

# Impact Report





*A smiling mother holds her newborn in the Dhaka Shishu (Children's) Hospital, Bangladesh.*

# Letter from our co-founders

Dear friends,

Before jumping into the report, we want to acknowledge the political situation in Bangladesh — a profound moment of change, unrest, loss, stress, and uncertainty that continues to impact the country, and our beloved teammates. All trainings were paused temporarily for the safety of our staff and healthcare workers. As we write this, the situation appears to be stabilizing, and the team is slowly, but surely, pushing forward on all fronts.

Looking back at Q2 2024, we stood at the intersection of community-focused healthcare and global advocacy, hosting [our first high-level event](#) on the power of caregiving at the World Health Assembly. We joined an inspiring, intimate focus group discussion with 53 family caregivers and 32 experts from across Indonesia. We signed an [agreement](#) with an implementing partner to deliver the maternal and newborn Care Companion Program (CCP) in Nepal. We became members of the [Partnership for Maternal, Newborn & Child Health \(PMNCH\)](#), joining a network of organizations advocating for the right to health and well-being for women and children everywhere.

Along with programmatic updates, our Q2 impact report introduces our early and ambitious advocacy goals — **calling for caregiver support and training as a core component of healthcare delivery globally** — and the steps we'll take to get there.

Ten years in, our vision for family caregiving is one step closer to becoming reality, thanks to you — our steadfast partners, supporters, and team.

Thanks for reading,

Edith

Shahed



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*A mother and her two children walk outside the RSUD Dr. H. Slamet Martodirdjo in Pamekasan, Indonesia.*



# Growth overview

In Q2 2024, the Care Companion Program (CCP) reached over 3.5 million caregivers, representing more than 2.1 million patients, across 11,500+ facilities in Bangladesh, India, and Indonesia.

This quarter, the CCP reached 592 new facilities, which was a direct result of the 30 training of trainers sessions we conducted with more than 2,100 healthcare workers.

Just six months into the year, we've reached 5.7 million caregivers — surpassing our annual reach in 2023 — with a majority of this growth in India. These numbers put us on track to surpass our 2024 goal of training 7.7 million caregivers. In Bangladesh, the CCP reached 336 new hospitals in Q2 2024. However, the situation that recently unfolded in the country will impact the delivery of our training of trainers and new program implementation in the coming months. In Indonesia, we expanded the CCP to 77 new facilities, training 9x the number of caregivers compared to Q1 2024 (from 1,500 to 14,500). We look forward to seeing the reach grow rapidly as we continue to learn and adapt our programs in the country.



Caregivers share a light moment during a Care Companion Program session in District Hospital Khargone, in Madhya Pradesh, India.

