

Blockchain For Impact's Philanthropic, Relief and Health System Strengthening Support to The North Eastern States of India

Executive summary

Blockchain for Impact's (BFI) Initiatives in Northeastern India

Blockchain for Impact (BFI) has undertaken significant initiatives in the Northeastern region of India, focusing on healthcare infrastructure, pandemic response, and community resilience. These efforts demonstrate a commitment to improving health outcomes and addressing Health and socio-economic vulnerabilities in the region.

COVID-19 Relief Efforts

BFI played a crucial role in distributing essential medical supplies and equipment across the Northeastern states to combat the COVID-19 pandemic. This included BFI played a crucial role in distributing essential medical supplies and equipment across the Northeastern states to combat the COVID-19 pandemic. This included

Medical Kits, Oxygen Concentrators, Oximeters, PPE Kits, and Cylinders were provided to various states to strengthen healthcare infrastructure and capacity to treat COVID-19 patients.

Ration Kits were distributed to alleviate food insecurity among vulnerable populations during lockdowns and economic disruptions.

Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, and Tripura all received aid tailored to their specific needs.

BFI has supported the solarization of public health facilities in the region through a partnership with SELCO Foundation. This initiative aims to improve healthcare delivery, promote sustainability, and enhance climate resilience.

Health Infrastructure Support

BFI has supported the solarization of public health facilities in the region through a partnership with SELCO Foundation. This initiative aims to improve healthcare delivery, promote sustainability, and enhance climate resilience.



Over 6 million USD was provided to support the goal of integrating sustainable solar energy solutions and efficient medical equipment across 25,000 healthcare facilities in India.



This initiative is being implemented across 11 states, including Sikkim, Assam, Arunachal Pradesh, Nagaland, Manipur, Meghalaya, Tripura, and Mizoram



Specific progress was noted in Manipur (77 health centers enabled, impacting 590,000 people), Meghalaya (88 health centers enabled, impacting 632,000 people), and Nagaland (55 health centers enabled, impacting 270,000 people).



The program has shown a positive impact on health outcomes, cost savings, and environmental sustainability.

The program also focuses on water access through solar-powered pumps and water heating systems.

Emphasis is placed on training health staff, local technicians and local energy enterprises on maintenance as well as establishing mechanisms for sustainable maintenance and ownership.

BFI supported the completion of a climate-resilient Hospital Ship on the Brahmaputra River that delivers comprehensive primary and secondary mother and child healthcare services to approximately 4.5 lakhs of vulnerable individuals living on the islands.

Health System Strengthening

BFI supports the Health and Climate Resilience Fund (IHCRF), which addresses public health and climate vulnerability through a human-centered design approach

The IHCRF is establishing a learning layer within the district administration consisting of personnel trained in problem solving for public health using the Human Centered Design (HCD) approach in Dhubri (Assam), Khunti (Jharkhand), West Singhbhum (Jharkhand), and Chamarajanagar (Karnataka).

In Dhubri, Assam, fellows are working to understand community needs and address issues spanning health, disaster management, and social welfare, with a focus on maternal and child health, anemia, and family planning.

BFI is also supporting the establishment of One Health Secretariats within selected states to strengthen preparedness for health emergencies and foster collaboration among diverse stakeholders.



BFI has been in discussion with the health department and its leadership to assist in establishing the One-Health Secretariat in Meghalaya.

Community Support

BFI, in partnership with Nirmaan Organization, provided essential ration and necessities to over 1,000 families affected by the devastating Assam floods

Project Swaraksha, by Anaxee Digital Runners Pvt. Ltd., aimed to ensure double-dose vaccination in rural Indian villages, with a focus on addressing ground-level issues that hindered rural vaccinations, including areas in Assam.

BFI's multifaceted approach in the Northeastern region of India encompasses immediate relief, long-term health infrastructure development, and sustainable community programs, demonstrating a significant positive impact on health outcomes and community resilience.

Blockchain for Impact (BFI) has invested in Northeastern India, focusing on healthcare and community support. **Over 6 million USD** was allocated for solarizing health facilities. **The Health and Climate Resilience Fund (IHCRF) has 500,000 USD for 3 years**, addressing public health and climate vulnerability in Dhubri, Assam. BFI supports One Health Secretariats with a budget of 500,000 USD for three years in Meghalaya. The Meghalaya Health and **Human Development project has 900,000 USD for health initiatives**. BFI also funded a climate-resilient Hospital Ship on the Brahmaputra River with over half a million USD.

