

MICRO-PLANIFICATION NUMÉRIQUE POUR L'ÉQUITÉ ET LA COUVERTURE EN SANTÉ

DIGITAL MICRO-PLANNING FOR HEALTH EQUITY AND COVERAGE



Des Cieux Aux Écrans
À La Découverte Des Innovations En Santé Mondiale

From Skies to Screens
Discovering Global Health Innovations

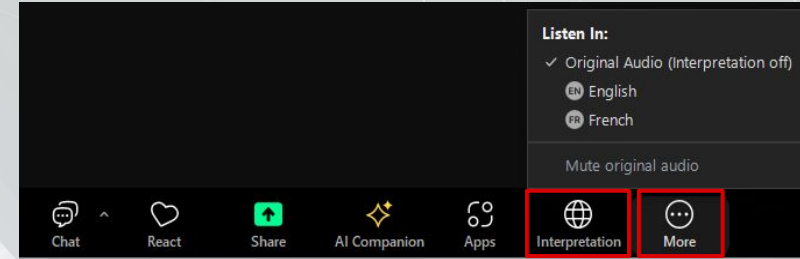
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Meeting interpretation/ Interprétation de réunion

1. Select **“Interpretation”** in the bottom toolbar
*Sélectionnez « **Interprétation** » dans la barre d’outils inférieure*
1. Select your preferred language: **English** or **French**
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Note:

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Vous entendrez l’interprète à environ 80 % du volume et le présentateur principal parler en arrière-plan à environ 20 % du volume.

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Welcome

Bienvenue

Dorothy Leab

GaneshAID

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Our KIA Facilitators

Nos facilitateurs KIA



Mr. Tommy Leab

*Innovation Product Manager /
Chef de produit innovation
GaneshAID*



Mrs. Dorothy Leab

*Founder and CEO/
Fondatrice et PDG
GaneshAID*



Mr. Minh V.H.Le

*Partnership Executive/
Responsable des partenariats
GaneshAID*



KIA Techniques/ Techniques KIA



Innovation Storytelling

Histoires d'innovation

10 minutes

Focuses on the
INNOVATOR or LEADER of
innovation

*Storytelling se concentre
sur l'INNOVATEUR ou le
LEADER de l'innovation*



KLIC Talk

KLIC Talk

10 minutes

Focuses on INNOVATION

*KLIC Talk se concentre sur
l'INNOVATION*



Mini-Training

Mini-formation

30 minutes

Short training on practical
innovative skills and
knowledge

*Formation courte sur les
compétences et
connaissances pratiques
et innovantes*



Creativity game discovery

*Découverte de jeux
créatifs*

Agenda/ Ordre du jour

16:00 – 16:10

Welcome/ Bienvenue

16:10 – 16:20

KLIC Talk

Delivered by Dorothy Leab (GaneshAID Founder and CEO)

16:20 – 16:44

Storytelling

1. Empowering Commune Health Workers – Dr. Pham Quang Thai
2. Introduction Directorate Of Health Services – Dr. Irshad Jokhio

16:44 – 17:10

Innovation Showcase

1. Planfeld- Introduction to Digital Microplan – Abubakar Shehu
2. GRID3 – Piloting the Geospatial Microplanning Toolkit in Nigeria
3. Benin – VaxyReach, Introducing AI in microplanning – Brewen Le Port

17:10 – 17:30

Lightning Talks

Digital Microplanning Khyber Pakhtunkhwa – Dr. Irfan Rasheed

17:30 – 17:45

Interactive Segment

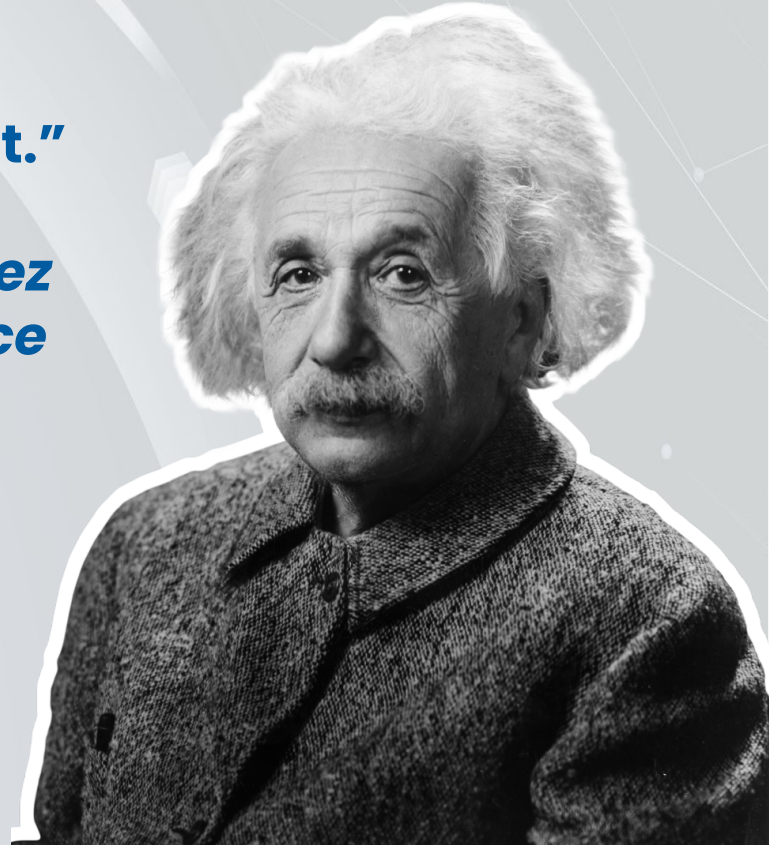
17:45 – 18:00

Synthesis & Call to Action

**“If you always do what you always did,
you will always get what you always got.”**

**« Si vous faites toujours ce que vous avez
toujours fait, vous obtiendrez toujours ce
que vous avez toujours obtenu. »**

– Albert Einstein –



KIA 8 – Digital Micro-Planning for Health Equity and Coverage

KIA 8 – Microplanification digitale pour l'équité en santé et la couverture sanitaire

Session Introduction

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Why Digital Micro-Planning Matters

Pourquoi la microplanification numérique est importante

Micro-planning is the engine of equitable service delivery—it turns national goals into local action.

La microplanification est le moteur d'une prestation de services équitable : elle transforme les objectifs nationaux en actions locales.



Traditional microplans are static, incomplete, and disconnected from real-time decision-making

Les microplans traditionnels sont statiques, incomplets et déconnectés de la prise de décision en temps réel.



Digital tools transform this process: enabling geo-mapping, dynamic planning, and precision outreach.

Les outils numériques transforment ce processus : ils permettent la cartographie géographique, la planification dynamique et la mobilisation ciblée.



In an era of zero-dose accountability and system optimization, digital microplanning is no longer optional.

À l'ère de la responsabilisation concernant les enfants sans dose et de l'optimisation des systèmes, la microplanification numérique n'est plus une option



KIA 8 explores how countries are designing, scaling, and owning these tools to reach the last mile—better and faster

La KIA 8 explore comment les pays conçoivent, étendent et s'approprient ces outils pour atteindre le dernier kilomètre — de manière plus efficace et plus rapide.





