YosAid Innovation Foundation | Mobile Care Companion (mCC)

About the Organization

- Independent Indian non-profit (Section 8, FCRA-approved), Bengaluru.
- With 9 state governments, our in-person Care Companion Program trains caregivers in **14,000+ public health facilities. Our digital solution, Mobile Care Companion (mCC),** continues this support once they go back home.
- **Focus:** maternal and child health, chronic disease, cardiac care and TB, for low-literacy, underserved families.

Problem Statement (use case specific)

- India's public health system is stretched: doctors/nurses spend under 2.5 minutes per patient, and families forget 40–80% of what they're told.
- Once home, follow-up is minimal, whether after childbirth, a sick newborn's discharge, or treatment for chronic disease, heart conditions or TB.
- Low-literacy caregivers miss danger signs (e.g. heavy bleeding after delivery, a newborn struggling to breathe), so manageable problems become emergencies.
- mCC lets families message our medical team, but thousands of queries arrive daily, too many for our **Medical Support Executives** (MSEs-trained nurses) to screen for emergencies in time.
- **Why AI:** as a triage assistant, AI reads every message, separates routine questions from danger signs, and puts emergencies first.

AI Solution Description

- mCC extends in-hospital caregiver training training at home, over **WhatsApp and IVR** (automated voice calls)
- **Patients and caregivers:** receive guidance matched to their condition and stage of care, and can message our MSEs anytime, by text or voice note.
- **YosAid's MSEs:** AI sorts messages, flags emergencies and drafts replies from 7,000+ doctor-reviewed answers. MSEs review and send every reply, escalating complex queries to empanelled consultant doctors.
- **ASHAs and ANMs (frontline health workers):** alerted to follow up high-risk cases in person (this component has been piloted in Firozpur, Punjab).

Tools and techniques Used

Mobile Care Companion is the solution families use. Behind it, AI works in four steps:

- **Sorting messages (intent classification):** every message is sorted into one of 16 types, separating medical questions from greetings and thank-yous.
- **Spotting emergencies:** each medical question is checked against doctor-defined danger signs.
- **Drafting replies (retrieval-augmented generation):** AI drafts answers only from our 7,000+ doctor-reviewed Q&As (Weaviate, Cohere multilingual embeddings), with a summary of recent chat for context.
- **Language and safety checks:** translates regional languages; an automated check reviews every draft before an MSE sees it.

Delivered on WhatsApp Business and IVR, with speech-to-text being tested in regional languages

Key Features of tech solution

- **Eight** Indian languages, with voice notes for low-literacy users
- No AI-written reply reaches a family without MSE review; our medical team can override any AI flag.
- If no approved answer exists, the AI does not attempt one. Emergency detection is set to raise extra alerts rather than miss a real emergency.

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Impact (Qualitative and Quantitative)

- Current user base: **19 lakh patients and family caregivers** onboarded onto the platform; **1,00,000+** active monthly users.
- AI-powered emergency detection system operates across **5 states**
- Median MSE response time fell from **~20 to ~6 hours** (Nov 2025 → Aug 2026) as monthly queries rose 80%, with the same 20 MSEs.
- **Emergencies first:** median response 2.1 hours vs 6.7 hours for other queries.
- Better answers: In blinded clinical review, MSEs using AI scored higher on accuracy **(85% vs 75%)** and communication **(88% vs 78%),** and reported greater confidence
- **Proven model:** Randomised trial of WhatsApp guidance (WHO Bulletin 2025; 24 hospitals, 21,937 mothers): skin-to-skin care rose 9.2 points for mothers, 2.2 for fathers and breastfeeding continuation rose 3.1 points

Plan for roll-out and sustainability

- Roll out **streamlined hospital enrollment** across all states so every high-risk mother receives home support and transitions seamlessly into specialised newborn care after delivery.
- **Scale our Firozpur (Punjab) frontline worker emergency referral model** so local health workers (ASHAs/ANMs) follow up in person on flagged emergency.
- Expand into new states by **embedding mCC in public hospital workflows and government health systems**, so adoption and sustainability come built in.
- With AI support and streamlined operations, the same team of 20 MSEs now handles about 80% more queries a month (13,861 → 24,906) while responding faster, so we can reach more families without a matching rise in cost.

Cost of development and ongoing maintenance

- **Tool Development:** ~₹3 crore a year, borne by our technology partner and anchor donor Noora Health, licensed to YosAid at zero cost
- **Operational cost:** ~₹2.8 crore a year (medical support helpdesk, WhatsApp/IVR and operations), borne by YosAid
- **Per beneficiary Cost:** ~₹80 a year in total; YosAid's share ~₹39

Additional documents

- **Application presentation**: https://docs.google.com/presentation/d/1afW_uJHvEaxcdzihGOnPVS5qbj2YlcQm/edit?usp=sharing&ouid=106354223148971160712&rtpof=true&sd=true
- **Solution demo video**: https://drive.google.com/file/d/1m7OCZRSCgTC-aEr75oUWtbTV5FRhvfOk/view?usp=sharing
- **User testimonials**: https://drive.google.com/file/d/1Mv4W4zysPk6jWHQ7zEVcEep6ORVQel4N/view?usp=sharing