





Dear Friends,

In Q2, the majority of our focus was spent rapidly expanding efforts to address the horrifying wave of COVID-19 that devastated India and Bangladesh. Our response efforts ranged from updating our established COVID-19 content across various topics, to creating new materials addressing second wave specific needs, to launching revitalized teletraining of home isolated patient families, and to new trainings for NGO partners. You will see these efforts laid out in further detail both in the following report and in our [blogpost](#) on our COVID-19 second wave response and learnings.

While we are so moved by the dedication of our incredibly resilient and talented team, this quarter has been particularly difficult for us as an organization. The hospitals and health systems that we partner with are once again overwhelmed, and everyone on our team has been directly impacted by COVID-19 in some way.

As we hold space for the devastation that our team feels with the second wave, and for the immense inspiration we feel as we see our team respond to the moment, we are reminded of why we do this — to empower a caring global community. It takes a family to get through these incredibly challenging times, just as it takes a family to change healthcare. Thank you for being a part of ours.

  
Edith

  
Shahed



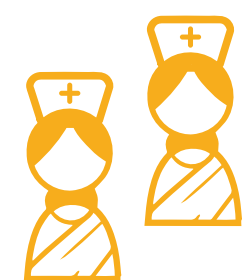
Postnatal Care Companion Program (CCP) training at JJ Hospital in Mumbai, Maharashtra



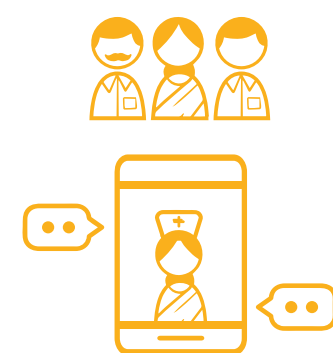
# OUR PROGRESS IN NUMBERS



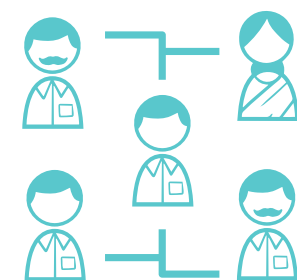
**165**  
hospitals launched  
and undergoing  
implementation



**5,301**  
trainers certified  
(43 trained in Q2)



**44,194**  
cumulative unique users  
across our Care Companion  
WhatsApp support lines  
(4,903 users added in Q2)



**9,802**  
frontline workers across 128  
partner NGOs trained on COVID-19  
prevention and management  
(120 partnerships added in Q2)



**127,258**  
COVID-19 positive home isolated patients  
and caregivers supported (20,397  
households received live teletraining  
and 69,657 reached through IVRS in Q2)



**31,289**  
cumulative unique users  
across our COVID-19 WhatsApp  
and Facebook support lines  
(2,451 users added in Q2)



**199,849**  
family caregivers trained in Q2

**1,327,702**  
total family caregivers  
trained to date

**24.81 million**  
people reached with our  
COVID-19 training and content  
(8.57 million in Q2 through our  
COVID-19 second wave efforts)



COVID-19 RESPONSE





# COVID-19 SECOND WAVE | RESPONSE OFFERINGS

The second wave caused widespread devastation across our communities, particularly in India. Health systems and frontline providers were overburdened, hospitals were stretched beyond capacity, and there was an acute shortage of everything — staff, oxygen, and medications.

In response, we leveraged our learnings, partnerships, and capabilities from the first wave to continue to support communities. Our second wave response consisted of the following efforts that are laid out in greater depth on the following pages:



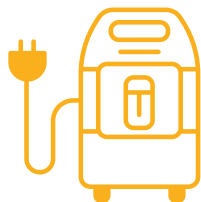
## Content Customization and Creation

At the start of the second wave, we recognized the need for accurate, relevant, and easily digestible content. We revamped and updated several topics from our first wave COVID-19 library to reflect the latest priorities and guidelines, and worked with partnering organizations to develop new content for high-need populations.



## Supporting Healthcare Providers

The second wave has been particularly difficult for the nurses we work with, as they continue working in overwhelmed facilities despite personal loss and risk. We maintained support through our outreach and a new initiative of wellness and individual counseling sessions.



## Distributing Essential Aid and Raising Awareness

As the second wave devastated the health systems we partner with, we witnessed the severe unmet need for life saving medical supplies. We utilized our network to procure and distribute equipment, basic medications, and supplies to high-need facilities.



## Teletraining COVID-19 Positive Patients in Home Isolation

As more families were thrown into caregiving for COVID-19 positive loved ones at home during the second wave, we saw the need to ramp up our teletraining efforts that we began during the first wave. We welcomed 73 additional teletrainers (111 total as of August) to provide empathetic, skill-based, home care guidance to more households and graphies.



## Training Frontline Providers

We partnered with NGOs to train frontline workers on how to augment their support of high-needs communities to address COVID-19 second wave specific issues (e.g., home isolation, vaccine hesitancy). We helped these trusted frontline providers better understand and navigate the health resources in their communities, and then convey that to the populations they serve.