## Q2 impact at a glance

**3,528,000** caregivers trained

**2,169,000** patients represented

**167,859** new mobile service subscribers

**1,147** healthcare staff trained

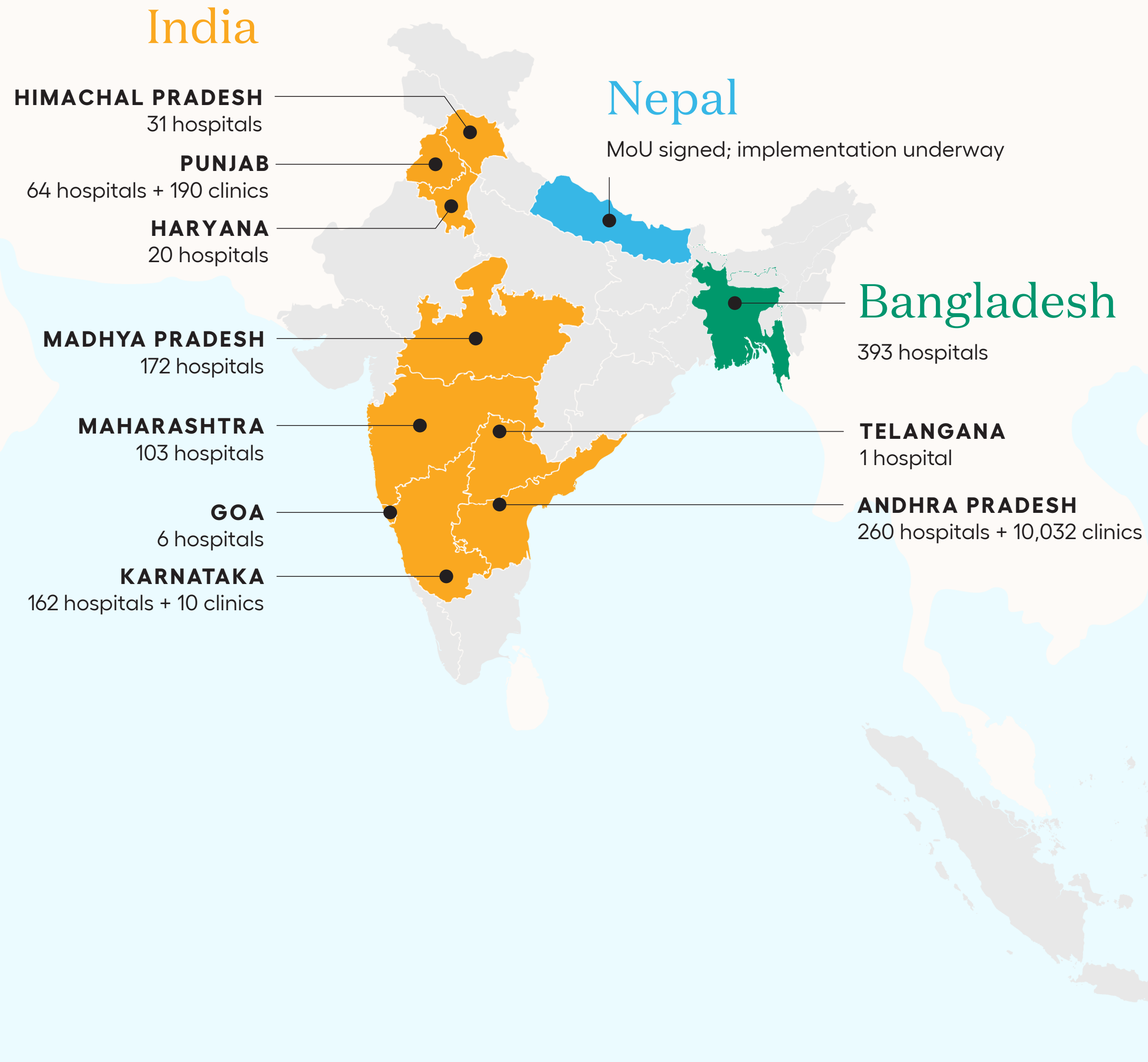
**30** training of trainer workshops

**592** facilities added

**22** new teammates welcomed

# Reach to date

By geography



**TOTAL:**  
**11,544 FACILITIES**

# Reach to date

In numbers

## Caregivers trained

TOTAL:  
**14,165,000**

## Patients represented

TOTAL:  
**9,264,000**

Region	Q2	Cumulative
<b>India</b>	<b>3,410,363</b>	<b>13,774,530</b>
Andhra Pradesh	1,859,711	4,711,510
Goa	3,964	10,108
Haryana	279,270	964,146
Himachal Pradesh	24,209	118,513
Karnataka	398,605	2,338,050
Madhya Pradesh	486,690	3,504,535
Maharashtra	193,130	698,523
Punjab	164,784	1,139,936
Telangana	0	8,476
Private (Inactive)	0	280,733
<b>Bangladesh</b>	<b>103,910</b>	<b>371,737</b>
<b>Indonesia</b>	<b>14,581</b>	<b>19,437</b>
<b>Total*</b>	<b>3,528,000</b>	<b>14,165,000</b>

