partners. These exercises were revealing, and we quickly discovered that it would be most impactful for community health workers to implement the Care Companion Program rather than nurses within hospitals. In Indonesia, village-level health cadres play a vital role in the healthcare system, providing basic healthcare services and education, and acting as a bridge between facilities and the community, especially in remote areas.

Another highlight was the opportunity to meet Indonesia’s Minister of Health, Budi Gunadi Sadikin, at the sidelines of the United Nations General Assembly. He found the model inspiring and impactful, and since then his team has been supporting and guiding our ambitions to establish a national presence. We have already signed two new agreements with the regency of Ponorogo and the city of Kediri, taking us to a total of three partnerships in 2023. In 2024, we will expand to seven additional regencies in Indonesia and are in conversation with the Ministry of Health to sign

A light moment making finger hearts at our meeting with Budi Gunadi Sadikin, the Indonesian Minister of Health.
a national-level agreement. This will boost our efforts to address healthcare challenges, and allow for a more comprehensive integration of our services into the national healthcare system.

Alongside continuously learning, refining, and strengthening our programmatic work, the year was also spent setting up strong organizational and operational frameworks and building an eight-member Indonesia-based team who will lead our work there in the years to come.

With partners, our team, and health workers, we built the foundation for a promising program in Indonesia, and we’re excited to diversify our offerings beyond maternal and newborn health to provide caregivers with holistic training and support in critical areas such as non-communicable diseases.

“After conducting a Care Companion Program (CCP) session, I observed that mothers and their family members became more independent and responsible for their own health. They now only come to us in the case of serious issues that they cannot solve or emergencies, which is reducing our workload and allowing us to provide better quality care.”

— A healthcare worker in Pamekasan, Indonesia
Expansion spotlight

Changing behaviors, saving lives

“We lost our first grandchild due to ignorance. She was a baby girl, just five-months-old, when she got pneumonia. We had no idea what to do and eventually lost her,” said Rehana, bursting into tears.

We met Rehana, a 55-year-old grandmother, at the Dhaka Shishu (Children’s) Hospital, Bangladesh. She was there accompanying her 26-year-old daughter, Mahmuda, who recently gave birth to her second child, a baby boy.

“My daughter is still very young and doesn’t really know how to take care of a baby. When she was pregnant for the first time, she came to stay with me so that I could help take proper care of both the mother and child. Despite our best efforts, the child got pneumonia. We could not identify what was happening. We took the baby to the local doctor who gave her an injection. As soon as we returned home, the child took her last breath,” shared Rehana.
Four years later, Rehana wants to make sure that her second grandchild doesn’t share the same fate. This is where she finds the Care Companion Program (CCP) useful.

“I attended the session first, after which I asked my daughter to listen attentively to the lessons as well. I raised my children in a more traditional way. Since then a lot of things have changed that we don’t know. The sessions made me realize that even I have many misconceptions,” said Rehana.

She adds that attending the CCP sessions has helped her understand what warning signs to look out for in both a mother and child. And with this knowledge, she feels ready to provide the best possible love and care to both her daughter and grandson. “I’m confident that I won’t miss the same warning signs again,” concludes Rehana.
Programs & platforms

From the hospital to the community
Building people-first tools and technology
Programs spotlight

Nurses in Andhra Pradesh explore the Care Companion Program app on their phones.
From the hospital to the community

Since our founding, we have focused on implementing the Care Companion Program (CCP) through secondary and tertiary care facilities, such as district hospitals and medical colleges, as they provide a unique opportunity to engage caregivers on immediate patient-recovery needs. However, in an effort to create meaningful shifts in how health systems support caregivers, we have expanded out of hospitals and into communities to better support care practices at home.

Earlier this year, we partnered with the Indian state of Andhra Pradesh to implement the CCP in 10,032 community-based health and wellness centers. Managed by community health officers (CHOs), each center is designed to deliver a wide range of services, from maternal and child health to palliative care, to address the primary health needs of the entire population in their area.

Initially, we co-created tools and training modules with the CHO interact at a training of trainers session in Andhra Pradesh, India.
During a JAS camp in Andhra Pradesh, CHO Chandana delivers a training session on non-communicable diseases.

among citizens via camps and home visits. Given the CHO’s familiarity with our program model, and the alignment between CCP and JAS campaign objectives, we supported this grassroots program by quickly adapting the CCP for CHO to deliver at these camps.

