

Impact Report





Healthcare workers participate in an icebreaker session during the training of trainers in Banyumas, Indonesia.

Letter from our co-founders

Dear friends,

Over our 10 years at Noora Health, two simple truths are undeniable:

- Family caregivers **everywhere** deserve support and recognition
- **Our model works**, and it can be customized to meet the unique needs of health systems and caregivers across contexts

Our advocacy vision unites these two truths.

In Q2 2025, this vision took shape at the highest levels. We welcomed a milestone of signing a three-year partnership with the [World Health Organization](#); hosted an [insightful panel](#) with *Foreign Policy* during the 78th World Health Assembly that featured leading voices in the global caregiving space; participated in [key moments](#) at the World Health Summit in New Delhi, India; and launched a reimagined, robust program in **Indonesia**. Alongside this vision, the impact of our work is crystal clear every day in hospitals, clinics, and during Care Companion Program (CCP) sessions hosted in hallways, breezeways, community spaces, and beyond.

In the coming pages, you'll see this impact at every level — from our noncommunicable diseases program launch in **Bangladesh** to our first-ever fully government-led CCP training in Punjab, **India**, to a hospital visit from the health minister in **Nepal**. While our advocacy ambitions are grand, we remain centered on what matters most: supporting families with the skills they need to care for their loved ones.

Thanks for being with us,

Edith

Shahed

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A caregiver practices the proper handwashing technique during a Care Companion Program session in Maharashtra, India.



Impact to date

Every day, Noora Health supports health systems in training more than 45,000 caregivers and patients across thousands of facilities throughout India, Bangladesh, Indonesia, and Nepal.



25,500+

Healthcare workers
trained



35 million+

Caregivers and
patients trained



12,600+

Partner
facilities



18%

Reduction in
neonatal mortality

[LINK TO STUDY →](#)



71%

Reduction in 30-day
post-surgical complications
in cardiac care patients

[LINK TO STUDY →](#)



78%

Increase in skin-to-skin care
among new parents

[LINK TO STUDY →](#)

Growth overview

We're thrilled to share that the Care Companion Program (CCP) has now reached over **35 million total caregivers and patients**, marking 50% of our goal of reaching 70 million by 2028. With more than 10 million reached in the first half of this year, we're on track to surpass our 2025 target of 13.8 million people trained.

This quarter, we had our most ambitious facility expansion and training push to date in Indonesia, reaching over 1,700 healthcare workers and adding 112 new facilities. We also nearly doubled CCP sessions between Q1 2025 and Q2 2025 (6,700+ to 12,300+).

Our global impact continues to grow. Bangladesh crossed an exciting milestone, training more than one million caregivers and patients since we launched. In India, we launched programs in Odisha and signed a memorandum of understanding with Chandigarh. In our first year of implementation in Nepal, we have reached more than 13,300 caregivers and patients at nine facilities through local partnerships.



Healthcare workers share a light moment during a training of trainers session in Bantul, Indonesia.