Region	Q2	Cumulative
<b>India</b>	<b>2,104,487</b>	<b>8,996,156</b>
Andhra Pradesh	1,058,699	2,894,908
Goa	2,300	6,396
Haryana	188,782	645,367
Himachal Pradesh	16,139	79,009
Karnataka	265,737	1,561,797
Madhya Pradesh	332,026	2,355,188
Maharashtra	128,752	466,291
Punjab	112,052	794,390
Telangana	0	5,653
Private (Inactive)	0	187,157
<b>Bangladesh</b>	<b>56,749</b>	<b>257,444</b>
<b>Indonesia</b>	<b>7,846</b>	<b>10,597</b>
<b>Total*</b>	<b>2,169,000</b>	<b>9,264,000</b>

\*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

Health condition	Q2	Cumulative
Cardiac	9,618	382,441
COVID-19 (Concluded)	0	163,646
Non-Communicable Diseases, General Medical, Surgical Care	834,292	2,965,413
Maternal and Newborn	2,279,490	10,070,862
Child and Adolescent Health	401,490	548,254
Oncology (Inactive)	0	20,116
Tuberculosis	3,964	14,972
<b>Total*</b>	<b>3,528,000</b>	<b>14,165,000</b>

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

An ambulance waits outside the Dhaka Shishu (Children's) Hospital, Bangladesh.





Watch “Caregiving: A universal act of love” — a short film calling on health systems globally to change the status quo, and train and support family caregivers.

● WATCH HERE

# Caregiving on the global health agenda

Over the past decade, we’ve closely collaborated with public health systems across India, Bangladesh, and Indonesia [to improve health outcomes](#) by training family caregivers with the skills that they need to care for their loved ones. It’s been an inspiring, enlightening process, filled with non-stop learning, reflecting, and gathering evidence on what works in different contexts.

With substantial hands-on experience and a model that works across South and Southeast Asia, we are now ready to amplify the movement for caregiver training on a global scale.

What does this mean?

It means **it’s time for caregiving to be included in the global agenda as a high-priority issue**. It means caregivers being formally recognized as an integral part of the health system.

Our vision for global advocacy is to deepen the discussion on and facilitate the inclusion of family caregiving into health policies and guidelines, with a focus on both regional and global impact.





*The 'Power of family caregivers' panel at the 77th World Health Assembly 2024.  
Credits: Devex / Marc Bader (eventphotographer.ch)*

In Q2 2024, we took the first significant step on our advocacy journey, joining [Devex](#) to co-host a [panel discussion](#) at the World Health Assembly on the power of family caregiving and the crucial need for caregiver training and support in healthcare delivery. We were honored to have speakers from the Indian, Bangladeshi, and Indonesian ministries of health, alongside high-level representatives from the World Health Organization (WHO). Read all about our event [here](#).

We also met with members of the [WHO South East Asia Regional Office](#) (SEARO), and started planning for the Primary Healthcare Forum conference in August. The convening, which we will discuss more in our Q3 report, included all member states from the region, ecosystem partners including USAID, the World Bank, and Gavi, and focused on integration and quality of primary healthcare models.

Additionally, we also became members of the [Partnership for Maternal, Newborn, and Child Health](#) (PMNCH), a WHO-affiliated body and the world's largest alliance committed to advocating for the health, well-being, and rights of women, children, and adolescents.

We know that caregiver support looks different in different contexts, across settings of care, geographies, and health conditions. While we will continue to prioritize our core organizational role of designing, developing, and implementing models of caregiver support, we are excited to embark on this new journey to make caregiving training and support the global standard of care.

# Program updates

## Bangladesh

In Q2 2024, we trained 103,910 caregivers across all eight divisions in Bangladesh — reaching a cumulative total of 371,737 caregivers representing 257,440 patients.

Our maternal and newborn health program grew exponentially this quarter. We conducted 17 training of trainers workshops, training 736 nurses and midwives, and 368 nursing supervisors — taking the Care Companion Program (CCP) to 310 new sub-district hospitals across the country. This was the first time we conducted multiple trainings simultaneously, allowing us to reach more healthcare workers in a single session.

