

*A decade of  
caring together*



“This ad hoc classroom is part of a decade-long experiment unfolding in Asia that has been testing a simple yet radical idea: If patients are most comforted by their loved ones, why not involve them in the medical process and see how that affects recovery?”

— “Teaching Patients How to Heal”,  
*The New York Times*, April 2024

OPINION

# In India, Teaching Patients How to Heal

Text by Vidya Krishnan  
Photographs by Gayatri Ganju

Ms. Krishnan is the author of “The Phantom Plague: How Tuberculosis Shaped History.” Ms. Ganju is a photographer whose work addresses gender and the environment.

BENGALURU, INDIA

**B**Y AROUND 2 p.m., just after lunch, activity at the critical care unit of the Jayadeva hospital in Bengaluru, India, is at an ebb. No one is running down the halls with X-rays, bills or samples of body fluids to be tested. The morning rounds are over. The doctors are gone, and the nursing shift has just changed.

That’s when Girish Balakrishnappa walks in. He is a staff nurse but has the demeanor of a teacher. He starts off by asking everyone to put their phones on silent and gather around. Patients who can walk drag chairs toward him. Those who can’t walk sit up in their beds. Others are asleep, their family members taking notes for them.

Over the next hour, the nurses, physicians and technicians fall back, ceding the floor to Mr. Balakrishnappa as the ward morphs into an intensive care unit classroom. The students are anxious cardiac care patients, some of whom have only just awakened from open-heart surgery, and their even more anxious families. Mr. Balakrishnappa will tell them how to cough without stressing their hearts, how to scratch without ripping open their wounds and how a pacemaker works.

He will explain that having open-heart surgery does not mean the doctors will remove the heart. In India, where health care walks hand in hand with superstition, myths and luck, Mr. Balakrishnappa helps patients sift through good and bad information — a matter of life and death both inside a critical care ward and after patients are discharged.

This ad hoc classroom is part of a decade-long experiment unfolding in Asia that has been testing a simple yet radical idea: If patients are most comforted by their loved ones, why not involve them in the medical process and see how that affects recovery?

This approach also emerged as part of a solution to the enduring problems faced by health systems across the world that were battered by the Covid-19 pandemic. The World Health Organization estimates that between 80,000 and 180,000 health care workers may have died of Covid-19 between January 2020 to May 2021, which created a dangerous shortage in the work force.

Today, India has one doctor for every 834 people, compared with a rate of around 2.4 doctors for every 1,000 people in the United

States. But only 80 percent of Indian doctors are allopathic, or practicing Western medicine. The rest practice traditional healing such as Ayurveda, naturopathy, homeopathy or Unani medicine. Similar shortages plague India’s nursing industry, where there are just 1.7 nurses per 1,000 people, compared with 12.7 in the United States.

Those numbers are important, but the lesson behind them is equally so: how a lack of communication between doctors and patients affects patient health. According to Noora Health, which has introduced its “care companion” program in hundreds of hospitals and thousands of clinics in India, Bangladesh and Indonesia, when medical information is properly communicated to patients and their families, not only are common post-surgery complications reduced, but so are acts of violence by frustrated family members against health care workers.

“We realized that caregivers get little to no guidance within the health care system,” said Shahed Alam, a co-founder of Noora Health, a Bengaluru-based nonprofit. “Many patients do not know why they are in the hospital, what’s going to be done to them. Doctors and nurses go from patient to patient, repeating the same information.”

By training hospital staff to train patients and their family members, he added, “it reduces the palpable anxiety in the ward.”

During the pandemic, Noora Health’s work became even more relevant: The lockdown turned family members into primary caregivers for Covid-19 patients and for those with complex illnesses like tuberculosis and cardiac problems. The organization responded by expanding virtual training programs and developing new guidelines for respiratory hygiene, mental health and health care worker safety.

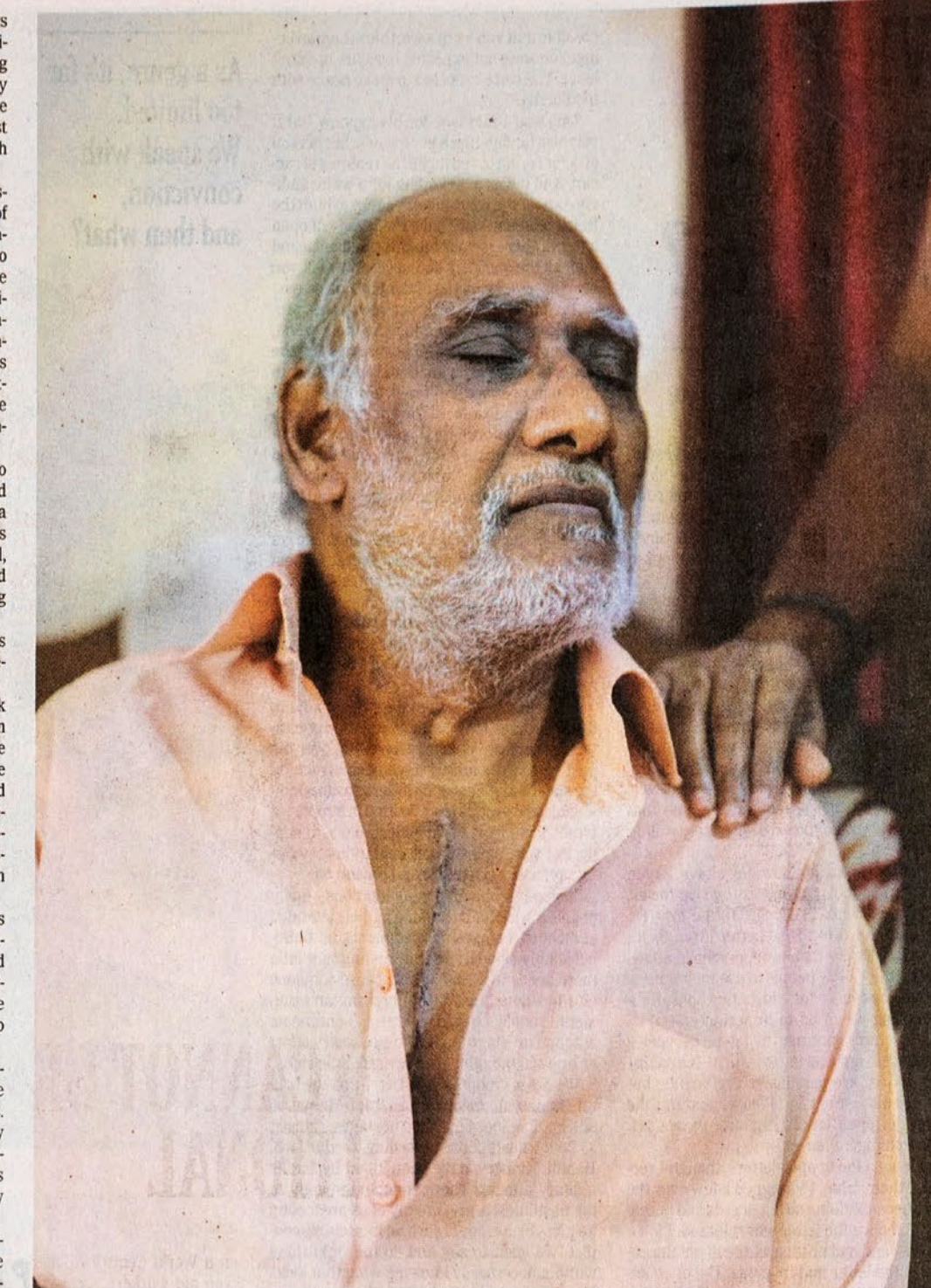
Many patients and their family members come to see Mr. Balakrishnappa as a therapist, coach, friend and philosopher all rolled into one. He teaches patients about everything from managing their side effects to the importance of hand washing. He wraps up each class with breathing exercises.

At the end of each class, Mr. Balakrishnappa takes questions, most of which are about diet and the side-effects of medicines. Some patients wonder how much longer they will be in the I.C.U. He patiently answers every question. By the end of their stay, patients and families have fortified their bonds by sharing the sacred space of life and death.

“There is strength in this. They form human connections that are needed to survive their medical conditions,” Mr. Balakrishnappa explained to me. After a full day of teaching patients how to navigate the hospital, he catches a quick lunch in the canteen when I sit down with him. I ask him if he gets bored repeating the same things over and over.

“Never. If I get bored, people lose lives,” he replied. “Most of my patients are not educated, don’t speak English, and it is important that they have all the information they need, or else they will not make a full recovery.”

Patients, too, tell me that the time they spend with Mr. Balakrishnappa is the high point of their day — and having high points inside a hospital is no small thing. I asked Dilip Kumar, a 9-year-old boy who spent a month in the I.C.U. after being treated for a hole in his heart, what was the most helpful advice he received. He thinks for a bit before explaining that Mr. Balakrishnappa had warned him he’d be scared when he woke up



after surgery in the recovery ward. “He told me to not to panic or pull at the wire attached to me and told me that my mom will not be allowed inside the ward,” Dilip replied, “and that I have to be twice as brave inside the operating theater and in the recovery ward, where I’ll be alone. But only for a bit.”

Three days after his discharge, I visited Dilip at home in the gold-mining district of Kolar, outside Bengaluru. His favorite thing about being home was that he was not “cold all the time due to the air-conditioner.” He was still wearing his face mask, as Mr. Balakrishnappa had instructed. It covered most of his tiny face but it was easy to tell when he smiled — the kind of smile many children have that goes from their mouth to their eyes. His mother, Manjula, was making sure ev-

**A simple, yet radical, approach to medical care is taking off in Asia.**

everyone in the family was following hand hygiene as taught at the hospital. She told me that Dilip missed the nursing staff and, “of course, Girish.” She missed him too, she added. “He was a friend, and it was unexpected to make friends at such a big hospital,” she said, adding that they talk about Mr. Balakrishnappa at home all the time.

“Without him, I would not have been able to go through this,” she said. “He taught me how to take care of my child.”

Above, a recovering patient. Clockwise below from left: A crowded hospital; the children ward at Jayadeva; Dilip Kumar, 9, who underwent heart surgery (pictured with his mother); Girish Balakrishnappa, a staff nurse leading a class for patients and family.





# Letter from our co-founders

Dear friends,

Our earliest motto at Noora Health was: **It takes a family.**

While we now understand this phrase to be limited — oversimplifying the complexity of caregiving, who caregivers are, and what Noora Health does to support them — it remains very special to us; an initial spark that ignited growth and transformation we never thought possible.

2024 marked our tenth year as an organization, and the achievements of the last decade *did* take a family. It took millions of them. It took the dedication and openness of family caregivers to trust a new model to better support their loved ones. It took teams of nurses to upskill as Care Companion Program (CCP) trainers — taking time from their own families to deepen their knowledge and support for patients. It took our close-knit team keeping family caregivers at the core of what they do. And it took our own families and communities, supporting us in every step.

A decade later — when connection, empathy, and care matter more than ever — **we called** on the world to broaden our understanding of caregiving with a simple question:

**Who cares?**

Every day, we have the privilege of witnessing a universal truth: **We are all caregivers.** And we are all connected by the invisible threads of care, compassion, and love. To date, these threads weave through four countries and more than 24 million caregivers and patients trained to support over 16 million patients.

Here, in the pages of our special 10-year anniversary annual report, we invite you to follow these threads. We hope you see yourself reflected in the rewarding, difficult, and purely human moments: New parents navigating unexpected health challenges in Bangladesh, a father and husband's dedication in Indonesia, and a caregiver-turned-patient in India. These threads also wove through our all-team retreat, where more than 250 teammates gathered together. They continue to weave through moments of celebration when a new partnership forms, a long-term agreement is signed, a successful needs-finding visit is completed, or a health administrator sees transformation in their own hospital.

Thank you for caring for and with us throughout this journey.