From Paper Plans to Predictive Precision: *Rethinking Micro-Planning for Equity*

Du papier à la précision prédictive :
repenser la microplanification pour l'équité

Tommy Leab

Innovation Product Manager, GaneshAID

KLIC TALK

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Keynote: Core Messages

Discours principal : Messages clés



**Micro-planning
is no longer just a
tool — it's a system
lever for equity**

*La micro -
planification n'est
plus seulement
un outil, c'est un
levier systémique
pour l'équité*

01



**Data gaps create
immunization gaps:
we must see the
invisible to serve the
unreached.**

*Les lacunes en
matière de données
créent des lacunes
en matière de
vaccination : nous
devons voir
l'invisible pour servir
les personnes non
atteintes.*

02



**Digital micro
-planning enables
frontline teams to
act with precision,
not just intention.**

*La micro
-planification
numérique permet
aux équipes de
première ligne
d'agir avec
précision, et pas
seulement avec
intention.*

03



**It's time to move
from static
spreadsheets to
dynamic,
learning platforms.**

*Il est temps de
passer des feuilles
de calcul statiques
aux plateformes
d'apprentissage
dynamiques.*

04



**AI and geospatial
tools must support
-not replace- local
decision-making**

*L'IA et les outils
géospatiaux
doivent soutenir,
et non remplacer,
la prise de
décision locale*

05

Guiding Thought

Pensée directrice

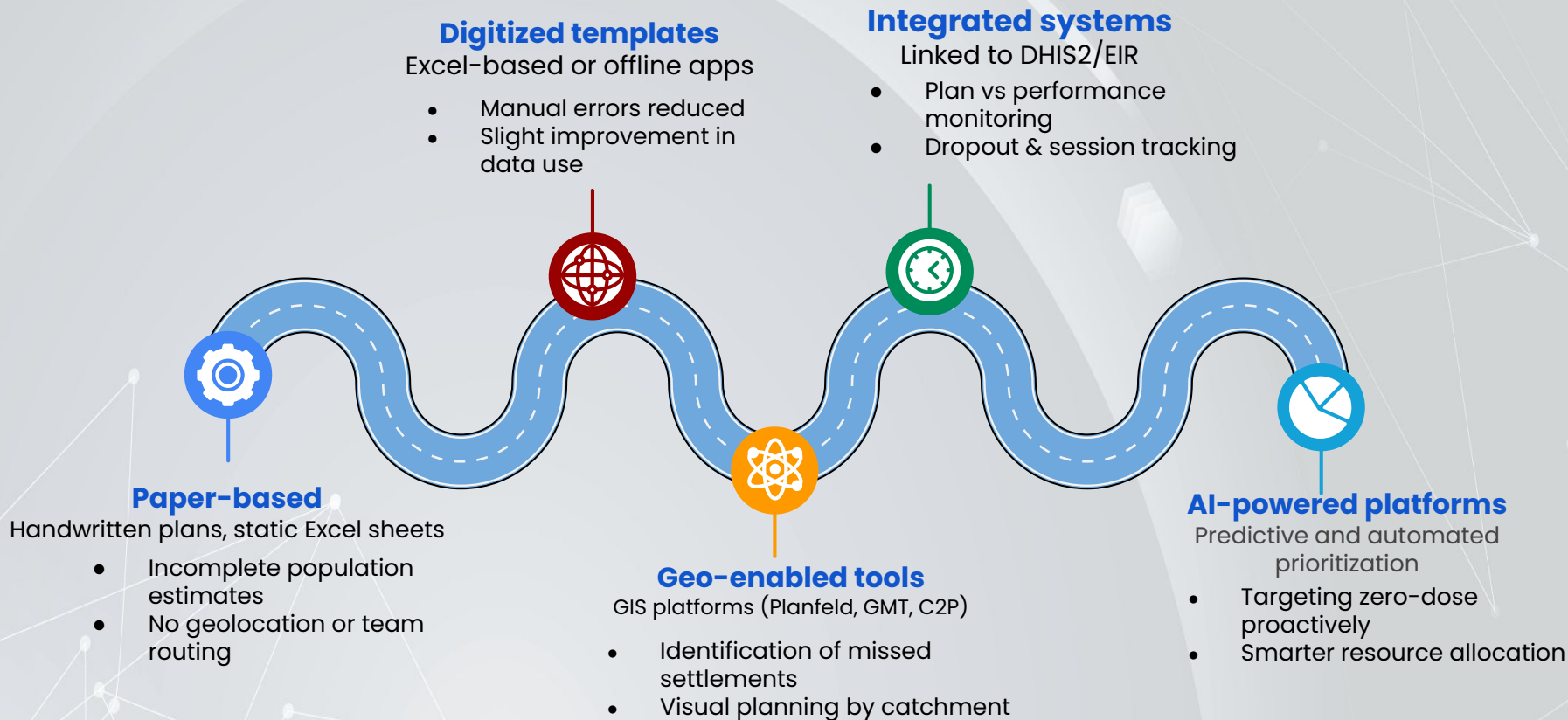


"If we want equity, we must plan with clarity. Digital micro-planning lets us put precision in the hands of those closest to the people."

« Si nous voulons l'équité, nous devons planifier avec clarté. La microplanification numérique nous permet de mettre la précision entre les mains de ceux qui sont les plus proches des populations. »

Evolution of Micro-planning & Obstacles Overcome

Évolution de la microplanification et obstacles surmontés



Our KLIC Talkers/ Storyteller

Nos intervenants KLIC

GaneshAID



Dr. Pham Quang Thai
*Vice Head of Communicable
Diseases Control and
Prevention, National Institute of
Hygiene and Epidemiology of
Vietnam*



Dr. Irshad Jokhio
*Director General, Directorate of Health
Services, Islamabad, Pakistan*



Abubakar Shehu
*Program Manager
eHealth Africa*



Dr. Irfan Rasheed
*ESMP Coordinator
EPI Khyber Pakhtunkhwa,
Peshawar, Pakistan*

KLIC Storytelling #01

Powering Routine Immunization with NIS: Vietnam's Digital Experience in Microplanning

*Renforcer la vaccination de routine avec le NIS:
l'expérience numérique du Vietnam en matière de
microplanification*

Dr Pham Quang Thai

*Vice Head, Communicable Disease Control Department, National
Institute of Hygiene and Epidemiology (NIHE), Vietnam*

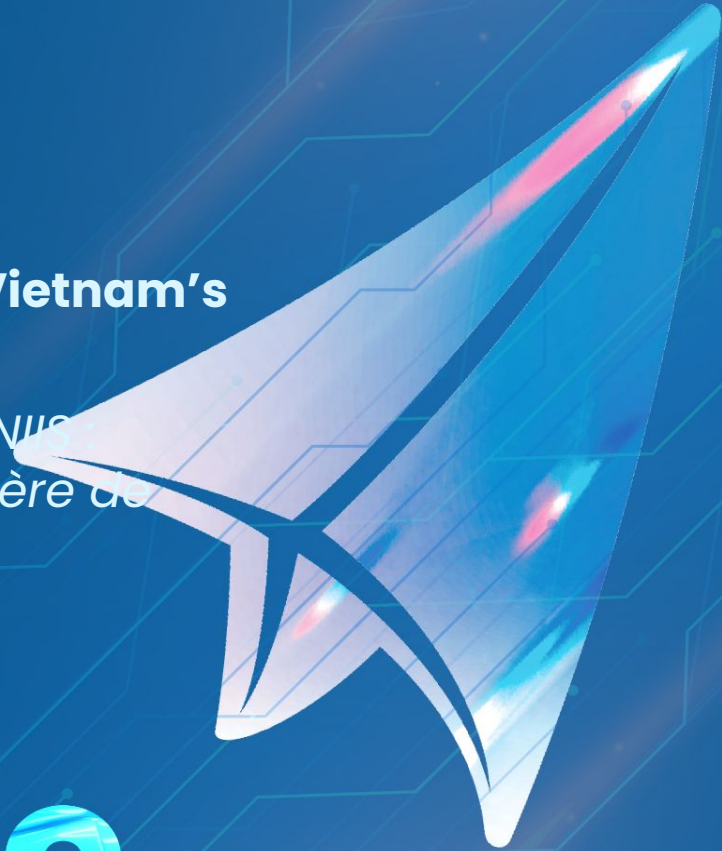
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Application of the National Immunization Information System (NIIS)

Manage, report, and support vaccination activities fully and comprehensively

Number of units
implementing
the System
14,624 facilities



Commune and
ward health stations:
10,600/10,600.



