



IMPACT REVIEW 2025

WHEN HEALTH WORKERS CANNOT SEE WHO THEY ARE REACHING, THEY CANNOT KNOW WHO THEY ARE MISSING.

In 2025, we set out to close that gap.

Across 7 projects in 3 countries, our partners enrolled and verified **1,404,633 unique people** and more than **1.1 million life-saving health services**.
This is what better data made possible.



1.4M

unique people verified
+114% vs 2024



1.1M

life-saving health services verified
+108% vs 2024



2,253

Frontline workers
+ 65% vs 2024



\$11.80

Social benefit per \$1 invested.
Based on third-party evaluation

A simple but powerful idea: better data leads to better decisions.



When health workers have better data, they make better decisions and in resource-constrained healthcare settings, those decisions can save lives. Looking back at 2025, I can say with confidence that our team is turning that conviction into evidence, at a scale that matters.

Across 7 projects in 3 countries, our partners enrolled and verified 1.4 million unique people, a 114% increase from 2024. Health workers verified more than 1.1 million life-saving health services, including 323,041 children vaccinated, 692,953 patients treated with deworming pills, and 22,313 people's eyesight restored through trachoma surgery. Today, 2,253 frontline workers are now actively using Simprints technology, up 65% from last year.



Two investments this year position us for what comes next. First, we launched our first-ever Randomised Controlled Trial, in partnership with Harvard University, the University of Ghana, and the University of Michigan, enrolling over 4,400 children to test whether biometric enabled identification increases vaccine coverage. Second, with Gavi, ClIFF, and Arm funding, we've enrolled over 12,000 infants in a pioneering AI biometrics programme, work that Gavi CEO Sania Nishtar came to see in person in Ghana.

We are proud of what our team and partners built this year, and honest about our limits. In these pages, we share what worked, what did not, and what we are still learning. Thank you for standing with us as we continue to build a world where every person counts.

Warmly,
Toby Norman



What you'll find

A comprehensive review of our impact technology performance, cost effectiveness, and the stories behind the data from 7 projects across 3 countries.



SECTIONS

- The Problem we are Solving
- 2025 at a Glance

PART 1 - WHAT CHANGED

- Data Quality in Ghana
- Vitamin A Supplementation
- Performance Incentives in Ethiopia
- Value for Money

PART 2 - WHO CHANGED

- Frontline Workers
- Zenebech's Story

PART 3 - WHAT WE LEARNED

- Our First RCT
- Technology Performance
- Looking Ahead: 2026 and beyond

Millions die from preventable diseases because vital services don't reach them.



THE CHALLENGE

Every year, health workers and programme teams deliver millions of doses, treatments, and services but the systems verifying that delivery cannot confirm who has been reached and who has been missed. IDs are missing or unreliable. Records are fragmented. Coverage reports are inflated. When the people running health programmes cannot trust their own data, they cannot plan outreach, allocate resources, or follow up with the communities who need the services most.



<50%

Countries report data discrepancies between administrative and survey coverage estimates of >10pp¹



+30%

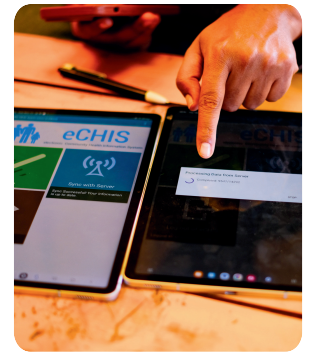
Over-reporting found in some Vitamin A coverage figures²

When ministries and programme teams work with **unreliable data**, they cannot see who they are **reaching** or who they are missing. **We help them close that gap**

OUR WORK

Simprints has built the world's first open-source biometric digital ID technology with privacy at its core

We partner with governments and implementing organisations to verify identities, digitise health records, and verify service delivery at the individual level; across routine child vaccination in Ghana, deworming treatment, trachomatous trichiasis surgery, and performance-based incentives in Ethiopia. Our team safeguards all data from capture through storage, with privacy by design in accordance with [Article 25 of the GDPR](#).



Better data



Smarter decisions



More lives saved

Sources:

¹ WHO/UNICEF Estimates of National Immunisation Coverage (WUENIC); Gavi, 2022; Galles et al. 2021

² UNICEF, 2020; Dhillon et al. 2013

2025, by the numbers.

As of 31st December 2025, Simprints has cumulatively enrolled **4,515,111 unique individuals**. We implemented 7 projects across Uganda, Ethiopia, and Ghana.

1,404,633

UNIQUE PEOPLE ENROLLED AND VERIFIED

Fingerprint..... **1,010,910**

Face..... **393,723**

↑ 114% increase from 2024.