# CONTENT CUSTOMIZATION AND CREATION

Recognizing that COVID-19 is still very much a new infection, with several facets to its management and monitoring at home, we immediately set about prioritizing the creation of medically accurate yet simple and engaging materials that could be effectively and swiftly distributed to high-needs populations.

Key topics include proning, how to use an oximeter, monitoring respiratory rate, ensuring caregiver safety, and when to seek care.

Materials are being distributed by several organizations at the forefront of the response in India, including [myGov](#) and YouTube through their [YouTube India Spotlight](#). Special attention is given to ensuring the content is digestible and easy to understand, so as not to overwhelm the patient or their caregiver. We developed new and engaging formats, like a chat show with ‘Dr. Chacha,’ a friendly expert doctor who patiently answers frequently asked questions. These materials are available in 12 languages, and include video, audio, infographics, and posters.

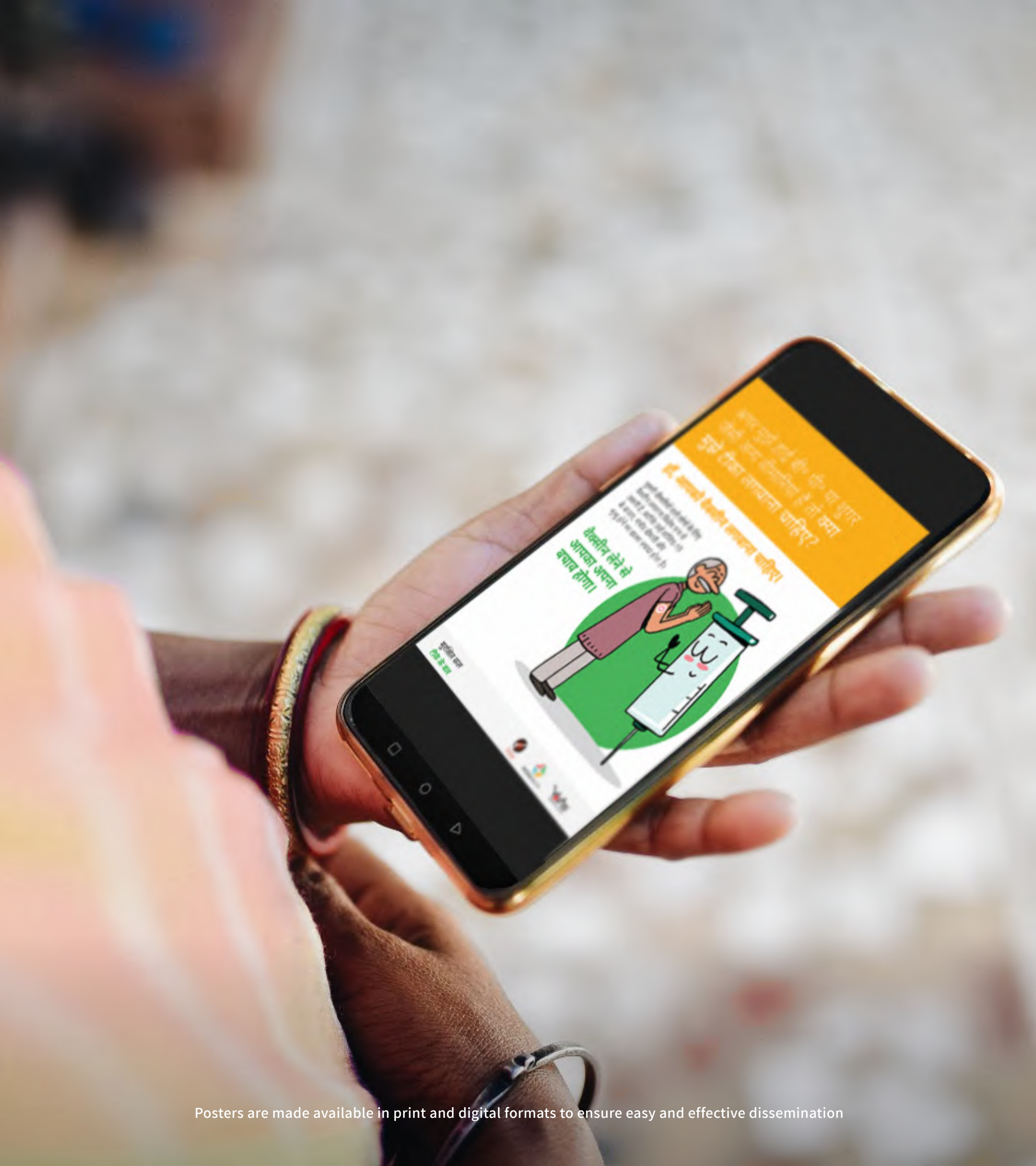
In partnership with [SWASTH](#), an alliance of over 150 healthcare organizations, and as a part of the [SWASTH Community Science Alliance & NORM](#) initiative, we adapted and designed engaging and evidence based content for frontline healthcare workers across multiple primary care settings. This content is available in English and Hindi and, in addition to other materials designed as a part of our COVID-19 response, has been distributed to all of SWASTH’s partners. We have also undertaken training with select partners to utilize these materials.

