

Impact Report

Q1 | 2025



“Compassion arises from the universal experience of shared humanity. It can be cultivated, harnessed and channelled in service of social justice, health equity, human dignity and flourishing. Compassion is a core value for global health and is vital in delivering quality health care.”

— *Compassion and primary health care,*
World Health Organization (WHO), 2024



*A health check-up in progress in
Pamekasan, Indonesia.*

Letter from our co-founders

Dear friends,

Healthcare delivery, in its purest form, is compassion — the human instinct to help others in need, guided by trusted information and sound judgment.

In Q1 2025, we spent a lot of time thinking about compassion and community, inspired in part by the [WHO’s recent exploration](#) of the role of compassion in primary healthcare spanning the last five years. At Noora Health, we’ve spent nearly as much time building a highly adaptable, community-led model that **honors the whole person and their family.**

Through strategic local partnerships, human-centered design, and deep listening, our primary care model creates space for communities to decide what’s best for them, and for nurses and health workers to modify program offerings to match the needs of their patients. Adaptability to local needs *is* fundamental to our reach, impact, and the heart of our work.

Our primary care model drives home our values of quality, empathy, reach, access, localization, and, simply, meeting people where they are.

In the coming pages, you’ll see the primary care model take shape. You’ll see compassion and community lead in a refreshed Care Companion Program in Indonesia, an inaugural training in Nepal, a landmark launch in Punjab, India, and beyond.

Thank you for being our community,

Edith

Shahed

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New mothers rest and recover in a postnatal care ward in Dhaka, Bangladesh.



Growth overview

In Q1 2025, The Care Companion Program (CCP) reached 5.3 million caregivers and patients (2.7 million patients), serving **30 million people in total** since the program’s inception. India, our longest-standing geography, continues to drive the majority of this impact, contributing to 93% of our reach this quarter.

In Bangladesh, we continued to increase our impact, launching programs in 96 new facilities and reaching over 250,000 caregivers and patients. In Indonesia, the program continues to grow, reaching over 63,000 caregivers and patients — more than double the people trained in Q4 2024.

Q1 2025 also welcomed the official launch of the CCP in Nepal, reaching 5,200 caregivers and patients in its first quarter — a promising start in our newest region alongside a new established partner and program model.

With active implementation across four countries, Q1 2025 brings us one step closer to establishing family caregiver training as a norm.



Children play together during a community health session in Pamekasan, Indonesia.