1,146,937

HEALTH SERVICES VERIFIED

Maternal & child health.... **431,671**

Eye surgery..... **22,313**

Deworming..... **692,953**

↑ 108% increase from 2024

2,253

FRONT LINE WORKERS ACTIVE

Devices in use.....**2,164**

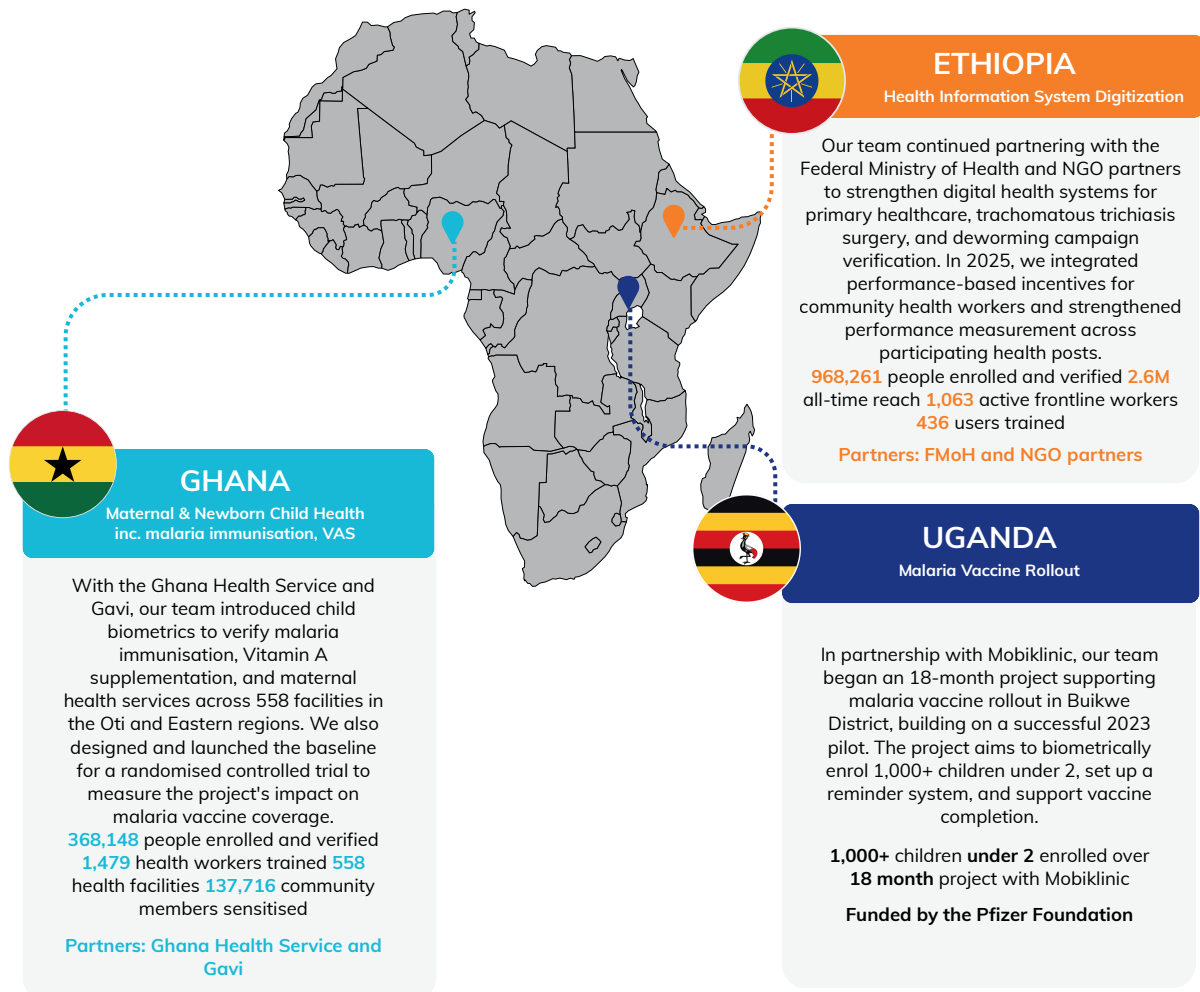
Workers trained..... **1,137**

Training sessions..... **29**

Devices distributed..... **1,100**

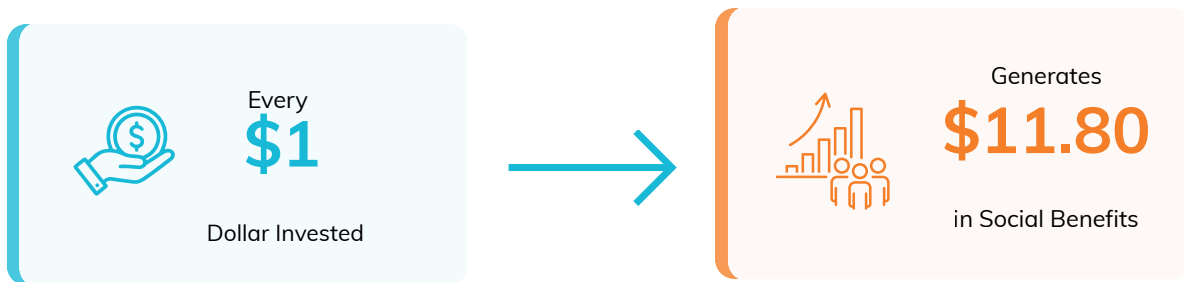
↑ 65% increase from 2024

WHERE WE WORKED



Every \$1 invested yields almost \$12 in social benefits.

An independent third-party analysis by [Mettalytics](#) evaluated Simprints' integration into BRAC's Health, Nutrition, and Population Programme across 36 districts of Bangladesh.



*We measure health impact using Disability-Adjusted Life Years (DALYs), the gold standard metric for quantifying the burden of disease.



“

Innovations like Simprints' biometrics help ensure every child is counted and protected, while giving health workers the tools to reach zero-dose children. Our partnership shows how local innovation can close immunisation gaps, strengthen health systems, and deliver impact that lasts.

Dr. Sania Nishtar, CEO of Gavi

OUR ANALYSIS APPROACH

The cost-effectiveness analysis was carried out by [Mettalytics](#), drawing on two impact evaluations: a quasi-experimental evaluation of the pilot programme (2018) and a cluster-randomised controlled trial of the scale-up across 36 districts in 7 divisions of Bangladesh (Das et al., 2022).

For the analysis, the most conservative impact estimates from the two studies were used. Mortality and morbidity impacts from increased iron-and-folic acid supplementation, increased tetanus toxoid injections, and higher rates of institutional delivery were modelled, then compared against societal cost.

The ROI comprises only direct health benefits and does not consider time savings, reduced duplication and leakage, or longer-term system-level efficiency gains.



What frontline health workers told us.

In 2025, we surveyed health workers across Ghana, Ethiopia, and Uganda. Across contexts, four themes came back consistently.



WHAT WE HEARD



TRAINING & CAPACITY

98%

of Frontline Health Workers rated training useful