Impact of BFI COVID-19 Relief Efforts: An Impact Note

COVID-19 Relief

The COVID-19 pandemic significantly impacted the Northeastern region of India, revealing vulnerabilities in healthcare infrastructure and socioeconomic conditions. The distribution of medical equipment and supplies played a vital role in supporting state governments' efforts to combat the COVID-19 pandemic. This impact note examines the types and quantities of aid distributed across various states, highlighting the potential impact of these efforts on healthcare provision and pandemic response.

Relief Support

Arunachal Pradesh received a significant allocation of Anganwadi Medical Kits (7500), bolstering their capacity to provide basic healthcare services in rural areas. The provision of 34 Oxygen Concentrators was crucial in addressing the needs of patients with respiratory distress, a common symptom of severe COVID-19. Additionally, the distribution of 2425 Ration Kits helped to alleviate food insecurity among vulnerable populations during lockdowns and economic disruptions.

Assam, being a larger state, received a substantial amount of aid, including 11,550 Medical Kits, 15,505 Ration Kits, 16 Oxygen Concentrators, and 2000

Oximeters. These resources likely strengthened the state's healthcare infrastructure and facilitated testing and monitoring of COVID-19 cases. The provision of 100 Cylinders further supported the oxygen supply chain, critical for treating severe COVID-19 patients

Manipur received a diverse range of equipment, including Oxygen Concentrators, Cylinders, Mobile X-ray Machines, Medical Kits, and PPE Kits, suggesting a comprehensive approach to pandemic response. The distribution of 30 BP Instruments, 300 Digital Thermometers, and 200 Oximeters suggests a focus on monitoring and managing the health of COVID-19 patients. The provision of 5021 Ration Kits likely addressed food security concerns among affected communities

Meghalaya received 3000 Anganwadi Medical Kits, 400 Cylinders, and 1500 Ration Kits. While the data lacks specifics on the contents of the medical kits, these resources likely contributed to strengthening basic healthcare services and addressing potential oxygen shortages in healthcare facilities.

Mizoram received a wide array of medical equipment, including 12 Oxygen Concentrators, 130 Nebulizers, 1300 N95 Masks, 100 PPE Kits, and 30 Cylinders. These provisions significantly enhanced the capacity to treat COVID-19 patients and protect frontline healthcare workers. The distribution of 1989 Mask Fabric Washable (Pack of 3) promoted hygiene practices among the general public, contributing to infection prevention efforts.

Nagaland received 1500 Aanganwadi Medical Kits and 1600 Oximeters, enhancing their capacity for basic healthcare provision and monitoring of COVID-19 patients.

Sikkim received 400 Oximeters and 687 Ration Kits. While limited in scope, these provisions likely contributed to the state's pandemic response efforts.

Tripura received 502 Ration Kits, likely providing food relief to vulnerable populations impacted by the pandemic.

Overall, the data suggests a significant effort to bolster healthcare infrastructure and support vulnerable populations across various states during the COVID-19 pandemic. The provision of Oxygen Concentrators, Cylinders, Medical Kits, PPE Kits, and Ration Kits likely had a positive impact on the availability of healthcare services, the capacity to treat COVID-19 patients, and the overall well-being of affected communities.

Project Anaxee

Overview

- Project Swaraksha, by Anaxee Digital Runners Pvt. Ltd., aimed to ensure **double-dose vaccination in rural Indian villages**. The project ran from May 22, 2021, to November 18, 2021.
- The project targeted a total of **1,673,071 beneficiaries** and facilitated **892,857 vaccinations** across 485 districts in India.
- The project focused on addressing ground-level issues that hindered rural vaccinations.

Key Activities & Strategies



Identifying Barriers

The project identified key challenges to vaccination in rural areas, such as **low literacy levels, limited access to phones (smart and basic), and the distance to vaccination centers**.



Community Engagement

Anaxee teams visited villages and met with local leaders like the Gram Pradhan.



Door-to-Door Outreach

Runners went door-to-door, **registering beneficiaries on the CoWin portal** and providing them with a paper containing their details (4-digit code, registered number, ID card) to carry for vaccination.



Vaccination Camps

Anaxee runners, with the help of local authorities, organized vaccination camps in villages.



Digital Runner Platform

Anaxee utilized its network of **14,000 Digital Runners** for last-mile outreach and data collection. These runners are tech-enabled and provide services like data collection, rural marketing, and customer onboarding.



Collaboration

Anaxee collaborated with local authorities to organize vaccination camps.