Over the ensuing months, more than 10,000 CHO conducted over 21,400 health education sessions in the health and wellness centers and JAS camps, reaching 1.6 million people. It also helped build trust on the effectiveness of the CCP model among both state officials and the CHO’s themselves. This experiment laid the foundation for growing our primary care-focused community model to new condition areas and geographies in 2024.
Building people-first tools and technology

In 2023, we intensified our efforts to elevate the role of digital technologies in extending and enhancing the impact of our programs. We initiated multiple experiments to improve our two digital platforms — the Remote Engagement Service (RES) and Health Educator Platform (HEP). These efforts helped deepen our understanding of community needs and highlighted areas for further exploration and focus.

To address low enrollment rates with our patient and family-facing RES, we evolved the onboarding process from an Interactive Voice Response System (IVRS) to WhatsApp, merged multiple enrollment numbers into a single point of entry, and introduced QR code scanning as an alternative signup method. In addition to in-facility sessions, we also started reaching out to expectant mothers directly through the government’s Reproductive and Child Health Portal in the Indian states of Punjab, Madhya Pradesh, and Andhra Pradesh. Through these efforts, we have increased RES enrollments on WhatsApp by over 4x compared to last year.

Simultaneously, we also improved the quality of our outreach campaigns by incorporating more behavioral nudges and rich media content. One particular nudge that resonated strongly was encouraging patients and caregivers to ask individual questions. This led to a 14x increase in the daily average number of questions — from 50 to 700 between January and December 2023. To accommodate this influx, we expanded our medical helpdesk team.

A nurse is onboarded on to the Health Educator Platform.
and optimized backend workflows for more efficient categorization and prioritization of questions. In 2024, we will deploy large language models to help respond to questions more effectively at scale.

The healthcare worker-focused offering — HEP — also gained traction this year, launching in nearly 200 facilities across India. It quickly became the primary method for supporting trainers in recording attendance. Mindful of not adding to the challenge of multiple, fragmented technologies used by healthcare workers, we adapted the platform to their needs. For instance, in Andhra Pradesh, India, instead of promoting a standalone HEP application, we collaborated with the state technical team to incorporate functionalities into the existing software used by community health officers. Similarly, in Indonesia, we tested a WhatsApp-based chatbot as a monitoring tool to gauge whether healthcare workers preferred our application or the established WhatsApp platform. So far, the response from the frontline trainers and program delivery teams has been positive — the immediate access to data not only boosts trainers’ engagement but also helps to quickly identify low-performing facilities. In 2024, we will grow the platform beyond digital monitoring to provide continuous learning opportunities for healthcare workers.

“After delivery, my family forced me to give janam ghutti (gripe water) to my baby. They also insisted that I eat only vegetables made out of methi (fenugreek) leaves. Feeling uncertain, I decided to send a query to your service on WhatsApp. Your detailed response helped me convince my family to exclusively give breast milk to the baby and plan a more balanced diet for myself.” — Jyoti, a new mother from Madhya Pradesh, India

Nurses engaging with Care Companion Program tools during a training of trainers session in Pamekasan, Indonesia.
Programs spotlight

Transforming tuberculosis support across India

Over the last few years, Noora Health — in collaboration with Jhpiego and supported by USAID — has been developing, designing, and implementing a novel approach to prevent and treat tuberculosis (TB) in India. Known as the Family Care Model, the intervention focuses on engaging community health officers to holistically educate patients, their families, and communities on all aspects of TB, from awareness and testing to adoption of key health behaviors and treatment adherence. Results from an initial pilot in the state of Madhya Pradesh showed that caregiver training and education helped play a role in improving TB-related care, enhancing the self-reliance and confidence of TB patients and their caregivers.

