



KidPrint

IDENTITY FOR EVERYONE

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Our Story

One day BMGF called with an unexpected question...Can we fingerprint babies?



Problem

We started with a mission to identify newborns & infants for vaccine delivery



Solutions

We used human centered design and developed people centered technology

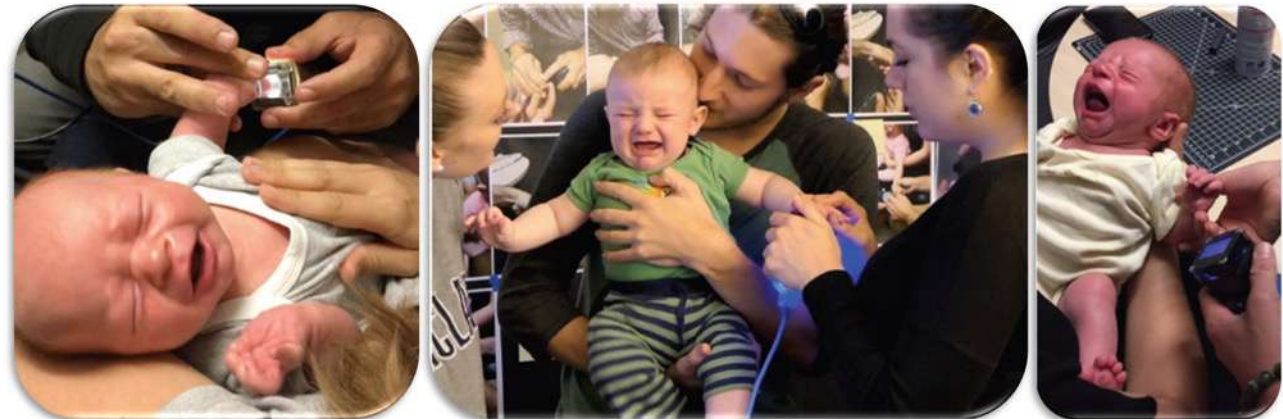
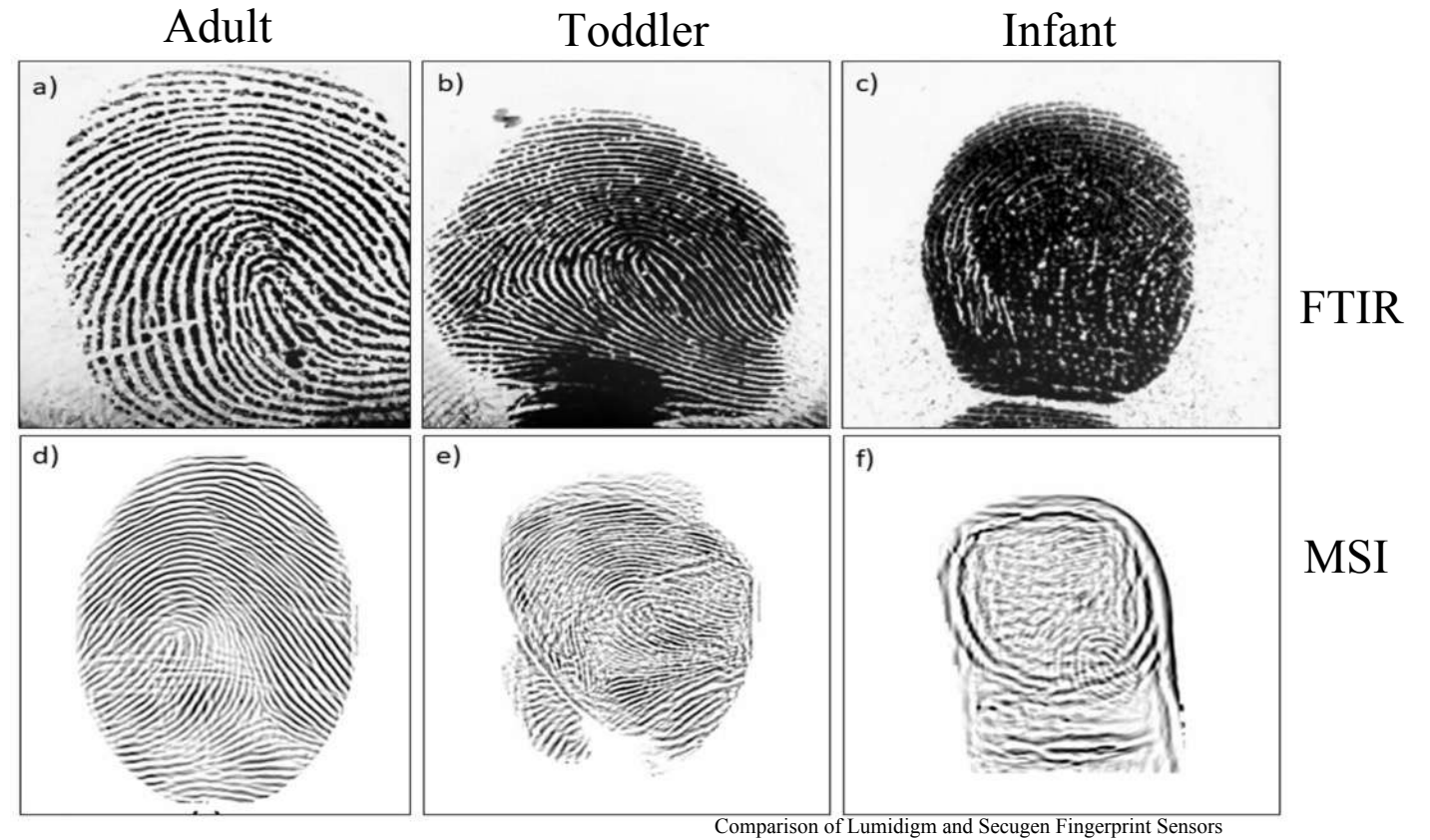


Opportunities

Biometric birth certificate, proof of relationship, linkage to records

Current Approaches

could the technology be the problem?