Hospitals: **1,364
units /3,241**



Private vaccine
service providers:
2,660 facilities



Number of subjects:
43,851,204 (08:30 on
November 29, 2024)



Query vaccine usage data in EPI

Báo cáo Vaccine-VTTC và DPT

Sử dụng Vaccine xin trong chương trình TCMR

Xem báo cáo

Xuất excel

Báo cáo tình hình sử dụng Vaccine xin trong chương trình Tiêm chủng mở rộng

STT	Loại vaccine	Tên thương mại	Tên nhà sản xuất	Số lô	Hạn dùng	Tên nhà cung cấp	Số tồn tháng trước	Số nhập	Số sử dụng	Số hủy	Số tiêm	Số hiện còn
1	Bại liệt	OPV	Trung tâm nghiên cứu, sản xuất vaccine xin và sinh phẩm y tế (POLYVAC)	bP-0423	19/05/2025		60	0	0	0	0	60
2	Uốn ván	Uốn ván	Viện vaccine xin và sinh phẩm y tế (IVAC)	486-20-23	07/06/2025		40	0	0	0	0	40
3	Sởi	Sởi	Trung tâm nghiên cứu, sản xuất vaccine xin và sinh phẩm y tế (POLYVAC)	M-0623	27/06/2025		20	0	0	0	0	20

Query vaccination data of each child by date of birth, vaccine/antigen

Xã *

Xã Đắk Ang

Thôn/Ấp

— Chọn Thôn/Ấp —

Ngày sinh Từ ngày

01/01/2024

Tới ngày

31/01/2024

Giới tính

—Tất cả—

Tình trạng theo dõi

Tất cả

Loại truy vấn

☒ Vaccine

☐ Kháng nguyên

Truy vấn

Kết quả truy vấn

Q

Tìm kiếm theo mã đối tượng, họ tên, số di

Sắp xếp theo

Mã đối tượng

Tăng dần

Xuất Danh Sách

#	Mã đối tượng	Họ tên	Giới tính	Ngày sinh	Địa chỉ	Vaccine	Trạng thái
1	601050320240021	A Thương	♂	20/01/2024	Đắk Sút, Xã Đắk Ang, Huyện Ngọc Hồi, Kon Tum	BCG ,DPT-VGB-HIB (SII) ,OPV ,Sởi ,JPV ,DPT-VGB-HIB (SII) ,OPV ,OPV ,DPT-VGB-HIB (SII)	<div>Đã tiêm</div>
2	601050320240003	A Minh Sang	♂	14/01/2024	Long Dồn, Xã Đắk Ang, Huyện Ngọc Hồi, Kon Tum	OPV ,OPV ,BCG ,OPV ,DPT-VGB-HIB (SII) ,DPT-VGB-HIB (SII) ,Viêm gan B sơ sinh ,JPV ,Sởi	<div>Đã tiêm</div>
3	601050320240013	Y Trâm	♀	05/01/2024	Đắk Blái, Xã Đắk Ang, Huyện Ngọc Hồi, Kon Tum	BCG ,OPV ,OPV ,DPT-VGB-HIB (SII) ,JPV ,OPV ,DPT-VGB-HIB (SII) ,JPV ,Sởi	<div>Đã tiêm</div>

Vaccination planning status report

Village management

Thôn/Ấp

Thêm mới

Gộp thôn

Mã thôn/ấp	Tên thôn/ấp	Thao tác
4383172	Gia Tun	<div></div>
4383177	Long Dồn	<div></div>
4383178	Đắk Blái	<div></div>
4383175	Đắk Giá 1	<div></div>
4383176	Đắk Giá 2	<div></div>
4383173	Đắk Sút	<div></div>

Thống kê

Báo cáo tình hình lập kế hoạch tiêm chủng

Báo cáo tình hình sử dụng tài khoản

Lọc đối tượng trùng

Statistics of injection data by vaccine/antigen, injection at facility, registration at facility, time

Thông tin thống kê

☒ Vaccine

☐ Kháng nguyên

Tiêm tại cơ sở

☒ Đăng ký tại cơ sở

Cơ sở tiêm chủng *

TYT Đắk Ang

Ngày tiêm Từ ngày*

01/11/2024

Tới ngày*

29/11/2024

Vaccine

Đã chọn tất cả vaccine xin (229)

Giới tính

—Tất cả—

Cán bộ tiêm

Tất cả (6)

Ngày sinh Từ ngày

01/01/2024

Tới ngày

29/11/2024

Mũi tiêm

Tất cả

Xem thống kê

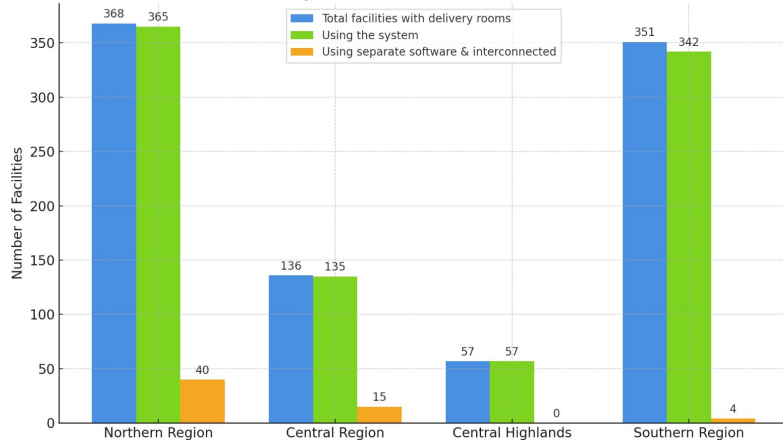
Kết quả thống kê

Xuất Danh Sách

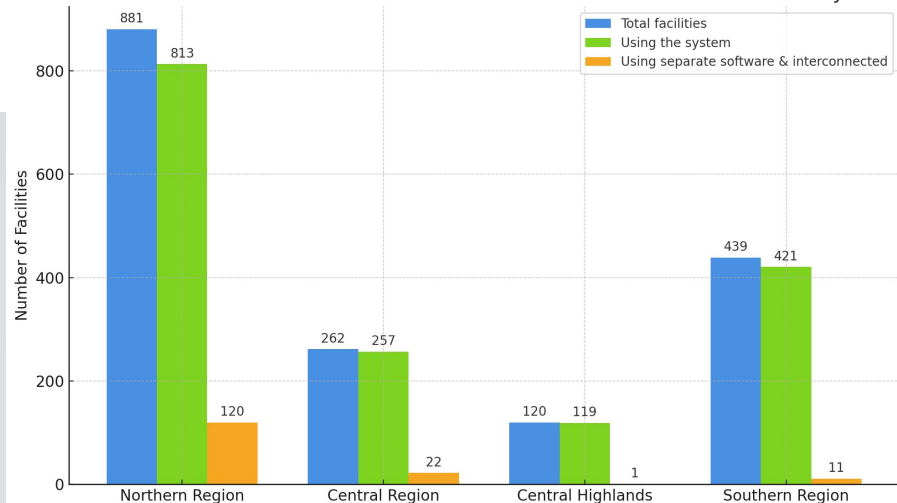
Mã đối tượng	Họ tên	Ngày sinh	Giới tính	Địa chỉ	Mũi tiêm	Ngày tiêm	Kế hoạch tiêm	Cán bộ tiêm
601050320240087	Y Thảo Vy	31/07/2024	♀	Long Dồn, Xã Đắk Ang, Huyện Ngọc Hồi, Kon Tum	OPV 2	10/11/2024	10/11/2024	Nguyễn Mạnh Hùng
601050320240087	Y Thảo Vy	31/07/2024	♀	Long Dồn, Xã Đắk Ang, Huyện Ngọc Hồi, Kon Tum	DPT-VGB-HIB (SII) 2	10/11/2024	10/11/2024	Nguyễn Mạnh Hùng
601050320240007	A Vĩnh Hào	31/01/2024	♂	Long Dồn, Xã Đắk Ang, Huyện Ngọc Hồi, Kon Tum	IPV 2	10/11/2024	10/11/2024	Nguyễn Mạnh Hùng
601050320240007	A Vĩnh Hào	31/01/2024	♂	Long Dồn, Xã Đắk Ang, Huyện Ngọc Hồi, Kon Tum	Sởi 1	10/11/2024	10/11/2024	Nguyễn Mạnh Hùng

