1. What need or challenge is your solution addressing in your local context?

Our local context suffers from inefficient vaccination campaigns due to limited digital infrastructure, manual reporting delays, and resource misallocation. Rural and underserved areas experience poor connectivity and language barriers, resulting in inaccurate and untimely data capture. This significantly affects the health outcomes of vulnerable groups especially women and girls by delaying vaccine distribution and hindering proactive public health responses. Additionally, local health facilities struggle with outdated paper-based systems and insufficient training, making it difficult to manage and monitor vaccine readiness effectively. Addressing these challenges is imperative to ensure that life-saving vaccines are delivered promptly, that decision-makers have reliable data, and that community health workers, predominantly women are empowered to drive impactful change.

2. Describe the solution you are proposing and how it is solving the challenges you described in the previous question:

Our proposed digital vaccination campaign monitoring system is a comprehensive platform designed to revolutionize how vaccine campaigns are managed across national, regional, and district levels. The solution features real-time data collection through automated dashboards, which display readiness metrics, performance trends, and thematic insights. Designed with offline-first functionality and multilingual support in mind, it ensures that health workers in low-resource settings can accurately record and report data, even in areas with poor connectivity. Additionally, the platform will integrate AI-powered predictive analytics to forecast campaign readiness, identify potential bottlenecks, and offer actionable recommendations via a smart campaign assistant. These features collectively improve resource allocation and empower female community health workers, ultimately driving better vaccine distribution and enhancing health outcomes for women and girls.

4. How you are using the technology(ies)?

We plan to leverage advanced data science techniques to aggregate and analyze real-time vaccine campaign data across multiple administrative levels once the system is fully implemented. Our intended enhancements include integrating AI-powered predictive analytics to forecast campaign readiness, detect regions at risk of low vaccine uptake, and provide actionable insights via an interactive smart assistant. In addition, we envision implementing automated reporting for thematic analysis and exploring potential blockchain integration to secure and validate data integrity. Collectively, these planned technologies will enhance data accuracy, streamline decision-making, and foster transparency throughout the vaccination process. This approach is designed to ultimately ensure that our system meets the diverse needs of underserved communities while empowering female community health workers to take decisive action.

5. Describe the results of your initial testing and prototyping (quantitative and qualitative):

We have not yet conducted initial testing, as the platform is still under active development. Our current focus has been on designing the system architecture, user journeys, data workflows, and feature specifications with close reference to the real-world needs of community health workers and regional health administrators. We have reviewed case studies to validate the feasibility and potential impact of our proposed solution. Once funding is secured, we plan to move into a testing phase beginning with structured pilots in selected districts. This will allow us to collect both quantitative and qualitative feedback from real users to refine the system's interface, measure improvements in data capture efficiency, and evaluate the effectiveness of the platform in empowering female health workers and decision-makers.

5. Describe the results of your initial testing and prototyping (quantitative and qualitative):

Over the next 12 months, our project will advance through several critical milestones. In Months 1–3, we will finalize the system's core architecture and secure pilot partnerships with regional health facilities, completing the initial development of real-time dashboards and offline data capture modules. During Months 4–6, we will deploy multilingual support, train over 10 female community health workers, and integrate preliminary AI modules for predictive analytics. In Months 7–9, we plan to expand our pilot testing to five regions, refine our AI models, and introduce a smart campaign assistant.

Finally, in Months 10–12, we will formalize strategic partnerships with local health ministries, publish comprehensive gender-disaggregated impact reports, and release a fully integrated suite of AI enhancements and open APIs for scalable deployment.

6. Provide an overview of the capital and other contributions to the project (capital, human resources, assets, other investments and loans):

Our project was developed entirely in-house by Grandjacs Haven, leveraging our extensive expertise in software development and our deep understanding of the challenges in vaccination monitoring. Recognizing a significant gap in how vaccination campaigns are tracked, our team committed seed capital and dedicated substantial human resources to research, design, and initial development. We contributed our own technical assets and the collective experience of our developers, public health workers to build a solution that addresses these critical needs. Although we have not secured external loans or formal investments to date, this internal commitment has enabled us to create a solid foundational system. Funding will allow us to complete full-scale development, integrate planned AI enhancements, and expand pilot testing to achieve long-term, scalable impact.