PART 1

What do you do when the technology is the problem?

RETHINK

Our Team - The other humans at the center



HEALTH ENGINEERING
Eliah Aronoff-Spencer
MD PhD



PROJECT MANAGEMENT
Alexandra Hubenko
MBA



OPTICAL DEVELOPMENT
Steve Saggese
PhD



ETHNOGRAPHY
Deborah Forster
PhD



STRATEGY & OPERATIONS
Michael Kleeman
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PEDIATRICS
Enrique Chacon-Cruz,
MD



PUBLIC HEALTH
Courtney Avery
MPH



ELECTRICAL ENGINEERING
Ting Zhao
MS



MECHANICAL ENGINEERING
Tom Kalisky
MS



MECHANICAL ENGINEERING
Michael T. Tolley
PhD



ELECTRICAL ENGINEERING
Drew Hall
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INTERSECTION DESIGN
Jeremy Batter
MS



ANTHROPOLOGY
Maya Azarova
MA



PROTOTYPING
Alex Grant
BS



OPTICS
Joe Ford
PhD

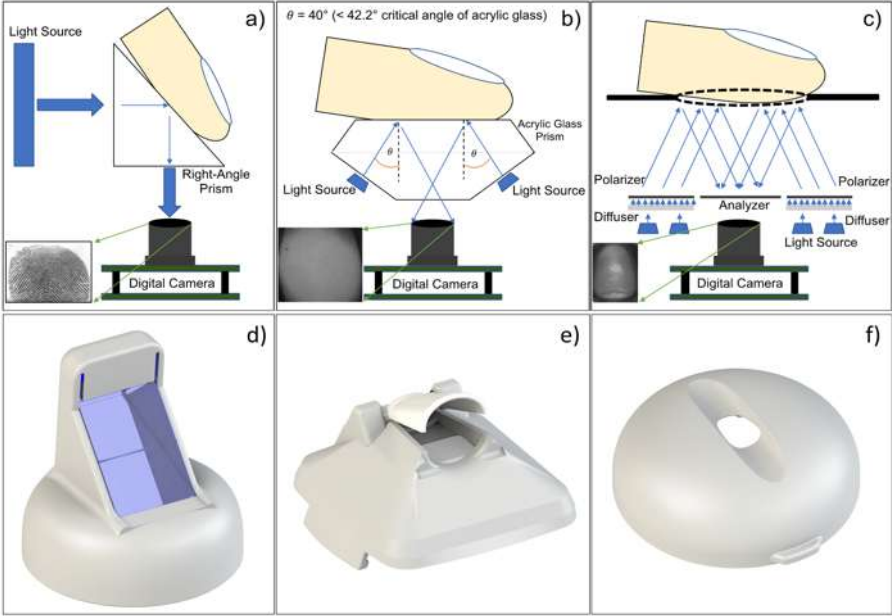


MACHINE LEARNING
Serge Belongie
PhD

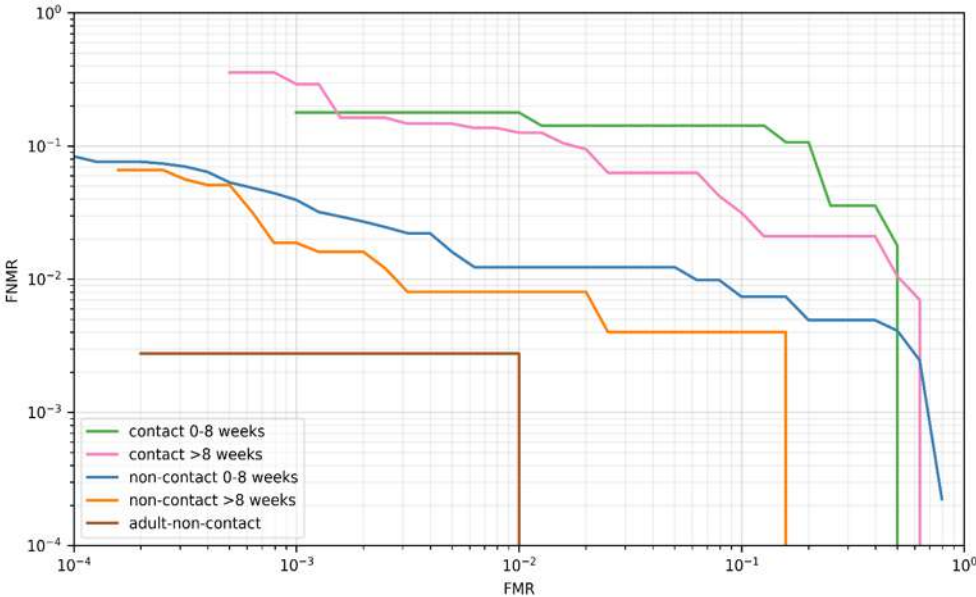


HUMAN CENTERED DESIGN
Don Norman
PhD

High Resolution Contact vs. Non-Contact



		True Accept Rate @	
Age at Enrollment		FAR =0.2%	FAR =0.1%
Contact	0-8 Weeks	0.821	0.821
	>8 weeks	0.837	0.708
Non-Contact	0-8 Weeks	0.973	0.961
	>8 weeks	0.984	0.981
	Adult	0.997	0.997





PART 2

Baby Centered Biometrics

Infant-centric biometrics



HIGH RESOLUTION SENSOR

Infant fingerprints are fully formed at birth, but they are 4x-5x smaller than adult's. Solution - a high-resolution imager to resolve the smaller details of infant prints and then scaled so that industry standard fingerprint analysis tools can be used.