With Nepal also combatting the impacts of COVID-19, we supported [One Heart Worldwide](#) by adapting our materials to meet the guidelines of the Government of Nepal. These were approved by the National Health, Education, Information and Communication Centre, and they are currently being disseminated online and in printed form to health facilities in 16 districts in Nepal.



COVID-19 materials being distributed in the Maternal and Child Health wards of BJ Medical College in Pune, Maharashtra





# CONTENT CUSTOMIZATION AND CREATION | ADDRESSING VACCINE HESITANCY

In Q1, we saw how vaccine hesitancy had taken root among communities in both India and Bangladesh, and so we developed a campaign to help understand and encourage vaccination.

We observed several specific myths and misinformation making the rounds, all of which continued to contribute to people’s hesitancy to get vaccinated.

In Q2, we collaborated with [Protsahan India Foundation](#) to develop a set of 11 posters addressing key myths that many frontline workers were regularly encountering in their work with diverse communities. Realizing that many view the vaccine as something that is unknown and scary, we focused on developing a vaccine character who was friendly and relatable.

Each poster addresses a different myth, such as whether those with comorbidities can get vaccinated, or whether drinking alcohol can prevent COVID-19 infection. A set of Vaccine Basics also cover how vaccines work, common side effects, and how they can be managed.

This series of posters is currently being translated into regional languages, videos are being produced, and we will continue to expand the material to encompass more myths over time.



## CONTENT CUSTOMIZATION AND CREATION | ADAPTING OUR MATERIALS FOR RURAL SETTINGS

Based on learnings from our early dissemination efforts, as well as what we hear from our partners and frontline staff, remote and rural health settings face significant challenges of both accessibility and literacy in supporting their populations to combat the challenges of COVID-19. For example, most homes do not have a spare room where a sick family member can be isolated and, importantly, public health messaging is often not designed with the lived experience of these populations in mind.

In response, we adapted our materials to rural settings to ensure wide applicability, with a focus on minimizing text and using visuals and video as a main component. Great care is taken to ensure that the language and visuals are contextualized and relatable. For example, we introduced our first ASHA (community health worker) character, because ASHAs are typically the first point of contact for any health related concerns for villagers and are playing a critical role in tirelessly supporting rural patients and their families through the pandemic.



Dr. Chacha, an urban neighborhood doctor



An ASHA (community health worker)





Girish conducting a class in the COVID-19 ward at Jayadeva Hospital in Bangalore, Karnataka

## SUPPORTING HEALTHCARE PROVIDERS | WHAT IT'S LIKE SUPPORTING PATIENTS IN HOSPITALS

Girish Babu, a nurse by profession, joined Jayadeva Hospital as a full-time Care Companion Program (CCP) trainer in February 2020. Jayadeva Hospital is a Government super-speciality cardiac care facility located in Bangalore, treating patients and caregivers visiting from across South India.

Girish's day usually revolves around training patients and family members about all aspects of their cardiac health. This includes diet, exercise, risk factors, understanding procedures like an angiogram, angioplasty, or bypass surgery, and how to care for a patient before and after each of these. With the onset of the second wave of COVID-19 and the overwhelming volume of cases that ensued, his hospital began focusing on supporting cardiac patients who were infected with COVID-19. Given the adverse impact of the virus on high-risk patients with comorbidities like heart disease, COVID-19 positive cardiac patients were a crucial demographic that required hospitalization and care.

When Girish was approached to train COVID-19 positive cardiac patients, he didn't think twice. "I come from a background that prioritizes care and teaching. One of us needs to step up and take care of the patient. If it were your family member, you would take care of them, wouldn't you?" he explains. Today, Girish is a crucial source of information for patients and caregivers alike. He trains them on general aspects of cardiac care, as well as COVID-19 specific topics like the side effects of blood thinners, and how to manage such issues. They are also coached on what to do after their discharge, and the importance of continuing to follow COVID-19 appropriate behaviors like physical distancing and masking. Most

importantly, Girish provides much needed moral support. He shares that people are very scared, and all they want is someone to talk to. There is huge variability in the mental health of the patients in the ward — while many of them are managing contentedly, others struggle with being away from home and beg to be discharged.

Working in the COVID-19 ward is not without challenges. Aside from the difficulty of wearing PPE (Personal Protective Equipment) for long hours and accommodating other COVID-19 safety protocols, it is both challenging and emotionally draining to cater to every patient and caregiver's request. Many families and their patients have not had the chance to see or talk to each other for over a week. They often request Girish to relay messages back and forth — a task that is often impossible while managing so many different patients and families, let alone striving to provide them all with equitable care. Situations like these make Girish's work difficult in many ways, but he stresses the importance of empathy and serving whenever one is able. You can watch a video of Girish teaching a class in the COVID-19 ward [here](#).

“

I have the knowledge and power to support patients, and I must do my duty. All my experience is wasted if I don't do this.”