Case Study Example

In Gram Panchayat Fakhrapur, Uttar Pradesh, where initial vaccination rates were low, Anaxee's team identified low literacy and lack of access to phones as barriers. After working with the Gram Pradhan, they conducted door-to-door registration and organized a vaccination camp, resulting in 76 vaccinations.

Meta (Facebook) Support

Meta (Facebook) sponsored two documentaries about Anaxee and Project Swaraksha, highlighting their work. The links to these films are: (1) <https://o.anaxee.com/fbfilm2>, (2) <https://o.anaxee.com/fbfilm1>.

Anaxee Digital Runner Platform

Anaxee has a network of 100,000 Digital Runners (shared feet-on-street, tech-enabled) that assists businesses with scaling to rural and semi-urban India.

Anaxee provides services including data collection, rural marketing, merchant acquisition, customer onboarding, and KYC to companies like Udaan, DeHaat, AgroStar, and Amazon, among others.

Key Findings

- Project Swaraksha successfully **mobilized rural communities** for vaccination.
- **Addressing on-the-ground challenges** was crucial for successful vaccination efforts in rural India.
- **Digital technology and local outreach** were essential tools in overcoming barriers to vaccination
- The use of local runners and collaborations was important for success.

Overall Impact

- Project Swaraksha significantly contributed to rural vaccination efforts in India by reaching over 1.6 million beneficiaries and administering close to 900,000 vaccine doses.
- The project effectively used a combination of technology, local engagement, and community support to address the challenges in rural vaccination drives.



Assam Flood Relief

During the devastating Assam floods, Blockchain For Impact (BFI) extended a helping hand to the affected communities, bringing hope and relief to those in need. Through a dedicated partnership with Nirmaan Organization, BFI provided essential ration and necessities to over 1,000 families struggling to survive in some of the worst-hit regions, including Majuli, Dhemaji, and Nagaon. These communities, already vulnerable, faced immense hardship as floodwaters swept away homes, livelihoods, and access to basic resources.

Amidst the chaos, swift action and coordinated efforts ensured that families received food, clean water, and essential supplies, helping them endure the crisis with dignity. The initiative was a testament to the power of collective action and solidarity, showcasing how organizations and communities can come together in times of adversity.

This initiative reinforced the need for resilience and long-term rehabilitation, helping those affected rebuild their lives. BFI and Nirmaan's commitment to humanitarian aid inspires, showing that unity can bring light in dark times.



Health Infrastructure Support

Energy For Health Care Access Solar Powering Of PHC

BFI supported SELCO Foundation in their effort in **solarizing public health facilities across India** to improve healthcare delivery, promote sustainability, and enhance climate resilience. This initiative is being implemented through a partnership between the SELCO Foundation, the Ministry of Health, the Government of India, and various state governments, with support from philanthropic organizations. BFI provided the seed grant money of about 6+ million USD which enabled the ideation and roll out of the 25K Energy efficient Health Care Facilities.

The program is driven by Sustainable Development Goal 7 (SDG7), which aims to ensure access to affordable, reliable, sustainable, and modern energy for all. It also contributes to SDG 3 (Good Health and Well-being) and SDG 13 (Climate Action). The projects address critical gaps in healthcare delivery by providing reliable energy access, which is vital for proper functioning of medical equipment, vaccine storage, and overall service provision. The effort is clearly making a significant positive impact on health outcomes, cost savings, and environmental sustainability, particularly in remote and underserved areas.

Goal

To integrate sustainable solar energy solutions and efficient medical equipment across 25,000 healthcare facilities in India. This is intended to strengthen immunization, maternal and child care, basic diagnostics and critical care.