NON-CONTACT IMAGING

Infant skin is mushy, and kids exhibit a wide variability of skin conditions from peeling to very dry or wet. These issues render the standard contact-based imaging devices inoperable; our non-contact device reduces or eliminates these effects.

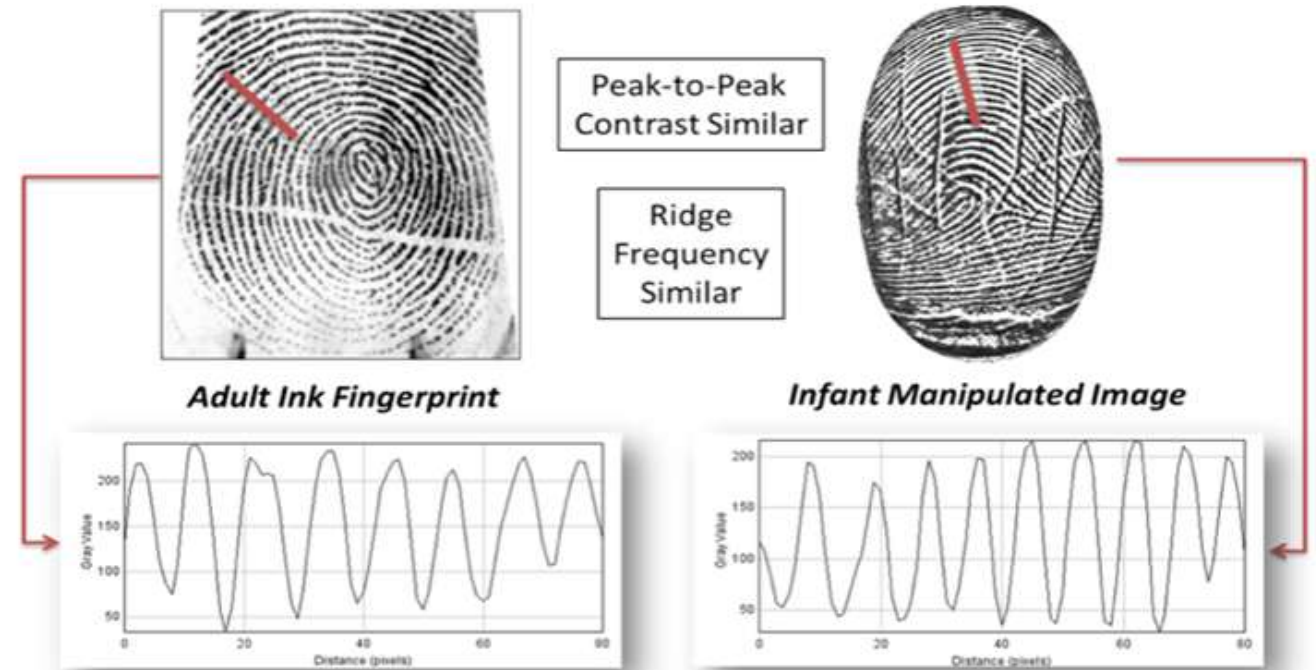
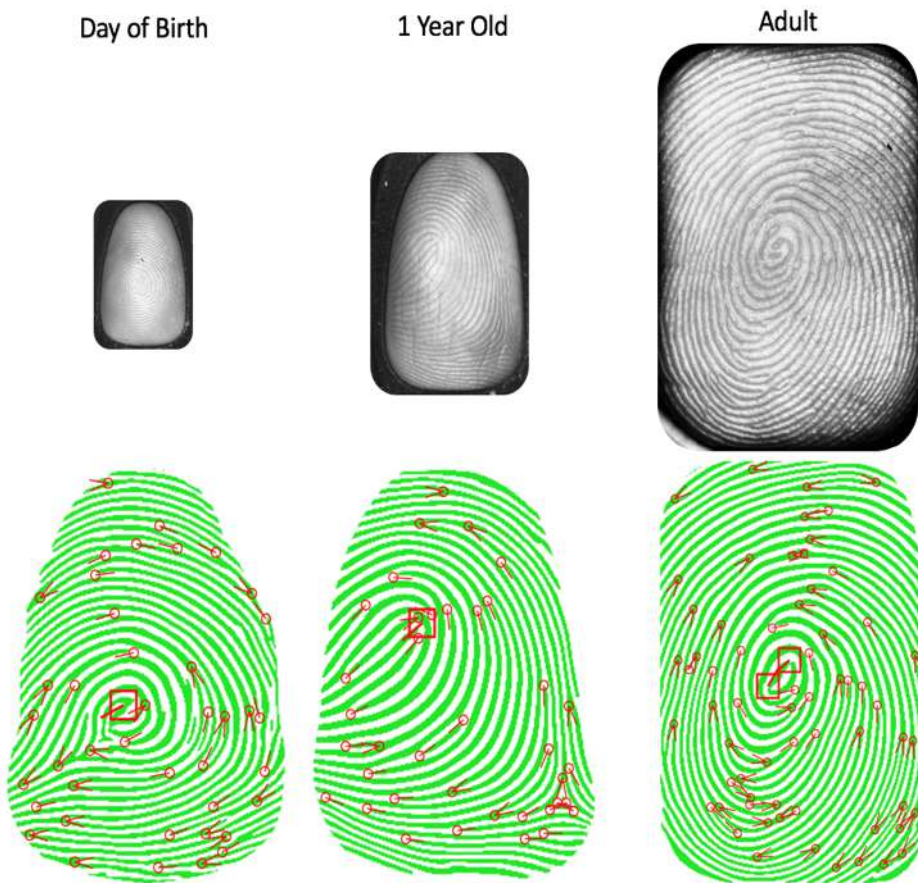


DEDICATED DEVICE

A dedicated biometric device controls the lighting, finger placement, and user interaction. Kids fingers grow, thus a dedicated device can accommodate this and adding health biometrics enables both low-cost liveness detection and vital measurements.