# SUPPORTING HEALTHCARE PROVIDERS | WELLNESS AND MENTAL HEALTH SUPPORT FOR NURSES

Nurses have been at the forefront of the public health response to COVID-19 across the globe. In India, they have been tirelessly responding to the pandemic for over 18 months, putting their health at risk everyday. We’ve always believed that we owe the success of our Care Companion Program (CCP) to the dedication of our trainers — nurses who have always put patients and families first. The pandemic, and the second wave in particular, was no different. CCP nurses continue to respond at the frontlines, despite having suffered personal losses, or fallen sick themselves.

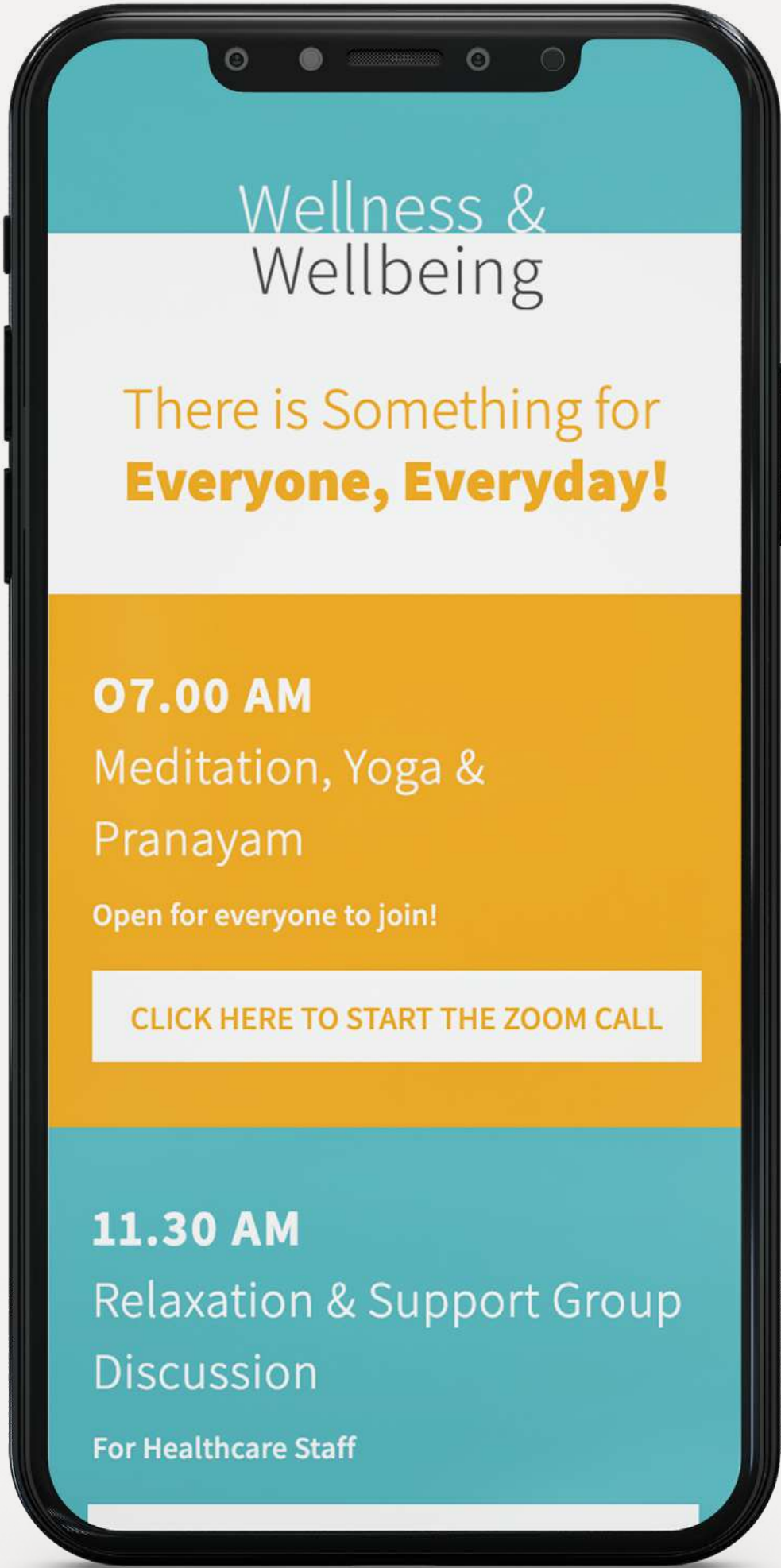
With many of our CCP nurses reporting fatigue and hopelessness, we asked ourselves what we could do to help, beyond checking in on them everyday and providing protective equipment. To this end, we launched ‘Wellness and Wellbeing,’ a collaborative initiative with the Government of Punjab and [Mannah Wellness](#), to support nurses and trainers.