Impact

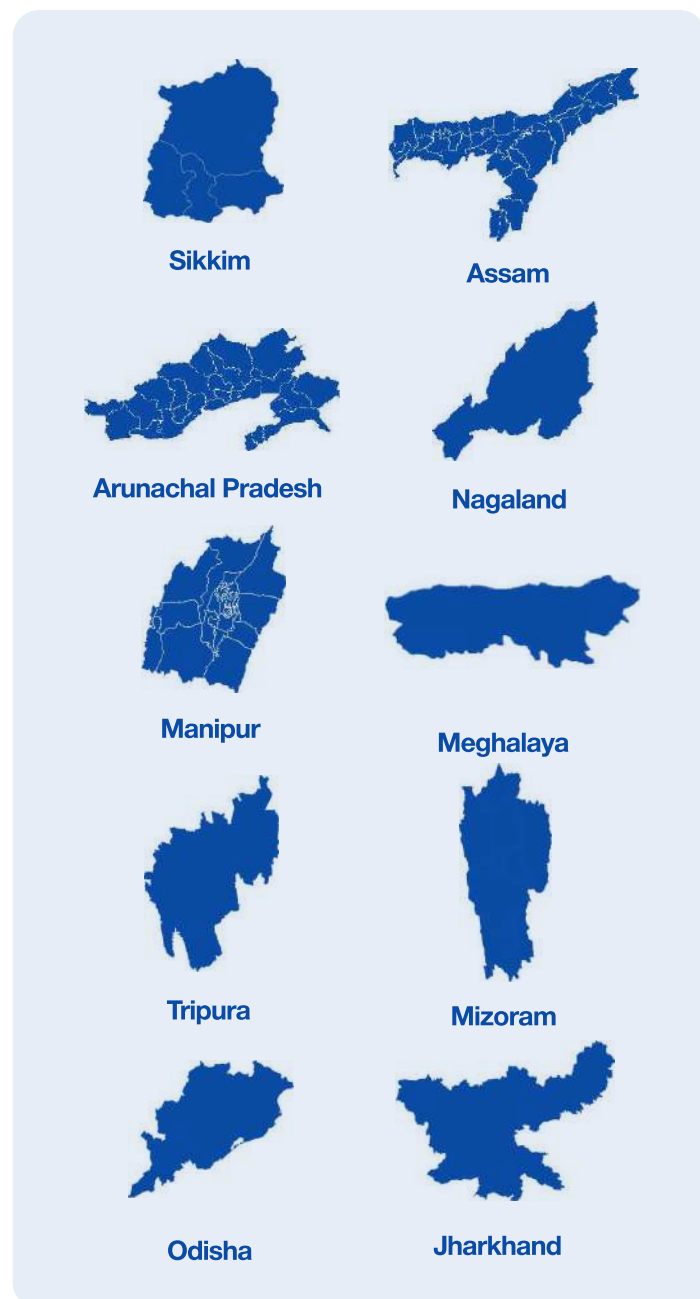
- Improved quality and quantity of health services.
- Reduced damage to health appliances.
- Decreased transactional costs for patients.
- Independence from dirty fuels.
- 90% of facilities reported an ease of operations due to the introduction of sustainable energy solutions.
- Improved patient experience in terms of waiting time and referral services.
- 96% of health staff across 70 health facilities reported being able to provide better treatment due to uninterrupted power for lighting, fans, and cooling.
- All of the 70 facilities in one study reported no voltage fluctuations.
- 83% reported a reduction in vaccine wastage due to improved refrigeration.
- 70% of health facilities reported an overall reduction of usage of non-clean energy through on-site electricity generation.
- 88.7% of users reported improvement in patient waiting time and referral services.
- Cost savings from use of solar PV systems for backup power compared to diesel.
- Improved well-being and productivity of health staff.
- Increased access to health services.
- Financial savings for the health facility.
- Reduced carbon emissions.

Key Objectives

- Integrate sustainable energy solutions for water access and heating.
- Replicate successful processes on procurement, training, ownership, management and maintenance.
- Provide training for health staff on equipment use and basic maintenance.
- Ensure regular maintenance by local technicians and energy enterprises.

States Supported

The program is being implemented across 11 states



Specific progress and impact details were provided for

Manipur: 77 health centers enabled, impacting 590,000 people. Focus districts included Chandel, Churachandpur, and Tamenglong.

Meghalaya: 88 health centers enabled, impacting 632,000 people. Focus districts included Ribhoi and East Garo Hills.

Nagaland: 55 health centers enabled, impacting 270,000 people. The focus district was Mon.

Karnataka: 434 health centers enabled, impacting 3,340,000 people. Focus districts included Raichur, Yadgir, Koppal, and Haveri.

Odisha: 361 health centers enabled, impacting 2,586,000 people. Focus districts included Kalahandi and Sambalpur.

Water Access: The program also focuses on providing access to water through solar-powered pumps and water heating systems in some locations. This is particularly important in facilities with no borewells or public taps.

Sustainability and Maintenance

- Emphasis on training health staff, local technicians and local energy enterprises on maintenance.
- Establishing mechanisms for sustainable maintenance and ownership.
- Asset transfer and maintenance agreements between vendors and local committees.

Sustainability and Maintenance

- Using local resources and personnel for long-term maintenance.
- Remote data monitoring is being piloted to improve maintenance.
- Working with local committees to allocate untied funds for capital expenditure, maintenance and to purchase efficient appliances.