Edith



Shahed



*Edith and Shahed take the stage at the 2024 all-team retreat in Bangalore, India.*



# Table of contents

5	Our model
7	A decade of caring together
11	Our top ten in year ten
12	Impact & reach
18	Program updates
29	Learning
34	Milestone moments
35	A growing team
36	Stories of care
37	What's your unique caregiving style?
38	Looking ahead
45	Supporters
46	Financials



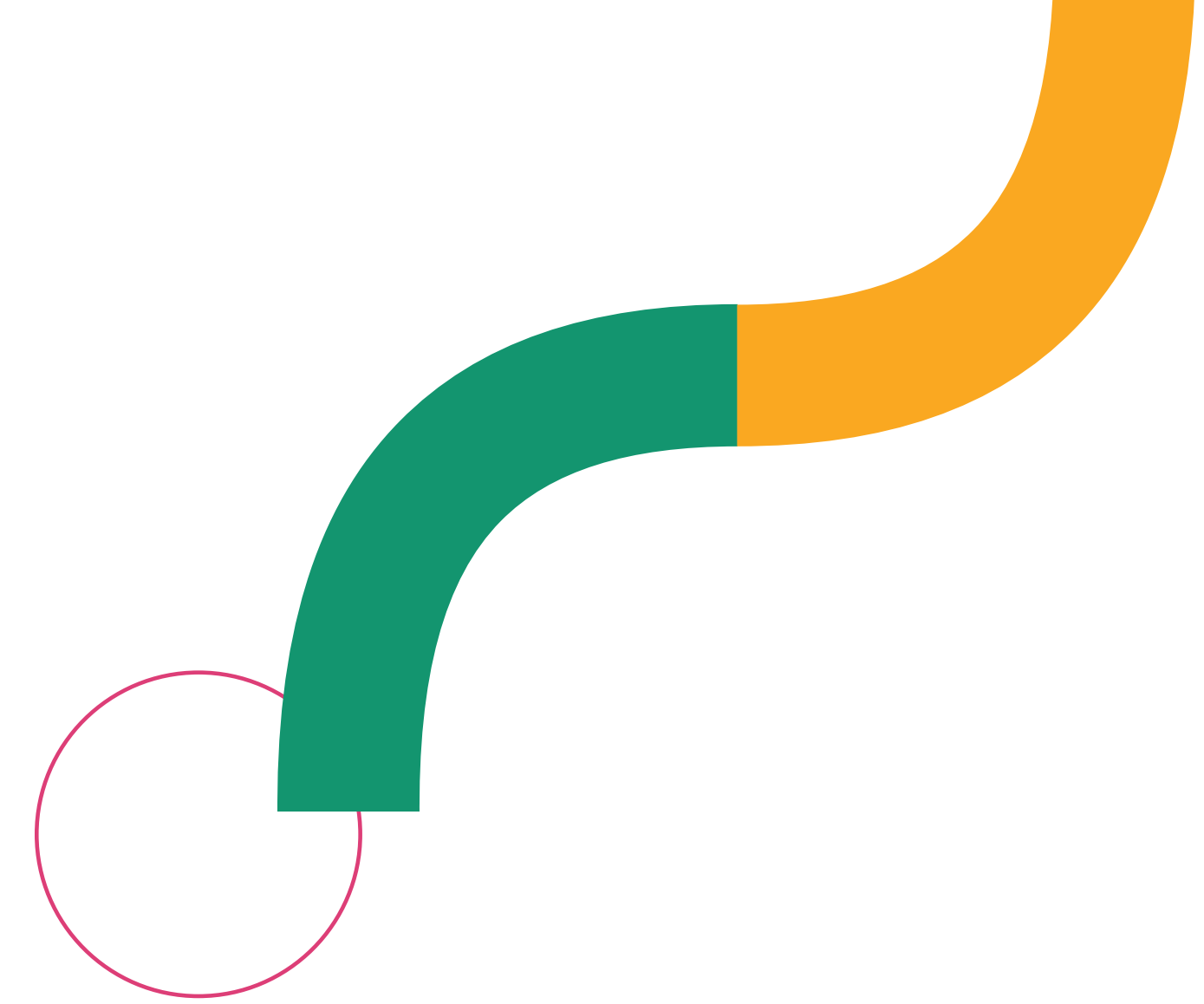
*Expecting mothers and their caregivers wait for their antenatal check-up at the Chigateri General Hospital in Karnataka, India.*



# Our model

At Noora Health, we know that family caregivers already care for their loved ones. Our evidence-based, impact-focused family caregiver training model nurtures this existing power, making the caring process more effective and less overwhelming. It does this by delivering basic yet vital caregiving information to equip families with the tools, skills, and support they need to help their loved ones heal and thrive.

When love and compassion meet informed action, families can play a leading role in the healing journey, reducing complications, improving health outcomes, and ultimately strengthening health systems as a whole.



**IDENTIFY**  
family care practices



**DEVELOP**  
engaging materials



**SUPPORT**  
effective training delivery



**CONNECT**  
with families to support  
them at home





# What is the CCP?

At the heart of Noora Health is the Care Companion Program (CCP) — an adaptable, context-specific, and human-centered suite of educational tools and training for patients and caregivers. By partnering with healthcare systems, the program ensures that patients and their families receive continuous support and education from the time they first visit a healthcare facility until they return home, improving health outcomes in the long run.

As part of the CCP, healthcare staff in public hospitals and clinics are trained to transfer health skills to family caregivers and patients. Then, our digital tools support both healthcare staff and families outside of health facilities.

Since 2014, the CCP has been adapted for several major medical conditions, including: maternal and newborn care, cardiac care, primary care, oncology care, noncommunicable diseases, general medical and surgical care, tuberculosis, and COVID-19.



*In the ward of a local hospital in Pamekasan, Indonesia, a healthcare worker demonstrates the proper handwashing technique.*

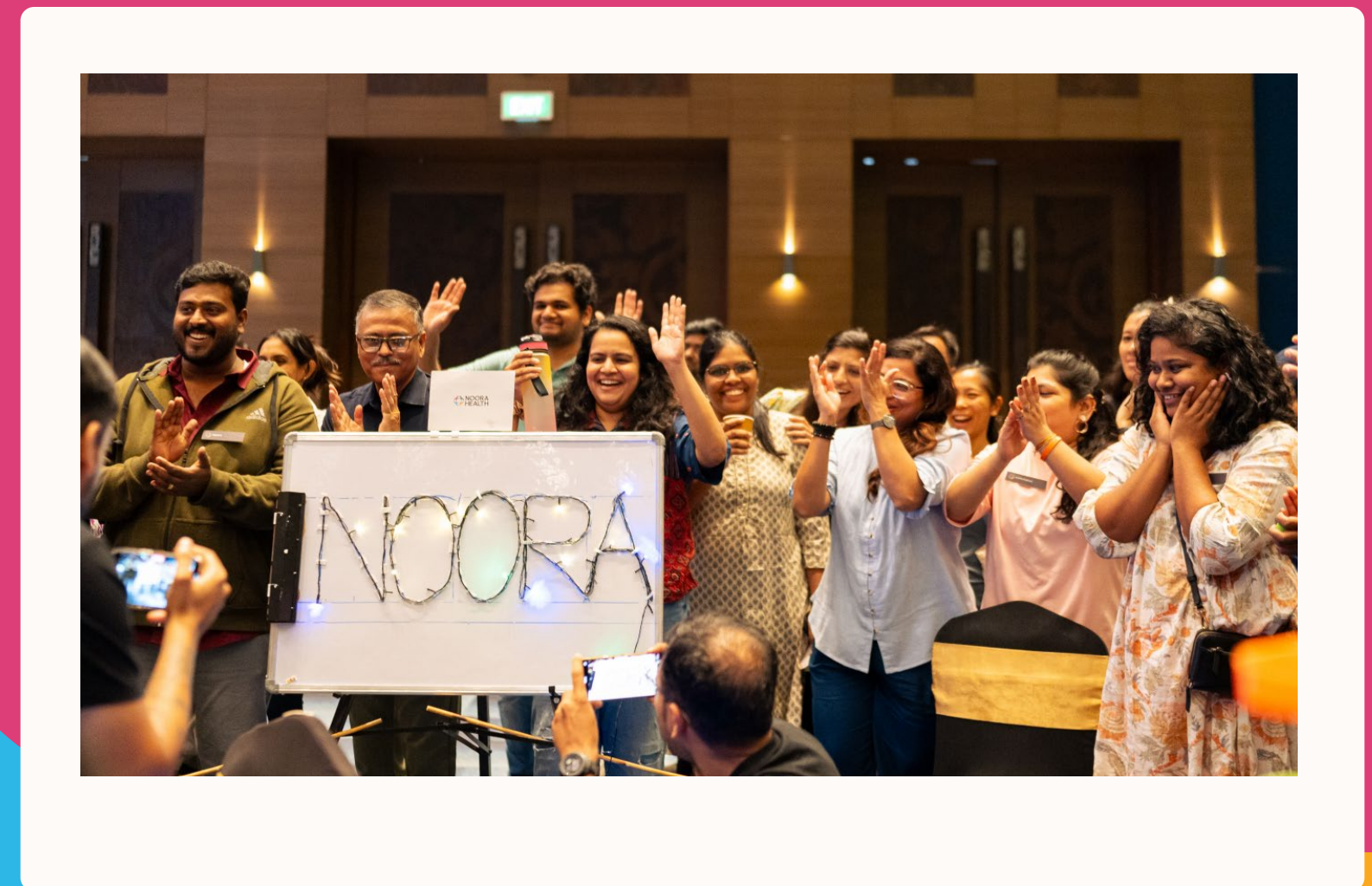
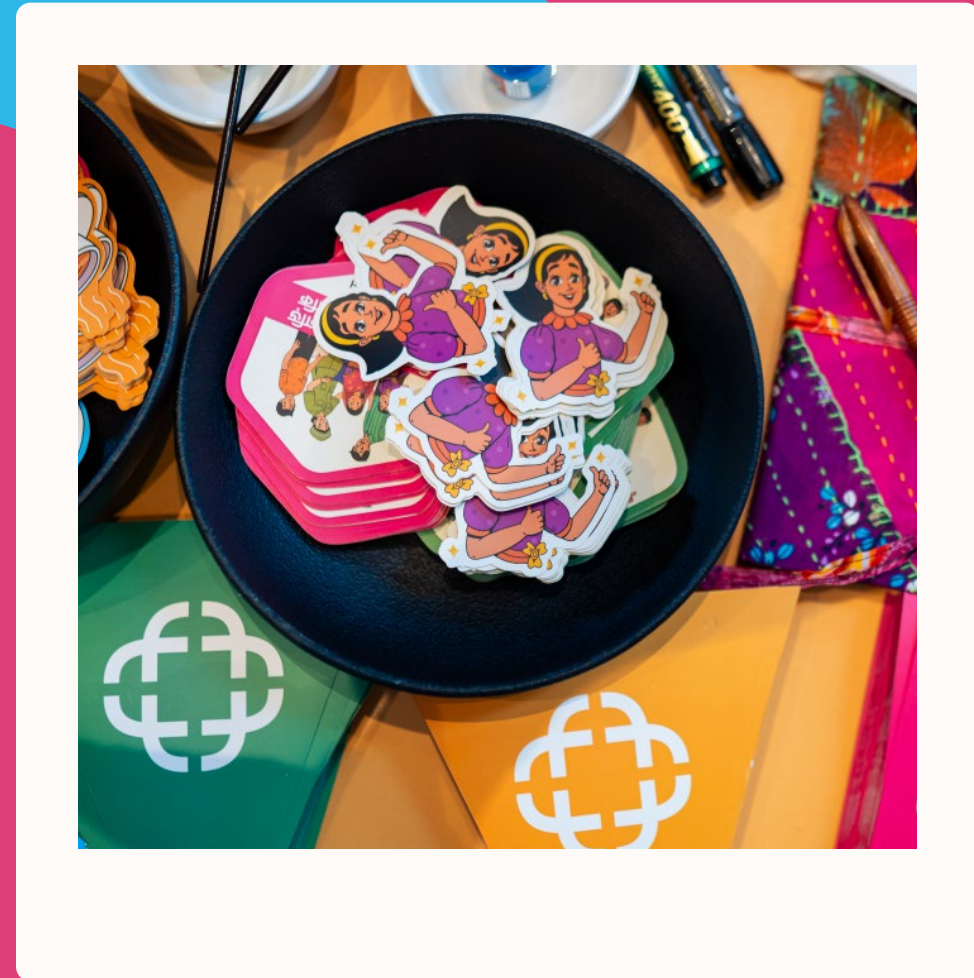


# A decade of caring together

Our journey

Ten years of impact

Key learnings





# Our journey

● READ MORE

**2012** At Stanford's d.school, our four original co-founders collaborated on a project focused on a valuable yet under-supported resource: **the family members of hospital patients.**



**2013** In Bangalore, a chance encounter with an ICU nurse training patients and caregivers on critical medical skills led to the birth of the Care Companion Program (CCP).

**2014** School project no more, Noora Health is officially incorporated and accepted into Y Combinator's accelerator.

**2016** Secured our first government partnership with the state of **Karnataka** and expanded the CCP to include maternal and newborn health.



**2015** Launched our first public hospital partnership with the Sri Jayadeva Institute of Cardiovascular Sciences and Research, a key partner to this day.

**2017** Expanded to our second state, **Punjab.**

**2018** Began exploring the world of tech and healthcare by piloting our WhatsApp-based service.

**2019** Took our first steps in **Bangladesh**, our second country.



**2021** Delivered our programs in primary healthcare settings for the first time, expanding beyond hospitals.

**2020** Pivoted our programs to provide pandemic support, training 5,000 frontline workers and providing virtual home isolation support to nearly 16 million Covid-19 patients and caregivers across India and Bangladesh.