In March 2023, at the One World TB Summit, India’s Prime Minister, Narendra Modi, announced the Family Care Model as one of the five key initiatives to end TB in India by 2025. As the work scales across the country, we contributed to the national guidelines for the model, continue to be a key technical partner of the Central TB Division at the Ministry of Health, and are assisting individual states, such as Goa and Karnataka, with ongoing training and implementation of the program.
Dr. Manish Gaunekar, State Tuberculosis Officer, Goa (middle) alongside Noora Health teammates, Dr. Sudeep Kumar (left) and Dr. Bhanu Pratap Yadav (right), at our first ever TB Family Care Model training in Goa, India.

The central government’s decision to take the Family Care Model to 15+ states through a network of partners (in addition to Noora Health) has been one of the proudest moments of 2023 for us, impacting more lives than we could have ever imagined.

Building on the momentum, we were also humbled to represent this work at the 78th United Nations General Assembly as part of its high-level meeting on the fight against tuberculosis. In the coming year, we will continue to support the ongoing rollout of the TB family care model across states, leveraging a new WhatsApp-based remote engagement tool to help governments reach even more patients and caregivers.

“Previously, patients often felt isolated since their families didn’t know how to support them (or were hesitant to) due to the stigma around TB. Post-training, we started explaining to families that their support was crucial for the patient’s well-being. This approach was highly beneficial, ensuring that the patient received not only medical treatment but also emotional and psychological support.” — A community health officer from Guna district, Madhya Pradesh, India.
Learning

Sharing insights
Research in progress
The gender of care
Learning spotlight

A participant tries out the Care Companion Program app at the end of a session at the Dhaka Shishu (Children's) Hospital, Bangladesh.
As an evidence-led organization, we are continuously learning about the impact of our program on patients and families across the condition areas we work in.

In 2023, five of our evaluation and research studies were published in scientific, peer-reviewed journals:

- **Can training over phone calls help improve outcomes for COVID-19 positive patients under home isolation? (January):** In an exploratory randomized trial conducted to assess the effect of our remote mobile-based training program on COVID-19 patient outcomes in Punjab, we found that the trained group was 48% less likely to be hospitalized, compared to the control group.

- **Qualitative assessment of family caregiver-centered neonatal education program in Karnataka, India (February):** Findings revealed that more than half of the respondents found the training useful, and learned topics like importance of handwashing, benefits of infection prevention, skin-to-skin care, and new information on how to care for the mother and baby.

- **Unsettling care infrastructures: From the individual to the structural in a digital maternal and child health intervention (April):** This qualitative study unpacks the implementation of our WhatsApp-based health
education service, in the context of structural issues, such as the overburden of health workers, a fragmented health system, and gendered power dynamics.

- **Improving neonatal health with family-centered, early postnatal care:** A quasi-experimental study in India (May): Mortality outcomes were measured between 46,428 families pre-intervention and 87,305 families post-intervention, and a 18% reduction in neonatal mortality was observed.

- **Speculating with care:** Worker-centered perspectives on scale in a chat-based health information service (October): This qualitative paper examines the perspective of care workers on scaling and how it might impact care provision.

In collaboration with Ariadne Labs, we reviewed and refined our research strategy in service of our scaling goals. In the coming years, we will continue to generate evidence focused on the impact of caregiver training and the feasibility of health system’s to run the Care Companion Program across various condition areas and contexts.
Research in Progress

- An evaluation of the General Medical and Surgical (GeMS) Care Companion Program (which includes non-communicable diseases) in Punjab, India
- A qualitative evaluation of the tuberculosis (TB) family care model in Madhya Pradesh, India
- A mixed methods evaluation of the cardiac care program across two cardiac facilities in Karnataka, India
- Endline results from the quasi-experimental evaluation of 28 postnatal care facilities across four Indian states
- An external evaluation of the postnatal care program across district hospitals in Haryana, India
- A cluster-randomized study evaluating the impact of our phone-based Remote Engagement Service (RES) on maternal knowledge and infant care practices
- Special Care Newborn Unit (SCANU) Care Companion Program (CCP) evaluation in Bangladesh following a quasi-experimental design to understand the impact of the CCP
- Antenatal care and postnatal care CCP evaluations in Bangladesh to evaluate the impact of CCP
- Community and clinic program evaluation in Andhra Pradesh, India, to evaluate the impact of the community-clinic model
- Teletraining experiments focused on high-risk populations in India to understand the impact of teletraining on pregnant women, first-time mothers, and families with babies in Special Care Newborn Units (SCANUs) across three Indian states