Green Building Design

- Focus on incorporating climate resilience and local needs in building design, including energy efficiency.
- Training local stakeholders to ensure effective and sustainable utilization of infrastructure.





Sr. No.	Partner Name	State	District	No. Of Vaccinations Facilitated
1	Anaxee Digital Runners	Assam	Dhemaji	142
2	Anaxee Digital Runners	Assam	Dhubri	1795
3	Anaxee Digital Runners	Assam	Other Districts Assam	176
4	Anaxee Digital Runners	Assam	Tinsukia	297
124	Anaxee Digital Runners	Nagaland	Mon	684

Climate resilient Health Facility



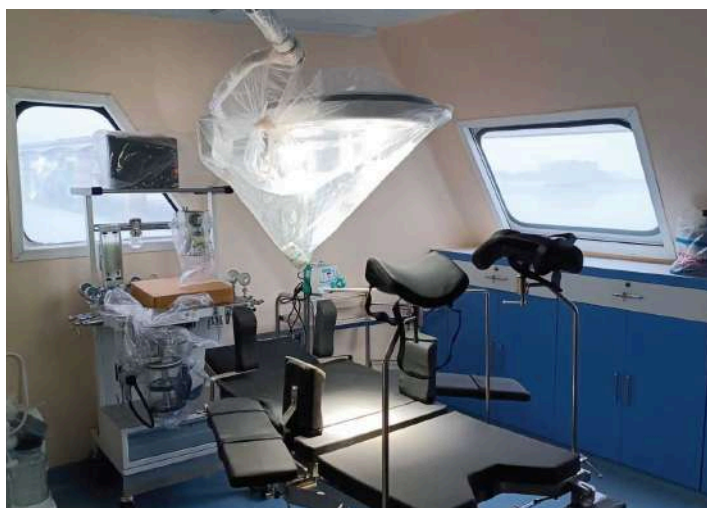
Maternal And Child Care On The Brahmapurta River

The Hospital Ship

The Char region of Assam, a unique network of riverine islands nestled along the majestic Brahmaputra River, grapples with profound healthcare challenges. These challenges are exacerbated by recurrent floods, persistent soil erosion, and limited transportation options, which create significant barriers for villagers seeking medical care. In response to these pressing issues, a remarkable initiative has been launched with the support of BFI, aimed at completing a one-of-a-kind climate-resilient Hospital Ship. This innovative vessel is designed to deliver comprehensive primary and secondary healthcare services specifically for mothers and children, including essential referrals from existing Boat Clinics and Riverine Primary Health Centers (PHCs).

The Hospital Ship will operate 24/7, providing specialized care with a dedicated healthcare team. Services include C-sections, minor surgeries, and diagnostic tests, ensuring vulnerable populations receive necessary care. This initiative prioritizes women's and children's health, benefiting around 450,000 individuals on these islands.

The project has navigated two development phases, backed by funding, and is now in its third phase. Success will be evaluated through quantitative and qualitative metrics, including health outcomes and patient experiences. BFI has contributed over half a million in grants to support this vital project.



Health System Strengthening

District Full Stack Fund: Flagship Health System Strengthening program
for public problem solving at district level.

Health And Climate Resilience Fund (IHCRF)

IHCRF is working towards addressing the interlinked challenges of public health and climate vulnerability across districts in India, establishing a learning layer within the district administration consisting of personnel trained in problem solving for public health using the Human Centered Design (HCD) approach in Dhubri (Assam), Khunti (Jharkhand), West Singhbhum (Jharkhand), and Chamarajanagar (Karnataka).



Our vision centers on community empowerment, enabling stakeholders and healthcare providers to craft and implement human-centered solutions for primary healthcare challenges through a dedicated fellowship program.

Currently in the discovery and definition phase, IHCRF is identifying priority health challenges requiring intervention. We gather insights through comprehensive community engagement, health data analysis, stakeholder discussions, targeted surveys, and partnerships with local non profit organizations.

The three foundational pillars of IHCRF's work are

The Fellowship Program: Currently eight fellows operate across five districts, employing Human-centered Design (HCD) methodology to identify pressing health challenges. Through close collaboration with communities, partner organizations, and district administrations, we're currently finishing a initial discovery in Chamarajanagar, Khunti, West Singhbhum, and Dhubri districts. This phase consists of conducting consultative workshops with government stakeholders to prioritize 3-5 key health issues per district, with successful workshops already completed in Assam and Jharkhand districts. The next phase focuses on consulting community members and then developing detailed problem statements and designing pilot solutions for implementation.