Non Contact Fingerprinting : A universal biometric



PART 3

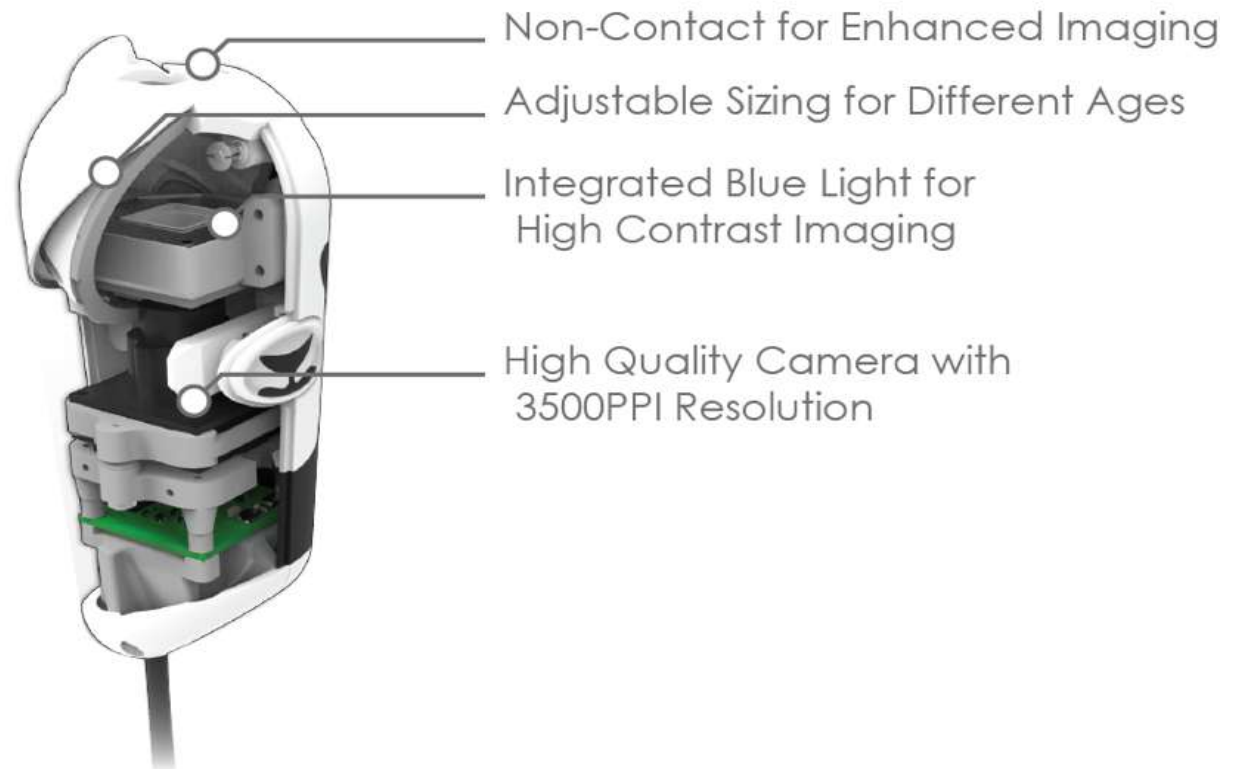
PANDA GOES TO MEXICO





Clinical trial: 1/18-12/19
Phase I Results
TJ General, Baja CA

~~the~~ elPANDA



Kid Cohort

	PHASE I	PHASE II	TOTAL
# of subjects	295	205	500
% Females / % Males	45% / 55%	50% / 50%	47% / 53%
# of Total Visits	438	576	1014
Age at Enrollment			
0-3 days	171	154	325
4-30 days	43	24	67
> 30 days	81	27	108
# Number of Visits (Phase is based on enrollment date)			
1 visit	166	94	260
2 visits (Enrollment + 1 revisit)	48	59	107
3 visits (Enrollment + 2 revisit)	14	36	50
4 visits (Enrollment + 3 revisit)	7	36	43
5 visits (Enrollment + 4 revisit)	8	14	22
6 visits (Enrollment + 5 revisit)	11	5	16
7 visits (Enrollment + 6 revisit)	2	0	2
Total Revisits	143	373	516
Average days from last visit [min 0, max 181]	25.4	40.8	33.1
# of Paired Visits	419	598	1017

