

No.S.12016/22/2018 - NACO (NBTC)
Government of India
Ministry of Health & Family Welfare
National AIDS Control Organization
(National Blood Transfusion Council)

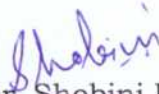
9th Floor, Chanderlok Building,
36, Janpath, New Delhi – 110 001
Dated 29th November, 2018

OFFICE MEMORANDUM

Subject: Minutes of 28th meeting of Governing Body of National Blood Transfusion Council (NBTC)-reg.

This is to inform you that 28th Meeting of Governing Body of NBTC was held on 26th October, 2018 at 3.00 P.M. in the Committee Room of NACO, 6th Floor, Chanderlok Building, 36, Janpath, New Delhi under the Chairpersonship of Additional Secretary, NACO (as President National Blood Transfusion Council). Minutes of the meeting are enclosed for reference and necessary action.

This issues with the approval of President, NBTC.


(Dr. Shobini Rajan)
ADG (Blood Safety) & Director (NBTC)

Enclosure : Minutes of meeting with all annexures.

To

All member of Governing Body of NBTC.

Copy for information to:

1. PPS to Secy(H).
2. PPS to DGHS.
3. PPS to Additional Secretary (NACO).

Minutes of the 28th Governing Body Meeting of National Blood Transfusion Council

The 28th Meeting of Governing Body of the National Blood Transfusion Council was held on 26th October 2018 in the Committee Room, 6th Floor, NACO, Chandarlok Building, 36, Janpath, New Delhi under the Chairmanship of Additional Secretary, National AIDS Control Organization & President of National Blood Transfusion Council.

The following members attended the meeting:

1. Shri. Sanjeeva Kumar, Additional Secretary, National AIDS Control Organization & President, National Blood Transfusion Council New Delhi – in Chair
2. Shri Alok Saxena, Joint Secretary NACO
3. Ms. Vandana Jain, Director IFD, Representing Ms. Vijaya Srivastava, Additional Secretary & Financial Advisor, Ministry of Health and Family Welfare, Nirman Bhawan, Delhi
4. Dr. V. G. Somani, Joint Drugs Controller, representing DCG(I), Delhi
5. Dr. Neelam Marwah, HOD, Department of Transfusion Medicine, PGIMER, Chandigarh
6. Dr. M. Gajjar, HOD, Department of IHBT, BJ Medical College, Ahmedabad
7. Dr. Vanshree Singh, Director Blood Bank IRCS HQ representing Joint Secretary, Indian Red Cross Society, Delhi
8. Mr. Biswaroop Biswas, Secretary, Federation of Indian Blood Donor Organizations, Kolkata
9. Dr. Rekha Tirkey, CMO I/C, Dept of Blood Bank, Safdarjang Hospital representing DGHS
10. Dr. Bharat Singh, Director, State Blood Transfusion Council, Delhi
11. Sinu Kadakampally, Asst. Director, Blood Services Kerala SACS representing Kerala SBTC
12. Dr. Shobini Rajan, ADG (Blood Safety) NACO, Delhi & Director and Member Secretary NBTC

Other Attendees/ Invitees from NACO, CMAI, WHO, CDSCO, NPPA included

1. Dr. Dilip Mairembam, N.P.O., WHO India
2. Smt. Ritu Dhillon, Member Secretary, NPPA
3. Shri. Baljit Singh, Asst. Director, NPPA
4. Dr. Kiran Chaudhary, Head of Blood Bank, PGIMER and Dr. RML Hospital, DGHS, Delhi
5. Dr. R. S. Gupta, DDG (CST), NACO, Delhi
6. Dr. Bhawna Rao, DD, Lab services
7. Dr. Yaavar Shafi, MO, NBTC, Delhi
8. Sh. M. K. Diwaker, Asst. Director, NBTC & Section Officer (BS), NACO Delhi
9. Mr. Jolly J. Lazarus, PO (VBD), NBTC Delhi
10. Vivek Garg, Ass. Consultant Finance, NACO
11. Shri. Yogesh Shelar, ADCI, CDSCO
12. Shri. Suresh Kalwaniya, Drugs Inspector, CDSCO

The following members could not attend the Meeting or depute any representative for the same:

1. Joint Secretary (Policy), NHM
2. Dr.R. N. Makroo, Director Deptt. of Transfusion Medicine, Apollo Hospital, Delhi
3. Dr.JoyMammen, Professor, Department of Transfusion Medicine and Hematology, Christian Medical College, Vellore
4. Representative of DG Armed Forces Medical Services
5. Representative from Indian Medical Association
6. Representative from MCI

Attendance sheet is at *Annexure I*

The Addl Secretary, NACO and President of the Governing body extended a warm welcome and introduced all new members of the Governing body of the NBTC. It was appreciated that for the first time two meetings of Governing body of NBTC were held in the same year. Director NBTC also informed that NACO has conducted three blood donation camps for the Staff of NACO and other offices in Chanderlok building during 2018 through stationing of Blood Mobile Bus from Dr RML Hospital, DGHS, New Delhi.