The program contents for our general medical and surgical care program have been reviewed and approved by the Directorate General of Health Services' Curriculum Review Committee, setting us up to launch the program in 390 public hospitals in Q3. However, we expect this and other future implementation plans to be affected given the unfolding situation in the country. On the organizational front, we are also at the final stage of securing our international nonprofit registration, which will open up new opportunities to work with other directorates of the Ministry of Health and Family Welfare (MoHFW).

And finally, at the World Health Assembly in May, [we discussed our model](#) and work with high-level delegates from the MoHFW and look forward to collaborating more closely with the MoHFW in the future.

*A nurse explains newborn care practices during a Care Companion Program session in Dhaka, Bangladesh.*



## India

In Q2 2024, the Care Companion Program (CCP) reached 3.41 million caregivers across nine states in India — bringing us to 13.77 million cumulative caregivers trained representing 9 million patients. Just over halfway through the year, we've achieved more than 75% of our goal to train 6.6 million caregivers in India in 2024.

This growth is rooted in strategic and sustainable expansion across the country. By partnering with a diverse network of facilities and healthcare providers, we ensure that caregiver training is accessible no matter where individuals enter or engage with the healthcare system. For example, in **Maharashtra**, a proposal was submitted to the Medical Education and Drugs Department to take the CCP to 16 new medical colleges and hospitals (in addition to the 10 where the program is already running). Within the health education ecosystem, these institutions are important as they treat the most critical medical cases and train a majority of nurses and doctors — institutionalizing caregiver training in the systems for years to come.

At the community level, in **Punjab**, CCP training was completed across all the 244 health and wellness centers in the [aspirational districts](#) of Ferozpur and Moga, expanding support for caregivers and patients to various levels of the public healthcare system.

Similarly, in one district in **Himachal Pradesh**, approval was received for a pilot training with [Accredited Social Health Activists \(ASHAs\)](#) to improve healthcare delivery and community health outcomes — our first time working directly with this important cadre of community health workers.



Caregivers practice proper handwashing techniques at the Khargone District Hospital in Madhya Pradesh, India.

The CCP is now up and running across 16 new sub-district hospitals in **Karnataka**. A moment of pride from **Andhra Pradesh** was the in-person training of more than 10,000 community health officers across 26 districts in less than two months — a testament to [our cascade training model](#) that leverages the state's existing resources. And finally, in **Madhya Pradesh**, a pilot of the primary care CCP at the community level was approved in five blocks with high rates of home births.

In another important win, the National Ministry of Health also approved our proposals to continue integrating the CCP training costs into the health budgets of four additional states — Punjab, Haryana, Himachal Pradesh, and Karnataka. With five states approved in total, this is an important marker of the government's confidence in our work and their commitment towards owning and institutionalizing the CCP.

Going into Q3, we're excited to take the CCP to two new states — **Tamil Nadu**, via a private partnership, and **Assam**, through a new collaboration with the Cachar Cancer Hospital & Research Centre.

*A mother holds her baby in the waiting room of the Dharamshala Zonal Hospital in Himachal Pradesh, India.*




## Indonesia

In Q2 2024, we trained 14,581 caregivers across 100 facilities, taking us to a cumulative total of 19,437 caregivers trained, representing 10,597 patients.

This quarter, we made significant progress by expanding partnerships, conducting training sessions, and refining our program approach. We signed a new agreement with the district of Kabupaten Kediri — taking us to a total of six partnerships in the country. Simultaneously, we're in conversation with three new districts, setting up a solid foundation for long-term collaboration.

We also conducted six training of trainers sessions reaching 932 health workers across four districts. This included both online and offline training, and the pilot launch of Noora Academy, our in-house learning management system (read more on [p.19](#)). This was our first time using this multi-channel training approach, and we're currently analyzing data from the A/B test to understand what we did well and how we can improve future sessions.

In order to continue contextualizing the Care Companion Program (CCP) for the Indonesian context, we held a two-day national focus group discussion on caregiving, bringing together a diverse group of caregivers, policymakers, and experts. The conversation provided valuable insights regarding the concept, practice, and potential future of caregiving support in Indonesia, and we're in the process of integrating these into a new, culturally-rooted version of the CCP.