Phase I Authentication vs Age

1 Finger - Age >3 days

TAR 96% at FAR = 0.1%

1 Finger - Birth – 3 days

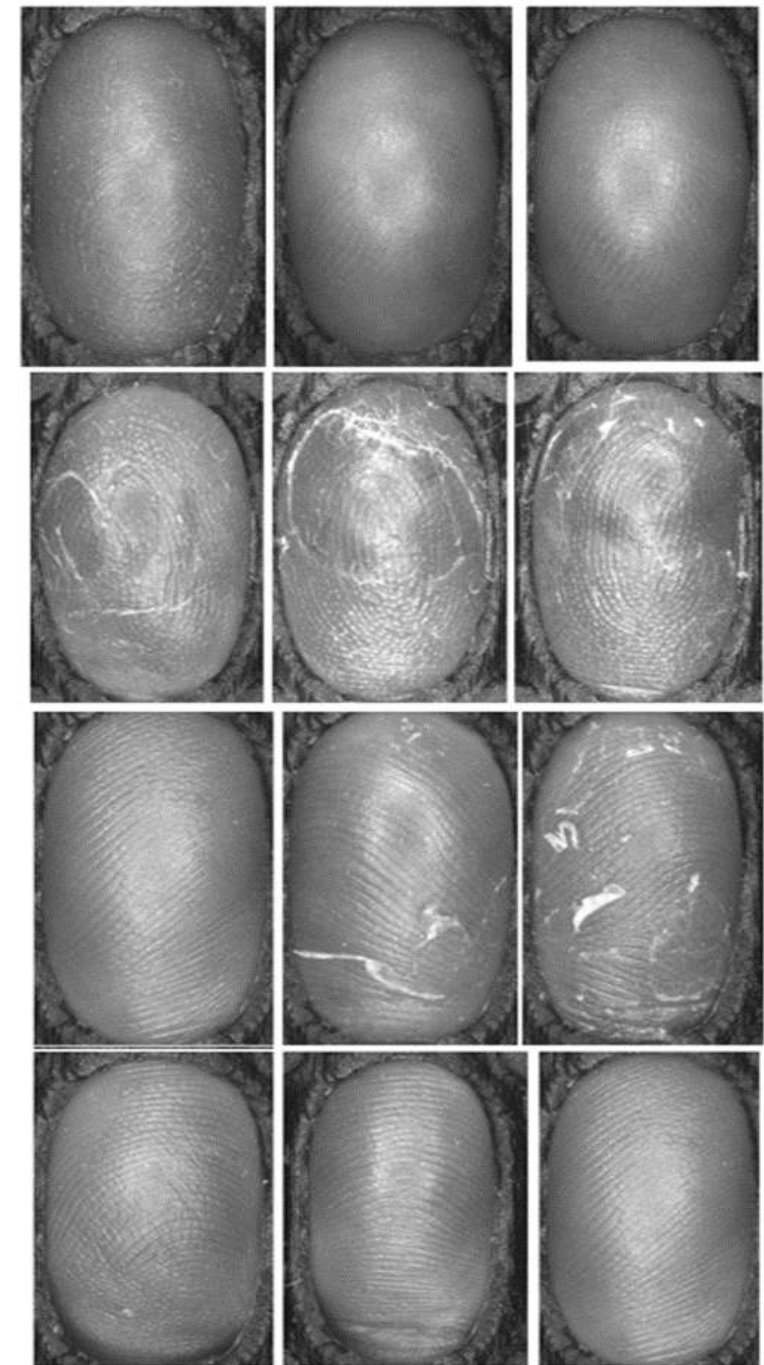
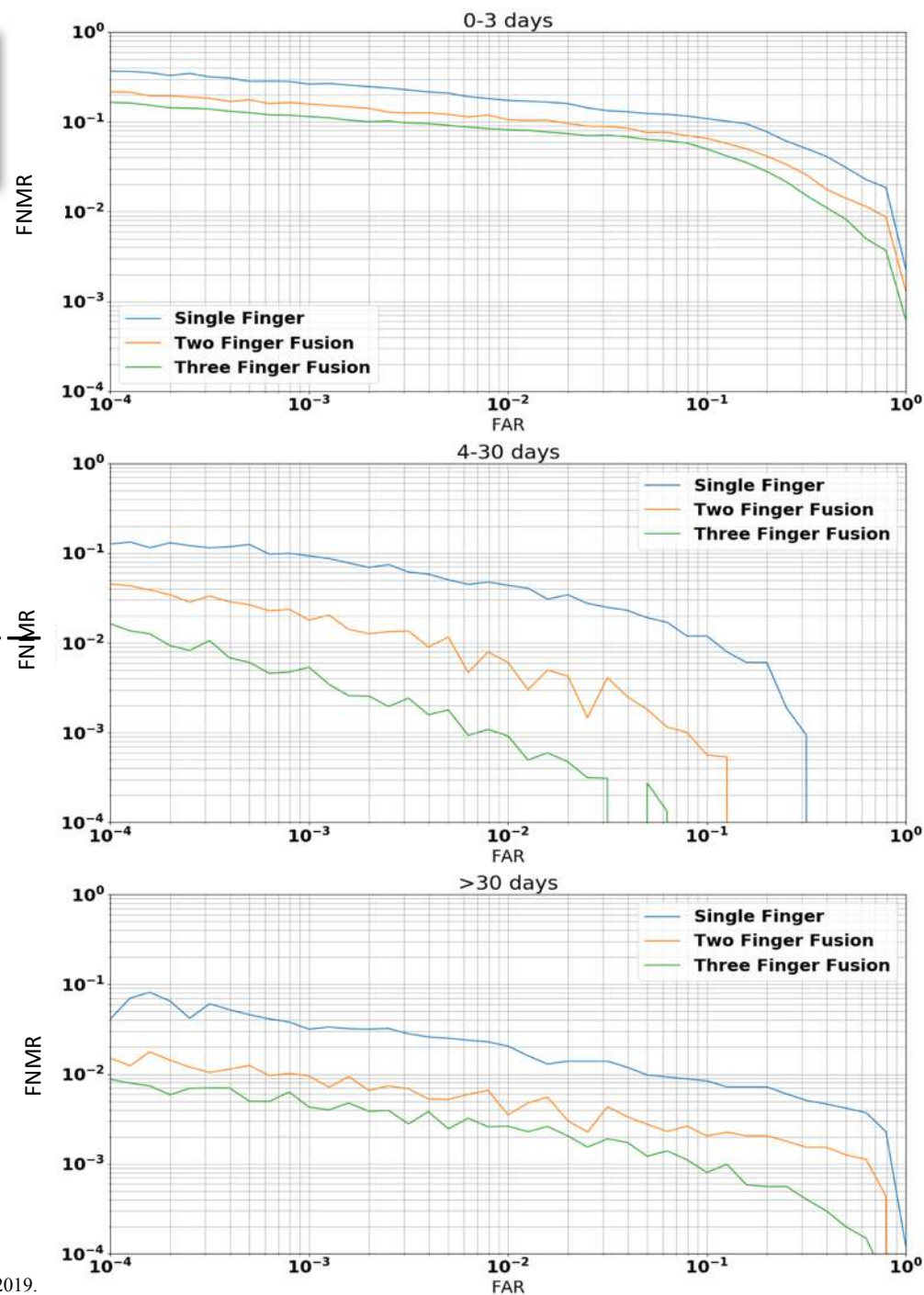
TAR 82% at FAR = 0.1%