Q1 impact at a glance

5,351,000 caregivers and patients trained

2,726,000 patients trained

175,997 new mobile service subscribers

960 healthcare staff trained

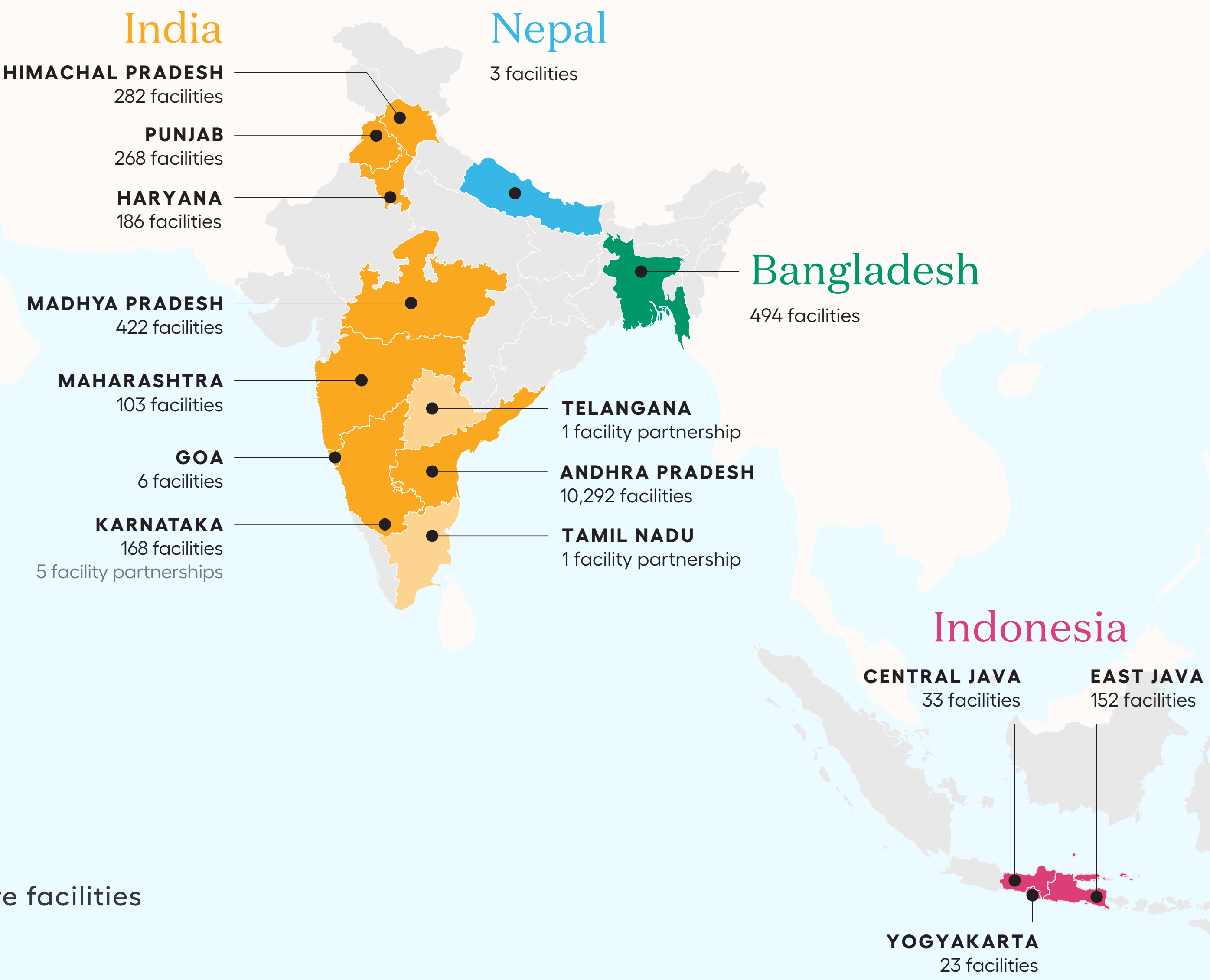
26 training of trainer workshops

270 facilities added (265 hospitals and 5 primary care facilities)

35 new teammates welcomed

Reach to date

By geography



TOTAL:

12,439 FACILITIES

1,559 hospitals + 10,880 primary care facilities

Reach to date

Patients and caregivers trained

TOTAL:
30,232,000

By region

| Region | Q1 | Cumulative |
|-----------------------|-----------|------------|
| India | 5,023,891 | 29,131,775 |
| Andhra Pradesh | 3,504,020 | 15,532,218 |
| Goa | 1,796 | 20,549 |
| Haryana | 244,836 | 1,591,364 |
| Himachal Pradesh | 75,369 | 275,537 |
| Karnataka | 342,153 | 2,952,927 |
| Madhya Pradesh | 461,072 | 4,949,986 |
| Maharashtra | 243,912 | 1,489,416 |
| Punjab | 136,474 | 1,609,814 |
| Facility partnerships | 14,259 | 709,963 |
| Bangladesh | 258,412 | 943,000 |
| Indonesia | 63,504 | 152,924 |
| East Java | 50,297 | 115,545 |
| Central Java | 10,273 | 33,252 |
| Yogyakarta | 2,934 | 4,127 |
| Nepal | 5,200 | 5,200 |
| Total* | 5,351,000 | 30,232,000 |

By health condition

| Health condition | Q1 | Cumulative |
|--|-----------|------------|
| Cardiac | 12,936 | 418,355 |
| Maternal and Newborn | 2,095,575 | 15,364,244 |
| Noncommunicable Diseases, General Medical, Surgical Care | 233,874 | 1,116,822 |
| Primary care | 3,006,826 | 13,124,302 |
| Tuberculosis | 1,796 | 25,413 |
| COVID-19 (Concluded) | - | 163,646 |
| Oncology (Inactive) | - | 20,116 |
| Total* | 5,351,000 | 30,232,000 |

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

Community Health Officer Shrikant conducts a noncommunicable diseases Care Companion Program session in Andhra Pradesh, India.