**2022** A defining year — Noora Health was honored as a TED Audacious Project grantee and received The Skoll Foundation Award for Social Innovation.



**2024** Expanded our caregiver support and training to **Nepal** and launched a new HIV/AIDS program in Punjab, fully funded and co-owned by the government.

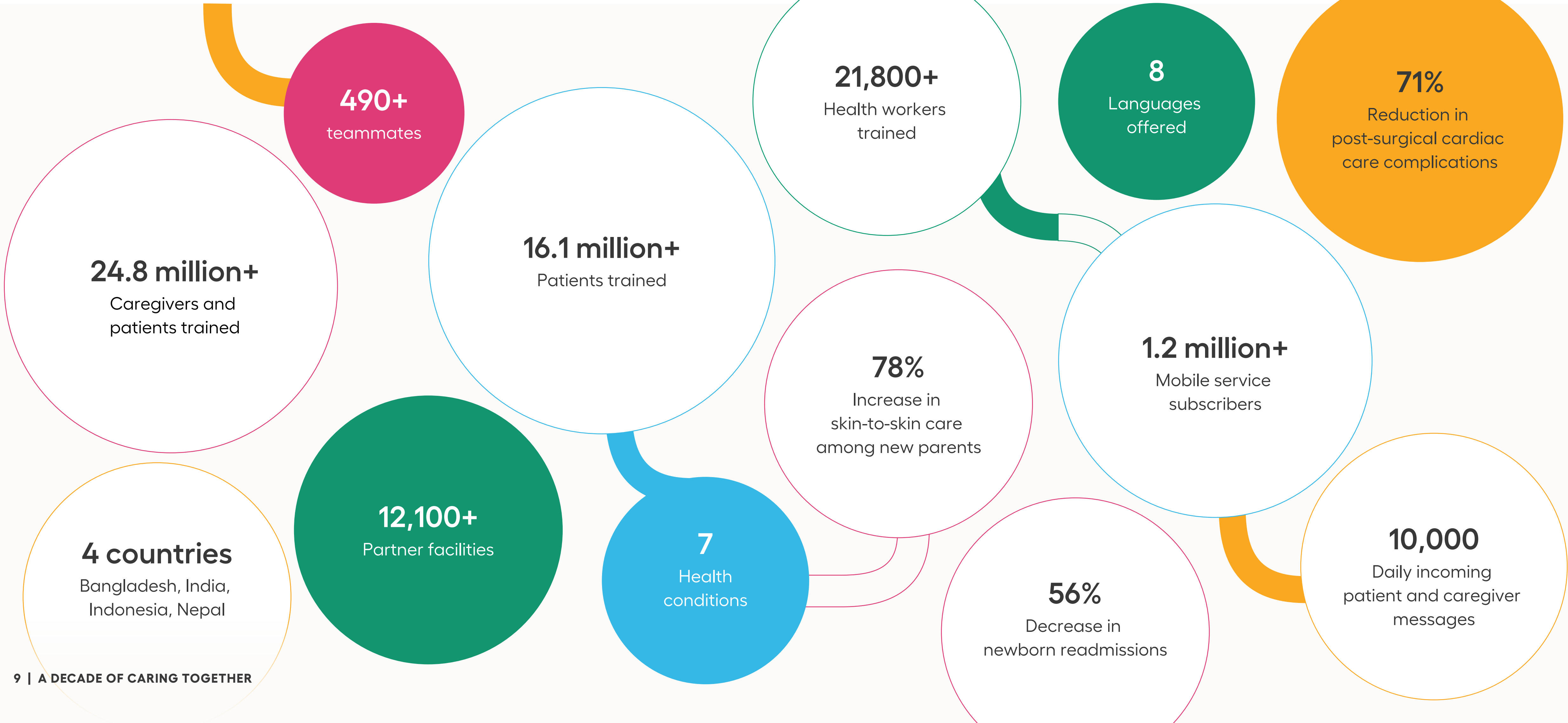
**2023** Grew to our third country of work, **Indonesia**, and launched the primary care model across 10,000+ facilities in Andhra Pradesh, India.





# Ten years of impact

2014–2024





# Key learnings

Over the past ten years, our journey has been defined by constant learning as we expanded our operations and adapted our program to new contexts. Here are key lessons that have emerged from a decade of care.

## Adaptation drives impact

The Care Companion Program (CCP), developed and launched at Jayadeva Hospital in Bangalore, India, ten years ago, has since expanded to public health systems across four countries. While core elements of our model have remained consistent, each new setting has offered unique insights and has required local adaptation to fit cultural norms and healthcare priorities. From the beginning, we prioritized co-creation — designing with, rather than for, healthcare workers, caregivers, and patients. This collaborative approach has been crucial to successful adaptations like [our Thali Model](#), which provides nutrition guidance for patients tailored to suit regional dietary customs. Similarly, our training and educational materials are adjusted for accessibility, relevance, and effectiveness. Co-creating and contextualizing our programs have been essential to our success.

## Our greatest asset is our team

Since 2021, we have grown from 162 to 496 staff and partners and have built a uniquely interdisciplinary team: medical experts shaping content, designers ensuring our programs remain human-centered, software engineers building our remote engagement platforms, and a dedicated team of trained nurses supporting patients and caregivers directly. This diversity of expertise and creativity is what makes Noora Health's work innovative, forward-looking, and deeply human-centered.

## Scale with purpose

Our reach has grown from 700,000 patients and caregivers trained in 2021 to over 16.4 million in 2024 alone. While this expansion is remarkable, scaling effectively requires more than just reaching more people — it demands intentional growth. As our operations expanded, we had to strengthen internal systems, manage the increasing complexity of a large team, and balance quality with scale. We've had to build the road as we traveled it, and ensure that growth never comes at the cost of impact.

These lessons will continue to guide us in the decade ahead, reinforcing that impact isn't just about scale — it's about thoughtful adaptation, strong teams, and a deep commitment to care.



# Our top ten in year ten

Our proudest moments from 2024

1. Trained 16.4 million caregivers and patients in 2024 — more than doubling our original goal of eight million

↳ MORE ON P.12

2. Launched our program in a new condition area in Bangladesh, while navigating national unrest and uncertainty

↳ MORE ON P.19

5. Expanded caregiver training and support to a fourth country, Nepal

↳ MORE ON P.26

4. Partnered with six new regencies in Indonesia

↳ MORE ON P.24

3. Grew our work in India to include HIV/AIDS in Punjab and indigenous communities in Odisha

↳ MORE ON P.21

6. Elevated our tech offerings to engage one million+ mobile service subscribers

↳ MORE ON P.27

7. Published a correspondence letter in *The Lancet Global Health* exploring the vital role of family caregivers in health information equity

↳ MORE ON P.29

8. Advanced the global cause of caregiving through impactful engagements at the World Health Assembly, presenting at a WHO SEARO workshop, coverage in the *New York Times*, and a visit from the U.S. Surgeon General

↳ MORE ON P.34

10. Honored the power of caregivers through impactful stories of care

↳ MORE ON P.36

9. Grew to nearly 500 teammates across geographies and implementing partners

↳ MORE ON P.35



# Impact & reach

Impact at a glance

Growth overview

Reach to date





# Impact at a glance

2024

**16,457,000**  
caregivers and  
patients trained

**10,445,000**  
patients  
trained



**72**  
training of trainer  
workshops

**124**  
new teammates  
welcomed



**686,455**  
new mobile  
service subscribers

**3,083**  
healthcare  
staff trained



**1,242**  
facilities added  
(50% primary care)



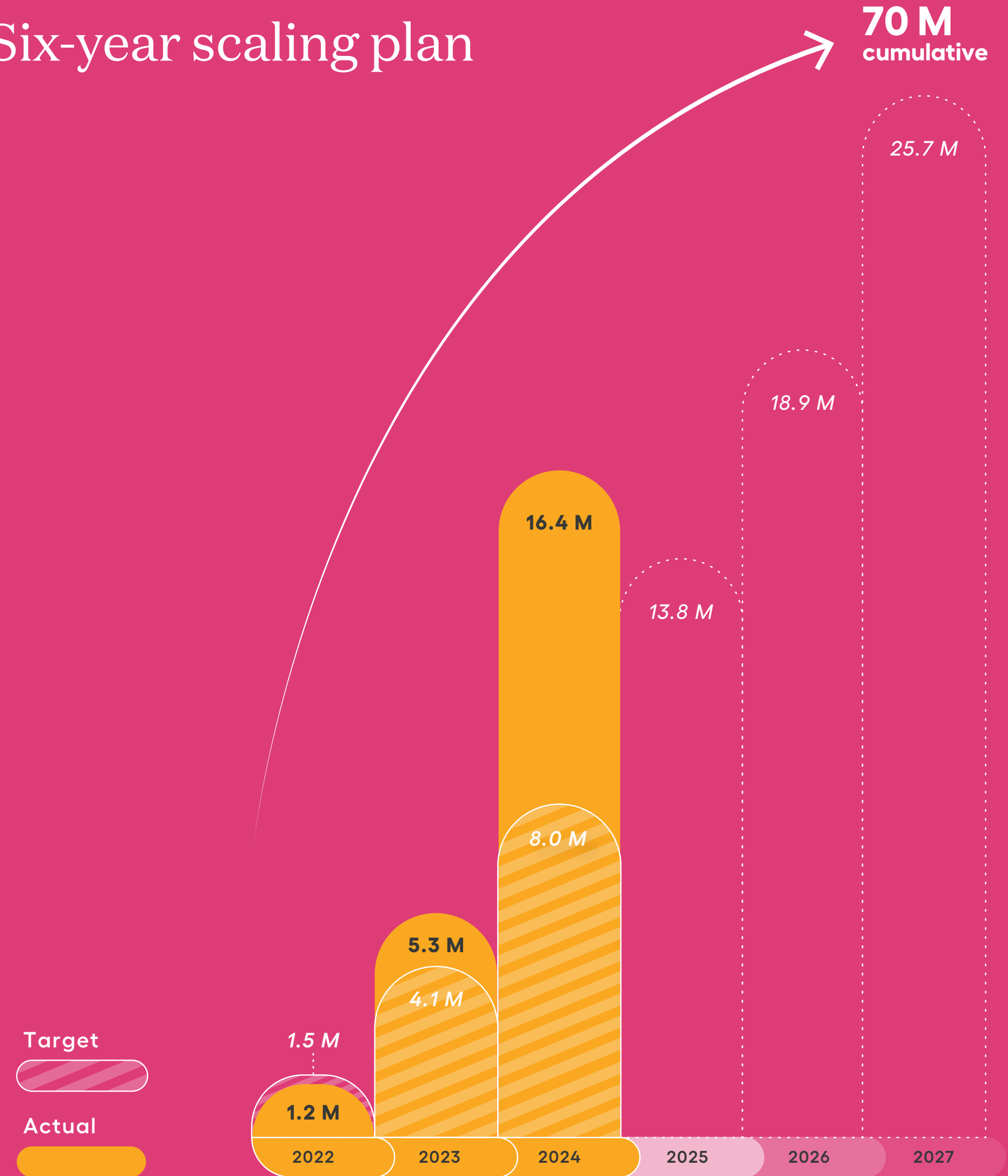
# Growth overview

Our reach nearly tripled compared to 2023 — training over 16.4 million caregivers and patients to support more than 10.4 million patients on their healthcare journeys. Despite prevailing unrest in Bangladesh, we achieved extraordinary growth, quadrupling our impact from last year and reaching a record 480,000+ caregivers and patients. Meanwhile, in Indonesia, we surpassed our goal by training 1,744 healthcare workers to deliver over 8,000 Care Companion Program (CCP) sessions — equipping over 86,000 caregivers and patients in Indonesia. In India, we reached over 15 million caregivers and patients, tripling last year’s footprint.

One year in, our primary care model — which covers multiple health conditions based on community needs and is delivered by local health workers in facilities closest to the community — has seen remarkable growth in India and Indonesia, accounting for 51% of our annual reach. This approach is scaling exponentially, with 89% of the facilities we operate in already implementing this model, reinforcing our commitment to accessible patient and caregiver training.

2024 also marks the halfway point of our **six-year scaling plan**. With **23.1 million** caregivers and patients trained since 2022, we are ahead of our original scaling projections of training 13.6 million people between 2022 and 2024. We are poised for continued growth through 2027 to surpass our goal of training 70 million caregivers and patients.