System Deployment Progress Nationwide

Hospitals/Healthcare Facilities with Delivery Rooms Connected to the National Medical Birth Information System



Healthcare Facilities Connected to the National Medical Birth Information System



Empowering Commune Health Workers: A Budget Planning Tool

A simple, practical tool to help local health workers plan, budget, and advocate for immunization resources.

The Challenge

Commune health stations, especially in remote areas, need a straightforward way to calculate the true cost of immunization activities and justify their budget requests.

The Solution: An Excel-based Planning Tool

Developed by PATH with Gavi support, this tool helps health workers at the commune level systematically estimate costs for all components of their immunization program.

Key Features (Based on tool tabs)

- Vaccine Needs
- Supplies & Logistics
- Cold Chain Maintenance
- Staffing & Allowances
- Outreach Activities
- Training & Communication

From Pilot to Province-Wide Scale: Results & Key Enablers

The tool has moved from a project pilot to a standard process, demonstrating a clear path to institutionalization and sustainability.

Key Results in Son La Province

High User Satisfaction

Health workers find the tool easy to use, accurate, and essential for providing evidence for funding requests.

Rapid Scale-Up

After a successful pilot in 4 project districts, the Son La Provincial CDC led the rollout to the remaining 8 districts.

100% Adoption

The tool is now used by all commune health stations across the province to prepare their annual immunization budgets.

Enablers for Success (Lessons Learned)

Designed for the User

Simplicity was key. The tool addresses a real, daily need of commune-level staff without being overly complex.

Systematic Capacity Building

A Training-of-Trainers (ToT) model ensured local ownership and effective knowledge transfer from provincial to commune level.

Government Ownership & Institutionalization

The Provincial CDC's leadership in scaling up and issuing official guidance integrated the tool into the government's standard operating procedures, ensuring its long-term use beyond the project's life.

KLIC Storytelling #02

Microplanning Reimagined: Pakistan's Digital Journey for Inclusive Routine Immunization

Microplanification réinventée : le parcours numérique du Pakistan pour une vaccination de routine inclusive

Dr. Irshad Jokhio

DG, Directorate Health Services, Islamabad

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Introduction Directorate of Health Services

The **Directorate of Health Services** was established in **1984**, it has grown up to the status with a network of **10 Medical Centers**, scattered at different locations within the Municipal Limits of Islamabad Led by the Director General Health, DHS coordinates, implements, and supervises essential public health services, disease control programs, and community health interventions.

Community Education for community participation and inter-sectoral collaboration.

Implementation of Programs like EPI, Polio Eradication and Reproductive Health.

To provide primary health care services to the residents of Islamabad and CDA/MCI Employees by establishing fixed Medical Centers in urban sectors

To control Dengue, Malaria and other vector-borne diseases through Integrated Vector Management (IVM).

Public Health Services Provision in Islamabad

Health Services in Islamabad are provided through

01

DHS MCI

Operates within service area of CDA sectors except for EPI and Polio where rural areas along Peshawar GT Road are covered to support DHO Health Deptt

Population covered by **1.34 (51%)**



02

DHO Islamabad Health Deptt. MoNHSRC

Operates in Rural area including societies developed recently (Last 20 years) in rural areas

Population covered by **DHO1.26 (50%)**



EXPANDED PROGRAM ON IMMUNIZATION (EPI) / VACCINATION.

EPI / Vaccination section of Directorate of Health Services is providing vaccines against vaccine preventable diseases such as diphtheria, pertussis, tetanus, tuberculosis, polio, hepatitis, H-Influenzae, measles and pneumococcal pneumonia within the municipal limits of Islamabad through the following types of services:

EPI vaccination services

EPI vaccination services (outreach activities) rural villages of Islamabad

Typhoid / Cholera vaccination (Trade Vaccination) program within the municipal limits of CDA/ Islamabad.

Polio Eradication Campaigns (NIDs/SNIDs/SIAD)

Vaccination campaigns against measles, diphtheria etc.

01

02

03

04

05

Islamabad Experience: Strengthening of Routine Immunization through new Innovations

1

Directorate of Health Services is leading this integrated digital microplanning, innovative service models, and public-private partnerships to improve Routine Immunization coverage across urban and rural Islamabad.



2

Adoption of national digital microplanning vision by using **Red Rec micro plans** by using **National level dashboard called EPI-MIS**



3

Routine Immunization micro plans tailored to **UC-level data** to reach each and every community and target child



4

Coordination with **FDI, WHO, and UNICEF** for achieve desired outcomes



Pre-Digitalization era.... (Manual Microplanning Practices and challenges)

Routine Immunization planning was done using paper-based formats.



Vaccinators prepared annual micro plans manually using static population data.



No GIS support or community-level mapping.



Session planning relied heavily on field experience rather than real-time data.
Lack of accurate population estimates