A dedicated team of certified professionals from Mannah Wellness and members of the Noora team facilitate Wellness and Wellbeing sessions daily. Sessions are conducted four times a day, and six days a week. Meditation and Physical Fitness sessions are open to everyone — CCP trainers, their colleagues, family, and friends. Another set of sessions cater exclusively to nurses, and cover topics such as Creative Stress Management, Practicing Gratitude for a Happy Life, Grounding Techniques, etc. Group discussions and peer support groups also form a key component of daily interactions. Conversations are highly personal and often emotionally charged, with nurses sharing their fears, challenges, and frustrations. Individual counselling sessions have also been made available to the nurses free of cost, and are completely confidential.

When they are not engaging in planned activities or sharing their thoughts, nurses enjoy a range of different entertainment segments that are curated for them. These include spontaneous dance parties, performances by folk artists, and Bollywood retro bands. A much loved component is when nurses take the stage to share their own unique tips and tricks to cope, including activities like gardening, knitting, or yoga that they have found a passion for.

Having seen the positive response and feedback from this program in Punjab, we look forward to rolling it out to other states as well — the Government of Madhya Pradesh has agreed to expand it to their healthcare providers.

“.....  
There is a good range of topics, and I have attended different sessions, including exercise and yoga. I especially enjoyed the session on self-confidence — it made me believe we can do and overcome anything if we put our mind to it during these difficult times.”  
— Amarjeet, nurse from Barnala, Punjab  
.....





# TELETRAINING | COVID-19 POSITIVE PATIENTS IN HOME ISOLATION

**With countless families having to manage COVID-19 at home, we knew that equipping them with the right knowledge and skills to support their patients with confidence and prevent the spread of infection was critical.**

In Q2, we accelerated efforts to scale our teletraining initiative so that we could support more home isolated patients and caregivers in India and Bangladesh. At the start of Q2, we received, on average, data of over 2,200 COVID-19 positive households on a daily basis. We reached almost 220 caregivers and patients daily, via in-depth live counseling, with others being provided support via our IVRS (Interactive Voice Response System) and WhatsApp lines. In Q2, we scaled our IVRS support line by over 6x, reaching 69,657 households, in addition to reaching 20,397 households with live teletraining. We now have a team of ~111 tele-trainers and, in preparation for the third wave, are continuing to increase capacity across all teams.

We redesigned the program to incorporate new guidelines shared by the Government, as well as provide a better teletraining experience. New modules on proning, oximeter usage, symptom management, caregiver safety, understanding when and how to seek care, and mental health support were included. Tele-trainers now allocate more time for questions throughout the call, increasing buy-in and adoption from the listeners as well as supporting the team in iterating on the teletraining to best address patient needs. We aim for our tele-trainers to be empathetic listeners who center the patient and their families, serving as a support for these families rather than a one-way sharing of information.

We have ongoing partnerships with the local Governments of Maharashtra, Punjab, Madhya Pradesh, and Bangladesh to deliver comprehensive and empathetic teletraining to these patients and caregivers.



## INITIAL RESEARCH FINDINGS

Statistically significant evidence suggests that amongst those who received the program, there was a **48% less likelihood of hospitalizations**, suggesting that a teletraining program like this can be an effective response effort.

See “RESEARCH AND EVALUATION” for more details on these interim results.

“  
I run a pathology lab and tested positive 4 days ago. Today, the trainer called me and explained everything about COVID-19. Most patients experience depression, but the way she talked to me made me feel much better and confident of my recovery.”

— home isolated patient, Maharashtra





Vaccine webinars being conducted for sanitary inspectors at the Warangal Municipal Corporation (above) and J-PAL South Asia team members (below)

# TRAINING FRONTLINE PROVIDERS

During the first wave of the pandemic, and continuing today, we collaborate with NGOs and grassroots organizations to train their staff on COVID-19 appropriate behaviors, so they can spread awareness and train the communities they work with.

Our partner organizations span diverse areas of work, ranging from supporting communities with microfinance, to education, and rural development. We prioritized training frontline staff who focus on rural areas and urban low-resource regions, working to support communities who otherwise wouldn't have access to reliable support on COVID-19.

Noora's team of in-house medical professionals and behavior change specialists conduct these training sessions in webinar format. They cover all the basics of COVID-19, including signs and symptoms, effective preventative techniques, home isolation/quarantine guidelines, and when to seek care. Our vaccine webinars cover the importance and benefits of vaccination, management of side effects, registration process, and COVID-19 appropriate behaviors post vaccination. Webinars are customized to the needs of the organizations whenever required.

Recognizing that frontline workers are undertaking a dangerous task, and putting their own health at risk, ample time is taken to answer each and every question, discuss fears, methods to ensure safety, and any other concerns they might have. We have seen positive feedback from our partners, showing how we've been able to effectively support frontline staff in going about their work with confidence.

"The most important thing that Noora gave us is our foundation about safety precautions. We visit COVID-19 patients at a distance and get their homes sanitized, but no Sakhi (community worker) of ours has tested positive to date." — Ajeet, Ambuja Cement Foundation

In 2021, we trained 10,649 staff from 115 organizations, the majority of whom - 9,802 - were frontline workers. We estimate that more than 1,190,000 people were reached at a community level through these efforts

One of our staff members attended your Hindi vaccine training. She has never taken a vaccine in her life, and was always fearful when medical tests needed to be done. But because of the training, she was motivated and had the courage to get vaccinated. She has been motivating other people to get vaccinated since then."