A model for caregiver-centered primary care

Over the last few years, the Care Companion Program (CCP) has evolved, strategically expanding into primary care settings. While our work in hospitals provides crucial support to patients and caregivers coming to larger and more specialty care facilities for specific health conditions, our community-based approach dramatically broadens our impact across both preventative and curative practices. This primary care model focuses on improving outcomes across maternal and newborn care, adolescent health, and noncommunicable diseases (especially high-burden conditions such as diabetes and hypertension).

This new approach has two critical benefits:

- **Tailored health skills training:** Healthcare workers are provided with a suite of tools and resources to choose from, allowing them to customize sessions in response to community needs
- **Enhanced accessibility for communities:** Delivering health skills and knowledge across diverse settings — Health and Wellness Centers; Anganwadi centers (child care centers in India); Balai Desas (village halls in Indonesia); health camps; one-on-one home visits; and schools

Our primary care journey began in **India** in 2021 with pilots in Madhya Pradesh and Karnataka, expanding to Punjab in 2022, and to Andhra Pradesh in 2023.

In Pamekasan, Indonesia, a healthcare worker guides a new mother through signing up for Noora Health's mobile follow-up service.

Our expansion in Andhra Pradesh stands as our most ambitious to date — partnering with the government to train 100+ medical officers who now serve as lead trainers for more than 10,000 community health officers statewide. With 12.7 million patients and caregivers trained, this represents our largest and fastest scale-up in any geography, generating valuable insights for future implementation.

Feedback from caregivers and patients in the state validates this approach, demonstrating improvements in noncommunicable disease management, reduced stigma around adolescent health issues, and enhanced maternal and newborn care practices.

Since launching in 2023, our work in **Indonesia** has centered communities. As part of the primary care services offered within the country's community-integrated healthcare system, trained healthcare workers deliver CCP sessions across hospitals, community health centers, and in homes. The new iteration of the CCP launching this year will deepen alignment with the government's integrated primary healthcare system, alongside working in hospitals.

While existing implementation in **Bangladesh** has historically centered on hospital-based care, 2025 will mark its expansion into Union Health and Family Welfare Centers that offer mother and child health services, in addition to family planning, nutrition, and vaccinations. Similarly, in **Nepal**, we're exploring opportunities for primary care integration, alongside our existing in-hospital programs.

Looking ahead, we're poised to scale this primary care model across other Indian states, starting with Madhya Pradesh and Karnataka, while pursuing similar community-centered approaches in other countries.

Program updates

Bangladesh

This quarter we trained 258,412 patients and caregivers in Bangladesh — reaching a cumulative total of 943,000 people since the launch of our program.

In Bangladesh, we conducted a refresher training for 266 healthcare workers, previously trained in 2023, to update and strengthen their skills. Following our agreement with the Directorate General of Family Planning late last year, we launched our first training batch with 24 nurses from three facilities covering maternal and newborn health. In addition, we trained 130 new nurses in our curricula on general medical and surgical care and maternal and newborn health.

We also tested our noncommunicable diseases program tools across 10 health centers in six districts to assess usability, relevance, and clarity. The refined tools were shared for approval with the Noncommunicable Disease Control Department of the Directorate General of Health Services. Receiving their approval was a key milestone towards integrating the Care Companion Program into the public health system.

Another proud moment emerging from our work in noncommunicable diseases was an invitation to join the government’s technical working group on reducing dietary salt intake. This opportunity underscores the impact of our efforts and further solidifies our growing role on the national stage.

A nurse checks in on a newborn in the Special Care Newborn Unit at the Rangpur Medical College and Hospital in Bangladesh.



India

In Q1 2025, the Care Companion Program (CCP) reached 5 million patients and caregivers across eight Indian states, bringing its decade-long impact to 29.1 million people trained.

This quarter marked the landmark launch of the CCP for HIV/AIDS in **Punjab**, after an intensive year of research, design, and development. A virtual training was held for counselors and medical officers across 23 Antiretroviral Therapy (ART) Centers, preparing them for the upcoming in-person training. Parallely, work progressed on the next partnership phase with the Punjab State AIDS Control Society, developing participatory tools to strengthen connections between health facilities and outreach efforts for high-risk groups.