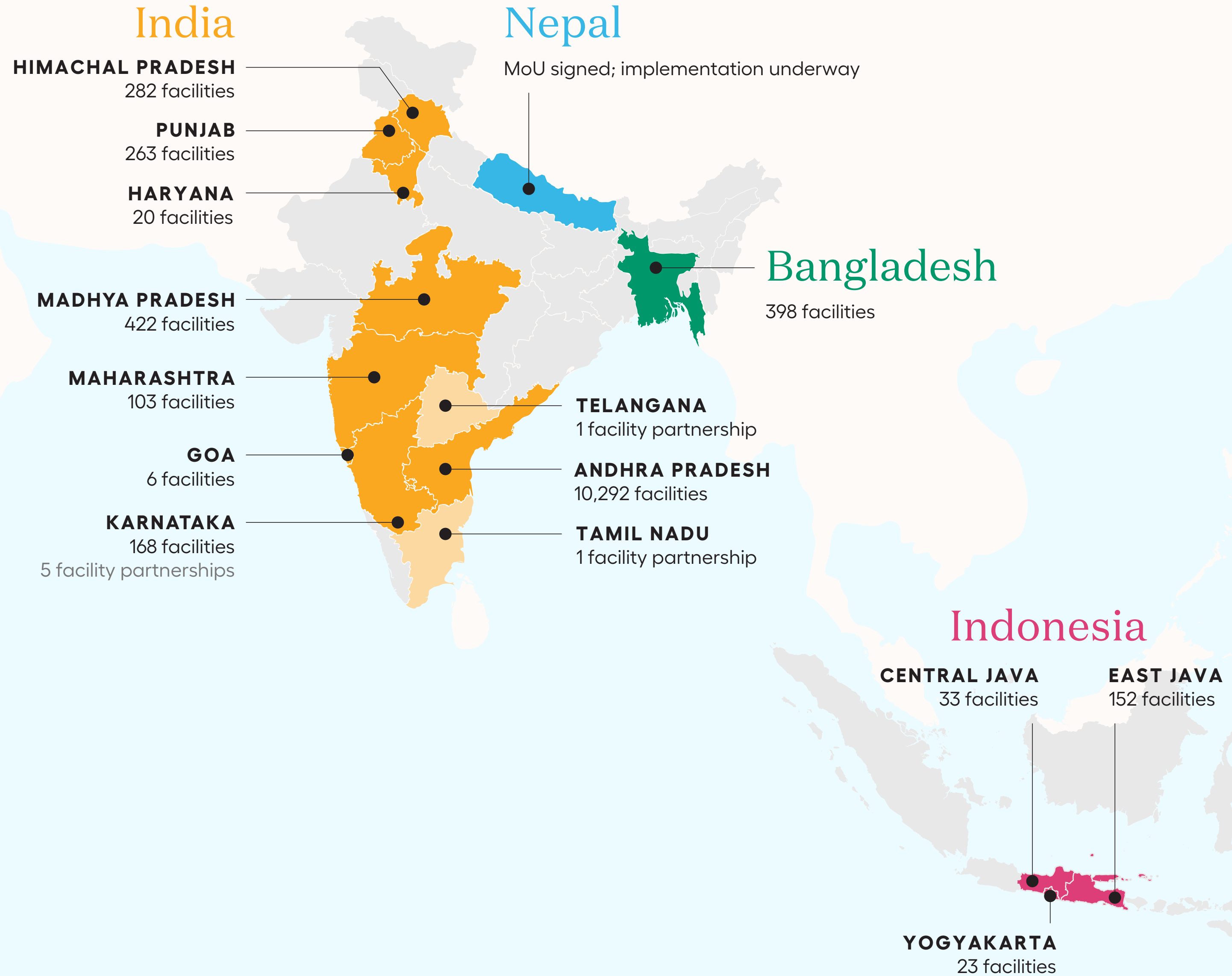
## Six-year scaling plan





# Reach to date

By geography



TOTAL:

**12,169 FACILITIES**

89% primary care facilities



# Reach to date

In numbers

## Caregivers and patients trained

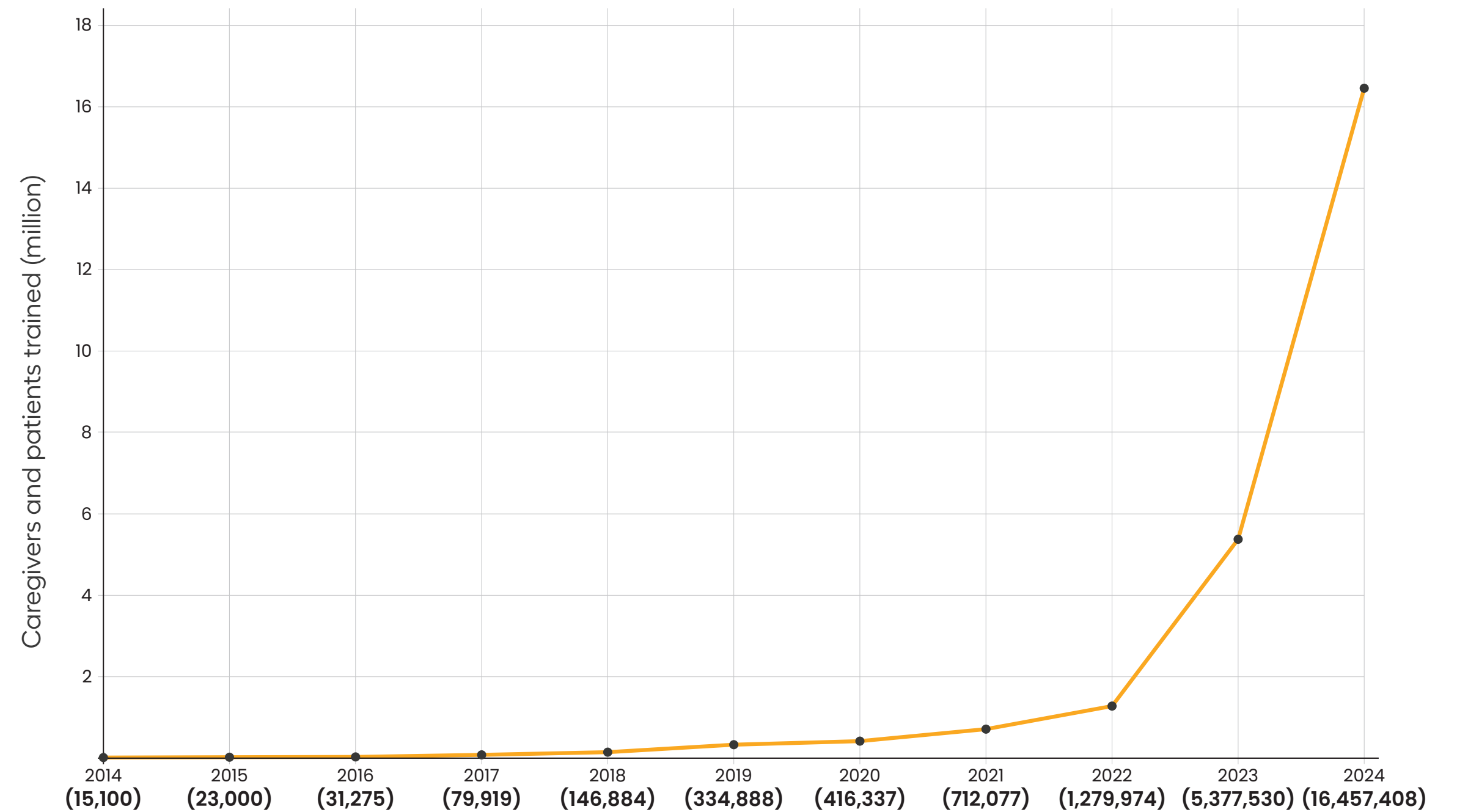
TOTAL:  
**24,881,000**

## Year-on-year growth

2014-2024

Region	Q1	Q2	Q3	Q4	Annual	Cumulative
India	2,147,528	3,410,363	5,923,113	4,410,240	15,891,244	24,107,884
Andhra Pradesh	841,877	1,859,711	4,352,151	2,964,537	10,018,276	12,028,198
Goa	3,261	3,964	4,316	4,329	15,870	18,753
Haryana	273,745	279,270	191,323	191,059	935,397	1,346,528
Himachal Pradesh	19,739	24,209	24,607	57,048	125,603	200,168
Karnataka	274,391	388,946	345,551	309,765	1,318,653	2,610,774
Madhya Pradesh	449,899	486,690	502,495	481,884	1,920,968	4,488,914
Maharashtra	136,402	193,130	316,459	230,522	876,513	1,245,504
Punjab	139,452	164,784	175,214	158,190	637,640	1,473,340
Facility partnerships	8,762	9,659	10,997	12,906	42,324	695,704
Bangladesh	63,339	103,910	108,094	204,757	480,100	684,588
Indonesia	1,500	14,581	41,563	28,420	86,064	89,420
East Java	1,500	10,019	31,288	19,085	61,892	65,248
Central Java	-	4,562	10,275	8,142	22,979	22,979
Yogyakarta	-	-	-	1,193	1,193	1,193
<b>Total*</b>	<b>2,212,000</b>	<b>3,528,000</b>	<b>6,072,000</b>	<b>4,643,000</b>	<b>16,457,000</b>	<b>24,881,000</b>

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





# Reach to date

By health condition

## Caregivers and patients trained by health condition

Health condition	Q1	Q2	Q3	Q4	Annual	Cumulative
Cardiac	8,652	9,618	11,597	11,381	41,248	405,419
Maternal & Newborn	1,583,456	1,778,618	1,997,740	1,985,514	7,345,328	13,268,669
Noncommunicable Diseases, General Medical, Surgical Care	95,880	114,485	141,500	221,325	573,190	882,948
Primary care	521,118	1,622,169	3,917,617	2,420,868	8,481,772	10,117,476
Tuberculosis	3,261	3,964	4,316	4,329	15,870	23,617
COVID-19 (Concluded)	-	-	-	-	-	163,646
Oncology (Inactive)	-	-	-	-	-	20,116
<b>Total</b>	<b>2,212,000</b>	<b>3,528,000</b>	<b>6,072,000</b>	<b>4,643,000</b>	<b>16,457,000</b>	<b>24,881,000</b>

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

*Pre-surgery, a cardiac patient practices using an incentive spirometer during a CCP session at the Jayadeva Hospital in Karnataka, India.*





# Program Updates

Bangladesh

India

Indonesia

Nepal

Platforms & tech





## Bangladesh

This year in Bangladesh, we trained 480,100 caregivers and patients, reaching a cumulative total of 684,588 people trained since the start of our program.

In the midst of political unrest, change, and uncertainty across Bangladesh, we temporarily paused all trainings and program launches to prioritize the safety and well-being of our team and healthcare workers.

Despite the challenges, we saw an incredible commitment to supporting caregivers. At the height of the unrest, nurses still managed to conduct more than 550 Care Companion Program (CCP) sessions over a three-week period. As the situation stabilized and our work gained momentum, we focused on rebuilding and strengthening government partnerships. These partnerships were crucial for fostering the public health system's co-ownership of the CCP and building trust in our programs. We were excited to see these efforts culminate in a five year-long memorandum of understanding with the Directorate General of Family Planning. This, alongside our longstanding agreement with the Directorate General of Health Services (DGHS), will allow us to expand our maternal and newborn health program across primary, secondary, and tertiary facilities nationwide — equipping thousands more caregivers with critical knowledge and skills to care for their loved ones.

Our programmatic work also picked up pace rapidly this year. With more than 1,500 newly-trained healthcare workers, the maternal and newborn health CCP expanded to 341 additional facilities. A proud moment was the launch of our general medical and surgical care program across all eight divisions in the country, training more than 800 nurses. All the training tools were reviewed and



*A new mother practices skin-to-skin care at the Feni 250 Bed General Hospital in Bangladesh.*



approved by the DGHS — aligning our program with the country’s healthcare priorities and reaffirming our role as a trusted partner.

We’re also close to wrapping up the design and development process for the noncommunicable diseases component of our program, which is set to launch in early 2025. As part of this, we held our first-ever co-creation session with the DGHS and their Noncommunicable Disease Control Department. Together we explored how our approach of training caregivers could enhance the effectiveness of the government’s existing patient education program delivered at district and sub-district hospitals across the country. This early collaboration has reinforced that involving government stakeholders from the start builds ownership and preempts future implementation challenges.

And finally, a major highlight of the year was securing international nonprofit status in the country, cementing our work in the long-term and paving the way for deeper partnerships with the Ministry of Health and other national and international partners.

**“The sessions will help lessen the burden people face due to these (noncommunicable) diseases. We hope that Noora Health’s work will extend far beyond, and that we, as government officials, will figure out how to make the program sustainable in the long run.”**

**— Dr. Umme Rumman Siddiqui, Assistant Director,  
Directorate General of Health Services**



*A father checks in on his baby in the Special Care Newborn Unit at the Rangpur Medical College and Hospital in Bangladesh.*



## India

In 2024, the Care Companion Program (CCP) trained 15.8 million caregivers and patients, exceeding our goal of 6.6 million by 140 percent. Cumulatively in India, the CCP has now reached 24.1 million people since it first launched a decade ago.