Published evidence to date

**Cardiology**
  71% reduction in 30-day post-surgical complications

**Maternal and Newborn Health**
  18% reduction in newborn mortality
- 2019 | Karnataka, India | PLOS Global Public Health (2023)
  Participants found the Care Companion Program useful and learned important new topics like handwashing, benefits of infection prevention, and skin-to-skin care
- 2017-18 | Punjab and Karnataka, India | BMJ Open Quality (2022)
  56% reduction in newborn readmissions
- 2020 | Karnataka, Andhra Pradesh, and Telangana, India | Vaccines (2022)
  23% increase immunization uptake
  54% Reduction in newborn readmissions

**COVID-19**
- 2020-21 | Punjab, India | Clinical Epidemiology and Global Health (2023)
  48% reduction in hospitalizations
The gender of care

Care is a gender issue, with an estimated 70 percent of caregivers being women and girls. This year, we set out to more deeply explore the critical role of gender within our programming.

From our tuberculosis (TB) family care model, we understood that caregiver participation is not always consistent. For instance, many TB patients sought care alone and were not accompanied by a caregiver, given the social stigma associated with the disease. From our cardiac program, we see examples of how female patients didn’t feel that their husbands could be caretakers. In each condition area, the ways in which a caregiver participates (or doesn’t) is mediated by many other social factors that we must understand better.

Programmatically, we identified other ways to bring together a team of family caregivers in providing patient care. A few examples include:

- **Reinforcing partner participation postpartum.** During postnatal care training, we are focusing on involving fathers more in activities such as skin-to-skin care and supporting healthier maternal nutrition.

- **A whole-family approach to mobile messaging.** Phone ownership and usage is often shared within families and primarily lies with men. In our phone-based services, we frame messages to be caregiver or patient agnostic, given that anyone may read these messages and can support or act on them.

A son provides care to his mother at a hospital in Haryana, India.
• **Gender-spanning caregiving.** Gender expectations appear differently in different condition areas. In the maternal and child health space, for instance, women are expected to take on more responsibility and men are often left out of participation completely (though they may be interested to support). Across condition areas, we plan to highlight the ways which caregivers across genders can provide additional support for patients, be it reminders to take medication, or seek out care when necessary.

We plan to track our progress via our evaluation studies and through quality monitoring efforts, and will continue to refine and grow this work in the years to come.

“My husband was not ready for this. In the hospital, the nurses made me walk slowly and took care of me very well. They helped me to go to the washroom too. One day I was alone, and I wanted to go for a walk and use the washroom, but my husband didn’t help me at the time. He went outside and sat under the tree whenever I needed help. My daughters take care of me, but they have their own families to look after too. Even people from the bed beside me were helping me. That was the time I felt despondent, because everyone was taking care of me except my husband.”

— A cardiac patient in Bangalore, India
Learning spotlight

Through the eyes of a caregiver

“For Lalita, each day grew more difficult than the previous one. She felt as though she needed to be everywhere at once — along with being there for her nephew Abhinav, who had a congenital heart disease, she was taking care of the household chores, preparing food for everyone, spending time with her son, and tending to her mother-in-law, who was suffering from diabetes-related complications. She felt exhausted always and would feel excruciating pain in her body at the end of each day. Her nights were filled with anxiety and she seldom had a good night’s sleep.”

Patient care relies heavily on caregivers, yet caregivers themselves often lack the resources and socio-emotional support required to fully embrace this role. To better understand caregivers’ motivations, challenges, and the existing support they have, The Caregiving Lab at Noora...
Health is speaking to caregivers of patients with high-risk, life-threatening diseases from low-income households across both urban and rural settings in India. The goal of the study is not only to feed into Noora Health’s existing model, but also go beyond it to explore new solutions to the nuanced challenges of caregiving.

From the first phase of research, key themes that emerged ranged from navigating complexities within the health system, socio-economic challenges, family dynamics, and gender biases. There are very few avenues of support available for caregivers to alleviate the emotional distress caused by these stressors. Not only does this take a toll on a caregiver’s physical and mental well-being, it also limits their ability to support ill family members, eventually affecting patient outcomes.

