

Impact Report





A new mother receives guidance from Noora Health's mobile-based care companion service at her home in Madhya Pradesh, India.

Letter from our co-founders

Dear friends,

What role can technology play in reimagining caregiving, in better supporting caregivers?

Technology is a thread that weaves through every aspect of our work. In our earliest days, we used any tech that was available, burning DVDs of informational videos that would play on hospital TVs for caregivers to take home. And it's here now, on the horizon of offering more personalized, responsive support by leveraging AI.

In Q3 2024, reimagining caregiving was particularly on our minds, thanks in part to an incredible opportunity to host an esteemed advocate for the well-being of caregivers globally: The U.S. Surgeon General, Dr. Vivek Murthy. We closed the quarter in preparation for Dr. Murthy's [visit](#) to Jayadeva Hospital, where he toured the campus, joined a Care Companion Program session, and met patients, caregivers, our team, and our partners.

As our [10-year anniversary](#) draws to a close and we look to 2025 and beyond, we're dedicating this report to a vital intersection: the space where humanity and compassion meet digital connection, accessibility, and efficiency. At Noora Health, we see our digital offerings as an extension of the personalized care and attention that a patient and caregiver receive during a Care Companion session. We're shaping a future where technology continues bridging care gaps, amplifying human connection, and advancing health equity for all.

We're so excited about the innovative chapters ahead.

With gratitude,

Edith

Shahed



Table of contents

- 04 Growth overview
- 05 Reach to date
- 08 Harnessing tech to reimagine caregiving
- 10 Advancing caregiver support globally
- 11 Program updates
- 16 Learning and evaluation
- 17 Story feature
- 18 The U.S. Surgeon General comes to visit
- 19 We're hiring!



New mothers participate in a Care Companion Program session in the Special Care Newborn Unit ward at Dhaka Shishu (Children's) Hospital, Bangladesh.

Growth overview

In Q3 2024, we surpassed an exciting milestone — the Care Companion Program (CCP) has now reached over 20 million caregivers and patients, representing over 13 million patient families. This past quarter, we trained over 6 million caregivers who support 3.8 million patients.

Our programs now operate in more than 11,700 facilities through the dedication of over 20,400 trainers across India, Bangladesh, and Indonesia. In India, the primary care CCP expanded across Andhra Pradesh, and exciting new state partnerships show increased commitment to our work.

In Bangladesh, we conducted 4,788 CCP sessions this quarter — our highest thus far. In Indonesia, caregiver reach has soared from 1,500 in Q1 2024 to over 29,000 in Q3 2024, marking a 20x increase. Meanwhile, in Nepal, our newest country, we've integrated local socio-cultural insights into our programs. We're eager to continue this momentum as we learn, adapt, and expand in these geographies.



A caregiver enjoys a light moment outside her home in Pamekasan, Indonesia.