Q2 impact at a glance

4,962,000 caregivers and patients trained

2,646,000 patients trained

142,279 new mobile service subscribers

2,729 healthcare staff trained

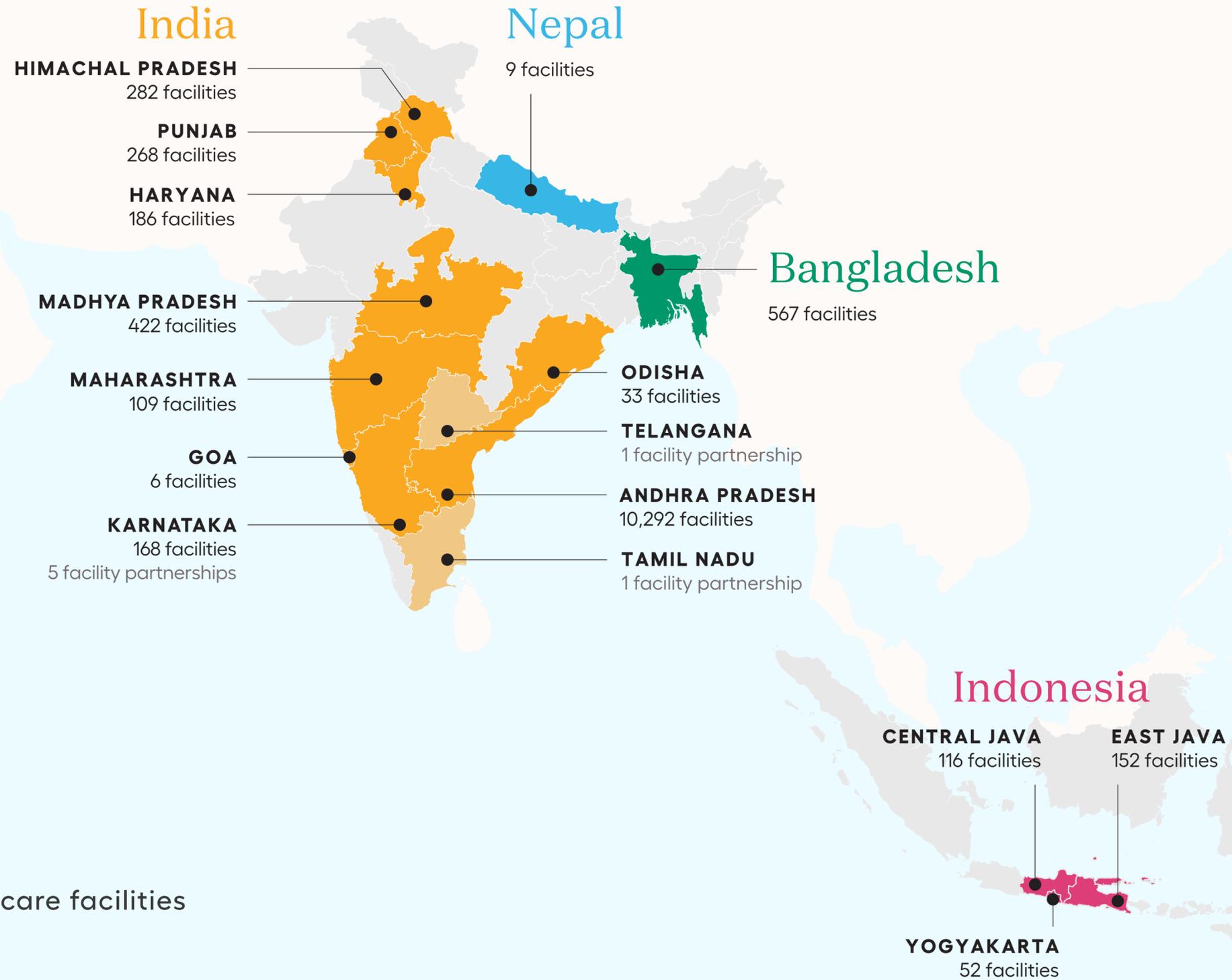
30 training of trainer workshops

230 facilities added (118 hospitals and 112 primary care facilities)

24 new teammates welcomed

Reach to date

By geography



TOTAL:

12,669 FACILITIES

1,677 hospitals and 10,992 primary care facilities

Reach to date

Patients and caregivers trained

TOTAL:
35,266,000

By region

Region	Q2	Cumulative
India	4,563,114	33,765,716
Andhra Pradesh	2,763,620	18,295,838
Goa	6,128	26,677
Haryana	203,897	1,795,261
Himachal Pradesh	110,367	385,904
Karnataka	394,631	3,347,558
Madhya Pradesh	499,427	5,449,413
Maharashtra	359,542	1,848,958
Odisha	1,516	1,516
Punjab**	207,727	1,888,369
Facility partnerships	16,259	726,222
Bangladesh	289,463	1,232,463
Indonesia	96,466	249,390
East Java	50,741	166,286
Central Java	27,859	61,111
Yogyakarta	17,866	21,993
Nepal	13,309	18,509
Total*	4,962,000	35,266,000

By health condition

Health condition	Q2	Cumulative
Cardiac	12,601	430,956
Maternal and Newborn	2,243,197	17,607,441
Noncommunicable Diseases, General Medical, Surgical Care	425,904	1,613,554
Primary care	2,274,522	15,398,824
Tuberculosis	6,128	31,541
COVID-19 (Concluded)	-	163,646
Oncology (Inactive)	-	20,116
Total*	4,962,000	35,266,000

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

**Due to a data discrepancy, our Q1 2025 impact report inadvertently excluded 70,819 people trained through the Punjab General Medical and Surgical Care program. The corrected figures are reflected in this Q2 report.

Dr. Shahed Alam, our Co-Founder and Co-CEO, engages with fellow panelists during our co-hosted event with Foreign Policy at the 78th World Health Assembly in Geneva.