with a 29.1% increase in knowledge scores. Refresher training and mentoring were consistently flagged as critical to sustaining gains.



EASE OF USE

56% → 99%

jump in perceived ease (Q1 to Q3 2025)

In Uganda, biometric identification took only 1–2 minutes per client.



MOTIVATION

76.7% → 95%

rise in motivation (Q1 to Q3 2025)

In Uganda, 100% of surveyed frontline health workers reported regular use of the app, citing improved defaulter tracing.



COMMUNITY ACCEPTANCE

Acceptance was high across all contexts despite pockets of initial hesitation.

Trusted frontline health workers were the key to explaining the purpose and benefits of the digital system.

PARTNER CONFIDENCE IS STRONG



4.16 / 5

STRONG OVERALL SATISFACTION



4.53 / 5

HIGH LIKELIHOOD OF CONTINUED COLLABORATION

These results reflect **sustained partner confidence** and the **perceived value** of our approach.

VOICES FROM THE FIELD



Patients follow up and complete doses because you can easily see who is due and give them a call

Frontline Health Worker, Ghana



At first, I was scared and wondered what they were planning, but everything was explained to me, and I saw the benefits.

Caregiver · Uganda

Zenebech's story: 18 years on the frontline.

Zenebech has worked as a Health Extension Worker at her local health post for 18 years. Each week she moves between the post and the communities she serves, delivering family planning services and vaccinations, and monitoring the growth of children under five.

For years, she tracked patients on paper and saw how vaccination cards went missing, records were duplicated and gaps in the data meant gaps in care.

When her health post adopted Ethiopia's Electronic Community Health Information System (eCHIS) with Simprints biometric identification, Zenebech started using fingerprint verification to access patient records. She can now identify patients accurately, track appointments automatically, and follow up on time.

“

The introduction of eCHIS and biometric technology has greatly benefited our community. It helps reduce maternal and infant mortality rates. It reduces duplication and has helped us reduce malaria prevalence.