Q3 impact at a glance

6,060,000 caregivers trained

3,849,000 patients represented

216,049 new mobile service subscribers

327 healthcare staff trained

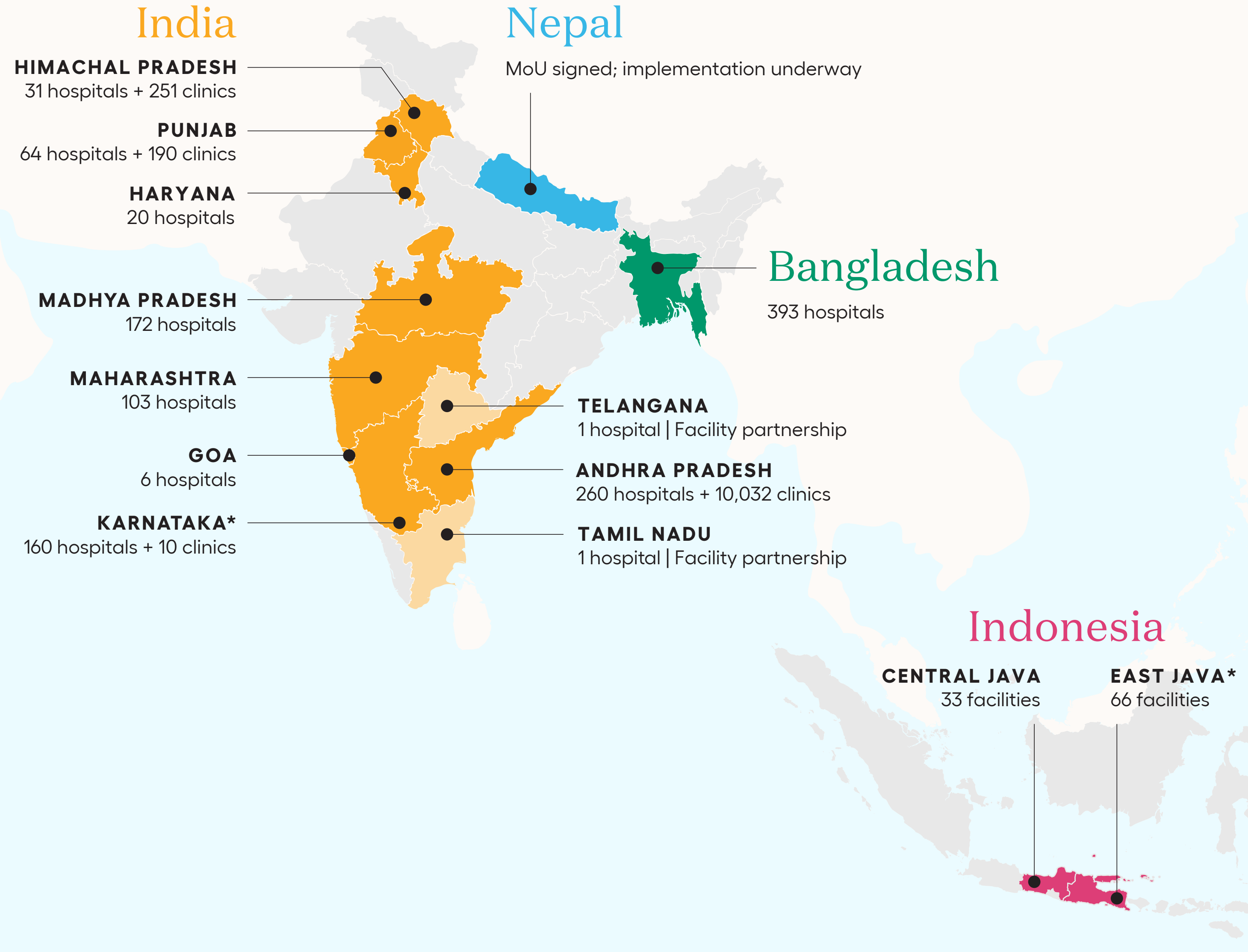
8 training of trainer workshops

252 facilities added

28 new teammates welcomed

Reach to date

By geography



TOTAL:
11,793 FACILITIES

Reach to date

In numbers

Caregivers trained

TOTAL:
20,226,000

Patients represented

TOTAL:
13,113,000

Region	Q3	Cumulative
India	5,923,113	19,697,643
Andhra Pradesh	4,352,151	9,063,661
Goa	4,316	14,424
Haryana	191,323	1,155,469
Himachal Pradesh	24,607	143,120
Karnataka	356,548	2,694,598
Madhya Pradesh	502,495	4,007,030
Maharashtra	316,459	1,014,982
Punjab	175,214	1,315,150
Facility Partnerships	-	289,209
Bangladesh	108,094	479,831
Indonesia	29,733	49,170
East Java	19,458	34,333
Central Java	10,275	14,837
Total*	6,060,000	20,226,000

Region	Q3	Cumulative
India	3,773,978	12,770,134
Andhra Pradesh	2,710,147	5,605,055
Goa	2,323	8,719
Haryana	127,546	772,913
Himachal Pradesh	16,405	95,414
Karnataka	237,698	1,799,495
Madhya Pradesh	349,359	2,704,547
Maharashtra	210,972	677,263
Punjab	119,528	913,918
Facility Partnerships	-	192,810
Bangladesh	57,893	315,337
Indonesia	17,503	28,100
East Java	11,346	19,444
Central Java	6,157	8,656
Total*	3,849,000	13,113,000

Reach to date

By health condition

Caregivers trained by health condition

Health condition	Q3	Cumulative
Cardiac	11,597	394,038
COVID-19 (Concluded)	-	163,646
Noncommunicable Diseases, General Medical, Surgical Care	1,476,291	4,441,704
Maternal and Newborn	3,153,053	13,223,915
Child and Adolescent Health	1,415,305	1,963,559
Oncology (Inactive)	-	20,116
Tuberculosis	4,316	19,288
Total*	6,060,000	20,226,000

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

A patient gets his blood pressure checked at the Ambad Sub-District Hospital in Maharashtra, India.