Difficulty in identifying zero-dose and missed children



Inability to visualize hard-to-reach or underserved areas



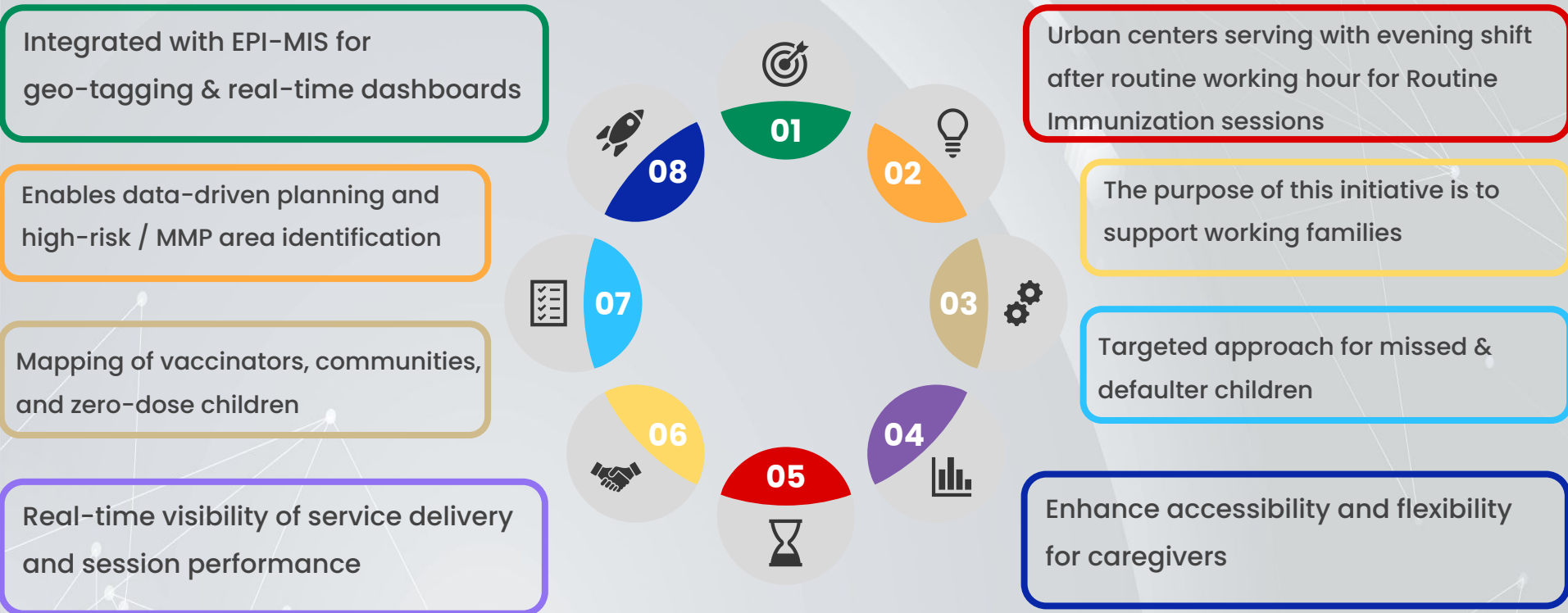
Delayed and often inaccurate reporting



Limited supervision due to absence of real-time tracking



Objectives of Digital Microplanning



Why Digital Transition is Essential / Way Forward

1

The growing urban population and mobile communities required dynamic planning.

2

Manual tools could not keep pace with surveillance, reporting, and session monitoring.

3

Stakeholders needed geo-visualization and accurate targeting for equity in service delivery.

4

Led to adoption of tools like Red Rec, EPI-MIS, and NEIR to modernize RI microplanning.

5

Expand Red Rec micro plans & mobile dashboards to all UCs

6

Institutionalize evening RI shifts in all urban centers

7

Enhance integrated van coverage in unreached zones & zero dose communities

8

Strengthen PPP model with accountability systems

9

Train and digitize supervisory staff



Innovation Showcase #01

Planfeld– Introduction to Digital Microplan

Planfeld – Introduction au microplan numérique

Abubakar Shehu

Program Manager, eHealth Africa

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Outline

01

PlanFeld System



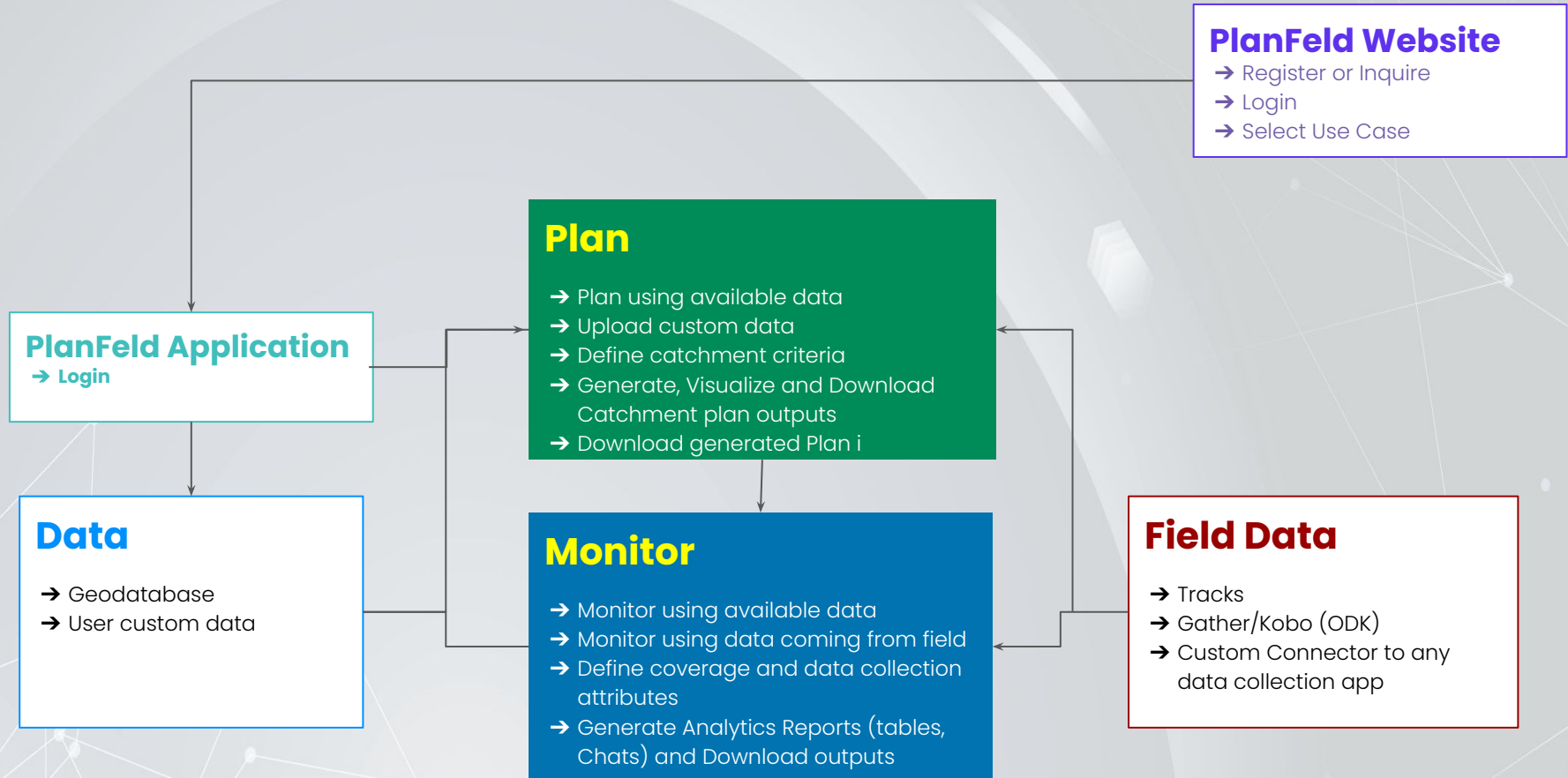
02

Outcome of the Pilot conducted in Kebbi State



- **Sample Microplan table**
- **Workload rationalization**
- **Improved geoccoverage**