— Joseph, Hope Foundation



## DISTRIBUTING ESSENTIAL AID AND RAISING AWARENESS

In Q2, several regions of India saw severe shortages of essential medical supplies like oxygen, pulse oximeters, and basic medications. Realizing that every bit of support could potentially save lives during this unprecedented crisis, we set about arranging for devices for high-need areas.

We rapidly procured 200 oxygen concentrators from outside India for use in government hospitals and clinics in Madhya Pradesh. The concentrators arrived in Bhopal in early May, and they were sent to facilities to support remote communities and keep higher levels of care free for the most critical patients. Our team also created a comprehensive guide on oxygen concentrator usage for the frontline healthcare staff who would be operating these devices. These, along with all of the other components needed to actually deliver oxygen to patients, were delivered to these remote facilities — and we followed up to ensure the device could be used.

We similarly supported the Government of Punjab with 50 concentrators and 10,000 pulse oximeters for use in low resource communities. We also distributed 119,250 N95 respirators in 144 hospitals across the 6 states we work in, to ensure that hospital and nursing staff were protected as they went about their tasks.

In Maharashtra, we collaborated with local authorities in the remote western regions of Dhanu and Palghar to further address vaccine hesitancy. These rural, traditionally underserved, and high-needs regions were experiencing COVID-19 spikes, as well as a lot of well reported vaccine hesitancy, fear, and stigma about getting tested and seeking care, particularly among tribal communities.

Our Program Associate, Dr. Abhimanyu Kotwal, distributed our culturally contextualized materials on COVID-19 and vaccination, trained frontline workers, and distributed medical supplies to the community's primary health centers. He drove around in a van with a loudspeaker to spread awareness and share materials. Several people approached the van during its rounds in the community with questions about their own eligibility for vaccination, especially in the case of comorbidities. Our awareness efforts saw support from the authorities, and subsequently the Care Companion Program (CCP) has been approved for implementation in this region.

Our team is hard at work liaising with officials to ensure the aid we have provided is reaching those who need it most, and that the oxygen concentrators help strengthen the system outside of COVID-19 wards as well.



One of the oxygen concentrators being used in Ashoknagar District Hospital, Madhya Pradesh





A nurse teaching new mothers how to practice Kngaroo Mother Care (KMC)

## KARUNA

Care Companion Program (CCP) Recipient, Niloufer Hospital, Hyderabad

Karuna travelled from her small town, Ibrahimpatnam, to the speciality Niloufer Hospital in Hyderabad, Telangana, for the birth of her baby, shortly after the second wave of the COVID-19 pandemic in India. Here, she attended postnatal Care Companion Program (CCP) training sessions to keep herself and her baby healthy back home after discharge.

At the time, neither Karuna, nor her family had any idea about the early identification of infections in newborns, what a healthy diet constitutes for the mother, methods of breastfeeding, or advantages of Kangaroo Mother Care (KMC) - all of which they learned through CCP sessions that were conducted in the maternity ward. “These are such important basics and can prevent thousands of newborn deaths that we often hear about,” Karuna explains.

A teacher by profession, and having undergone CCP training herself, Karuna stresses the importance of education for not only new mothers, but their families and caregivers too. Pregnant women and new mothers are often prescribed a variety of home remedies — that the baby must be fed some honey at birth, oil must be applied to the umbilical cord, that

drops of warm ghee (clarified butter) can soothe an earache, etc. Karuna had herself heard many of these, which she later learned could cause infections or long-term health problems. “Frequent CCP sessions like these are important to dispel certain taboos, myths, and cultural beliefs in our society, and ensure healthier mothers and babies,” she shares.

An eager CCP participant, Karuna hopes that the program will continue to reach more mothers and families, especially through the video medium, which was her favorite part of the session and helps mitigate language and literacy barriers among mothers and families in the ward.

“

Despite being a teacher myself, I didn’t know that a mother can breastfeed even when she or the baby are unwell! The CCP class taught me that breastfeeding can boost healing for both mother and child, and many such useful tips.”



# LOOKING AHEAD



\*Photograph taken pre-pandemic



# RESEARCH AND EVALUATION

## COVID-19 TELETRAINING — INTERIM RESULTS

An exploratory randomised trial was conducted to assess the effect of our telephone-based training program on COVID-19 patient outcomes. An interim analysis, among those who could be followed up after the training, compared outcomes of death and hospitalizations in the teletraining intervention group (N=763) to those receiving standard of care (N=592).

Statistically significant evidence suggests that among those who received the program, there was a **48% less likelihood of hospitalizations** (Odds Ratio [OR]=0.52, 95% Confidence Interval [CI], 0.31 to 0.90) compared to the standard of care. There was 36% less likelihood of death compared to the standard of care, but this result was not statistically significant (OR=0.64, 95% CI, 0.19 to 2.12). The results were adjusted for age, gender, education, occupation, and poverty as measured by family possession of a BPL (Below Poverty Line) card. The data collection is ongoing.