Watch this short video about the future of Noora Health's Digital Care Companion, and how it blends tradition with technology.

● WATCH HERE

Harnessing tech to reimagine caregiving

We leverage technology in three principal ways — to deliver tailored communication to patients and caregivers, enable monitoring and continuous learning for healthcare workers, and enhance programs through data-driven dashboards. The common thread is our commitment to harnessing technology in service of our larger mission of providing close support to patients and family caregivers when they need it most.

Our Remote Engagement Service (RES) extends the Care Companion Program beyond facility walls, providing long-term, remote support to **caregivers** through timely reminders and a question-answering service. In August this year, we surpassed one million cumulative subscribers on the RES since its launch in 2019. Every day, our clinical team of 20 nurses processes around 10,000 incoming messages, providing clarifications, supplementing behavior change advice (e.g., steps for wound care, diet advice for diabetics), and advising when symptoms warrant a visit to a healthcare facility — all in eight languages.

This year, we have been experimenting with AI to improve RES's effectiveness. Currently, RES is unable to address multiple health conditions simultaneously, lacks personalization, and struggles to handle the growing influx of questions. By integrating advanced AI functionalities, like natural language processing and personalized nudges, we can transform RES into a dynamic health companion that tailors interactions to caregivers' needs and triages complex cases.



A caregiver signs up for Noora Health's mobile-based care companion service at a posyandu (integrated health post) in Pamekasan, Indonesia.

Recently, we tested and deployed our first AI application, a query classifier that filters non-medical queries from medical ones. This has reduced the number of queries nurses review by 80%, allowing them to focus on more critical cases.

To better engage the **healthcare workers** delivering our programs, we've designed an app to enhance program monitoring and support their skill-building journey. Currently, the app — whether used as a standalone tool or integrated with existing government platforms — is used by more than 13,000 healthcare workers across Bangladesh, Indonesia, and the states of Andhra Pradesh, Maharashtra, Haryana, and Karnataka in India. In the coming months, we aim to refine the app further by introducing regional language accessibility (the app is currently only available in English) and integrating WhatsApp groups to facilitate better communication between nurses and their supervisors.

In parallel, we've been testing various self-paced, online learning modules, to provide ongoing learning opportunities to healthcare workers. After a successful pilot in Indonesia, in Q3 2024 we piloted it in Bangladesh with 18 healthcare workers to understand its usefulness. We now plan to conduct a full-fledged pilot of the entire training curriculum in India in the coming months.

And finally, we've been making steady progress on consolidating and rolling out our country data dashboards, which will draw on data from multiple sources, allowing us to track metrics and monitor impact in real time. This quarter, we launched the dashboards in [Indonesia](#) and Bangladesh, accompanied by a robust data validation process to ensure that all data is vetted by our monitoring teams for consistency and accuracy. We are now rolling out the dashboards in India while actively seeking feedback to make them more actionable and user-friendly.

Advancing caregiver support globally

In Q3 2024, we built momentum towards our goal of making caregiver support and training a benchmark of care for everyone, everywhere.

We were honored to be one of the select development partners invited to participate in a workshop on primary care innovations organized by the [WHO South East Asia Regional Office](#). It was inspiring to see learnings, best practices, and innovations in primary care that have scaled regionally and the collective commitment to applying them more widely. At the end of the event, many country representatives expressed their interest in adopting better family caregiver practices in their own contexts — aligning with our goal of scaling through direct government partnerships.

Alongside this, for the second year in a row, we participated in events around the United Nations General Assembly (UNGA), where world leaders came together to solve global challenges. We reconnected with fellow commitment makers at the [Clinton Global Initiative](#); met with Indonesia's Minister of Health to discuss the development of caregiver guidelines; and spoke on a [Dasra Philanthropy Forum](#) panel about successful innovations in India that have scaled internationally. Participating at UNGA underscored our ongoing commitment to advancing caregiving through cross-sector collaboration, learning, and shared action.



Dr. Seema Murthy, Country Director, Noora Health India (extreme right), speaks on a panel at the WHO South East Asia Regional Office workshop.

Program updates

Bangladesh

In Q3 2024, we trained 108,094 caregivers in Bangladesh — reaching a cumulative total of 479,831 caregivers who support 315,337 patients.

As the unrest unfolded in Bangladesh this quarter, we paused trainings and all new program launches to prioritize the safety and well-being of our teammates and healthcare workers. Despite the challenges, nurses continued to lead more than 550 Care Companion Program sessions over a three-week period during the height of the unrest.