Planfeld System



Sample microplan table generated



State	LGA	Ward	Take off point	Settlement Name	Settlement Accessibility	Settlement category	Population	Longitude	Latitude	Team	Days	Special Places
Kebbi	Argungu	Alwasa	Alwasa PHC	Beren Alasan	Fully Accessible	rural	95	4.45703548	12.63222162	KB/ARG/ALW/OBR4/001	Day 1, 2	
Kebbi	Argungu	Alwasa	Alwasa PHC	Mashekar Yola Rugar Majo	Fully Accessible	scattered	74	4.478137932	12.63208397	KB/ARG/ALW/OBR4/001	Day 1	
Kebbi	Argungu	Alwasa	Alwasa PHC	Beren Tudu	Fully Accessible	rural	96	4.456881589	12.63264923	KB/ARG/ALW/OBR4/001	Day 2, 3	
Kebbi	Argungu	Alwasa	Alwasa PHC	Kadan Gale	Fully Accessible	rural	95	4.456317	12.6319728	KB/ARG/ALW/OBR4/001	Day 2	
Kebbi	Argungu	Alwasa	Alwasa PHC	Tungar Rafi Shiyar Makaranata	Fully Accessible	rural	189	4.46101156	12.6430973	KB/ARG/ALW/OBR4/001	Day 3, 4	
Kebbi	Argungu	Alwasa	Alwasa PHC	Dabire Kudu	Fully Accessible	rural	172	4.4139169	12.5612473	KB/ARG/ALW/OBR4/010	Day 1, 2	
Kebbi	Argungu	Alwasa	Alwasa PHC	Dabire Yamma	Fully Accessible	rural	158	4.41328229	12.56175564	KB/ARG/ALW/OBR4/010	Day 2, 3	
Kebbi	Argungu	Alwasa	Alwasa PHC	Rawuya Yamma	Fully Accessible	rural	228	4.411728876	12.56426784	KB/ARG/ALW/OBR4/010	Day 3, 4	
Kebbi	Argungu	Alwasa	Alwasa PHC	Rawuya Shiyar Hakimi Awali	Fully Accessible	rural	202	4.411948904	12.56521251	KB/ARG/ALW/OBR4/011	Day 1, 2	
Kebbi	Argungu	Alwasa	Alwasa PHC	Rawuya Shiyar Gamji	Fully Accessible	rural	95	4.4121555	12.5668465	KB/ARG/ALW/OBR4/011	Day 2	
Kebbi	Argungu	Alwasa	Alwasa PHC	Rawuya Shiyar Samaila Liman	Fully Accessible	rural	93	4.4118055	12.5670052	KB/ARG/ALW/OBR4/011	Day 2, 3	
Kebbi	Argungu	Alwasa	Alwasa PHC	Rawuya Amadu Wanzan	Fully Accessible	rural	202	4.41058071	12.5674368	KB/ARG/ALW/OBR4/011	Day 3, 4	
Kebbi	Argungu	Alwasa	Alwasa PHC	Babu Na Buro	Fully Accessible	rural	60	4.408576614	12.56695837	KB/ARG/ALW/OBR4/012	Day 1	
Kebbi	Argungu	Alwasa	Alwasa PHC	Indire Kudu	Fully Accessible	rural	182	4.4107053	12.5714281	KB/ARG/ALW/OBR4/012	Day 1, 2	
Kebbi	Argungu	Alwasa	Alwasa PHC	Indire Yamma	Fully Accessible	rural	138	4.40905325	12.57232842	KB/ARG/ALW/OBR4/012	Day 2, 3	
Kebbi	Argungu	Alwasa	Alwasa PHC	Indire Shiyar Gabas	Fully Accessible	rural	96	4.4104446	12.5738502	KB/ARG/ALW/OBR4/012	Day 3, 4	
Kebbi	Argungu	Alwasa	Alwasa PHC	Sabon Gari Indire	Fully Accessible	rural	90	4.41071936	12.57391541	KB/ARG/ALW/OBR4/012	Day 4	
Kebbi	Argungu	Alwasa	Alwasa PHC	Matseri	Fully Accessible	rural	51	4.41269243	12.5854069	KB/ARG/ALW/OBR4/013	Day 1	
Kebbi	Argungu	Alwasa	Alwasa PHC	Ummara Shiyar Fulani	Fully Accessible	rural	61	4.41799512	12.59297574	KB/ARG/ALW/OBR4/013	Day 1	
Kebbi	Argungu	Alwasa	Alwasa PHC	Ummar Shiyar Zabarmawa	Fully Accessible	rural	224	4.4171869	12.5933832	KB/ARG/ALW/OBR4/013	Day 1, 2, 3	
Kebbi	Argungu	Alwasa	Alwasa PHC	Ummara Kudu	Fully Accessible	rural	182	4.4169849	12.59427234	KB/ARG/ALW/OBR4/013	Day 3, 4	
Kebbi	Argungu	Alwasa	Alwasa PHC	Ummara Shiyar Kudu	Fully Accessible	rural	226	4.41563929	12.5940311	KB/ARG/ALW/OBR4/014	Day 1, 2	
Kebbi	Argungu	Alwasa	Alwasa PHC	Ummara Shiyar Alhaji Salihu	Fully Accessible	rural	136	4.4156906	12.594362	KB/ARG/ALW/OBR4/014	Day 2, 3	
Kebbi	Argungu	Alwasa	Alwasa PHC	Ummara Lagawa	Fully Accessible	rural	166	4.414887249	12.5947827	KB/ARG/ALW/OBR4/014	Day 3, 4	
Kebbi	Argungu	Alwasa	Alwasa PHC	Ummara Shiyar Arewa	Fully Accessible	rural	160	4.41510958	12.59547667	KB/ARG/ALW/OBR4/015	Day 1, 2	
Kebbi	Argungu	Alwasa	Alwasa PHC	Ummara Shiyar Kibiya	Fully Accessible	rural	140	4.4161029	12.5953331	KB/ARG/ALW/OBR4/015	Day 2, 3	
Kebbi	Argungu	Alwasa	Alwasa PHC	Kibiya	Fully Accessible	rural	223	4.41667456	12.59902784	KB/ARG/ALW/OBR4/015	Day 3, 4	
Kebbi	Argungu	Alwasa	Alwasa PHC	Gwalgware Gabas	Fully Accessible	rural	42	4.42128342	12.60471093	KB/ARG/ALW/OBR4/016	Day 1	
Kebbi	Argungu	Alwasa	Alwasa PHC	Ilela Lifagari	Fully Accessible	rural	83	4.4186445	12.6027259	KB/ARG/ALW/OBR4/016	Day 1	
Kebbi	Argungu	Alwasa	Alwasa PHC	Tubama	Fully Accessible	rural	93	4.42124299	12.60748183	KB/ARG/ALW/OBR4/016	Day 1, 2	
Kebbi	Argungu	Alwasa	Alwasa PHC	Sakorbe	Fully Accessible	rural	130	4.426285021	12.6063525	KB/ARG/ALW/OBR4/016	Day 2, 3	
Kebbi	Argungu	Alwasa	Alwasa PHC	Ungwar Haruna	Fully Accessible	rural	108	4.42858778	12.6071197	KB/ARG/ALW/OBR4/016	Day 3, 4	
Kebbi	Argungu	Alwasa	Alwasa PHC	Sabon Gari Mesanari	Fully Accessible	rural	147	4.43268971	12.60929411	KB/ARG/ALW/OBR4/017	Day 1	
Kebbi	Argungu	Alwasa	Alwasa PHC	Ungwar Zumari	Fully Accessible	rural	99	4.4311547	12.6110008	KB/ARG/ALW/OBR4/017	Day 1, 2	
Kebbi	Argungu	Alwasa	Alwasa PHC	Jelarin Hall Kura	Fully Accessible	rural	144	4.43015459	12.6136006	KB/ARG/ALW/OBR4/017	Day 2, 3	
Kebbi	Argungu	Alwasa	Alwasa PHC	Jelarin Sara Mamman	Fully Accessible	rural	104	4.432233014	12.61570745	KB/ARG/ALW/OBR4/017	Day 3, 4	
Kebbi	Argungu	Alwasa	Alwasa PHC	Jelarin Gero Rafi	Fully Accessible	rural	100	4.43181077	12.61726519	KB/ARG/ALW/OBR4/017	Day 4	
Kebbi	Argungu	Alwasa	Alwasa PHC	Alwasa Shiyar Halidu	Fully Accessible	rural	98	4.4381357	12.6174641	KB/ARG/ALW/OBR4/018	Day 1, 2	
Kebbi	Argungu	Alwasa	Alwasa PHC	Jelani Mai Fata	Fully Accessible	rural	98	4.43522577	12.61850696	KB/ARG/ALW/OBR4/018	Day 1	
Kebbi	Argungu	Alwasa	Alwasa PHC	Alwasa S Kudu	Fully Accessible	rural	112	4.43830498	12.61891724	KB/ARG/ALW/OBR4/018	Day 2, 3	



State	LGA	Ward	Take off point	Settlement Name	Settlement Accessibility	Settlement category	Population	Longitude	Latitude	Team	Days	Special Places
Kebbi	Aleiro	Aliero Dangladima 2	PHC D Galadima 2	Ruga Bako	Fully Accessible	rural	273	4.465068576	12.26476901	KB/ALR/DGD2/OBR4/010	Day 1, 2	
Kebbi	Aleiro	Aliero Dangladima 2	PHC D Galadima 2	Ungwar Gabas	Fully Accessible	rural	254	4.476833966	12.24178296	KB/ALR/DGD2/OBR4/010	Day 2, 3, 4	