Zenebech, Health Extension Worker



2.6M

All-time cumulative reach in Ethiopia



968K

People reached in Ethiopia in 2025



Scaling up from paper to digital

In Ghana's Upper East Region, community health workers recorded patient visits on paper, a process that left gaps in coverage data and made it harder to track who received care.

In 2025, Simprints partnered with the Ghana Health Service to replace paper registers with biometric-linked digital records across **1,677** communities

1,175 frontline workers adopted the system, registering over **137,716** community members. A data quality assessment conducted during the rollout measured three indicators:



92%

**DATA
COMPLETENESS**

↑ up from 27%

89.5%

**DATA
CONSISTENCY**

↑ up from 60.8%

100%

**DATA
ACCURACY (ANC)**

↑ from baseline

95% of health workers reported high motivation to continue using the system. This widespread adoption drove measurable improvements in health system data quality between Q1 and Q2 2025.

Source: Data quality assessment, Ghana Health Service / Simprints, 2025

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Even if the person doesn't bring an ID card, we have their information here — it makes it easier for us.

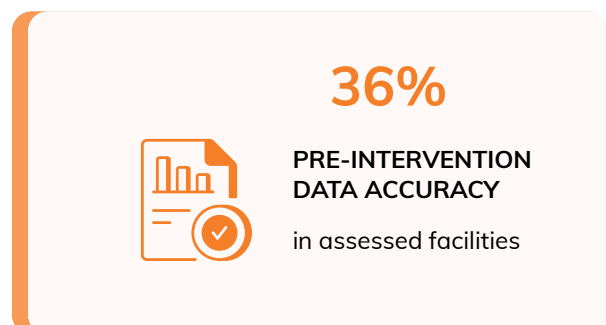
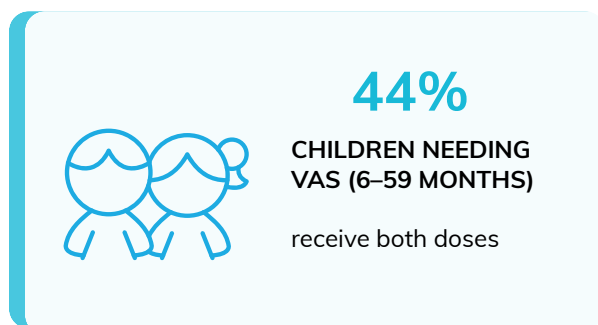
Frontline Health Worker



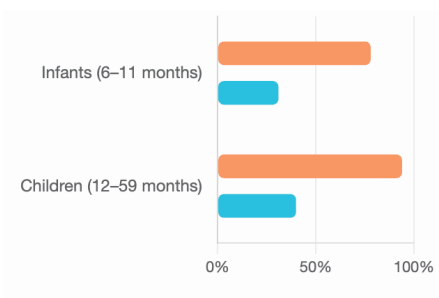
Strengthening Vitamin A Supplementation Delivery



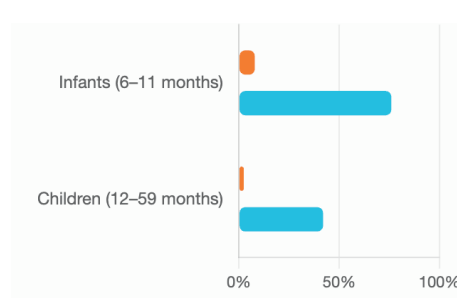
In Ghana, national campaigns target 95% VAS coverage yet only **44% of children** aged 6–59 months receive the two required doses. In Asuogyaman District, over half of facilities were over-reporting, with data accuracy at just **36%**. With UNICEF Ghana, our team introduced biometric enabled individual-level tracking to replace manual aggregation. Together, these results show a significant improvement in data accuracy and visibility into true coverage.



Reporting gap: DHIMS2 vs eTracker
Gap between national administrative database and biometric-verified records



eTracker capture rate (Aug–Oct 2025)
Proportion of eligible children whose VAS delivery health workers recorded digitally



The gap between DHIMS2 and eTracker figures has not closed fully — some discrepancy will persist where reporting systems serve different functions. But health teams in these districts now have a clearer picture of which children they are actually reaching.

Sources: World Bank, 2023; UNICEF, 2020; GHS data quality assessment. Partner: UNICEF Ghana.

When you incentivise performance, it drives digital adoption.

In Lume and Lemo woredas, Simprints piloted a programme combining performance-based incentives, the electronic Community Health Information System (eCHIS), and biometric identification across **67 health posts** and **140 Health Extension Workers**.