Once the situation stabilized, we conducted an end-to-end [service walkthrough](#) of our upcoming general medical and surgical care program. This built on our service prototyping exercise from Q1 2024, and brought together various internal teams to align on the program's theory of change, tools, and goals, ahead of its upcoming launch. Alongside this, we continued designing the noncommunicable diseases component of our program. We conducted a rapid assessment of health education services available in government facilities to identify gaps. Next, our team held a behavior mapping workshop to pinpoint key diet, lifestyle, and treatment adherence behaviors for the intervention.

The highlight of the quarter, however, was receiving our international nonprofit registration, solidifying our ability to work in the country in the long term, and opening up new opportunities to work with the Ministry of Health and Family Welfare and other national and international partners.



Jesmin Akter, Research Lead, Bangladesh, presents the priority behaviors collectively identified by the team at the noncommunicable diseases behavior mapping workshop.

India

In Q3 2024, the Care Companion Program (CCP) reached 5.9 million caregivers across eight states in India — bringing us to 19.6 million cumulative caregivers trained representing 12.7 million patients.

A major highlight of this quarter was the expansion of the CCP into two new states — Odisha and Tamil Nadu. As a new partner, the state of **Odisha** will implement the program across four districts over the next year. This is both exciting as the government is fully funding the program implementation process, and challenging given the state's predominantly indigenous population, which is more marginalized in terms of access to healthcare.

In **Tamil Nadu**, the CCP was implemented in a private facility in the Chengalpattu district, and we're hoping that this paves the way for full state implementation in the future.

At the same time, a new program area was introduced in **Himachal Pradesh**, where 241 community health officers were trained on our primary healthcare modules. These focus on improving health outcomes through training in maternal health, child and adolescent health, and preventive health.

In **Punjab**, progress continued on our upcoming intervention for preventing and managing HIV/AIDS. As part of this, we concluded a needs finding exercise and co-creation of the model with the government, and the program is set to launch in 2025.



A caregiver supports a patient as they walk down the corridors of the Dharamshala Zonal Hospital, Himachal Pradesh, India.

In both **Maharashtra** and **Madhya Pradesh**, refresher trainings were conducted, updating the skills and knowledge of nurses across 80 district and subdistrict hospitals. Another major milestone was achieved in **Andhra Pradesh**, where our community-centered healthcare delivery model reached 5 million people since its launch 14 months ago and was a **finalist** for the Service Design Award 2024. While we didn't win, it was an honor to be shortlisted alongside some of the most innovative and impactful service design projects from around the world. We also supported the state in their cancer screening campaign by producing training materials, including **three new informational videos**.

In an important moment of cross-learning, a member of our Nepal team visited several facilities implementing the tuberculosis family care model in **Goa**, to understand how the program could be adapted for communities in Nepal.

And finally, in other exciting news, permission was received to restart the CCP in Niloufer Hospital in **Telangana**, after it was paused for eight months due to leadership and management changes.

“Connecting with Rampachodavaram's tribal community wasn't easy at first due to language barriers and strong cultural beliefs. But using flipcharts and visual aids made a big difference. They helped me explain important topics like healthy eating and breastfeeding. Initially they were skeptical, but these tools have helped me bridge communication gaps, build trust, and promote healthier behaviors.”

— Prashanthi, a community health officer from Andhra Pradesh, India.



In a noncommunicable diseases Care Companion Program session at the Ambad Sub-District Hospital in Maharashtra, India, Department Coordinator Rameshwar explains the warning signs for common cancers.

Indonesia

In Q3 2024, we trained 29,733 caregivers, reaching a cumulative total of 49,170 caregivers representing 28,100 patients since we first launched in Indonesia.

We signed an agreement to implement the Care Companion Program (CCP) in Kulon Progo, and received approval for the same from the Banyuwangi government. Implementing the CCP in these regencies will cover at least 72 new healthcare facilities and mark our presence in seven regencies across East and Central Java, reaching our expansion goal for 2024.

A new iteration of the CCP is also underway. Using findings and recommendations from a [national focus group discussion](#), needs assessments, patient and caregiver visits, and ongoing program implementation, we've crafted a revised theory of change that is more aligned with existing government programs and the Indonesian social context. We're hoping this revised framework will help reduce the training burden on healthcare workers and prioritize specific elements of behavior change among patients and caregivers. The new iteration of the CCP will also include noncommunicable diseases.

And finally, our office in Jakarta is now open — a new space for teammates to come together and collaborate!