A PowerPoint presentation was made by programme officer Voluntary blood donation (NBTC) with inputs from Dr Shobini Rajan, Director NBTC to apprise members of the progress made in strengthening blood transfusion services of India till September 2018 as per approved work plan for 2017-19.

Ms Sinu Kadakampally Asst. Director, Kerala SACS, presented assessment of transfusion services in Kerala done with the support of WHO, which highlighted non uniform distribution of blood banks in the state and non-uniform quality control standards in the banks despite mandatory licensing. She also requested support from NBTC for setting up a centralised blood bank scheme to be implemented in Kerala State.

Dr Dilip Mairembam from WHO expressed that WHO country office could support various activities including assessment of transfusion services in Assam, Chhattisgarh, Karnataka and review of DGHS manual on Transfusion Medicine and suggested that the request for support be routed to WR through International health division of MOHFW.

The agenda-wise discussions were held and the following decisions were taken in the meeting:

Agenda Item No. 1:

Approval of minutes of the 27th meeting of the Governing Body of National Blood Transfusion Council held on 30th January 2018

The Minutes of 27th meeting of Governing Body of NBTC held on 30th January 2018 were approved by the Governing Body.

Agenda Item No. 2:

Action taken report on the 27th meeting of GB of NBTC

The Action taken report on the minutes of the 27th meeting of the Governing Body of NBTC was noted and accepted by the Governing Body. The following matters were also discussed.

- It was reiterated that CDSCO must expedite the long pending amendments to Drugs and Cosmetics Rules pertaining to blood banks and blood transfusion services.
- Since processing charges for blood and blood components cannot be brought into the ambit of Drugs and Cosmetics Rules, it was discussed that they be brought under NPPA and DPCO. Member Secretary NPPA indicated that market based principles govern pricing of drugs included in the National List of Essential Medicines. Therefore, to include blood and blood components within DPCO, further discussion and meetings would require to be scheduled with NPPA. This is required to be done as per court directives under WP 15511 of 2015 in the High Court of Punjab and Haryana at Chandigarh.
- Review of National Blood Policy and stakeholder consultation with WHO support to consider formulation of a separate legislation for Blood Banks and Blood Transfusion Services (Blood Act or Blood Transfusion Services Act)
- Points were raised by members which are included in Agenda item 3.11

Agenda no 3:

Agenda Items for consideration and approval

The decisions taken on the various items by the Governing Body are as follows

Agenda No. 3.1

Approval of Audit Report 2017-18

The audited accounts of the council for the year 2017-18 were approved by the Governing Body.

Agenda item no 3.2

Approval of Annual Reports for 2017-18 for record

NBTC, being an autonomous body, is required to submit annual reports to both the Houses of Parliament. The annual reports for the period of 2017-18 was approved as detailed at *Annexure II*.

Agenda item no 3.3

Engagement of Auditors for 2018-21

The following auditors were empanelled to conduct internal and statutory audit for period 2018-2021, with the terms that engagement would be renewed each year based on satisfactory performance as detailed below:

- 1) M/s Sandesh Jain & co for statutory audit of NBTC
 - a. @ Rs 11,000 + GST for 2018-19
 - b. @ Rs 13,500 + GST for 2019-20
 - c. @ Rs 15,000 + GST for 2020-21

- 2) M/s L K Dhingra & Co for internal audit of NBTC
 - a. @ Rs 40,000 inclusive of taxes for 2018-19
 - b. @ Rs 42500 inclusive of taxes for 2019-20
 - c. @ Rs 45000 inclusive of taxes for 2020-21

The decision approved on file by President NBTC was ratified by the Governing Body.