This exponential growth was driven in part by the widespread adoption of our primary care model in **Andhra Pradesh**. The model was **launched** in 2023, as part of a strategic partnership with the state government to train more than 10,000 Community Health Officers (CHOs), enabling them to better support care practices at home across a range of health conditions. This year, the approach gained momentum, with the government designating 102 medical officers as CCP lead trainers and allocating significant funding towards the printing and distribution of CCP flipcharts used by CHOs. Within just four months, the state administration, through the trained medical officers, completed training for all 10,000+ CHOs, equipping them to support diverse patients and caregivers — from guiding new and expecting mothers to conducting prevention sessions for diabetes, hypertension, and cancer prevention. This foundation also enabled expansion into a new area of child and adolescent health. These efforts grew the reach of the primary care model to over 8.2 million people across the state.

The CCP also took a big step forward towards sustainability and government ownership this year, with six state governments committing more than INR 27 million towards program operation costs — more than double what they did in 2023. Beyond funding, the CCP’s integration into existing government systems took multiple forms.



Watch the latest installment of [CCP Chronicles](#), featuring four Community Health Officers in Andhra Pradesh, India, who bridge the gap between communities and healthcare.

● WATCH HERE



In **Madhya Pradesh**, program metrics were integrated into government monitoring dashboards, the mobile care companion number was printed on state-issued cards for expecting mothers, and in Khargone district, the CCP was included as part of the state's initiative to reduce infant mortality to single digits in the next three years under Project Sankalp. Similarly, in Punjab, healthcare workers now report the CCP sessions they conduct for the primary care model on the state's portal.

In **Punjab**, an exciting new partnership was also established with the state government, as part of the CCP's expansion into preventing and managing HIV/AIDS. The Punjab State AIDS Control Society fully funded the program and co-owned every aspect of the design and development process. After comprehensive field research and testing, an intervention was developed to improve medical adherence among people living with HIV through innovative, targeted counseling tools. These include a [buddy tool](#), [ticker tape](#), [conical posters](#), and [danglers](#) that promote healthy behaviors, enhance treatment recall, and encourage regular follow-up visits. Currently, the program is being rolled out at 24 Antiretroviral Treatment (ART) Centers.

Alongside scaling to new condition areas, the CCP's footprint continued to grow, adding a private healthcare facility in **Tamil Nadu** and then reaching **Odisha** — our tenth state in India. Here, too, the state government has embraced the CCP, both by providing funding and by playing an integral role in program design. With a 12-month charter, the partnership stands out for three reasons: the unprecedented speed of rollout, integrating a new cadre of healthcare workers, and comprehensive coverage of all health facilities across two districts.



*During a CCP session in Haryana, India, a nurse demonstrates how to properly lift and hold a baby.*



In **Maharashtra**, the cardiac care CCP underwent a comprehensive transformation in curriculum to bring a stronger impact focus. We are also piloting projector-based sessions in the ward for better image visibility, incorporating stories and case studies to improve training relevancy, and testing QR code tags in the OPD waiting area to simplify enrollment for our two-way mobile service.

As our programmatic work grew this year, we also explored new initiatives with the potential to strengthen the primary care CCP. For the first time, we're collaborating with **Ekjut**, a peer nonprofit organization pioneering a participatory learning approach to foster community-led health behavior change in India. Together, we're hoping to co-create a more holistic, inclusive, and community-led model, that will draw on the best practices from both approaches.



Caregivers learn about proper postpartum care as they wait in the corridors of Khargone District Hospital in Madhya Pradesh, India.



## Indonesia

In 2024, we trained 86,064 caregivers and patients, taking our cumulative reach to 89,420 people trained since we launched in 2023.

In our first full year of operations in Indonesia, we focused on expanding, improving, and refining the Care Companion Program (CCP). From our initial pilot in one regency in 2023, we now partner with public health systems in seven regencies across three provinces — with a growing interest from other regions as well.

This period of growth was accompanied by deep conversations with patients, caregivers, healthcare workers, and other health system stakeholders to get their feedback on how the CCP was working in practice. A key example of this was [the national focus group discussion](#) we organized, which brought together a diverse group of caregivers, policymakers, and experts from across Indonesia. Grounded in these insights, we adjusted several aspects of program delivery to better meet the needs of both caregivers and healthcare providers.

Simultaneously, we're incorporating more strategic insights from these conversations into a new iteration of the CCP that is more aligned with existing government programs and the Indonesian social context. This new iteration will extend our impact to cover critical new health conditions, such as diabetes and hypertension. Program design is in progress, and we're excited to implement it in 13 districts in 2025.



*A patient listens attentively during a CCP session in Pamekasan, Indonesia.*



It has been particularly affirming to see strong support of our work from the government — both local and national. Following our national-level memorandum of understanding with the Ministry of Health, we've had productive discussions with their Digital Transformation Office about integrating the CCP into their existing digital platforms. Moreover, we've been working with the Ministry of Health on upcoming guidelines on how to incorporate family caregiver education into healthcare services, further solidifying the role of supporting caregivers in Indonesia's health system transformation.



*A healthcare worker conducts a finger prick test as part of a diabetes screening in Pamekasan, Indonesia.*



## Nepal

Our first year of work in Nepal evolved from discovery and co-creation, to recently hosting our first nurse trainings and exploring new scaling pathways in 2025.

Using insights gathered during the [needs-finding process](#), we are implementing our maternal and newborn health program through a [partnership](#) with [One Heart Worldwide](#) in three major hospitals — emphasizing adaptation of the Care Companion Program (CCP) for diverse socio-cultural contexts. The first training of lead nurse trainers to deliver the CCP took place in February 2025, bookending a year of needs-finding, co-creation, and testing.

To ensure the program continues to evolve, by the end of 2025, we will conduct a dedicated research study to understand its impact. We also plan to test new scaling routes in Nepal where we will lead the design and development of content and service strategy for new condition areas, while partnering with local government and nonprofits to train nurses and monitor the implementation of the program.

This approach promotes sustainable integration of the program into the country’s public health ecosystem, with local partners taking a major role in advocating for government funding and resource allocation. Partnerships will be structured around catalytic, time-bound projects that foster government and local ownership, with Noora Health serving in an advisory capacity.



*A training of trainers workshop in progress at the Paropakar Maternity and Women’s Hospital in Kathmandu, Nepal.*



## Platforms & tech

Our mobile-based follow-up service saw question volume triple in 2024, underscoring the importance of offering caregiving support where it is needed the most.

This year, the average patient and caregiver messages processed daily via our Remote Engagement Service (RES) spiked to approximately 10,000. To meet this demand, the clinical helpdesk expanded to 20 nurses and now supports eight Asian languages. Around 15% of the incoming messages are health-related inquiries, focusing on barriers to behavior adoption, navigating the healthcare system, and determining when symptoms require a healthcare visit.

One caregiver in Andhra Pradesh, India, for instance, began his journey on the WhatsApp service with queries around his wife's pregnancy. Both he and his wife continued to engage even after the baby was born, and the mother underwent surgery. The family's queries ranged from those around pregnancy to newborn care, post-surgery concerns, and general health.

Evidence-based advice from the service at the right time, in their preferred language, resonated with the family and helped them. For instance, post-surgery, they asked when the stitches would be removed. Our team provided a typical timeline and guided them to visit a hospital for a check-up, enabling timely access to care and specific clarity on stitch removal.

This is the core of the RES — delivering long-term, remote support to caregivers and patients wherever they are through timely reminders and a question-answering service.



*A caregiver signs up for Noora Health's mobile-based care companion service during a CCP session at the District Woman Hospital Jalna in Maharashtra, India.*



In August, we **surpassed one million cumulative subscribers** on our RES since its launch in 2019.

We are excited about the potential of AI in improving the RES. We built and safely deployed our first AI application, a query classifier that filters out non-health-related messages across languages, reducing the load on our helpdesk nurses by 85%. We're now testing additional AI-driven use cases to make our behavioral nudges more relevant and engaging, while helping our nurses identify and respond to urgent cases more effectively **at scale**.

In 2024, we also launched an improved version of our app for healthcare workers, enhancing usability and scalability. It is currently used by more than 13,000 healthcare workers on a daily basis, either as a standalone tool or integrated with existing government platforms.

Another important milestone was piloting Noora Academy — our in-house learning management system focused on upskilling healthcare workers which now hosts more than 2,000 healthcare workers across three countries. Through these pilots, we've learned that healthcare workers are enthusiastic about digital learning, finding the platform engaging and enjoyable. They particularly value the flexibility to learn at their own pace, which accommodates their busy schedules. The online asynchronous learning has proven to be a powerful supplement to our in-person training, reducing training time and allowing us to focus on hands-on practice during face-to-face sessions.

There are many exciting innovations to come, and we're committed to making our support more responsive, inclusive, and impactful for patients and caregivers everywhere.

*Healthcare workers practice signing up for our WhatsApp-based companion service at a posyandu (integrated health post) in Pamekasan, Indonesia.*



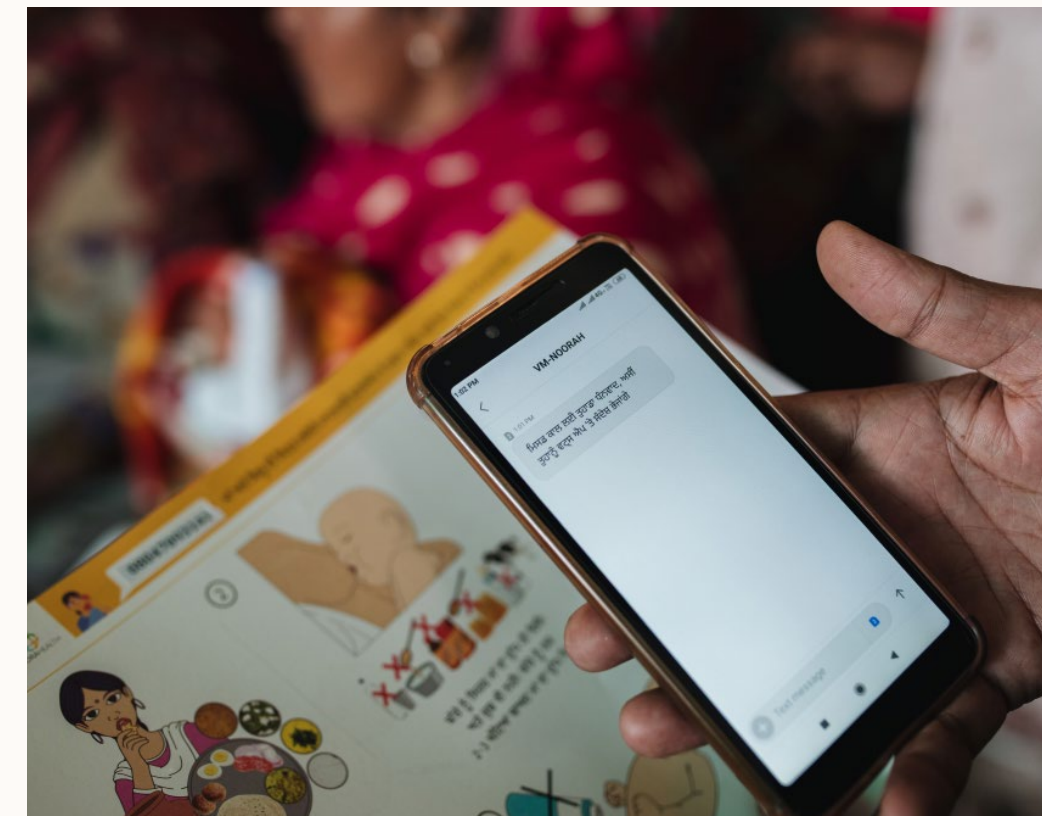


# Learning

From data to knowledge —  
transforming how we learn

Published evidence to date

What do caregivers  
really need?





# From data to knowledge — transforming how we learn

This year marked a turning point in how we measure and enhance the Care Companion Program’s impact. We established an organization-wide monitoring framework that captures both the breadth and depth of our work — synthesizing multiple data streams, from attendance data to quality assessment tools — to track six critical success parameters: reach, institutional adoption, participant engagement, session effectiveness, trainer performance, and mobile service effectiveness.

To transform this rich data into real-time insights that enable rapid program adjustments, we developed and launched new integrated dashboards in Indonesia and Bangladesh. With India’s dashboards launching in mid-2025, we’re building momentum towards stronger data-driven decision-making across all our regions.