*A participant listens attentively during the focus group discussion in Jakarta, Indonesia.*

## Nepal

Q2 marked the official expansion of the Care Companion Program (CCP) into Nepal, our fourth country of operations.

After months of exploratory meetings, thoughtful planning, and strategic alignment we signed a partnership agreement with [One Heart Worldwide](#), a non-profit organization with more than a decade of experience in making pregnancy and childbirth safer in remote and underserved regions of Nepal. The pilot CCP program will launch in three federally-run hospitals: Madhesh Institute of Health and Sciences in Janakpur, Paropakar Maternity and Women's Hospital in Kathmandu, and Provincial Hospital in Surkhet. With Noora Health anchoring the program design process, One Heart Worldwide will lead implementation and monitoring efforts.

We've already kicked off the needs finding process — a key component of Noora Health's human-centered design approach — and are in the process of jointly analyzing insights from it. This, along with a health systems' literature review, will help us in designing a program that addresses Nepal's unique healthcare requirements. In July 2024, One Heart Worldwide signed memorandums of understanding with all three pilot hospitals, setting the stage for launch in Q4 2024. Simultaneously, we've connected with the National Tuberculosis Control Center to explore integrating caregiver education into their tuberculosis control programs. In the months to come, we plan to work with all relevant stakeholders to co-design a strategy to achieve this.

● [READ MORE](#)



*Noora Health teammates conducting a needs finding session with nurses at the Paropakar Maternity and Women's Hospital in Kathmandu, Nepal.*

# Learning and evaluation

## Building a strong evidence base in Bangladesh

This quarter, we presented preliminary results from our pilot Special Care Newborn Unit (SCANU) evaluation in Bangladesh at two conferences in Dhaka — one organized by the Bangladesh Perinatal Society and the other by the Public Health Association of Bangladesh. Both were excellent opportunities to connect with other public health professionals in the maternal and newborn health space in Bangladesh.

**In our study of two control facilities and one intervention facility, the hospital running the Care Companion Program saw:**

- Statistically significant improvements in odds for skin-to-skin awareness (431%) and skin-to-skin care practices (45%). Additionally, we observed a decrease in odds for newborn complications (39%) and mother readmissions (51%).
- Non-statistically significant improvements in exclusive breastfeeding practices, hand hygiene, health-seeking behaviors, cord complications, mother complications, and newborn readmissions.
- The study did not show changes in dry cord care practice and immunization awareness.

With the pilot evaluation complete, we are analyzing the main, quasi-experimental study across 14 hospitals for the SCANU Care Companion Program, and look forward to sharing the results soon.

*Dr. Arefin Islam, Country Director, Noora Health Bangladesh, presenting our work at the conference organized by the Public Health Association of Bangladesh.*



## Creating thoughtful emotional support interventions for caregivers

Last year, through [a qualitative research project](#), [The Caregiving Lab](#) at Noora Health identified an overwhelming need for emotional support tools for caregivers to protect their physical and mental well-being. Building on this, we co-designed with caregivers to understand what effective, sustainable emotional support might look like in practice and the considerations to be mindful of when designing interventions. Here are three key insights we came away with:

- Emotional support interventions only work if the caregiver is open to receiving support, whether that's at the beginning, middle, or end of their caregiving journey.
- A one-size-fits-all approach doesn't work. There needs to be a suite of interventions — from digital chatbots to peer support groups — that caregivers can choose from, depending on their situation and evolving needs.
- Simple things, such as being actively listened to and participating in a small caregiver support group, are seen as extremely supportive, as they help release tensions and alleviate isolation in this complex endeavor.

Our in-depth findings are built into our upcoming toolkit — a comprehensive resource that can act as inspiration and a practical guide for people and organizations looking to create emotional support interventions for caregivers.



A caregiver participates in a co-creation session organized by The Caregiving Lab.