Research, Monitoring & Evaluation: Our research team strengthens field operations through rigorous analysis and support. We've developed comprehensive district basepapers consisting of extensive literature and data work to synthesise and prioritise critical health issues as they exist in secondary literature.

A thorough Omnibus survey has been designed and work for the baseline component is in preparation. Our data and field implementation partner has been onboarded and, working under our research team's guidance, has established protocols, methodology, sampling frameworks, and operational plans. The study protocol is currently under ethical review.

Learning & Capacity Building: IHCRF has a robust capacity-building program for fellows and team members through targeted training and workshops. We're currently developing a comprehensive asynchronous curriculum covering essential topics such as research fundamentals, stakeholder management, data collection ethics, personal development, program and finance management. This curriculum will include curated reading materials, recorded sessions, and practical exercises.

IHCRF's Work in Dhubri, Assam

Dhubri sits where the Brahmaputra, Gadadhar, and Gangadhar rivers meet in Assam. Here the Brahmaputra reaches a width of 10 kilometers, creating char areas - temporary and permanent river islands made of silt. The chars range from small sandbars to large inhabited islands that appear and disappear with river levels. The flat land around Dhubri floods yearly, leaving behind soil that farmers use to grow crops on both the mainland and Char areas. These factors along with unique disease patterns made it a critical site for IHCRF's work.

Fellows began fieldwork in July 2024. The initial months focused on adapting to the new working environment, introducing the program to government stakeholders, and establishing a strong liaison with the district administration.



In September 2024, after continuous efforts, the team secured an official approval letter from the Deputy Commissioner (DC) of Dhubri, granting access to district data, stakeholders, and communities. This marked a significant milestone, opening doors for in-depth research. Since then, fellows have been engaged in the Discovery phase, identifying key issues spanning health, disaster management, and social welfare. The fellows at Dhubri are currently working towards understanding the community's unique needs



One of the first pieces of work the fellows have been asked to contribute to is to support with the ideation, creation and production of a video focussed on family planning specifically targeted to marginalised families residing in the Char areas.



Our fellows developed two alternative scripts, storyboards and animatics; one in a Public Service Announcement (PSA) format and one as a Live Action Film (LAF) and are currently working with the ADC to finalise one. A new project requesting support with the development of an innovative IEC material on drug use and deaddiction has also been raised.

Key Highlights



Geographic Focus

While the fellows are working at the district level, initial fieldwork has prioritized Dharamshala, Raniganj, and Birsing Jarua blocks, as per district administration recommendations.



Major Meetings

- Approval Meeting (September 2024): Secured official support from the DC and all line departments.
- Prioritization & Consultative Workshop (21st January 2025): Brought together stakeholders from the District Administration, Health Department, Social Welfare Department, CNES leadership, and IHCRF team to finalize



Key Problem Areas Identified

- Maternal and Child Health
- Anaemia
- Family Planning

Looking Ahead

After six months in Dhubri, the fellows have gained a deep understanding of the district's health ecosystem. The region presents diverse challenges at the intersection of health and climate, offering IHCRF an exciting opportunity to design impactful, human-centred innovations. The team is currently engaging with the administration to formalize an MoU, expected to be finalized by early March.

Budget Allocated

500,000 USD
for 3 years

Partnership With UNICEF

This section outlines the planned activities and current status of the Meghalaya Health and Human Development (HCD) Project as of January 2025. It also includes updates on support to the Government of Meghalaya and partnerships with various organizations. The project emphasizes a human-centered design (HCD) approach to develop and implement interventions which are context specific.

Key Activities and Status

Situational Analysis (SitAn): A situational analysis for Meghalaya has been conducted and disseminated with the state.

Human Resources: 12 District Health Assistants (DHAs) have been hired by UNICEF to support the National Health Mission (NHM).

HCD Workshop: A workshop on RMNCH+A (Reproductive, Maternal, Newborn, Child and Adolescent Health) intervention using HCD was conducted, and suggested actions are being implemented.

Human Resources: A workshop on RMNCH+A (Reproductive, Maternal, Newborn, Child and Adolescent Health) intervention using HCD was conducted, and suggested actions are being implemented.

Technical Assistance: Technical assistance is being provided to the state through DHAs and the State Technical Support Unit (TSU) team, including regular review meetings and capacity building for DHAs. Joint visits by DHAs on key issues are also being implemented.

Multisectoral Program Support: This includes risk-informed programming, social policy and protection activities, and financing for children's health and nutrition outcomes.