We also formalized how we learn as an organization, as we rolled out our first internal [knowledge management system](#) designed to democratize access to critical information and insights. Built on the foundations of Ooloi Labs’ [Open Knowledge Framework](#), this centralized platform allows team members to efficiently add, search for, and retrieve resources, reducing reliance on individual knowledge holders. Though nascent, the system promises to accelerate our learning cycles and improve program design through collective knowledge and experience.



*Presenting our research at the Bangladesh Perinatal Society’s 4th International Scientific Conference.*



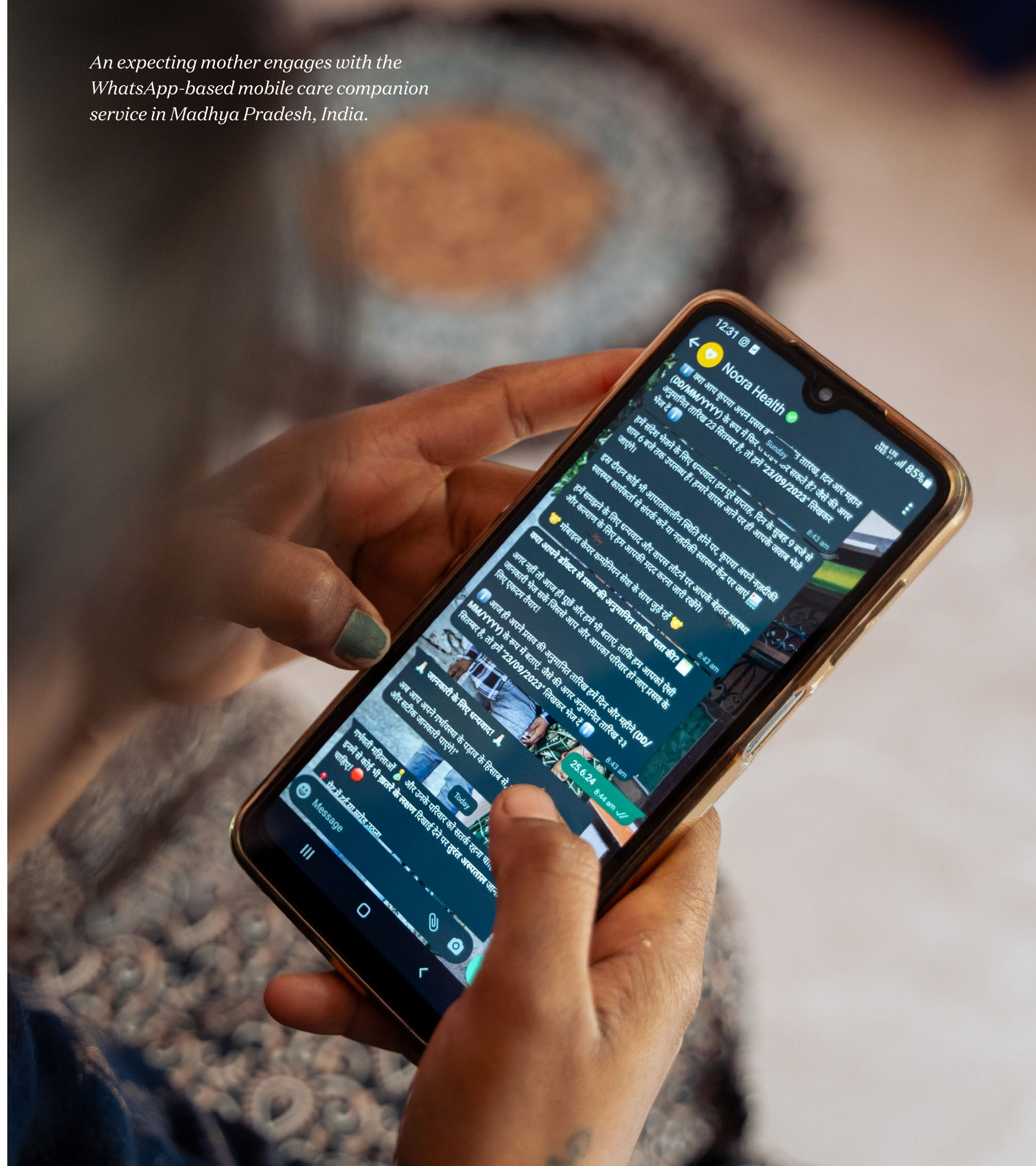
## Sharing insights

Through peer-reviewed publications and conference presentations, we continued to build evidence for caregiver-centered healthcare.

[Effectiveness of WhatsApp-based debunking reminders on follow-up visit attendance for individuals with hypertension: a randomized controlled trial in India](#) (*BMC Public Health*, September): Partnering with the Technical University of Munich, we tested whether focused WhatsApp messages correcting misconceptions and sending reminders could change beliefs about hypertension and reduce missed appointments. Involving 388 participants in Punjab, India, the results showed no significant impact, but suggested that more interactive communication — like phone calls and in-person discussions — might be more effective.

[Family caregivers: an essential link in achieving health information equity](#) (*The Lancet Global Health*, December): In this correspondence article, we emphasize the crucial role of family caregivers in addressing health information access gaps and call on the global public health community to integrate caregiver support and training into the broader health information dissemination strategy.

*An expecting mother engages with the WhatsApp-based mobile care companion service in Madhya Pradesh, India.*





In addition to our published work, we also shared our learnings with the wider healthcare community at various conferences, including:

[The Bangladesh Perinatal Society's 4<sup>th</sup> International Scientific Conference](#) (May): We presented our findings from our pilot special care newborn unit evaluation in Bangladesh

[Public Health Association of Bangladesh's International Public Health Conference](#) (June): We presented findings from our pilot special care newborn unit evaluation in Bangladesh

[Government of Tamil Nadu's DPHICON 2024: 3<sup>rd</sup> International Public Health Conference](#) (October): We shared initial findings from our 28-site evaluation on how our postnatal program impacts neonatal behaviors

[Service Design Global Conference](#) (October): Our community-centered healthcare delivery model in Andhra Pradesh was selected as a [finalist](#) for the Service Design Award 2024

[The Epidemiology Foundation of India's EFICON 2024: 5<sup>th</sup> Annual National Conference](#) (November): We shared findings from the impact evaluation of our general medical and surgical care program.

Through the year we also continued working on multiple ongoing research studies and preparing manuscripts for publication, with several slated for publication in 2025.

# Published evidence to date

## CARDIOLOGY

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

2014 | West Bengal, India  
[Journal of Global Health Reports \(2019\)](#)

## COVID-19

**48% reduction in hospitalizations**

2020-21 | Punjab, India  
[Clinical Epidemiology and Global Health \(2023\)](#)

## MATERNAL AND NEWBORN HEALTH

**Participants found the Care Companion Program useful and learned important new topics like handwashing, benefits of infection prevention, and skin-to-skin care**

2019 | Karnataka, India  
[PLOS Global Public Health \(2023\)](#)

**18% reduction in newborn mortality**

2018-20 | Punjab, Madhya Pradesh, Maharashtra, and Karnataka, India  
[PLOS Global Public Health \(2023\)](#)

**56% reduction in newborn readmissions**

2017-18 | Punjab and Karnataka, India  
[BMJ Open Quality \(2022\)](#)

**35% increase immunization uptake**

2020 | Karnataka, Andhra Pradesh, and Telangana, India  
[Vaccines \(2022\)](#)

**54% reduction in newborn readmissions**

2018-20 | Punjab, Madhya Pradesh, Maharashtra, and Karnataka, India  
[Healthy Newborn Network \(2020\)](#)



# What do caregivers really need?

Our commitment to understanding and supporting caregivers runs deep, and we have gathered more than a decade's worth of [evidence](#) on how caregiver support and training can positively impact health outcomes. But our work doesn't stop there — through our [Caregiving Lab](#), we continue to explore the wider caregiving ecosystem, ensuring that our work remains relevant, impactful, and aligned with the evolving needs of patients and caregivers. To do this, we've been conducting [primary research](#) in family homes, extending our insights into caregiving beyond healthcare facilities.

One of the most urgent issues for caregivers is **the need for emotional support**. Caregiving can be a long and exhausting journey with endless highs and lows. Supporting caregivers beyond their caregiving duties can help them take care of themselves in the process. Other key gaps identified include lack of awareness of medical conditions, difficulty navigating healthcare systems, ill effects of social and gender norms, lack of financial support to care, and challenges in patient-caregiver relationships.

More recently, we've led secondary research on pressing topics such as caregiving's intersection with the care economy, gender inequality, climate change, technology, and demographic changes, among others. By analyzing these issues in the context of the countries we work in, we can tailor our initiatives to respond to both current and future challenges in a rapidly changing landscape.



*A tender moment between a patient and caregiver in Pamekasan, Indonesia.*



# 2024 milestone moments



We were honored to see our work, partners, and the families we support featured in an essay in *The New York Times* that vividly captured a universal story of love and compassion.

● READ MORE

As one of the select development partners at the [WHO South East Asia Regional Office](#) workshop on primary care innovations, we were grateful to share our work and learn from others' successes.

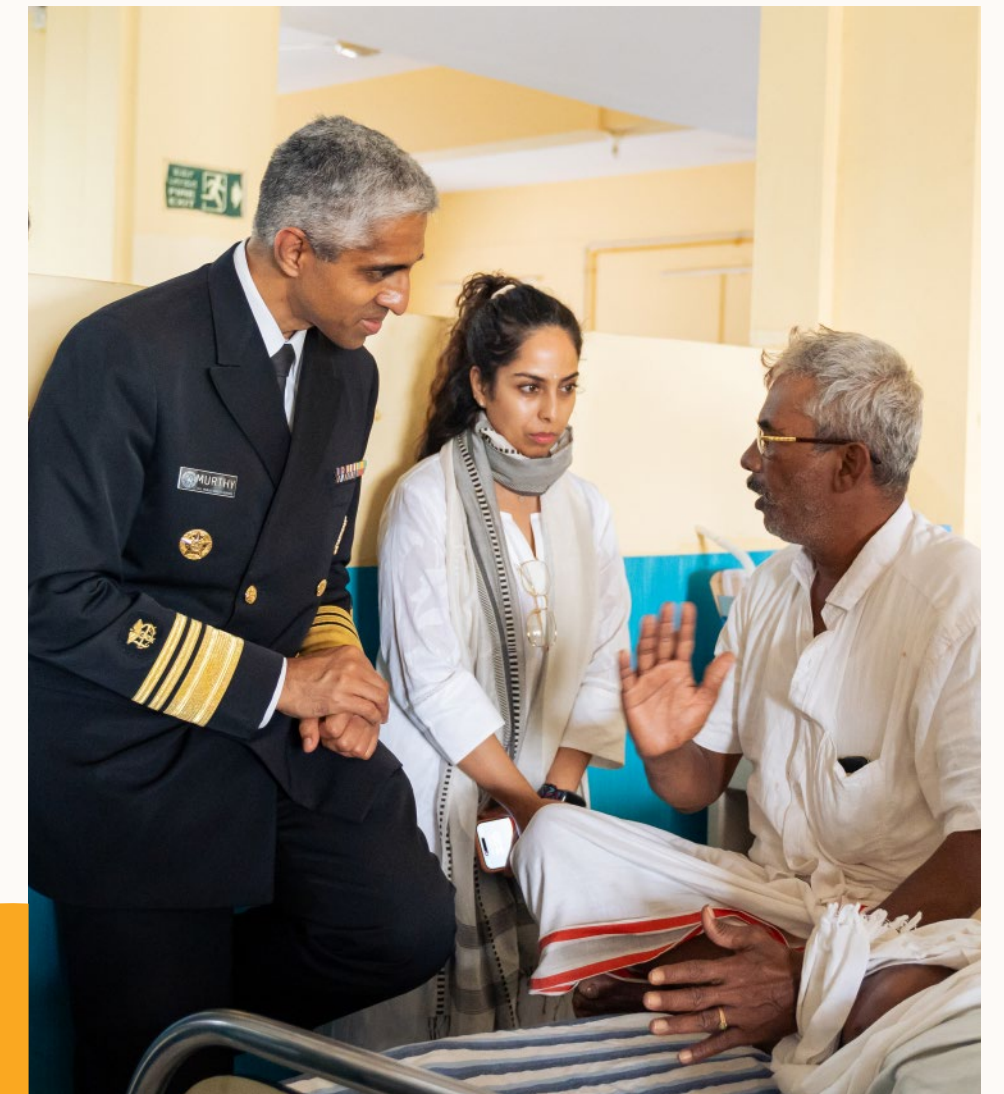


At the World Health Assembly, we co-hosted a panel discussion with [Devex](#) on the power of family caregiving and the crucial need for caregiver training and support in healthcare delivery.

● READ MORE

It was a privilege to welcome Dr. Vivek Murthy, the former U.S. Surgeon General, as he experienced the Care Companion Program firsthand, connecting with patients, caregivers, nurses, and hospital leadership.