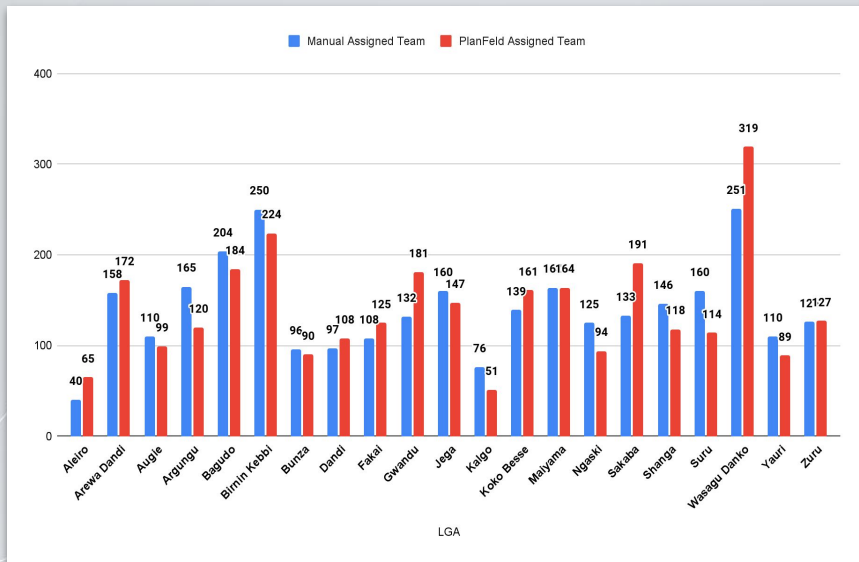
Team DIP

Workload rationalization- Manual Vs Planfeld Microplan

Daily Targeting Criteria:

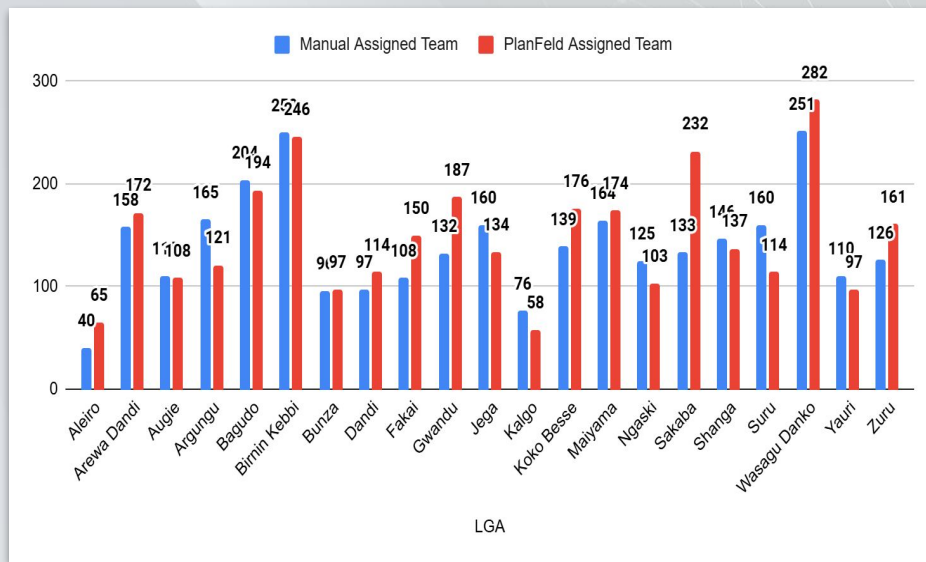
- Urban Area TP: 250 Children per team
- Rural Area TP: 150 children per team
- Scattered Area TP: 90 children per team

OBR4 Team Distribution



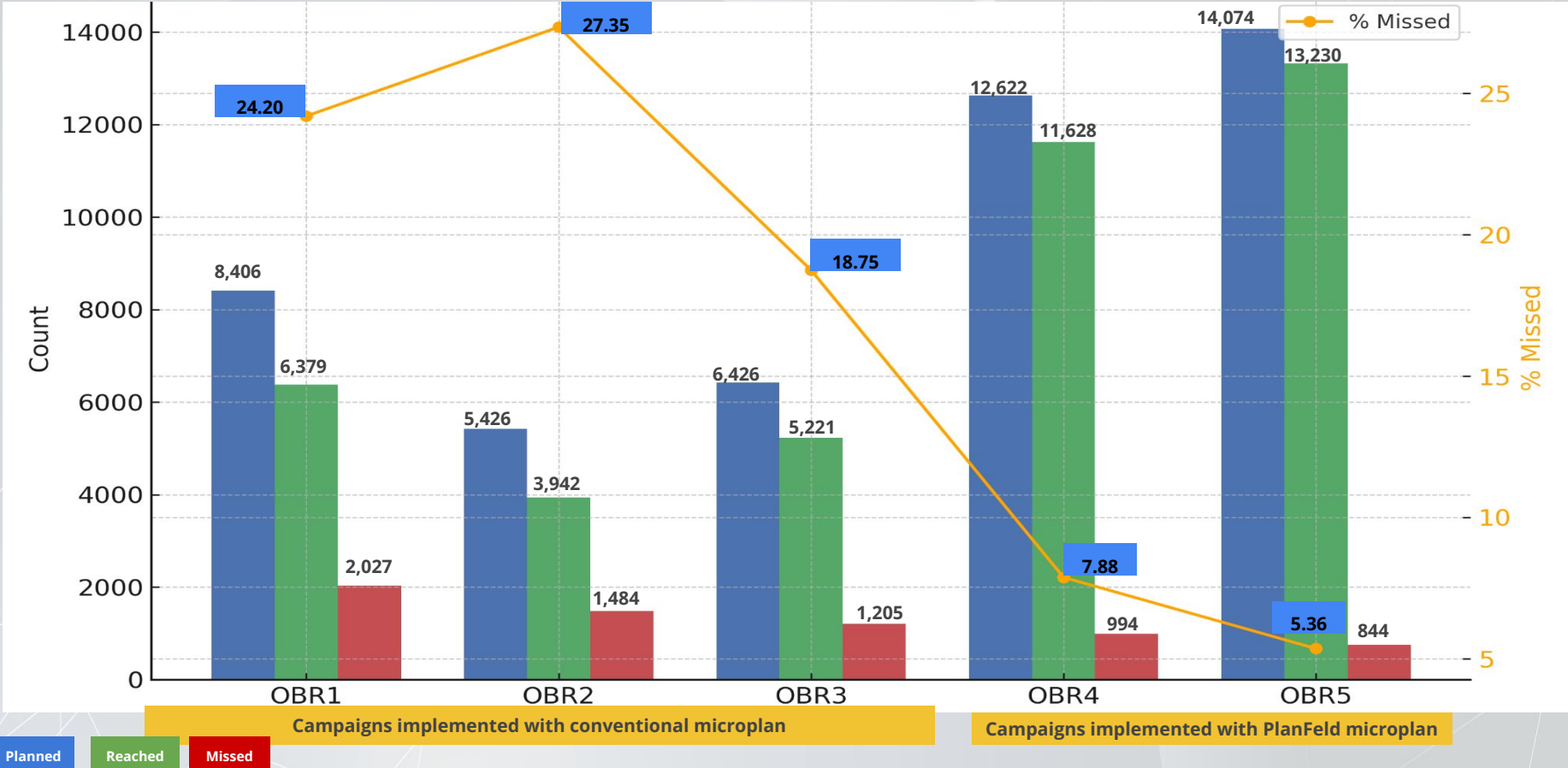
The team rationalization in OBR4 was done with older target population. PlanFeld microplan assigned **2,943** team across all 21 LGAs as against **2,950** given by the manual MP. This has called for a continuous update of the MLoS

OBR5 Team Distribution



After using eTally data and MLoS updated data, in OBR5 PlanFeld MP assigned **3,122** team as against manual **2,950** teams used for the OBR 4 campaign. This indicates that the workload was more on some LGAs and teams than the others

Impact of Planfeld on Geo Coverage



A photograph of a woman and a young child, both smiling and looking upwards. The image is overlaid with a semi-transparent blue filter. The text "Thank You!" is centered in white, bold font. Below the text, there is a small yellow horizontal line.