3 Finger - Age >3 days

TAR >99% at FAR = 0.1%

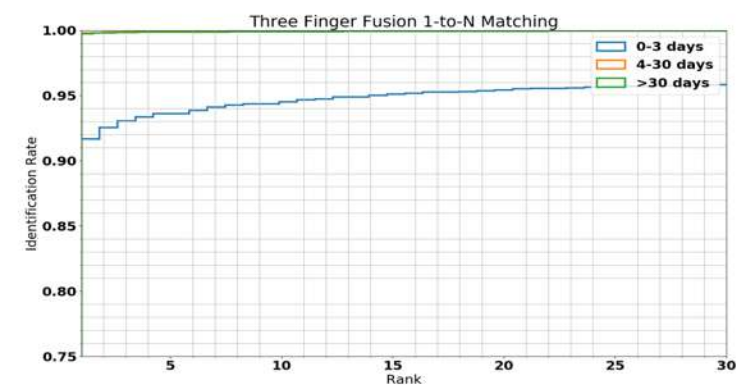
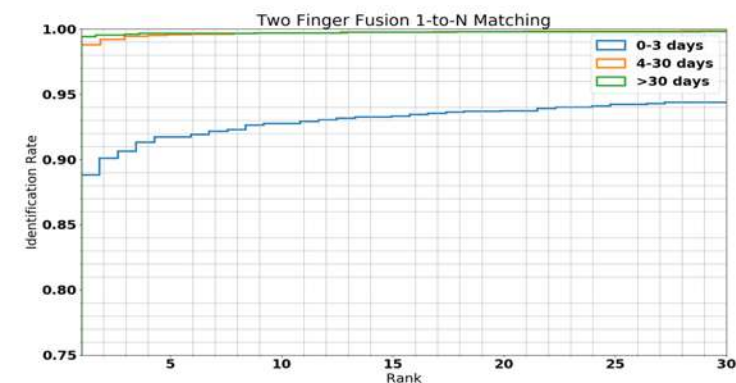
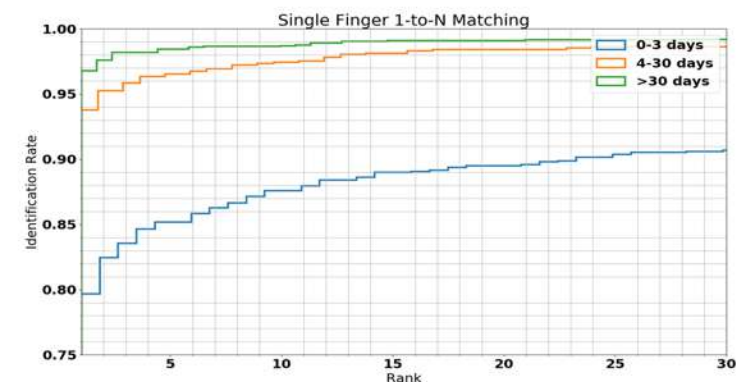
3 Finger - Birth – 3 days

TAR 93% at FAR = 0.1%



Identification vs Age

	Identification Rate		
	Age Group: 0-3 days	Age Group: 4-30 days	Age Group: >30 days
One Finger:			
% N Rank 1	0.7966	0.9376	0.9678
% N Top 5	0.8517	0.9653	0.9844
% N Top 10	0.8759	0.9743	0.9869
% N Top 20	0.8950	0.9842	0.9909
Two Finger:			
% N Rank 1	0.8881	0.9880	0.9942
% N Top 5	0.9171	0.9957	0.9967
% N Top 10	0.9276	0.9971	0.9970
% N Top 20	0.9371	0.9980	0.9978
Three Finger:			
% N Rank 1	0.9168	0.9981	0.9975
% N Top 5	0.9360	0.9991	0.9987
% N Top 10	0.9450	0.9995	0.9990
% N Top 20	0.9543	0.9999	0.9993