Routine Immunization: A State Training of Trainers (ToT) program for Boosting Routine Immunization for Demand Generation (BRIDGE) and Behavioral Insights for Routine Immunization is underway.

District Gap Analysis (DGA): Tools for DGA have been developed and piloted, and data collection is planned for the next quarter. The DGA will be implemented in approximately 300 facilities and the findings will be disseminated.

HCD Intervention Design: Consultation workshops are being conducted to design an HCD intervention. A program implementation HCD document is expected in Q1 and Q2 of 2025.

Piloting HCD Intervention: The HCD intervention is planned to be piloted from Q3 of 2025 to Q2 of 2026.

Publications: Two peer-reviewed publications based on the intervention learnings are planned for Q3 and Q4 of 2026.

Support To The Government Of Meghalaya (NHM, SHSRC)

Technical Assistance: Regular field visits by DHAs, and documentation of challenges.

Capacity Building: DHAs are receiving regular capacity-building sessions.

Risk Informed Programming: Submission of Child Risk Impact Assessment (CRIA) reports for 5 districts.

CMSMS Analysis: District-wise analysis of the Chief Minister Safe Motherhood Scheme.

Health Atlas: A draft document of the Health Atlas has been submitted.

Disease Burden Analysis: Analysis of disease burden through teleconsultation services has been initiated.

Partnerships

IITB (Indian Institute of Technology Bombay): IITB is providing support for the State Consultant, analytics, and the District Gap Analysis (DGA). The DGA tools are currently being revised based on feedback, and preparatory exercises are underway.

PC Institute (Population Council): Our collaboration with PCI is now in full swing, allowing us to hold discussions across different sectors. These conversations focus on exploring the key priorities, needs, and challenges that influence how effectively Maternal, Newborn, and Child Health (MNCH) services are used in our community. By understanding these factors, we can work together to improve access and outcomes for families.

Project Expectations:

- **Support for SHSRC unit and DHAs** in identifying gaps and solutions at the district level.
- **Identification of Health System level challenges** by the state team.
- **District Gap Analysis** of health facilities.
- **Evidence generation and publications** through the HCD project.
- **Consultations at different levels** (community, block, regional, state) to design HCD solutions.
- **Programmatic briefs.**
- **Planned Outputs in 2025-26:** DGA Dashboard, draft report on key priority issues, pilot testing of solutions, draft HCD intervention action plan, and documentation of lessons learned.

Secretriare For Strengthening One Health In The State Of Meghalaya

Blockchain for Impact (BFI) is supporting the establishment of One Health Secretariats within selected States and helps provide better linkage and coordination with central initiatives such as National One-Health Mission of India. The secretariats will serve as central coordinating bodies, fostering collaboration among diverse stakeholders, enhancing disease surveillance, ideate, innovate and implement integrated strategies to address the interconnectedness of human, animal, and environmental health. The ultimate aim is to improve overall health outcomes, strengthen preparedness, and create a sustainable and resilient health ecosystem across the country.

Rationale: The COVID-19 pandemic highlighted the vulnerability of interconnected systems and the need for a One Health approach. Recognizing this, the Government of India launched the National One Health Mission (Fig: 1 Framework). However, for successful implementation, translating the national framework into effective action at the state and district levels is crucial. This necessitates a dedicated coordinating mechanism within each state. Aligned with global commitments and Sustainable Development Goals (SDGs), the Secretariat would strengthen the state's preparedness for health emergencies, foster research and innovation, and promote sustainable, resilient ecosystems. For example: India's diverse geography and demographics mean that health challenges vary significantly across states.