Home isolation is an important strategy to address the shortage of hospital resources for COVID-19, and a teletraining program like this in a public private partnership can help support the Government’s pandemic response strategy. This analysis provides an initial understanding of the effectiveness of the telephone-based training program, and it suggests potential benefits of the program to improve COVID-19 patient outcomes.

“  
As we know, COVID-19 is not only affecting us physically but mentally also. In this stressful situation, support and motivation from your team is working like a medicine for me. I am very thankful as I am recovering fast and relaxing mentally.” — home isolated patient, Punjab

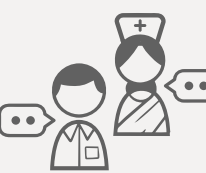
## RESEARCH PLANNED WITH PARTNERS

We obtained ethical clearance for 2 studies in partnership with external research partners.



**Investigating the Role of Social Learning in Health Messaging: Evidence on Maternal and Child Health in India**  
In partnership with researchers from UC Berkeley, USA, and Aix-Marseille University, France

We want to deepen our understanding of the dynamics at play within the family, especially the influence of the mother-in-law (MIL) on decision making for the daughter-in-law (DIL) when she is pregnant. We will work to understand how targeting educational training about prenatal best practices to pregnant DILs and their MILs can improve health outcomes for mothers and babies. These insights will help us refine our Care Companion Program (CCP) messaging to make it more effective.



**Care Work in Maternal Health Messaging**  
In partnership with researchers from the University of Washington, USA

Our aim is to understand nurses’ workflows and perspectives on their work, mothers’ pregnancy journeys, and caregivers’ involvement. Insights from this study will help us better support nurses who are core to CCP delivery, especially remotely through easily accessible technologies.





Dr. Seema Murthy, Senior Research Specialist, with caregivers at a Health and Wellness Center in Dongaliya village, Madhya Pradesh

## LAUNCHING THE TUBERCULOSIS (TB) PILOT

**26%** of the global TB cases are in India, and 27% of the global burden of multidrug resistant TB lies in the country

**25-30%** decline in the notification of TB cases reported between Jan-Jun 2020, an adverse impact of COVID-19\*

These past months have seen steady progress in the development of our TB pilot, in partnership with [JHPIEGO](#)'s Project Nishtha initiative and the Government of Madhya Pradesh, supported by USAID. We selected TB as a new condition area to focus on in 2021 and beyond, considering the longstanding critical need to address this major infectious disease in South Asia, and the opportunity to develop and implement novel family caregiver focused programs to do so. Our plans align well with India's Draft National Strategic Plan to End TB in India (2020-2025), which calls for the scale up, active engagement, and participation of communities affected by TB.

We have collaboratively developed a robust service delivery model after multiple rounds of needs finding, user interviews, and patient and caregiver feedback. We are currently in the process of creating and testing empathetic trainings, tools, and materials that will help build the capacity of and enable community health officers to provide impactful health behavior change education to patients and family caregivers at 70 government run Health and Wellness Centers (primary health care clinics) in rural Madhya Pradesh. The roll out of healthcare worker training and implementation of this pilot will continue over the rest of 2021 and into 2022.

\*Data collected for the [2020 edition of the annual global TB report](#), released on October 14, 2020.



# WHAT WE LEARNED FROM OUR TUBERCULOSIS (TB) NEEDS FINDING

We gained several key insights into the TB landscape and the communities we aim to serve through this pilot, using extensive clinical and public health research, interviews with experts, observational visits to Health and Wellness Centers (HWCs), and deep dive phone interviews with patients, families, and TB survivors. These insights will be critical to ensuring the intervention and tools we design map closely to patient and caregiver needs.

- Many **do not know much about TB until they are impacted by it**, or someone around them gets infected.
- Families with TB are often **unable to provide ample nutrition** for themselves and for patients with TB .
- **Job security is very important** to daily wage workers in rural and urban communities when faced with having to travel long distances for testing or treatment and incurring a potential loss of wages.
- Many are unaware that **TB is highly contagious** (for a period of time), inadvertently leading to potential spread within family units.
- TB patients will often continue to remain in semi-isolation out of a **sense of guilt**, even after they are no longer infectious.
- Women seem to feel particularly fearful of spreading TB to their husbands and children. Women and girls in particular do not get tested as much as men and boys, primarily due to the fear of being **‘unmarriageable.’**

“An ASHA worker’s (community health worker) daughter had TB, but they did not want to give the government any documentation to receive the 500 rupees usually given for nutrition. They feared that the word would spread, and nobody would marry her.” — TB NGO Worker, Madhya Pradesh

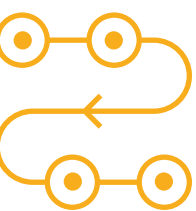


A patient shares her experience with TB at a Health and Wellness Center in Jhagar village, Madhya Pradesh



# REVISITING OUR 2021 GOALS

The last quarter saw us reprioritize and scale our efforts in supporting the ongoing pandemic. This meant taking a step back to reevaluate our priorities for the year and modifying our targets and resources accordingly. A few key updates can be found below:



**Scale the established (or ‘classic’) Noora model across facilities in India and Bangladesh by reaching over 500,000 family members across 120 new facilities:**

While our target of number of people trained and number of new facilities for 2021 remains unchanged, we have deprioritized expanding our Oncology, Cardiology, and Inpatient programs to new facilities this year. We are supplementing by expanding our Maternal and Child Health program to 17 additional facilities to still reach the goal of 120 new facilities. We will, however, continue to explore new partnerships for expansion in these areas, so that we can accelerate implementation efforts next year.