Another major milestone was the expansion of the CCP for noncommunicable diseases into **Haryana** — the third state to offer this program. Uniquely, it launched as a fully state-funded initiative to be simultaneously rolled out at all levels of the public health system, reflecting strong commitment from the state and ensuring high-quality implementation across 186 health facilities. At the same time, the maternal and newborn health CCP's footprint grew with 102 newly trained nurses, expanding coverage from 20 to 54 facilities. Program quality was enhanced via specialized refresher trainings conducted for 41 nursing officers from the original hospital network, strengthening their expertise and reinforcing our commitment to sustained impact.

Two important wins came from **Odisha**, the newest state to embrace the CCP: In Rayagada district, a successful CCP orientation for district officials



A new mother looks over take-home educational materials on essential maternal and newborn care practices in Himachal Pradesh, India.

was completed, paving the way for its rollout across health facilities and communities. In Kalahandi district, a training workshop for medical officers and district-level trainers equipped them to train community health officers and nurses in implementing CCP sessions throughout the district.

In three states, partnerships deepened: In **Madhya Pradesh**, a five-year memorandum of understanding was signed with the National Health Mission to expand the CCP's reach across more government facilities and new condition areas, building on existing maternal and newborn care initiatives. In **Maharashtra**, a three-year partnership with the Directorate of Medical Education and Research will expand the CCP to 25 medical colleges — the first time the cardiac care CPP will be offered at scale in government facilities, alongside maternal and newborn health and noncommunicable diseases. An agreement was also finalized with a private university in **Uttar Pradesh**, opening new pathways for providing caregiver training and support in India's most populous state.

Two key developments significantly enhanced monitoring capabilities this quarter: the successful integration of CCP metrics into **Andhra Pradesh's** revamped Commissionerate of Health and Family Welfare dashboard which provides government officials with real-time data, and piloting the new quality assessment tool across Maharashtra, Madhya Pradesh, and Andhra Pradesh, allowing for a comprehensive qualitative evaluation of the CCP.

Overall, the CCP and our work across India continues to be strengthened by our implementing partner, YosAid Innovation Foundation, among others. If Q1 2025 is any indication, this will be another year of massive growth and opportunity.

Smiling new parents hold their baby at a hospital in Haryana, India.



Indonesia

In Q1 2025, 63,504 caregivers and patients participated in Care Companion Program (CCP) sessions, bringing our total reach to 152,924 people trained since the program’s launch.

This quarter was pivotal for our partnerships as we formalized agreements with the Bantul Regency Office, the Brebes Health District Office, and the Banyumas Health District Office — our eight, ninth, and tenth district partners respectively. We’re also in conversation with three additional regencies and expect to onboard them in the coming months.

Our existing work continued at a steady state, with a series of online and offline refresher trainings to update the knowledge and skills of 561 healthcare workers delivering our programs across three districts. At the same time, we channeled our efforts into the new iteration of the CCP for Indonesia as it nears completion. We conducted a service roleplay, finalized the content strategy and service model, and tested it with patients, caregivers, and healthcare workers. We’re on track to launch this new version in Q2 2025.

We were also honored to be invited by the Directorate of Nutrition and Maternal Health to contribute to an upcoming Ministry of Health decree on family health empowerment. We shared guidance on how health systems can tangibly incorporate family caregiver education into existing healthcare services, advocating for caregivers as equal partners in Indonesia’s healthcare transformation.



Healthcare workers deliver a Care Companion Program session at a posyandu (integrated health post) in Pamekasan, Indonesia.

Nepal

A key milestone this quarter was our inaugural training workshop for nurses, held across three facilities.

In collaboration with our partner [One Heart Worldwide](#), we conducted the first of our training of trainer workshops in February at Paropakar Maternity and Women’s Hospital in Kathmandu, Madhesh Institute of Health Science in Janakpur, and Province Hospital in Surkhet. This training marked the culmination of a year-long process of needs-finding, design, and development to adapt the program for Nepal.

We explored Nepal’s socio-cultural landscape to design tools that are deeply aligned with the needs of patients and caregivers in the local context. We also developed a standardized training curriculum for Nepal, to leverage innovations in teaching and learning while updating our processes to align with international training standards.