To tackle this issue, in the next phase, we will explore what effective emotional support might entail for these caregivers, and prototype interventions to understand what is practical and sustainable long-term.
Looking Ahead

2024 Goals

What’s next at Noora Health?

Family members hold their newborn at a facility in Andhra Pradesh, India.
2024 GOALS

Grow our reach

Integrate the Care Companion Program (CCP) within health systems to train 7.7 M caregivers across new and existing facilities and condition areas. Strengthen support and engagement of healthcare workers and caregivers through enhanced capabilities and tech offerings.

**India:** Reach 6.6 million family caregivers by expanding to 5,500+ new facilities

**Bangladesh:** Reach 920,000 family caregivers by training 1,700 master trainers across approximate 300 new facilities

**Indonesia:** Reach 156,000 family caregivers by training 2,500 master trainers across nearly 250 new facilities

**Platforms:** Increase coverage and enrollment rates for selected caregiver and patient groups and geographies, standardize maternal and newborn health and non-communicable diseases outbound campaigns to support adherence to key prevention practices, streamline response systems to ensure efficiency and accuracy, and develop our trainer-facing platform as an integrated tool for digital monitoring and trainer learning and support.
2024 GOALS

Ensure quality and impact

Implement a rigorous monitoring, evaluation, and learning plan for all programs across all geographies, with quality targets for improved impact and a focus on equity.

**Monitoring:** Deploy a more efficient, dashboard-driven monitoring system to track program quality and understand data reporting patterns at facilities.

**Evaluation:** Conduct impact evaluations in new geographies and condition areas, refine our logic model, and launch exploratory studies focused on high-impact, cross-cutting indicators.

**Learning:** Deploy a knowledge management system to capture qualitative information about our programs from hospital visits, needs finding, testing, feedback, and other program touchpoints, and incorporate a dedicated learning plan for every program.
2024 GOALS

Nurture relationships, strengthen our voice

Lay the groundwork needed to establish family caregiver training as a global standard of care.

**Advocacy:** Strengthen thought leadership to further Noora Health as an expert voice on caregiver training, education, and support globally

**Policy:** Drive the adoption, integration, and sustainability of our programs within health systems, and launch a community of practice and expert global technical advisory committee on caregiver education and training

**Partnerships:** Explore opportunities to engage and expand in new settings through partnerships or direct implementation
2024 GOALS

Build team foundations

Ensure every individual and team is supported to work comfortably, creating a place for collaboration and for culture to thrive.

**Team:** Launch and develop a comprehensive learning and development plan for all team members, enhance our onboarding experience, strengthen our appraisal processes, and foster a diverse, equitable, and inclusive workplace.

**Systems:** Streamline financial systems and establish strong governance and compliance practices.
What’s next at Noora Health?

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

Grow and nurture a culturally rich team
In 2023, we welcomed 137 new teammates across Bangladesh, India, and Indonesia, and our quest for 108 more creative and committed individuals continues (check out our open roles). In 2024, we will continue to strengthen touch points and initiatives to allow teams to learn from each other.

Bolster our voice through bold thought leadership
In 2024, our advocacy strategy will focus on facilitating inclusion of caregiver training into the global health agenda, sharing impactful narratives through our new blog, The Companion, establishing a unique community of practice, and designing a first-of-its-kind playbook for health systems to take the Care Companion Program (CCP) and make it their own.

Reflect on a decade of supporting caregivers
2024 marks ten years since our founding — a milestone moment worthy of celebration alongside our team, board, and community. In 2024, we’ll gather to honor our decade of growth and impact while creating space for deep reflection and ambitious planning for what comes next. Stay tuned!

Take a systems-first approach as we expand to Nepal
Designed for government and stakeholder ownership and implementation from the get-go, we will play a supporting role in implementing the CCP across Nepal. In 2024, we will build relationships with the Ministry of Health, various government entities, multilateral partners, and local NGOs to design shared policy goals and programs while growing our impact in Nepal.

Fun and games at our annual team retreat in December 2023.
Supporters

We are so grateful to our community of advisors and supporters for their ongoing commitment to our mission.