Thank You!



Innovation Showcase #02

Nigeria – Geospatial microplanning

Nigéria – Microplanification géospatiale

GRID3

Video

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Innovation Showcase #03

Benin – VaxyReach, Introducing AI in microplanning

Benin – VaxyReach, Introduire l'IA dans la microplanification

Brewen Le Port

Digital Solution Officer, GaneshAID

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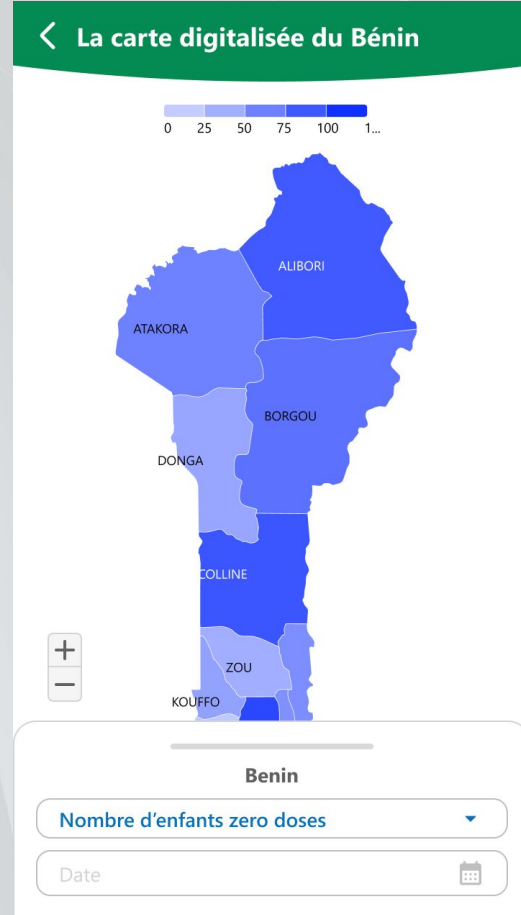
GaneshAID Experience with VaxyReach – Phase 1

What is VaxyReach?

- A mobile app for microplanning developed by GaneshAID with MoH Benin
- Designed to improve immunization equity by identifying and prioritizing zero-dose (ZD) children
- Integrates data sources to enhance data-driven microplanning

Geolocation of Zero-Dose Children

- Maps ZD children using health facility data, campaign records, and population estimates + Notifications from community representatives
- Visualizes underserved pockets at granular levels (health area, settlement)
- Enables targeted planning and resource allocation



GaneshAID Experience with VaxyReach – Phase 2

Predictive Risk Modelling



- Uses machine learning to forecast areas with high likelihood of zero-dose children
- Analyzes historical coverage, demographic risk, and service gaps
- Supports anticipatory planning and response

Prescription of Community-Based Interventions



- **Recommends local actions:** mobile outreach, CHW visits, community influencer engagement
- Flags intervention areas based on risk and access data
- Promotes participatory planning with communities to reach the unreached



KLIC Lightning Talker

Digital Microplanning Khyber Pakhtunkhwa

*Microplanification numérique Khyber
Pakhtunkhwa*

Dr. Irfan Rasheed

*ESMP Coordinator, EPI Khyber Pakhtunkhwa,
Peshawar, Pakistan*



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LESSON LEARNT FROM PAST / *Leçons tirées du passé*

Micro-planning/ Micro Planification

Activity of Micro-plan digitization Implemented

Polio microplanning digitization
(door to door, carrier with chips)

Started but couldn't be sustained, funding issue



Access to cantonment/
security areas were
restricted.

Piloting was successful,
helped in identification of
left over/ missed areas

WHAT WE HAVE IN KP:

We regularly do

Computerization of micro-plans every quarter, compliance is low however; features are there in EPI MIS



NEIR is additional tool that help us to record vaccination sites coordinates.

- It includes both fixed and outreach sites



Challenge: Currently the RED REC micro plans are not integrated with NEIR

WHAT WE HAVE

We will

Do **revisions of RED REC micro plans** to adjust key issues in revised version: e.g., Seasonal migrants:

- Our province has key challenge of mass seasonal migration



Development of Context Specific microplanning for inaccessible pockets to gauge specific needs e.g.,

- Military Cants and
- Militancy affected areas across the Afghan border and south KP.
- Mountainous/ Scattered Terrain

This revision will help us to develop and evolve terrain specific micro planning.



OUR PLANNING FOR DIGITIZATION OF MPs

Steps for Development

1

Revision of RED-REC MP

- *Vaccinator Trainings*

2

Development of Digitization module on EPI MIS

3

Integration of NEIR and EPI MIS

- *Troubleshooting and continuous follow up*
- *Mapping of missed areas followed by its realignment and distribution.*

CHALLENGES In KP:

The key challenges include:



Accessibility, Network coverages

1



Vaccinator compliance

2

Interactive cloud



1. Join the activity by the link in the chat or scan this QR code.

Rejoignez l'activité via le lien dans le chat ou scannez ce code QR.

2. Answer each question using **one word**.

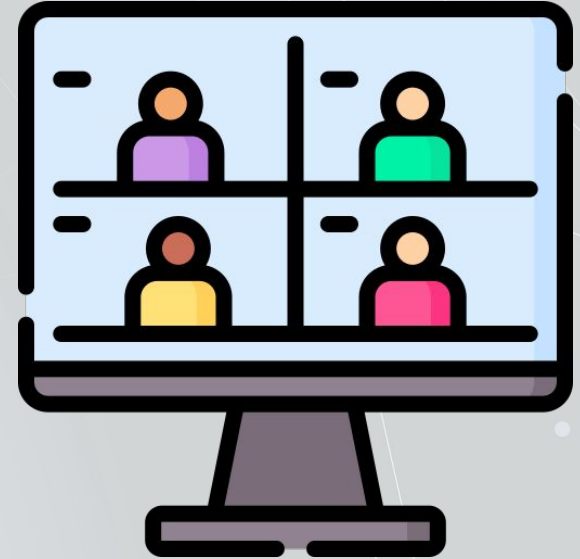
*Répondez à chaque question en utilisant **un mot**.*

3. Each participant can give more than one answer.

Chaque participant peut donner plusieurs réponses.

Group photo! / Photo de groupe !

Please turn on your webcam for a group photo. / Veuillez allumer votre webcam pour une photo de groupe.





Synthesis & Call to Action



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KIA 8 – Synthesis

Success depends not on technology alone, but on local leadership, integration, and sustained support

- **Digital micro-planning** is now a core strategy for equitable service delivery.
- **Countries** are shifting from paper-based to data-driven, integrated planning systems.
- **Tools** like Planfeld, Grid3, VaxyReach, and NIIS enable geolocation, prediction, and precision outreach.

KIA 8 – Call to Action

Precision is not just technical, it is a moral obligation when lives depend on it.

- **Governments:** Institutionalize digital microplanning in national systems and support local teams.
- **Partners:** Align tools with HIS, support interoperability, and build capacity at scale.
- **Donors:** Fund digital micro-planning as core infrastructure for equity, not just innovation.



Thank you!

Merci !



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