In the inaugural training, we taught 128 nurses to deliver essential healthcare skills to expecting and new parents, and other family caregivers. Care Companion Program (CCP) sessions are now live across all three facilities.

We are working with the Health Coordination Division at the Ministry of Health and Population to organize a meeting with all division heads. The objective is to present our three-year vision for Nepal, along with our collaborative strategy of working with the government and local development partners, to establish a strong caregiver education program across the country.



Curious about what an ideal antenatal and postnatal Care Companion Program session looks like in Nepal? Watch these engaging animated explainers to find out!

● WATCH HERE

Learning and evaluation

Does mobile health support impact outcomes for patients?

We partnered with the [Stanford Center for Health Education](#) to publish a [study](#) in the *Bulletin of the World Health Organization*, investigating the impact of our mobile messaging service on postnatal knowledge and practices. As part of a cluster randomized trial across 15 intervention hospitals and nine control hospitals, a total of 21,937 mothers participated in the research. We observed significant positive impacts in 7 out of 11 neonatal and maternal care practices under investigation:

- Breastfeeding (+3.1 percentage points)
- Recommended cord care practices (+4.1 percentage points)
- Skin-to-skin care by mothers (+9.2 percentage points)
- Skin-to-skin care by fathers (+2.2 percentage points)
- Adherence to recommended maternal dietary guidelines across multiple areas:
 - No reduction of food intake (+7.1 percentage points)
 - No reduction of water intake (+7.9 percentage points)
 - No restrictions of food items (+10.8 percentage points)

Additionally, last year, in partnership with the Technical University of Munich, we published a [study](#) in *BMC Public Health* sharing findings from a randomized control trial conducted with 388 hypertensive patients from outpatient clinics

In a hospital in Karnataka, India, a nurse guides a new mother as she practices skin-to-skin care.



in Punjab, India. Follow-up visits are critical to manage health, but are often overlooked due to misconceptions about high blood pressure. Our study tested if WhatsApp messages could debunk commonly-held misconceptions, improve follow-up visits, and shift beliefs about hypertension. Results showed the WhatsApp messages did not significantly improve follow-up visits or correct misbeliefs — highlighting the limitations of passive, sporadic, one-way messages and suggesting that incorporating higher-frequency messaging or personalized communication, such as phone calls or in-person discussions, might be more effective.

This quarter, our [publication](#) in *Social Science and Medicine*, shared findings from a related trial on phone call follow-ups. Among a sample of 463 individuals with uncontrolled blood pressure from two public hospitals in Punjab, India, those receiving phone calls were 12.1 percentage points more likely to attend follow-ups when compared to the control group. This supports our conclusion that more personalized and interactive communication approaches may be more effective at motivating patient action than passive methods like WhatsApp.

Taken together, these findings provide valuable insights into effective applications for teletraining and WhatsApp in improving health behaviors.

Another significant moment was publishing a [chapter](#) in *Service Design, Creativity, and Innovation in Healthcare*, showcasing our general medical and surgical care program in Punjab, India.

A patient opens his phone to sign up for Noora Health's mobile follow-up service at a cardiac surgery ward in Bangalore, India.



Three countries, eight languages, 10,000 health-related messages a day: A case study on scalable behaviour change with Gen AI

In a recent white paper published by the Stanford Center for Digital Health, Noora Health was featured as one of six global case studies exemplifying the use of generative AI to improve health in low- and middle-income countries. Our work was recognized for leveraging AI to drive meaningful behavior change at scale, while maintaining our commitment to keeping patients and caregivers at the core of everything we do.

The case study highlights the use case for generative AI in our work, alongside other key considerations such as cost-effectiveness, inclusivity, risk mitigation, and impact measurement.