Budget Allocated

**900,000 USD
for 3 years**

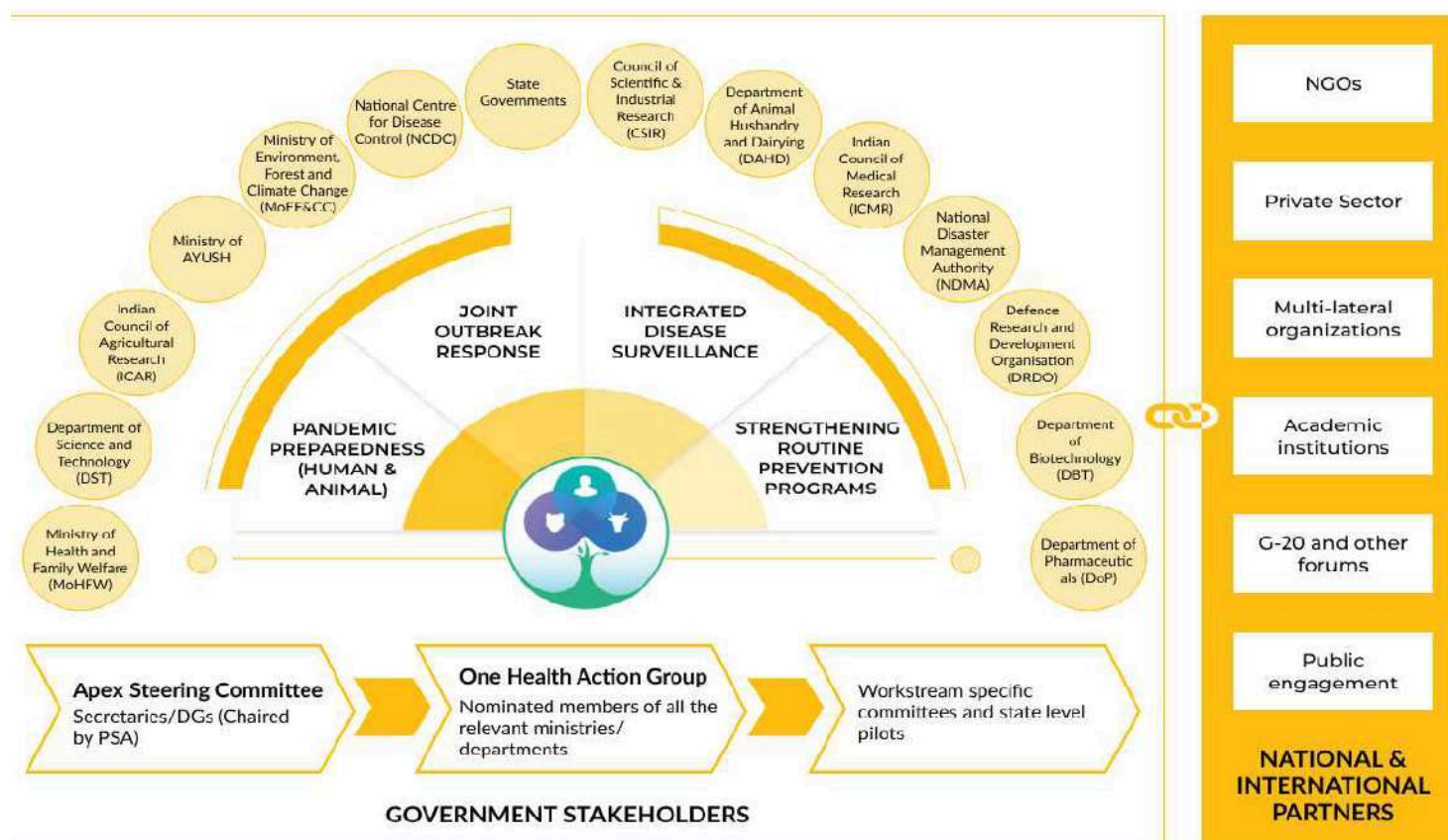
State-level secretariats play a crucial role in tailoring the National One Health Mission framework to address the specific needs of each state. For example, states with strong livestock sectors may prioritize tackling zoonotic diseases, while coastal areas could focus on marine health challenges. Additionally, the comprehensive scope of the National One Health Mission requires robust collaboration among government agencies, research institutions, and community organizations. State-level secretariats serve as essential coordination hubs, improving communication, facilitating data exchange, and building partnerships. By adopting this integrated strategy, resource management becomes more efficient, significantly enhancing the overall impact of One Health initiatives. This collaborative effort not only increases the success of health interventions but also fosters community involvement and shared responsibility in tackling health issues across various regions.

The BFI is partnering with the health department to launch the One-Health Secretariat in Meghalaya. This initiative promotes collaboration among public health officials, environmental scientists, and veterinary specialists. By merging these disciplines, the project aims to address health challenges that occur at the crossroads of humans, animals, and the environment. This comprehensive approach is vital for crafting effective strategies to enhance health and well-being across the region.

Proposed budget support from Blockchain For Impact

The proposed budget of 500,000 USD for three years is broadly allocated for

- Secretariat: **120,000 USD**
- Pilots: **200,000 USD**
- Workshops and program facilitation: **180,000 USD**





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Blockchain for Impact
(BFI)



Blockchain For Impact-BFI
(Formerly CryptoRelief)



Blockchain For Impact



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