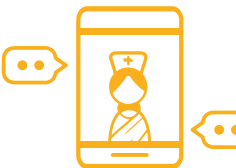
**Develop Care Companion Programs in 2 new condition areas and expand to new settings of care:**

Our goal at the start of 2021 was to develop and implement the Care Companion Program (CCP) in two new condition areas — Tuberculosis (TB) and Substance Abuse. Due to the COVID-19 second wave, we have instead focused on revising and expanding our pandemic response as outlined in this report, and will only be adding TB as a new condition area this year. Through our TB program, we have expanded to a new setting of care - Primary Care - and will continue to update on progress.



**Continue prioritizing impact focusing on both internal quality and outcome evaluations:**

As per our RESEARCH AND EVALUATION section above, we have prioritized research on our COVID-19 program. Other research efforts have shifted accordingly — we will resume the endline evaluation of the Neonatal and Maternal Care Companion Program (CCP) in partnership with Ariadne Labs by the end of Q4, and the Sick Newborn Care Unit (SNCU) endline in partnership with UNICEF by Q4. We will also initiate the WhatsApp evaluation for Inpatient in Q3, Cardiology endline in Q4, and TB evaluation in Q4.



**Test and launch technology-enabled innovations to enhance the classic model through remote training and direct-to-patient approaches:**

The Care Companion App for nurses will be expanded across 35% of our facilities (across 6 states), and post-discharge follow-up will be available for Maternal and Newborn Care, COVID-19, Inpatient, Tuberculosis, and Cardiology by the end of the year.





Family members help a patient transfer from one part of the hospital to another in Mansa district, Punjab | \*Photograph taken pre-pandemic

# FAMILY CAREGIVING AS THE STANDARD OF CARE

We continue to identify partners that can uniquely support the establishment of the Care Companion Program (CCP) as the standard of care. In India, we took an important step this quarter by partnering with [NITI Aayog](#), an Indian national policy think tank. This agreement will scale our work through “aspirational districts,” i.e. districts earmarked by the government as a priority for improving health and social indicators, in 3 existing states and 1 new state that we work in. We will integrate our CCP more closely with existing government programs, administrators, and structures in these districts.

In Q2, in partnership with UNICEF, we transitioned back from in person launches of our programs to fully remote ones as we expanded to new facilities. This pushed us to further refine how we train and support healthcare staff as we adapted to the challenging remote environment of the second wave. Since launching in April, we have implemented the CCP in 10 Special Newborn Care Units (SNCUs) in aspirational districts in Andhra Pradesh, Telangana, and Karnataka, training 146 master trainers who have trained 6,345 mothers and families.

In Q2, our work was featured by the [Stanford Social Impact Review](#) podcast Uncharted Grounds and the [World Economic Forum](#), among others. In addition to the linked article, our partners at the World Economic Forum also recognized us as one of “[India’s Top 50 COVID-19 Last Mile Responders](#),” a group of 50 peer social entrepreneurs and 12 ecosystem initiatives who have stepped up as last mile responders to support more than 171 million people on the frontlines of the COVID-19 crisis in India. We are humbled to be recognized alongside these peer organizations for our COVID-19 response efforts, and look to them for both partnership and inspiration moving forward.





# THANK YOU TO OUR SUPPORTERS

Combating the second wave of COVID-19 this past quarter pushed us as an organization at every level. Our team pivoted efforts and drove incredible impact at a time when everyone faced the harsh realities of the second wave on a personal level. Throughout this difficult time, we found tremendous inspiration in the support from the Noora community, who reached out to us with connections to further our work, spread our materials through their networks, provided funds and ways to access needed resources, and offered words of love and encouragement.

This support came from both established partners and supporters and those newer to our work. In May, we saw the highest number of donors support us in a single month, primarily from individuals. We saw unexpected donations from long-standing partners, and further widened our network through the new connections that we made.

We also received a remarkable \$5M donation from Paul Graham, a long-time supporter, through an NFT (non-fungible token). Paul wrote an [essay](#) regarding his thoughts on the NFT when placing his initial bid. We are immensely grateful to Paul Graham and Jessica Livingston for their continued support of our work with what is now our **largest gift to date**.

As we say, ‘It takes a family,’ and we are endlessly grateful you are part of ours.



Practicing hand washing during a CCP Session in Civil Hospital, Mansa, Punjab | \*Photograph taken pre-pandemic



It takes a **family.**



**Noora Health**  
2443 Fillmore St | #380-3203  
San Francisco, CA 94115  
[www.noorahealth.org](http://www.noorahealth.org)