● READ MORE

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

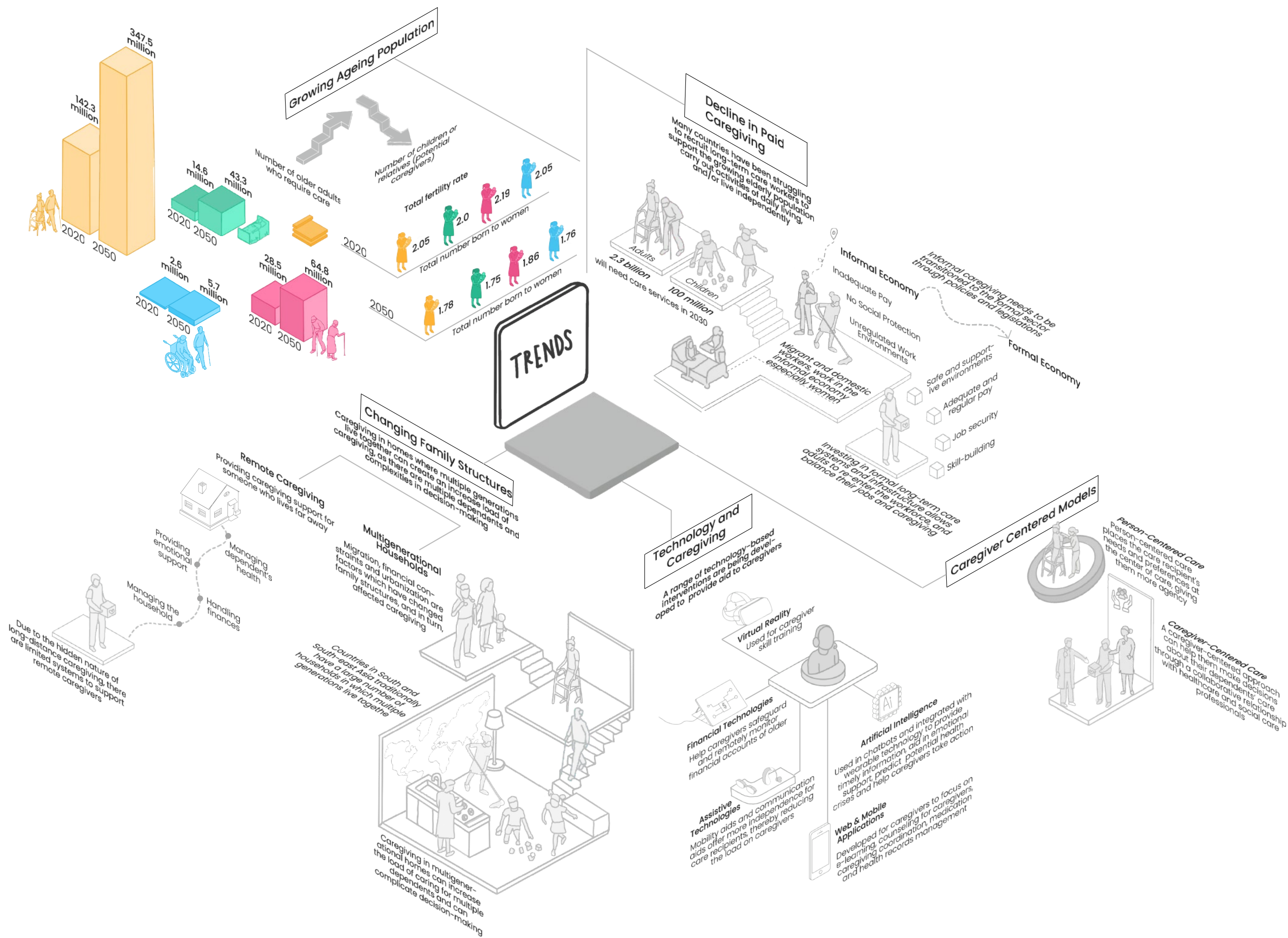


Unpacking the care ecosystem

As an organization deeply rooted in caregiving, it is essential for us to understand the broader landscape in which our work happens. Recognizing that caregiving is shaped by complex, interconnected social, economic, and cultural forces, [The Caregiving Lab](#) conceptualized an exploratory, secondary research project aimed at unraveling these various threads within the web of care.

The project mapped key themes such as the care economy, gender and caregiving, climate change and its effects on caregiving, mental health, and technology, alongside demographic trends like aging populations and shifting family structures. It incorporates both global data and region-specific insights from our countries of operation. A common thread running through all the topics is family caregiving — the core of our model.

This research helps us ground our work within a shared organizational understanding of the care ecosystem and identify how we can grow and evolve within it. We’re in the process of transforming these insights into an interactive digital experience that explores the multifaceted dimensions of care through data visualizations, trend mapping, evidence, and perspective pieces — stay tuned!