95%

HEWs reported increased motivation



96%

Health posts improved in at least one key indicator



311%

Biometric verification to increase after incentives



73%

Overall biometric adoption

Non-communicable disease (NCD) screening and referrals exceeded total targets. Family planning reached 41% of its targets, though third antenatal care visits (ANC3) lagged at 10%, underscoring the need for continued implementation.



Before the incentives, we sometimes gave the service and wrote it on paper later. Now we register the service immediately during the visit because we know our performance is measured.

HEW, Lume Woreda



Beyond the data, the shift changed how communities experience care. Patients reported better access, more respectful treatment, and shorter wait times. Infrastructure and equipment gaps in remote facilities remain real challenges. But the pilot conclusively demonstrated that when you tie performance incentives to biometric verification, accountability improves, health workers are more motivated, and primary care gets better.

Simprints' **first** randomised controlled trial.

In partnership with the Ghana Health Service, the DIV fund, GDI Solutions, Harvard T.H. Chan School of Public Health, the University of Michigan, and the University of Ghana, we launched our first RCT to measure the impact of biometric-enabled digital tracking on vaccination outcomes.



4,300+

Mothers enrolled in baseline survey



4,400+

Children enrolled in baseline survey



131

Health facilities in trial



426

Communities served

CRITICAL FINDING

- While malaria awareness was near-universal (**99%**) only **7%** of caregivers correctly identified that four doses of the malaria vaccine are required.
- Completion of malaria vaccination dropped from **71% (dose 1)** to **60% (dose 4)**.
- Only **34%** of children received the first dose of malaria on time. **76%** of children received full basic antigens but only **21%** completed the full national schedule of immunisation.


Endline (October 2027) will confirm whether we have achieved our impact goal of improving completion rates of the four-dose malaria vaccine by over 10%.




Building software you can rely on, even where connectivity can't be.

Throughout 2025, our engineering team shipped stability, accuracy, and security improvements measured continuously across every deployment.


STABILITY GAINS



97.8%
CRASH-FREE USER RATE
up from 94.7% in 2024



99.98%
CLOUD ERROR-FREE RATE
up from 99.97% in 2024



99.43%
GOOD-SCAN RATE, FACE
up from 94.18% in 2024

OUR TECHNOLOGY IMPROVEMENTS



FACE BIOMETRICS

Auto-capture rolled out to 1,479 health workers

Significant UX improvements based on direct partner feedback from Ghana



MULTI-FACTOR ID

National ID and QR code scanning

Combine biometrics with non-biometric credentials to find patients more quickly.



DHIS2 INTEGRATION

Custom intents in the core DHIS2 app

A new approach to storing and accessing biometric data with significant performance gains.



ANALYTICS UPGRADE

Upgraded analytics

Completed a major upgrade to analytics and performance metrics, giving partners clearer visibility into how their deployments perform



ANNUAL PENETRATION TEST PASSED WITH CYBERGUARD

Zero significant or critical vulnerabilities found.

AI Infant Biometrics (AIB)

The Simprints AI Infant Biometrics project is building a scalable, contactless biometric algorithm that works from birth.

In 2025, the project moved from prototyping to large-scale data collection. The team enrolled over 12,000 infants and captured more than 200,000 biometric images across infant and adult modalities. 95% of enrolled infants were under six months, the critical age range for training an algorithm that can handle rapid changes in infant appearance.



LOOKING AHEAD: 2026 AND BEYOND

Our scale-up in 2025 reinforced a central truth: digitising health systems is about more than improving data; it is about changing how frontline workers use that data to deliver better care. Across our deployments, three lessons stood out.

Accountability drives performance.

In Ethiopia, the team paired biometric verification with performance-based incentives. 95% of health workers reported improved motivation, and service delivery improved when workers knew their impact was being accurately measured. But we also learned that technology alone is not enough, persistent infrastructure and equipment gaps in remote facilities need to be addressed alongside digital rollouts. A new, expanded PBI project in 2026 gives us the chance to act on that.

Trust drives adoption.

In Ghana, health workers moved from paper registers to biometric eTrackers, which improved data quality and corrected systemic over-reporting. But the high adoption rates were not only because health workers trusted the system and the data it produced. They also reflected community engagement led by trusted health workers across 1,677 communities. In 2026, we will expand into new geographies and apply what we learned about engaging communities from the start.

Cost-effectiveness improves at scale.

In our maternal and child health project in Bangladesh, every \$1 invested in Simprints technology generated nearly \$12 in social benefits. We can drive the cost per verification down further by reducing hardware dependencies, shortening deployment timelines, and integrating more closely with existing national health databases.

Thanks to our supporters None of this happens without you.

To our funders, partners, frontline workers, ministries, and the communities we serve — thank you for standing with us as we build a world where every person counts.