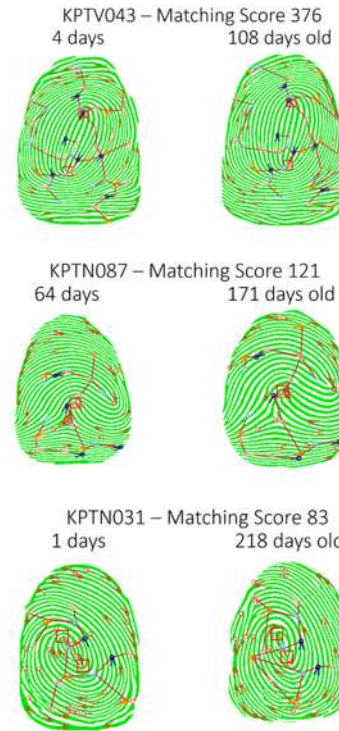


Persistence

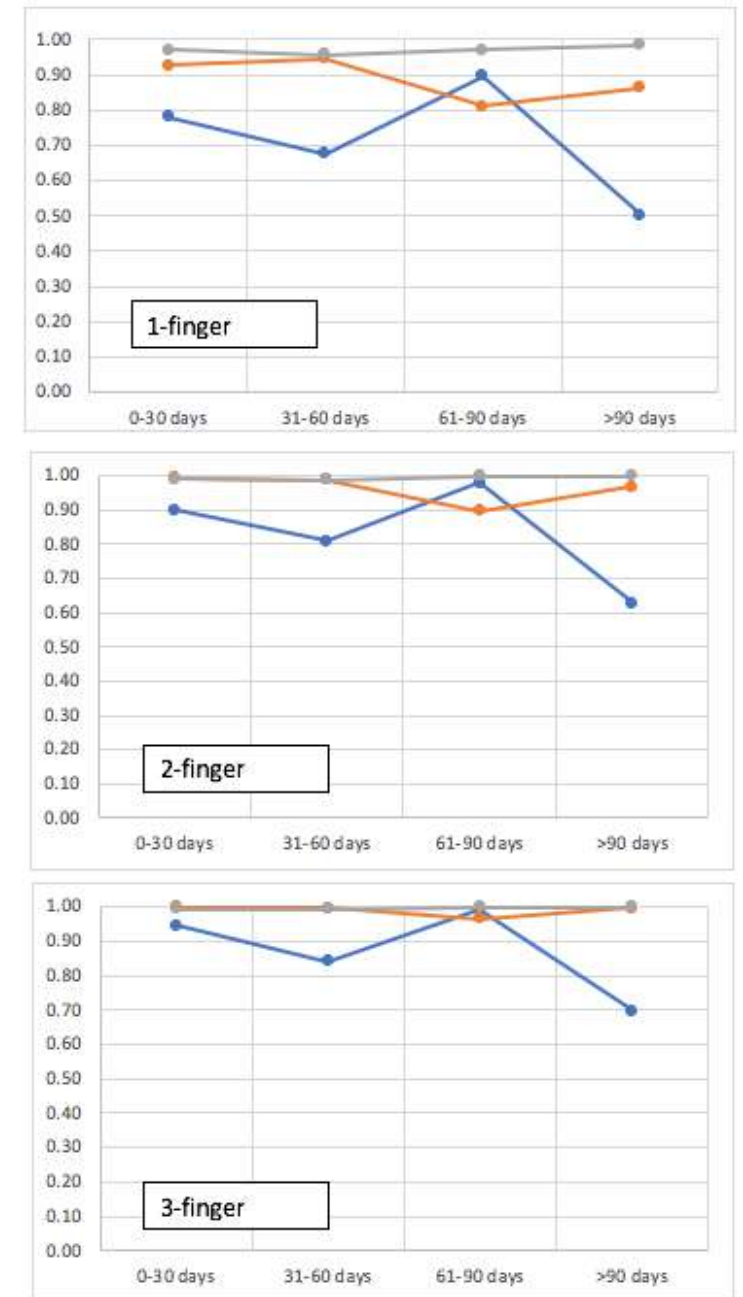
Stability over Time

Delta T (Time between visit) between 0 (same day) and 218 days

100 % individual rematch for age > 30 days

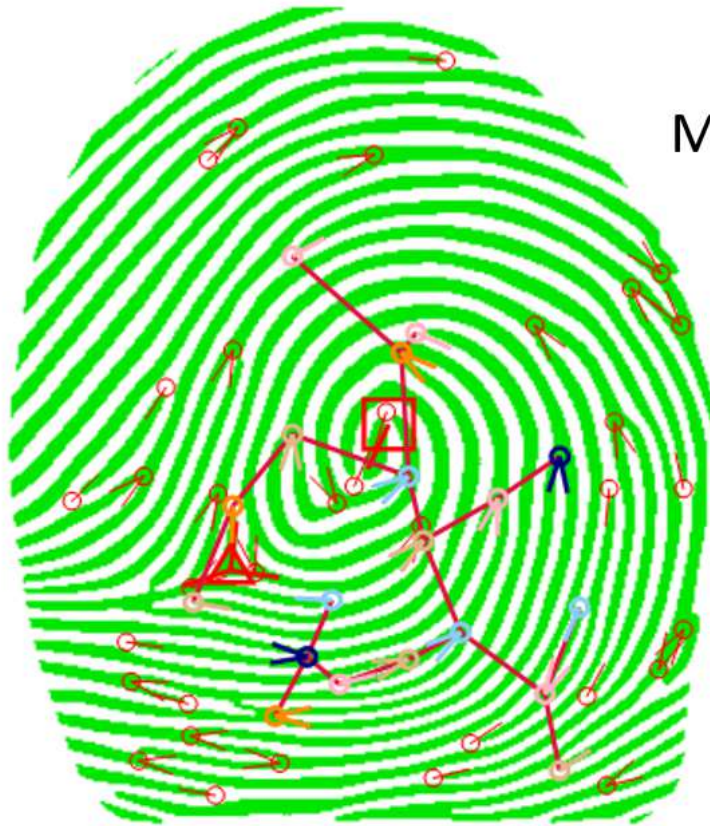


All 6x6 Combinations Match



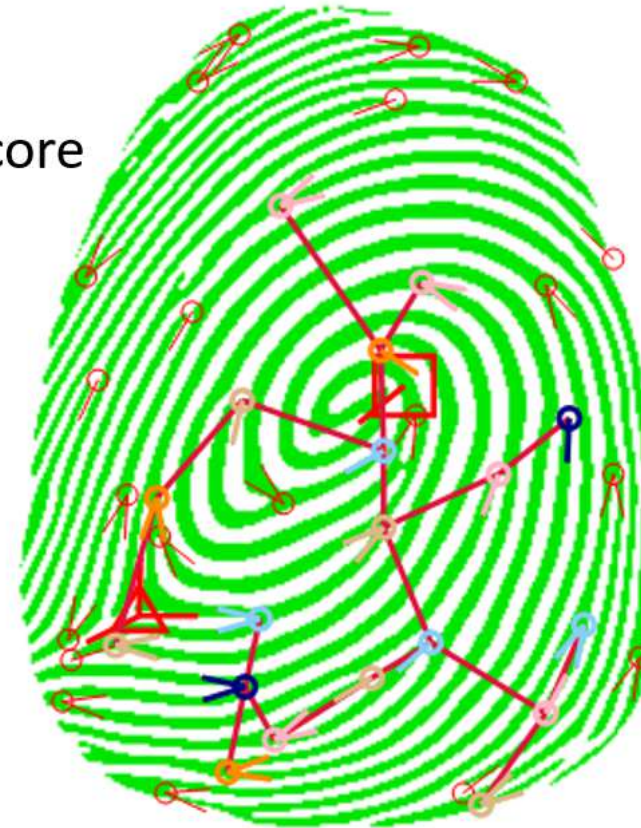
Interoperability

High Resolution Contact to Non-Contact Same Day
23 Days Old Infant



Quality score 84

Matching Score
145



Quality score 75



EYES



FINGERS



PALMS



FACE



EARS

PART 4

PANDA GOES TO AFRICA

Panda goes to Mali Bamako, Jan 2019





Mali results

- Reported to be well liked and easy to use by providers
- Acceptable to caregivers and babies
- Quality images and perfect same day matching scores
- Noted need for weather and dust proofing
- Shovel-ready plan to deploy devices at select clinics and rural outposts



Kevin Wilson- RTI, Bamako Jan 2019



PART 5

Summary and Next Steps

Summary

Key Features



ALL AGES



PERSISTANT



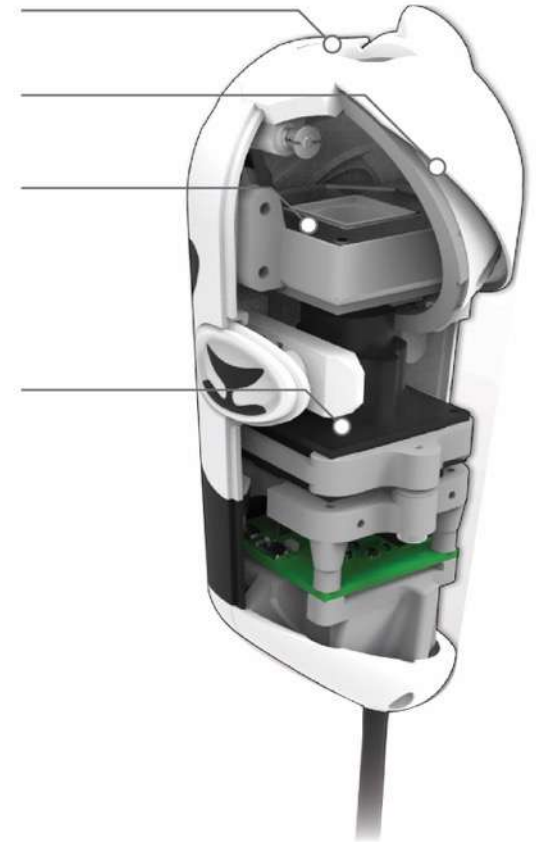
**ACCURATE &
INTEROPERABLE**

Non-Contact for Enhanced Imaging

Adjustable Sizing for Different Ages

Integrated Blue Light for
High Contrast Imaging

High Quality Camera with
3500PPI Resolution



IDENTITY + HEALTH COMING SOON



/01

Universal, multimodal ID, vital health measurements including temperature, heart rate, respiration, oxygen and HRV



/02

Interpreted heart and lung sounds, high blood pressure, anaemia and even sepsis



/03

Analytics, Telemedicine, ID Capture and data integration facilitates better care

Conclusions

- **Non-Contact Fingerprinting for Infant biometric identification**
 - High accuracy with all ages
 - Stability over time
 - Interoperability with existing methods
 - Meets legal standards for identity
- **Next steps**
 - Multimodal biometrics
 - Scale Pilots
 - Build Partnerships



SPECIAL THANKS

TO JOSEPH ATICK AND ID4AFRICA,
TO ANIL JAIN,
TO OUR PARTNERS & FRIENDS,
TO THE KIDPRINT TEAM
TO OUR HOSTS IN SOUTH AFRICA,
& TO THE BILL & MELINDA GATES FOUNDATION

UC SAN DIEGO TEAM

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