Building a system that cares

In the last year, we've laid out ambitious plans for our advocacy vision and witnessed the power of quiet persistence: conversations, convenings, and collaborations that form a constellation of change and together shape a bold new reality for family caregivers.

Recognizing that sustainable transformation requires both top-down policy frameworks and grassroots implementation, our approach operates at two complementary levels: global and national.

At the global level, we celebrated a milestone years in the making: We signed a [three-year agreement](#) with the Maternal, Newborn, Child and Adolescent Health and Ageing Department at the **World Health Organization** (WHO) to co-build training materials and evidence to inform policies around supporting family caregivers. This institutional alliance marks a critical step forward in embedding family caregiving into mainstream health policy and practice, with the shared goal of improving outcomes and strengthening health systems worldwide.

Our presence at the sidelines of the 78th World Health Assembly amplified this message. We co-hosted *Hidden but Essential: Elevating Family Caregiving to a Global Health Priority*, a high-level [panel](#) as part of *Foreign Policy's* Global Health Forum. Featuring Dr. Pascale Allotey of the WHO and Dr. Ade Jubaedah of the [Indonesian Midwives Association](#), the event spotlighted caregiving as an indispensable part of healthcare delivery. Read our four key takeaways from the conversation [here](#).



A community health officer delivers a Care Companion Program session at a health and wellness center in Andhra Pradesh, India.

Simultaneously, we grounded these global efforts in local realities. At the World Health Summit Regional Meeting in India, we hosted a panel focusing on the importance of [human-centered design](#) in healthcare interventions, particularly within resource-constrained settings. This approach — putting families at the center of care design — represents a core methodology in our advocacy and programming work.

In Indonesia, we're working closely with the Ministry of Health towards a transformative ministerial decree on education and training for family caregivers. Once finalized, the decree will establish caregiver programming at the puskesmas (community health center), providing the guidance necessary to scale support across the country.

From local policy shifts to the global health stage, we're beginning to see caregiving being recognized for what it is: essential, impactful, and worthy of investment. In every policy we help shape and every panel we host, we're renewing our vision of a future where no family caregiver is left unsupported. As we look ahead, we're committed to partnering with more multilateral and regional organizations, expanding this network of change to reach every corner of the global health ecosystem.

Program updates

Bangladesh

This quarter we trained 289,463 patients and caregivers in Bangladesh, bringing our cumulative reach to 1.23 million — surpassing a major milestone of one million people trained!

We also launched our noncommunicable diseases program with four training sessions reaching 177 healthcare workers. This expansion strengthened our presence in Upazila Health Complexes, the first point of contact with the health system for many rural communities. Our training curriculum was approved by the Directorate General of Health Services (DGHS) and also received an International Standard Book Number (ISBN), an official mark of credibility that underscores our commitment to high-quality health education.

Post-training assessments revealed significant knowledge gains among healthcare workers. For example, knowledge of healthy lifestyle behaviors increased from 52% to 90%, highlighting the need for training healthcare workers on these concepts prior to rolling out the program among families.

In a recent [article](#), Dr. Rahat Iqbal Chowdhury, Deputy Program Manager of the DGHS's Noncommunicable Disease Control Program, recognized our model as transformative. With their support, we aim to scale across 414 Upazila Health Complexes, advancing a patient- and caregiver-centered noncommunicable disease ecosystem in Bangladesh.



New mothers participate in a postnatal Care Companion Program session in Bangladesh.

India

In Q2 2025, the Care Companion Program (CCP) trained 4.56 million patients and caregivers across nine Indian states, bringing its decade-long impact to 33.76 million people trained.

Alongside our implementation partners, we've surpassed our reach goals so far — all while strengthening the system shifts that will sustain this work far beyond the numbers.

This quarter demonstrated the power of long-term, trust-based government partnerships. In **Punjab**, we reached a milestone with our first ever government-led CCP training. From design to implementation, the Punjab State AIDS Control Society (PSACS) has been a true partner in co-building the CCP for HIV/AIDS — refining tools, hosting a high-impact training, and preparing to lead program monitoring. This marks our first formal program handover, setting a new benchmark for government ownership and long-term sustainability. Building on this success, the state government also approved expanding our primary care model to local health and wellness centers statewide — another testament to the mutual trust and deep relationships we've cultivated with one of our oldest state partners.

Our digital and tech integration continued to gain traction as well. In **Punjab**, the government launched our mobile follow-up service to support tuberculosis patients and their families throughout the treatment journey. In **Chandigarh**, a partnership agreement was signed to support their tuberculosis program via the mobile service — a government-initiated collaboration that signals growing demand for the CCP's digital innovations.