A work-in-progress snapshot from the interactive prototype, mapping key trends in the caregiving ecosystem.

Story feature

A photo story of community, care, trust — through the eyes of Community Health Officer Santhi

“Patients come to me not just for medicines — they sit for half an hour to share their family matters. They leave with both treatment and peace.

People think we only give tablets, but we listen to their home problems, their fears. That is also part of the treatment. During my nursing training, we were taught that treatment comes after listening. If you don’t listen, even the best medicine doesn’t work.”

Meet Gollavijayasanthi, known to all as Santhi — a Community Health Officer in Andhra Pradesh, India, a mother of two, a counselor, a listener, and as her patients often call her, “an angel.” In this intimate photo essay, she takes us through her day, sharing not just what she does, but how she sees, feels, and heals, all in her own words.

● READ MORE



Walking up the steps of the local health and wellness center, Santhi reflects on her work as a Community Health Officer in Andhra Pradesh, India.



A quick energizer before diving into the day's agenda at the team retreat in Nepal.

We're hiring!

The spotlight of the first quarter was a team gathering in Nepal. For three days, 77 of our colleagues met against the backdrop of picturesque mountains near Kathmandu. The retreat was a powerful moment of reflection, connection, and alignment. It was especially meaningful as we welcomed several colleagues from Bangladesh who had missed our ten-year anniversary celebration in Bangalore, India, last year due to travel restrictions.

We also rolled out Noora Health's first organisation-wide 360° annual review process in Q1 2025, marking a shift toward more transparent, feedback-driven growth conversations.

On the team development front, the hiring focus was on building talent in our Indonesia team and Shared Platforms team. In total, 32 new colleagues joined us across the organization and our partners. The team keeps growing — check out some key roles below!

Head of Product | LOCATION FLEXIBLE

Senior Lead, Machine Learning Engineer | LOCATION FLEXIBLE

Data Engineer | BANGALORE, INDIA

Solutions Engineer | INDONESIA

What's next at Noora Health?

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

Sprinting into our Gen AI work

[Announced](#) in January, we were selected to participate in the year-long AI for Global Development Accelerator, launched by [The Agency Fund](#) in partnership with [OpenAI](#) and the [Center for Global Development](#).

As part of the cohort of seven global social innovators, this opportunity jumpstarts the next chapter in our digital product journey and brings in a new focus on integrating generative AI into the Care Companion Program's (CCP) mobile-based offerings with the goal of building a more dynamic and holistic caregiving support system.

This opportunity offers not only funding but also access to engineers, data scientists, and behavioral scientists. In March, we kicked off the introductory sprint, and we look forward to continued technical guidance, monthly online convenings with peer organizations, and multiple in-person events. By the end of 2025, we hope to leverage AI tools to accelerate the impact of our mobile platform to provide sustained, personalized, and comprehensive support for families' health needs.

Joining Foreign Policy at the World Health Assembly

On May 19, 2025, as part of Foreign Policy's Global Health Forum on the sidelines of the 78th World Health Assembly, we co-hosted a conversation on the critical

role of family caregivers in health systems, and how countries can integrate caregiver training programs into their national strategies. The panel, *Hidden by Essential: Elevating Family Caregiving to a Global Health Priority*, featured senior leaders from the World Health Organization and Noora Health's partner countries, and advanced our advocacy goal of making caregiving training and support the standard of care worldwide.

[Watch our panel at the Global Health Forum](#)

A two-year action plan for community-led health

As part of our ongoing partnership with [Ekjut](#), we are co-developing a two-year Participatory Learning and Action (PLA) cycle, alongside a participatory adaptation of the CCP. This enhanced model deepens community involvement, empowering facilitators to support families, patients, and peer groups in driving their own health decisions and strategies. We're excited to see how these community-led gatherings evolve — strengthening connections between health workers, local leadership, community members, and frontline cadres, while laying the foundation for more sustainable and inclusive primary healthcare systems.

Looking ahead, it will be important to observe how patient support groups take shape for conditions like hypertension and diabetes, and how cancer screening awareness can be promoted through such deeply integrated, community-led approaches.



We are *all* caregivers.

noorahealth.org



Smiling parents hold their newborn baby at their home in Karnataka, India.

Donate