Noora Health's booth at the Ayo Sehat Festival in Bandung, West Java — an annual health promotion event organized by the Indonesian Ministry of Health where we showcased the importance of family caregivers in maternal and child health.

Nepal

Discovery and innovation defined our work in Nepal in Q3 2024 as we synthesized insights, tested prototypes, and refined program design.

Last quarter, we gained valuable insights into Nepal’s cultural and contextual landscape through our needs finding process, and we spent this quarter integrating these insights into our program. To ensure that our program reflects the linguistic realities of healthcare workers, caregivers, and patients, it will be delivered in two widely-spoken languages — Nepali and Maithili.

After the needs finding, we prototyped a range of tools across the three hospitals where [we are piloting](#) the maternal and newborn health Care Companion Program (CCP). Critical feedback from the tests helped us refine our program, which will be launched in Q1 2025 with our local implementation partner, [One Heart Worldwide](#).

Simultaneously, we are also working directly with the government to co-create a plan to integrate caregivers into various existing programs for other condition areas. Through Q3 2024, we’ve had detailed discussions with the Ministry of Health and the National Tuberculosis Control Center on this and have submitted a proposal to them. We are deeply encouraged that the government has expressed a high degree of confidence in our expertise in caregiver education.



Exploring culturally appropriate and inappropriate behaviors using picture cards during a needs finding session in Nepal.

Learning and evaluation

Teletraining as a powerful tool to improve maternal and newborn health

As part of the final phase of an evaluation of our program across 28 hospitals in Madhya Pradesh, Karnataka, Punjab, and Maharashtra in India, we conducted an experiment to evaluate how teletraining impacts maternal and child health outcomes. Participants were randomly divided into two groups: 21,959 received only hospital training, while 3,379 received both hospital training and a follow-up teletraining call seven days after birth. After controlling for demographic factors, we saw a statistically significant increase in the odds of exclusive breastfeeding practice; kangaroo mother care awareness and practice; dry cord care practice; and unrestricted maternal diet postpartum in the teletraining group, compared to those who received only hospital training. We plan to publish a manuscript with these findings over the next few months.

In partnership with the Technical University of Munich, we also [published a study](#) in *BMC Public Health* (September 2024) titled “Effectiveness of WhatsApp-based debunking reminders on follow-up visit attendance for individuals with hypertension: A randomized controlled trial in India”. The study did not find evidence that two additional WhatsApp messages improved follow-up visit attendance or debunked myths around hypertension. While the study does not reflect our full Remote Engagement Service intervention, it is a helpful specific use case that will inform our strategy for noncommunicable diseases moving forward.

A grandmother checks in on her daughter and newborn grandchild at the Harihar Sub-District Hospital in Karnataka, India.



Story feature

Between prayers and protocols: A day in the life of a nurse in Bangladesh

“My work isn’t easy, but I find happiness in knowing that I’m doing something good each day. Being a nurse is not just my profession; it’s my responsibility, my duty, and means everything to me. There is no greater joy than seeing a patient recover because of my care and leave with a smile, saying, “Sister, I’m off now.” Ultimately, it’s Allah who heals, but I feel grateful to have played a small role in their journey to wellness.”