A community health officer facilitates a Care Companion Program session covering noncommunicable diseases outside of the Gudda Wala health and wellness center in Punjab, India.

Similarly, in **Andhra Pradesh**, CCP performance metrics were embedded into the state's revamped health dashboard — institutionalizing program visibility, accountability, and ownership.

In **Haryana**, full government funding for healthcare worker trainings enabled the rapid scale-up of our noncommunicable disease program to 186 facilities via nine training batches covering 374 healthcare workers. As part of this support from the government, our maternal and newborn health CCP also grew from 20 to 54 facilities through three trainings rolled out in quick succession — expanding services from district hospitals to community health centers in the state.

We also deepened work in new and existing states. In **Maharashtra**, a three-year agreement was signed to expand the CCP to 25 new medical colleges. In just a few short weeks since the signing, we've already rolled out the program in eight out of the 25 facilities. In **Odisha**, the newest state to partner with the CCP, we completed facility-level trainings and trained medical officers as lead trainers in both Kalahandi and Rayagada districts, preparing them for the upcoming Community Health Officer cascade training.

Taken together, across India, this quarter reflected not just programmatic growth, but a clear commitment from government partners to own, fund, and scale family-centered care.



A patient stands outside his house in Maharashtra, India.

Indonesia

In Q2 2025, 96,466 caregivers and patients participated in Care Companion Program (CCP) sessions, bringing our total reach to 249,390 people trained since the program’s launch.

This quarter marked a major milestone: the launch of our redesigned CCP that is rooted in months of research, testing, and iteration. The updates have improved scalability and cost-effectiveness, reaching more healthcare workers and, as a result, more caregivers and patients. The redesigned program is also more closely compatible with the government’s existing primary healthcare model and goals. All content and tools have been significantly improved — they now cover noncommunicable diseases (including diabetes and hypertension), as well as include a section on basic caregiving skills such as emotional support, empathy, and effective communication.

We rolled out this new version of the program in three districts — Brebes and Banyumas in **Central Java**, and Bantul in **Yogyakarta** — covering 112 facilities and training 1700+ health workers.

From next quarter through year-end, we will transition all facilities in our four original districts — Pamekasan, Grobogan, Ponorogo, and Kota Kediri — to the new model through a combination of direct and cascade training.

Our partnerships grew in Q2 2025, with new agreements signed in Bekasi and Gunung Kidul, and several others in the final stages of approval — keeping us on track to meet our expansion goals for the year.



A healthcare worker evaluates how to implement the Care Companion Program in their daily activities using our implementation pocket guide.

Nepal

In Q2 2025, 13,309 caregivers and patients participated in Care Companion Program (CCP) sessions, bringing our total reach to 18,509 people trained since the program's launch.

At the start of the quarter, we hosted a co-creation workshop on reimagining caregiver education in the country. Attended by over 60 people from various health ministries and civil society organizations, the event drew strong interest and active participation from key public health leaders and policymakers, signaling early momentum and alignment for our work.

[Multipurpose Development Society](#) joined as a new implementation partner alongside [One Heart Worldwide](#), expanding our coalition in Nepal. Together, and with support from the government, we trained 48 healthcare workers across six Sudurpaschim hospitals — a key step toward a sustainable, locally-led caregiver education ecosystem.

Another highlight was Health Minister Pradeep Paudel's visit to see the CCP in action at Madhesh Institute of Health Sciences Hospital, Janakpur. The co-creation workshop, our growing alliance, and government alignment takes us closer to our vision of making caregiver training and support a standard of care, everywhere.

Looking ahead, we are in discussions with the Ministry of Health and Population to take the CCP nationwide in at least one condition area, and are evaluating a potential integration of our technology within a province. We also plan to roll out our partnership tool prototype soon (see [pg. 18](#) for more).



A nurse completes an online quiz as part of a training of trainers session in Nepal.

Learning and evaluation

To learn from and improve our programs we've strengthened our focus on quality metrics — such as trainer and session effectiveness — alongside attendance and reach data. These process indicators allow us to have a better pulse of our impact and our ability to more rapidly make improvements to program delivery. For instance, in Q2 2025, these insights revealed strong performance of key topics like exclusive breastfeeding and post-surgical care. In contrast, some programs showed lower retention of complex topics — such as newborn danger signs — likely due to content overload.