● READ MORE





*Raise your hand if you're enjoying the 2024  
all-team retreat in Bangalore, India!*



# A growing team

Our milestone ten-year anniversary defined 2024, culminating in a celebratory all-team retreat in Bangalore, India. [Grounded in](#) human-centered design principles, our goal was to create a truly meaningful experience, uniquely tailored to our team's needs and personalities. The energy during the retreat was electric yet intimate as 250 colleagues from four countries and partner organizations came together over three days.

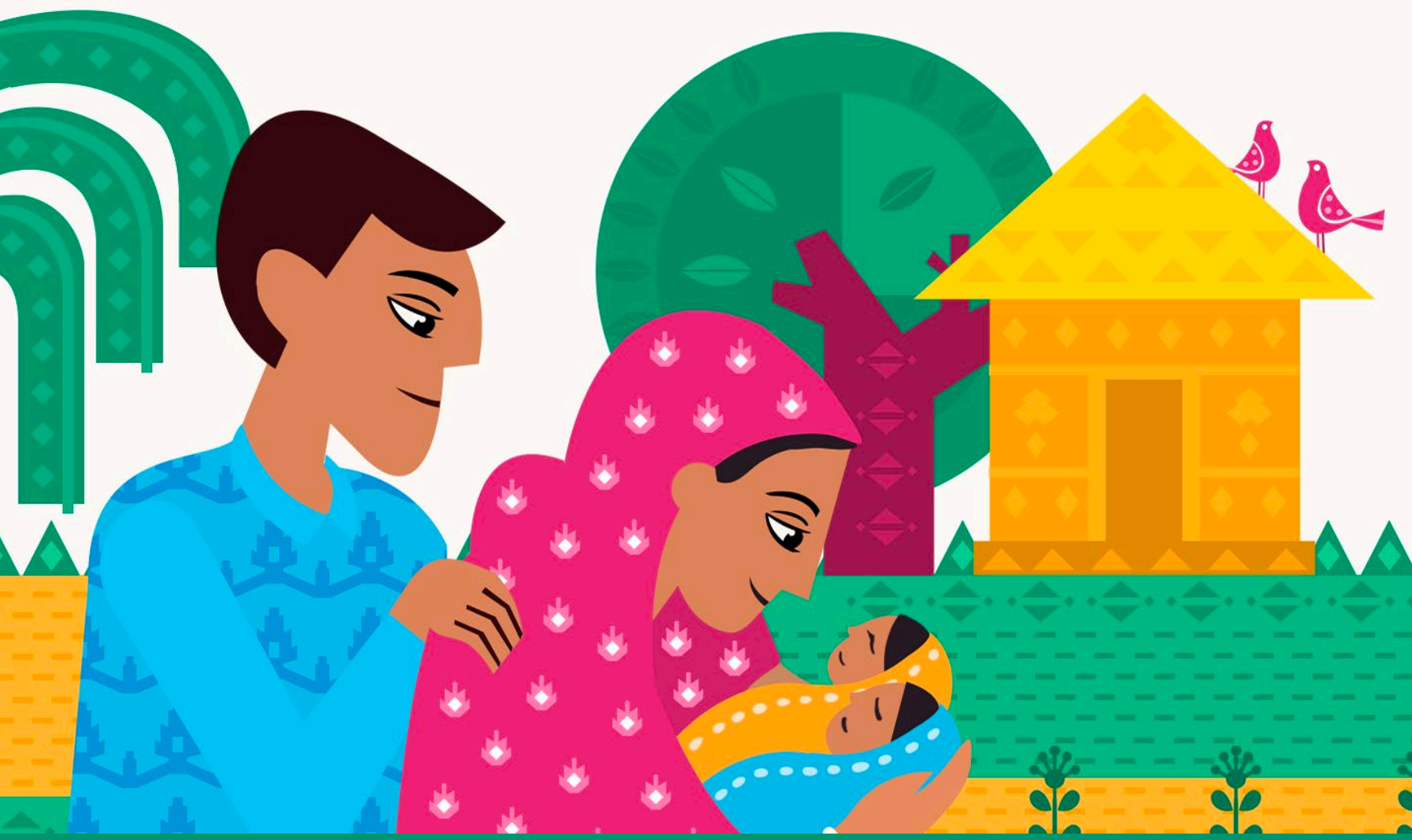
Given many of our colleagues from Bangladesh could not travel to Bangalore due to travel restrictions, we hosted another team retreat in Nepal in early 2025. This special convening allowed the Bangladesh team to be together in person, and fostered a rich exchange of ideas and learnings between the two country teams. Stay tuned for more in our next impact report!

Through the year, our hiring initiatives covered a wide range of requirements from key leadership positions to strengthening the platforms and engineering teams. In total, 124 people joined us across the organization and our partners. We ended 2024 with a total of nearly 500 team members and collaborators, including those who work with us on a part-time basis.

As we continue to grow and deepen our work, we are looking to welcome 100 new teammates in 2025 — check out some of [our open roles!](#)



# Stories of care



In Bangladesh, Uttam and Hoimonty's unwavering love carries them through unexpected health challenges with their newborn twins.

● READ MORE

In India, Archana More exemplifies the power of health education as she embarks on the journey from caregiver to patient.

● READ MORE



In Indonesia, Nur Amin navigates love, distance, and disability to care for his wife, Ida, and their son.

● READ MORE



# What's your unique caregiving style?

Caregiving is universal, but each person approaches it in their own unique way. Whether shaped by culture, background, or circumstances, each caregiver has a different understanding of what it means to care — one might focus on practical problem solving while another might be a source of emotional support. Our research identified nine distinct archetypes, each representing different strengths and approaches to caregiving.

Based on this, as part of our 10-year anniversary celebration, we created an interactive quiz to help you discover your caregiving style. By answering a few questions, you'll uncover which archetype you align with, complete with a personalized tile and explanation. You'll also see your tile contribute to a growing caregiving mosaic.

Join our caregiving community which is now more than 300 people strong!