<table>
<thead>
<tr>
<th>Board of directors</th>
<th>Supporters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ajay Sondhi</td>
<td>Ambar Choudhury</td>
</tr>
<tr>
<td>Ann Kim</td>
<td>Ann Kim</td>
</tr>
<tr>
<td>Claire Mazumdar</td>
<td>Anurupa Rao</td>
</tr>
<tr>
<td>Edith Elliott</td>
<td>Ballmer Group</td>
</tr>
<tr>
<td>Kate Courteau*</td>
<td>Bharat Sarpehkar</td>
</tr>
<tr>
<td>Iqbal Dhaliwal</td>
<td>Bilal Husain</td>
</tr>
<tr>
<td>Shahed Alam</td>
<td>CH Foundation</td>
</tr>
<tr>
<td>*Board chair</td>
<td>Chakka Family Fund</td>
</tr>
<tr>
<td></td>
<td>Charles &amp; Lynn Schusterman Family Philanthropies</td>
</tr>
<tr>
<td></td>
<td>Dasra</td>
</tr>
<tr>
<td></td>
<td>Derek Sivers</td>
</tr>
<tr>
<td></td>
<td>Dovetail Impact Foundation</td>
</tr>
<tr>
<td></td>
<td>DRK Foundation</td>
</tr>
<tr>
<td></td>
<td>Ellen &amp; David Miller</td>
</tr>
<tr>
<td></td>
<td>Evan Chen</td>
</tr>
<tr>
<td></td>
<td>Excel Fund</td>
</tr>
<tr>
<td></td>
<td>GDI Solutions</td>
</tr>
<tr>
<td></td>
<td>GoForward Inc.</td>
</tr>
<tr>
<td></td>
<td>Good Today</td>
</tr>
<tr>
<td></td>
<td>James &amp; Colleen Patell</td>
</tr>
<tr>
<td></td>
<td>Jasmine Social Investments</td>
</tr>
<tr>
<td></td>
<td>Jessica &amp; Ari Beckerman Johnson</td>
</tr>
<tr>
<td></td>
<td>Johns Hopkins University</td>
</tr>
<tr>
<td></td>
<td>Kate Courteau</td>
</tr>
<tr>
<td></td>
<td>Kelly Family Foundation</td>
</tr>
<tr>
<td></td>
<td>Kim Fulton Huffstutler</td>
</tr>
<tr>
<td></td>
<td>Laurenz Hemmen</td>
</tr>
<tr>
<td></td>
<td>Leora Huebner &amp; Abe Sutton</td>
</tr>
<tr>
<td></td>
<td>Lucille Foundation</td>
</tr>
<tr>
<td></td>
<td>MacKenzie Scott</td>
</tr>
<tr>
<td></td>
<td>Meika Ball</td>
</tr>
<tr>
<td></td>
<td>Monica Gerhardt</td>
</tr>
<tr>
<td></td>
<td>Mulago Foundation</td>
</tr>
<tr>
<td></td>
<td>Omar Ismail</td>
</tr>
<tr>
<td></td>
<td>Paul Graham &amp; Jessica Livingston</td>
</tr>
<tr>
<td></td>
<td>Peter Yang</td>
</tr>
<tr>
<td></td>
<td>Pivotal Ventures</td>
</tr>
<tr>
<td></td>
<td>Rippleworks</td>
</tr>
<tr>
<td></td>
<td>Societal Thinking</td>
</tr>
<tr>
<td></td>
<td>Skoll Foundation</td>
</tr>
<tr>
<td></td>
<td>Tamar Libicki</td>
</tr>
<tr>
<td></td>
<td>The Agency Fund</td>
</tr>
<tr>
<td></td>
<td>The Horace W. Goldsmith Foundation</td>
</tr>
<tr>
<td></td>
<td>The Patchwork Collective</td>
</tr>
<tr>
<td></td>
<td>Thomas Powell</td>
</tr>
<tr>
<td></td>
<td>Valhalla Foundation</td>
</tr>
<tr>
<td></td>
<td>VMware Foundation</td>
</tr>
<tr>
<td></td>
<td>William Arnold</td>
</tr>
</tbody>
</table>

We would also like to humbly thank all of our donors who wish to remain anonymous.
We are all caregivers.

At a hospital in Himachal Pradesh, India, nursing officer Namrata Kapoor teaches a caregiver how to burp a baby.