With support from [The Agency Fund](#), A/B experimentation has also become a key part of our learning cycle, especially for our mobile Care Companion Program. We've completed eight experiments, testing content and messaging tweaks to improve caregiver onboarding and engagement. These have helped us build a rapid experimentation infrastructure, identify key factors affecting response rates, and recognize that meaningful improvements require a broader user experience focus. Looking ahead, we plan to explore similar approaches for our in-person program, where testing is currently constrained by logistical challenges.

In another important win, alongside the [Digital Medic](#) initiative at the Stanford Center for Health Education, we secured funding to test and evaluate our generative AI-enabled mobile service, focused on maternal and newborn health. Over the next few years, we will rigorously evaluate the service's impact on behavior change and health outcomes, and work towards a randomized controlled trial to assess potential reductions in neonatal mortality.

A new mother checks on her baby in the Special Care Newborn Unit at a hospital in Bangladesh.



Story feature

“It started with my heart”: Tota Mia’s journey to community-supported health

When 53-year-old Tota Mia felt his heart racing and chest tightening, he knew something was wrong.

The diagnosis was devastating; the treatment costs, crushing. A farmer in rural Bangladesh, he faced an impossible choice: spend nearly half his earnings on life-saving medication, or risk his health, mobility, and livelihood.

Then came an unexpected discovery that changed his perspective. At a Care Companion Program session offered by his local primary health clinic, Tota found something he hadn't felt in years: hope. What he learned didn't just help him manage his conditions. It gave him the tools to both focus on himself and consider ways to help his community thrive.

● [READ MORE](#)



The Indonesia team pictured together following Care Companion Program implementation activities in Brebes.



We're hiring!

We launched an internal publication — *The Light Within*, designed to spotlight the incredible work happening across the organization. Recognizing the challenges of working across diverse geographies, cultures, and languages, *The Light Within* will serve as a centralized platform to streamline communication and foster stronger connections.

In Q2 2025, we focused on hiring for critical roles across the organization, including a senior director of development, chief of staff, and machine learning engineer. Twenty-four colleagues joined us across the organization and our partners, and we plan to welcome 50 additional team members in Q3 2025. Check out some of the key roles Noora Health and our partners have open below and please share with your networks!

Head of Fundraising | INDIA

Product Development Engineer | INDIA

Senior Data Engineer | INDIA

Solutions Engineer | INDIA

What's next at Noora Health?

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

Introducing the Care Companion Playbook: A blueprint for scale

As part of our broader vision to make caregiver training a standard practice across healthcare systems, we're exploring how to transform our comprehensive approach of designing and implementing into an adaptable framework, internally called 'Noora In A Box.' This resource distills the most impactful and unique elements of our programs into a format that others can easily adapt and apply to their local contexts, leading to sustainable and scalable impact.

After months of desk research on similar frameworks, conversations with external experts on sustainable scaling strategies, and leveraging internal expertise, we're ready with the first prototype of the model and are testing it out with our implementation partners in Nepal. The prototype is limited to packaging our training, implementation, monitoring, and advocacy approaches and guidelines. Additionally, we are continuing to build a more robust prototype, which will include our program design strategy, best practices, and guidelines.

Advancing a participatory, community-led health model

In Q2 2025, our partnership with [Ekjut](#) progressed significantly, taking us one step closer to our goal of implementing a more participatory version of the Care Companion Program (CCP). We collaboratively designed a

comprehensive program model and set of tools that emphasize caregiving-focused behavior change and participatory community engagement. This approach equips community members to identify and prioritize their own health needs and develop action plans together. We're exploring this as an addition to our toolkit of how to support caregivers, especially among indigenous communities who have distinct cultures and health practices. In this phase, we identified the noncommunicable disease-related health needs across 20 health and wellness centers in the states of Andhra Pradesh and Jharkhand.

Materials were then tested with communities across East Godavari in the central part of Andhra Pradesh to ensure cultural relevance, clarity, and usability. To strengthen our mutual implementation capacity, both organizations also underwent intensive cross-trainings on each other's work and models, strengthening the foundation of a truly integrated approach.

Following formal approvals from both state governments, we have begun engaging with various local-level officials, community leaders, and frontline health workers to align on program delivery strategies. Next quarter, we'll launch the first phase of trainings across both states.



A community health worker teaches a child to count using their fingers at an anganwadi (child care center) in Andhra Pradesh, India.



We are *all* caregivers.

noorahealth.org



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