● TAKE THE QUIZ



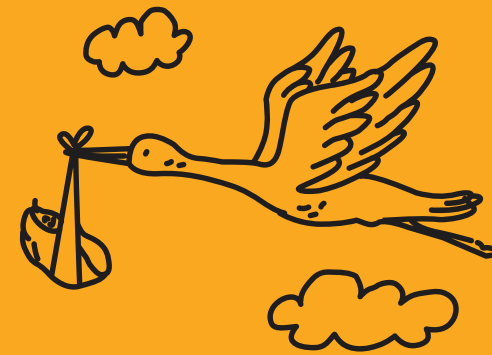
Captain compassion



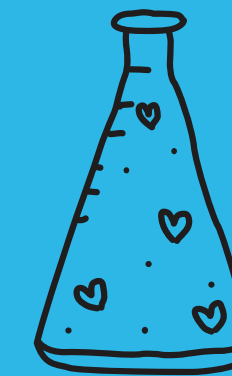
Dependable rock



Hearty helper



The care-ier



Catalyst in tune



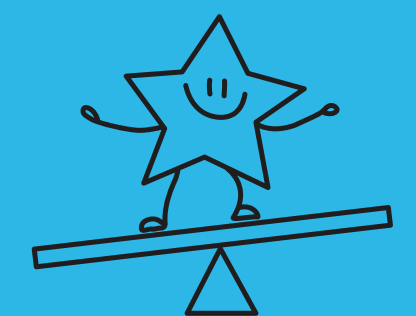
Motivational retriever



Steadfast ally



Pragmatic possum



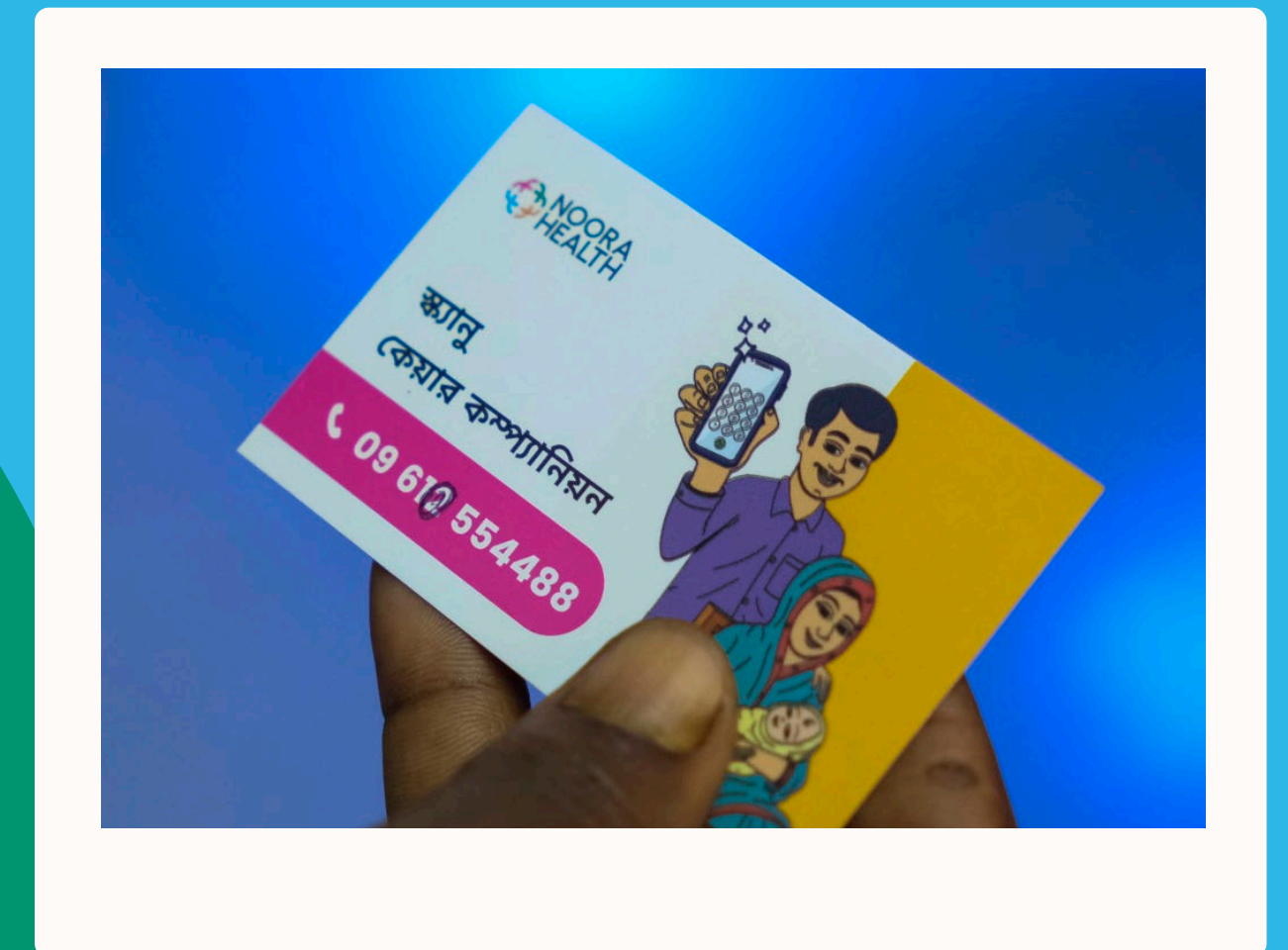
Balancing resolute



# Looking Ahead

2025 Goals

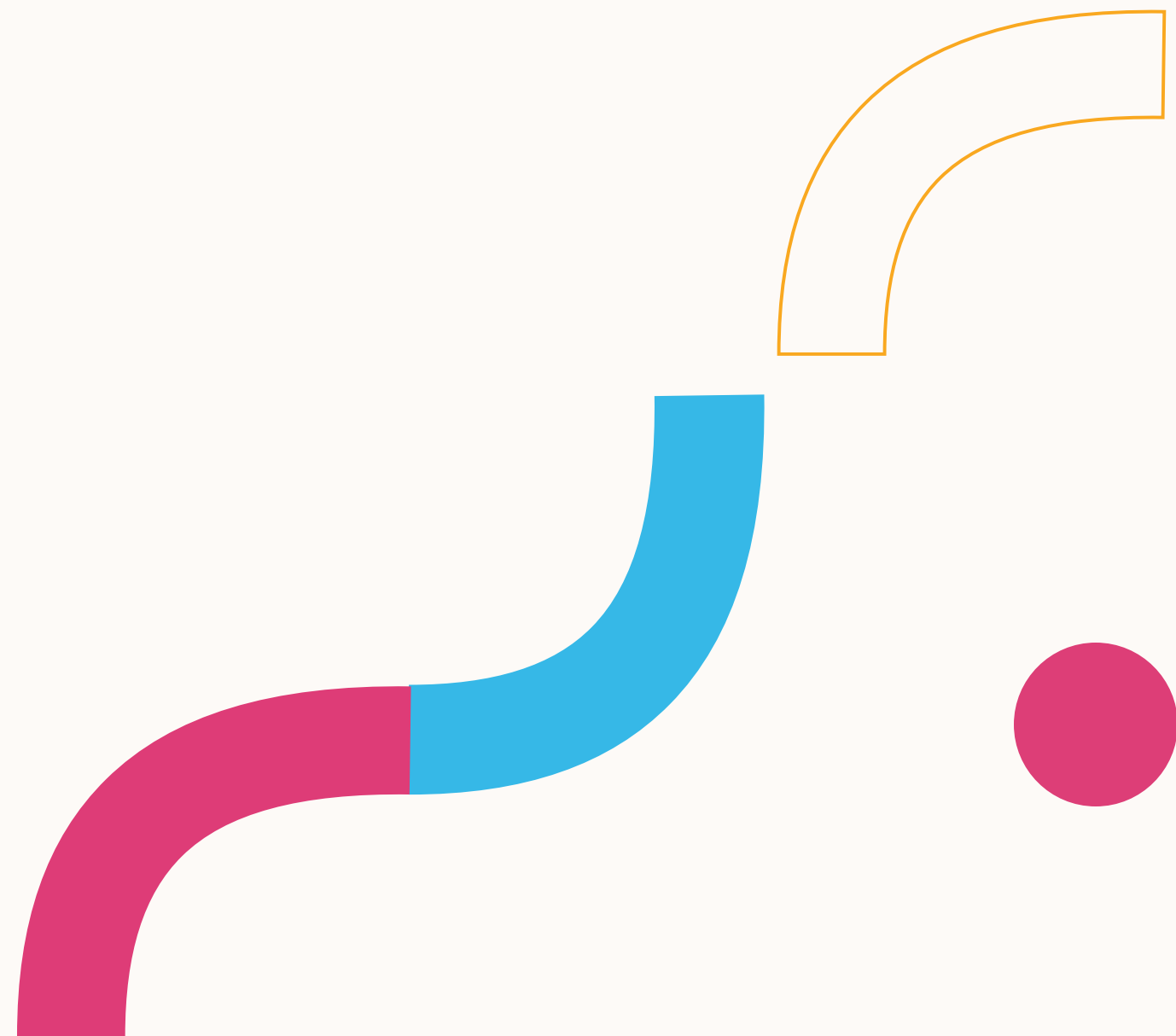
What's next at Noora Health?





2025 GOALS

# Scaling via existing and new pathways



Training 13.89 million family caregivers across health facilities and conditions, while prioritizing integration with government and local partners to ensure sustainable growth

**India:** Training 11.1 million family caregivers, while strategically expanding to one new state, covering a new health condition, and launching an innovative, new program model

**Bangladesh:** Training 1.4 million family caregivers, while incorporating a new health condition and expanding to primary care facilities

**Indonesia:** Training 1.3 million family caregivers, while working in a new health condition and integrating our work into the government's existing digital platforms

**Nepal:** Training 50,000 family caregivers via a local partnership and a strategic, replicable caregiver-training playbook monitoring and trainer learning and support



## 2025 GOALS

# Improving program impact and learning



## Developing a data-driven learning roadmap to continuously improve our program effectiveness

Documenting program strategy for our core programs, articulating variations across countries, types of facilities, and patient needs

Establishing quality benchmarks and piloting the redesigned quality assessment tool to assess program performance against priority behaviours and key trainer actions

Designing and implementing experiments in select impact-critical areas of the program to move priority outcomes

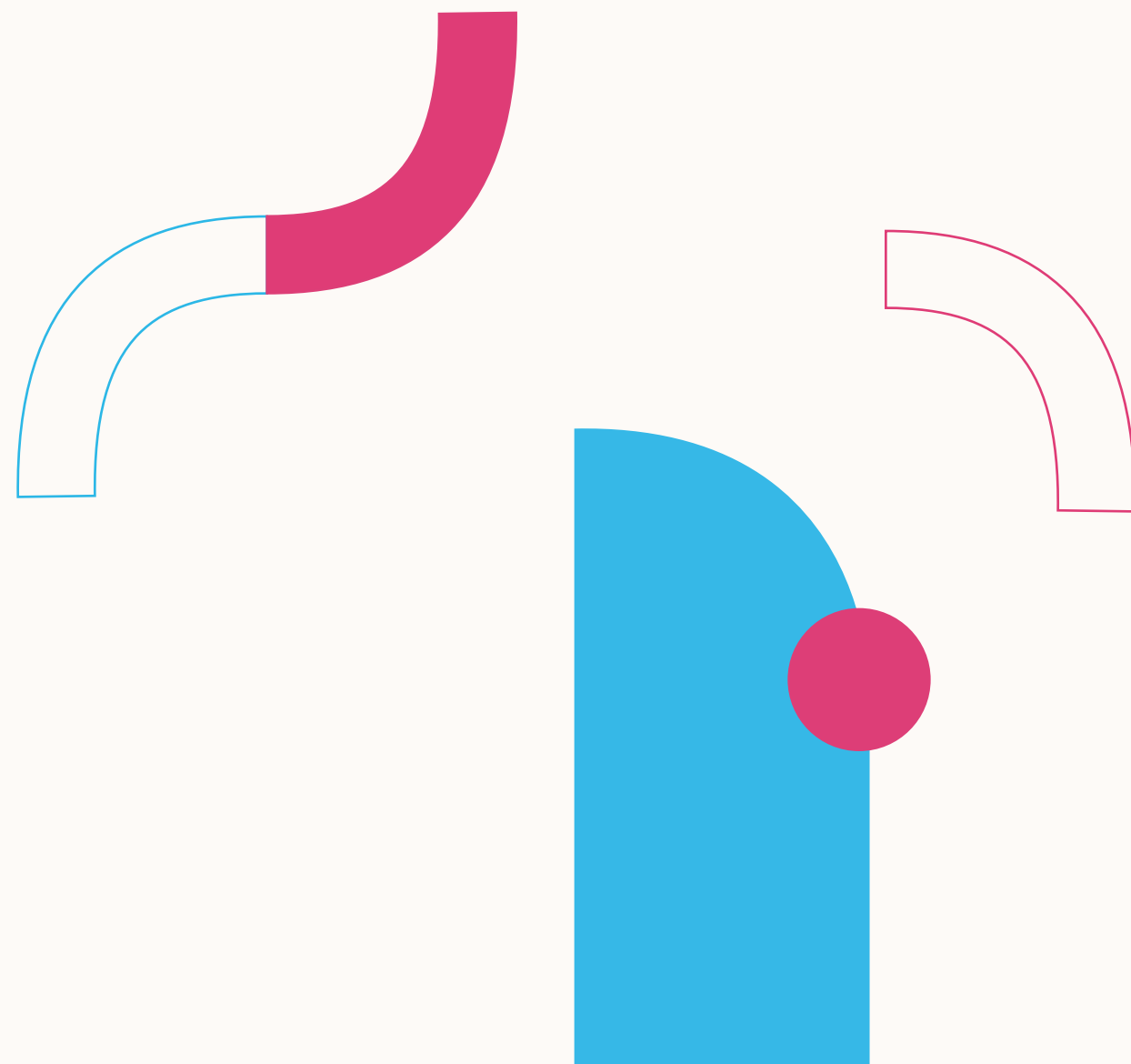
Generating more rigorous evidence across countries and condition areas, including the initiation of a large-scale RCT of our maternal and newborn health program, and an exploratory study of our noncommunicable diseases program

Developing and piloting a cascade training model



2025 GOALS

# Enhancing caregiver support with AI



Using generative AI to build a digital care companion delivering personalized, proactive support at home, while strengthening our existing remote support service

Designing a personalised caregiving content platform that tailors behavioral content based on a family's health needs

Creating a digital health navigator that combines AI and human expertise to respond to patient and caregiver queries more effectively at scale

Integrating voice-based interactions to make communication more accessible and intuitive for caregivers



2025 GOALS

# Strengthening thought leadership and global advocacy



## Laying the foundation to establish family caregiver training as the global standard of care

Building global and regional visibility by participating in key forums focusing on advocacy or public health ecosystems such as Skoll, World Health Assembly, and the United Nations General Assembly

Deepening local presence by hosting a national convening in each country we work in

Strengthening in-country partnerships by collaborating on major advocacy related projects with key stakeholders

Increasing thought leadership content, building connection to our work through our blog, social media, impact reports, and external features



2025 GOALS

# Building team foundations



Ensuring every individual and team is supported to work comfortably, creating an ideal place for collaboration and for our culture to thrive

Launching a comprehensive learning and development plan that includes an enhanced onboarding tool, a 360 review process for more accurate performance appraisals, and initiatives to foster a positive, inclusive organizational culture through regular pulse checks and open communication channels

Establishing intellectual property licensing agreements for partner use, while ensuring strong governance, compliance, and financial practices in both our own and our partner entities' operations



# What's next at Noora Health?

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

## What comes after an audacious scaling plan? An equally ambitious growth strategy

Over the next five years, we will dramatically scale the Care Companion Program (CCP), expanding our established programs throughout all levels of healthcare systems in India, Bangladesh, Indonesia, and Nepal — while strategically launching in new countries. This approach will include standardizing our programs across condition areas, scaling to new geographies through both new and trusted implementation pathways, and ultimately working with policymakers to integrate family caregiver support into global healthcare guidelines.

## Human connection, strengthened with tech

**Announced** in January 2025, we are thrilled to join the inaugural cohort of the AI for Global Development Accelerator, a collaboration between OpenAI, The Agency Fund, and the Center for Global Development to support social impact organizations with thoughtful, impactful deployment of AI solutions. This opportunity will allow us to leverage AI to drive key improvements in our mobile follow-up service, making it more personalized, accessible through voice interaction, and available 24/7.

## The call for a global standard of care continues

2024 was **our debut** into global advocacy. In 2025, the momentum continues, as we'll join important conversations at the World Health Summit Regional Meeting in Delhi, the World Health Assembly, and other relevant forums.

Our vision remains clear: to make caregiving support a core part of global healthcare. We'll continue advocating for its integration into health programs, elevate the voices and experiences of caregivers, and work towards a multiyear partnership with the WHO. With the support of our country partners, our ultimate goal is to secure a WHA resolution to establish family caregiving as the standard of care.

## Leveling up our research with a randomized controlled trial (RCT)

**Studies** in India suggest the maternal and newborn health CCP can increase caregiver adoption of health-promoting practices and reduce hospital readmissions, complications, and neonatal mortality.

To further demonstrate the program's impact and cost-effectiveness, we are collaborating with strategic partners to design a randomized evaluation of the CCP focused on maternal and neonatal health outcomes. This will be a cluster randomized study with two stages: a pilot evaluation across 30 public health facilities, followed by a large-scale RCT across 140 public health facilities in India.



# Supporters

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

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



# Financials

## Statement of activity

### Donations & other income

Foundations	\$6,295,553
Individuals	\$32,999

**Total donations** **\$6,328,552**

Other income	\$1,694,753
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**Total income** **\$8,023,305**

### Operating expenses

#### In-country expenses

Program design & development	\$2,566,004
Program delivery	\$3,938,533
Monitoring & evaluation	\$888,283

**Total in-country expenses** **\$7,392,820**

Shared design, delivery, technology	\$2,513,732
-------------------------------------	-------------

Shared services	\$3,069,832
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**Total shared expenses** **\$5,583,564**

#### General & administrative

General & administrative	\$727,310
--------------------------	-----------

Fundraising	\$233,343
-------------	-----------

**Total G&A expenses** **\$960,653**

**Total operating expenses** **\$13,937,037**

**Net income** **-\$5,913,732**

## Statement of position

### Assets

Cash & cash equivalents	\$23,000,531
-------------------------	--------------

Investments	\$7,686,686
-------------	-------------

Pledge Receivables, short term	\$11,042,218
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Accrued interest receivable	\$77,342
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Prepaid expenses	\$72,391
------------------	----------

Other non-current assets	\$173,501
--------------------------	-----------

**Total assets** **\$42,052,669**

### Liabilities & net assets

#### Liabilities

Accounts payable	\$129,526
------------------	-----------

Accrued expenses	\$355,951
------------------	-----------

Other non-current liabilities	\$5,564
-------------------------------	---------

**Total liabilities** **\$491,041**

#### Net assets

Unrestricted	\$13,584,032
--------------	--------------

Temporarily restricted	\$27,977,596
------------------------	--------------

**Total net assets** **\$41,561,628**

**Total liabilities & net assets** **\$42,052,669**



*A caregiver enjoys a light moment waiting  
at a hospital in Dhaka, Bangladesh.*



# We are *all* caregivers.

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



Donate