# Story feature

## A midwife's journey to transforming maternal care

“Earlier, I provided one-on-one consultations to the patient alone. After participating in Noora Health’s training, I understood that educating the entire family is equally vital. We can’t ignore the crucial role that families play in supporting women throughout their motherhood journey.”

Dwi Cahyanti is a 40-year-old *bidan*, or midwife, who has dedicated nearly two decades serving mothers and newborns at Gambiran Hospital in Kota Kediri, East Java, Indonesia. For 12 years, she coordinated a dynamic team responding to emergency obstetric and neonatal cases in the hospital. Her current role in the obstetrics and gynecology clinic has given her the opportunity to support not only mothers, but also their families.

After the Care Companion Program (CCP) training, Dwi now facilitates group sessions where patients and their families can learn and share experiences with each other. She says this shift has been eye-opening for her, ensuring that the knowledge she shares fosters a supportive environment for maternal health at home as well. “I try to make the most of patients' waiting time before doctor consultations or surgeries to conduct CCP sessions, or Sesi Keluarga Sehat (Healthy Family Sessions) as it is called in Bahasa. I even incorporate these into my prenatal yoga sessions with expecting mothers. The CCP is special to me because every session is a two-way exchange; I not only share knowledge with my patients and their caregivers but also gain valuable insights from them in return.”



*Bidan Dwi explains exclusive breastfeeding to expecting mothers during the Sesi Keluarga Sehat session in Kota Kediri, East Java, Indonesia.*



*A moment of camaraderie among our team at Noora Health's annual All Team Retreat in 2023.*

# We're hiring!

In Q2 2024, our team expansion mirrored that of our programs. As we took our first steps in Nepal, a senior advisor was brought onboard to focus on government partnerships in the country. Alongside this, we welcomed 22 new committed and talented colleagues across the organization and our partners.

To further fuel our steady growth and ongoing innovation, we're looking for 25 new teammates in the upcoming quarter. Explore a few key open positions below, and please share with your networks!

Service and Systems Design Associate | BANGLADESH

Visual Designer | INDIA

Associate Medical Lead | INDONESIA

Associate Training Manager | INDONESIA

Product Development Engineer | SHARED

Senior Data Engineer | SHARED

# What's next at Noora Health?

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

## **A new approach to partnerships and programs in Punjab**

One highlight of our upcoming launch of the HIV / AIDS Care Companion Program in Punjab has been the partnership model we've built with the state government. Two salient points have been: complete funding of the project by the government and their proactive participation in needs finding, tool development, and program design. This deep co-ownership has pushed us to innovate and customize the program beyond what we could have imagined and we're excited to see how it's received by patients and caregivers.

## **Pioneering participatory learning in health education**

To sustainably improve health outcomes, it is essential for individuals and communities to have the autonomy to determine their health priorities and take proactive steps towards achieving them. To this end, we have partnered with [Ekjut](#), an organization pioneering a participatory learning approach to foster community-led health behavior change in India. In Q2, we visited Ekjut's initiatives in Jharkhand, India, to gain a first-hand understanding of their approach and explore its potential to enhance the Care Companion Program

(CCP). In the coming months, we will co-create a model for community-led health education with the Ekjut team, which will be piloted in select districts of Andhra Pradesh and Jharkhand.

## **Leveraging tech for continuous learning and upskilling**

Medical information is continuously evolving, and in order to ensure that healthcare professionals have access to the latest knowledge and skills for training patients and caregivers, we're developing and piloting Noora Academy, our in-house learning management system.

Noora Academy is a self-paced, Android-based application that offers a comprehensive range of courses for healthcare workers delivering the Care Companion Program. In Q2 2024, we piloted it in Indonesia with over 900 healthcare workers and saw more than 44% of learners complete all the modules. With learnings from the initial pilot, we're looking forward to piloting the app in India and Bangladesh in the coming months, and finding the most effective way of integrating it into the training journey.



*A proud father holds his newborn baby at a community health center in Madhya Pradesh, India.*



# We are *all* caregivers.

[noorahealth.org](https://noorahealth.org)



Donate