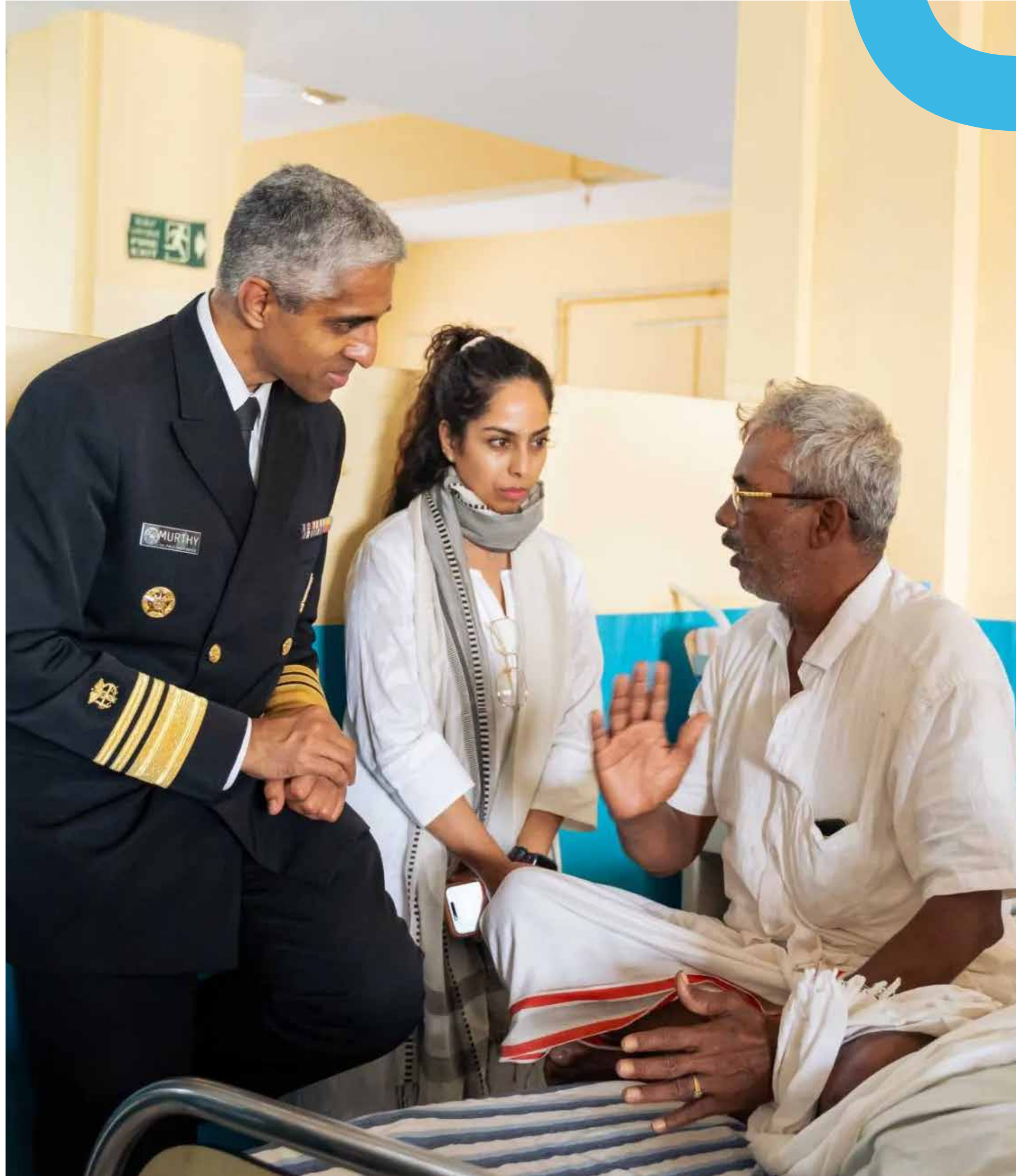
Meet Mahamuda Begum, a nurse and Care Companion Program trainer in Bangladesh, who expertly and empathetically guides expectant mothers through their pregnancy journeys, all while managing her own health challenges.

In this photo essay she welcomes us into her world, offering us an intimate glimpse into her day — the dedication behind her work, the motivations that drive her, and the quiet worries that accompany the care she gives to others.

● [READ MORE](#)



Standing outside the 250 Bedded General Hospital in Brahmanbaria, Bangladesh, Mahamuda reflects on what being a nurse means to her.



A patient discusses some of his healthcare concerns and challenges with Dr. Murthy.

Witnessing care, celebrating community

We recently had the honor of hosting U.S. Surgeon General, Dr. Vivek Murthy, at the Sri Jayadeva Institute of Cardiovascular Sciences and Research in Bangalore, India.

Dr. Murthy saw the Care Companion Program in action, speaking directly with patients, caregivers, nurses, doctors, and hospital leadership. This visit underscores how universal and critical caregiving is to health and well-being — and how caregiver training can improve health outcomes and strengthen social connection.

● [READ MORE](#)



The Bangladesh team commemorates World Heart Day with a series of awareness-building activities at our office in Dhaka.

We're hiring!

The focus this quarter was on strengthening the platforms and engineering teams, especially as we harness technology to reimagine caregiving. Twenty-eight new, talented colleagues joined us across the organization and our partners.

Notably, we achieved a majority of our annual hiring targets by the end of Q3 2024. We also achieved 100% adoption of Bamboo HR, a new platform that has helped to simplify and centralize our HR processes, from managing employee data to handling leave requests and performance reviews.

Our search for new team members continues — check out a few key open roles below and please share through your networks!

Senior Product Development Engineer | INDIA

Senior Director, Development | SHARED

*A smiling mother holds her newborn baby
at their home in Madhya Pradesh, India.*



We are *all*
caregivers.

noorahealth.org



Donate