Agenda Item No. 3.4

Appraisal of BTS activities in 2018 (January to September)

A presentation was made to appraise the members of the activities of NBTC conducted in the period of 2016-17 to strengthen Blood Transfusion Services as summarized below:

1. Ongoing EQAS through two PT providers @ 4000 per blood bank per year for
 - a. 179 blood banks through CMC Vellore (2 cycles completed)
 - b. 189 blood banks through SDMH Jaipur (2 cycles completed)
2. Review meeting of SACS/SBTC and RTC held in March 2018
3. Dissemination of Report of National Study on Blood Requirement in India
4. Technical Resource Group meeting held in May 2018
5. Draft document of BB and BTS Standards submitted to TRG for review.
6. Observance of World Blood Donor Day through a month long campaign
7. Nation-wide VBD drives in partnership with Akhil Bharatiya Terapanth Yuvak Samiti, TCIF, NTR trust, Rotract Club
8. First meeting of Standing Committee of NBTC under the chairpersonship of JS Policy, MOHFW on 27th June 2018
9. Revision of Training norms for Regional Training Centres to conduct capacity building trainings.
10. First meeting of Expert Working Group for Voluntary Blood Donation Guidelines held on 28th June 2018
11. Dissemination of revised Manpower norms for Blood Banks with recommendation to DCG(I) for regulatory amendments.
12. MoU with AATM for conduction of trainings for Private Sector Blood Banks
13. National Review meeting for Regional Training Centres and Curriculum review in September 2018
14. Expansion of pool of master trainers for Counselling Blood Donors in September 2018
15. Review and revision of specifications of Blood Bags to include triple blood bags with SAGM and diversion pouch in triple and quadruple blood bags.
16. Review and revision of specifications of Testing kits to include IV generation kits for HIV ELISA, HIV Rapid and HCV ELISA.
17. Recruitment against vacancy of Programme Officer QC
18. Joining of Medical Officer with Pathology qualification through detailment from CGHS
19. Development of Mobile app for NBTC, security audit and upgradation of NBTC website.

Agenda Item No. 3.5

National Review meeting for SACS/SBTC in March 2018

Minutes of meeting of National Review meeting for SACS/SBTC along with Regional Training Centres were presented and recommendations and actions to be taken were discussed. President NBTC directed that regional meetings be convened for SBTC/SACS to review the status of functionality and implementation of National Blood Policy and NBTC guidelines.

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Recommendations	Next Steps
All licensed blood banks of the State are to be registered by SBTC on NBTC website	State FDA to include the compliance in their check list.
All SBTC to create a directory of organizations working in the field of Voluntary blood donation and conducting blood drives	Directory of Voluntary organizations to be prepared and made available on NBTC website in view of mushrooming organizations and groups who appear to be paid donors in the guise of Voluntary Blood Donors.
All SBTC should ensure display of processing charges of blood and blood components at all licensed blood banks	State FDA to include the compliance in their check list.
Uniform exchange value for plasma to be implemented by all SBTC	State FDA to include the compliance in their check list
SACS/SBTC should ensure regular monthly reporting on SIMS and daily updation of stock status on E Rakt Kosh portal.	E Rakt Kosh data to be made accessible to NBTC
SBTC have been provided user id and passwords for NBTC website	All SBTC to access the website and provide current information on public domain
All initial HIV sero-reactive blood donors should be referred from blood banks to ICTC for diagnosis and management.	NBTC to share a standard agenda with all SBTC for periodic sensitization meetings.
NOC for charitable organizations deemed to be issued within 30 days to be reviewed as the period is too short for proper due diligence at SBTC	The matter was discussed and decided that instead of enhancing the period for issuance of NOC to 60 days, directions be issued to all SBTC to provide initial response to all applications for NOC within 30 days of receipt of applications. In such a case the NOC would not be deemed renewed.
Bulk Transfer of blood module to be added to NBTC website	Bulk transfer module to NBTC website added and operational
Training Plan for 2018-19 for NBTC through RTC prepared	Funds are available with NBTC and releases to be made to RTC after receipt of UC, SOE and Training reports.

Agenda Item No. 3.6:

BTS Technical Resource Group meeting in May 2018

Minutes of meeting of BTS Technical Resource Group Meeting held on 14th May 2018 were presented and recommendations were approved as detailed:



Discussion point	Recommendations /Next Steps
ISTM and NIB to prepare guidelines on Clinical Use of Blood and Blood Components	Chairperson of BTS TRG informed that a separate meeting has been convened with NIB and Guidelines for Clinical Use of Blood and Blood Components would be prepared in coordination with Professional Associations.
Peer review of Blood Bank and BTS standards prepared by Working Group Review and Revision of DGHS manual for Transfusion Medicine	Ongoing. Activity also proposed to be supported by WHO Country office. GMCH 32 Chandigarh to be the nodal centre with Dr Ravneet Kaur as the nodal person for this activity.
Norms for discard of blood and blood components	Norms recommended by TRG were approved by NBTC to be disseminated to all stakeholders and included in the Standards for BB and BTS. Though it was proposed that discard norms be generically adopted as 5%, it was decided to go ahead with TRG recommendations since they referred to WHO data as detailed at <i>Annexure III</i>
Norms for TTI Sero – reactive Blood Bags to be given to Kits Manufacturers / PT providers	Norms recommended by TRG approved by NBTC and disseminated to all stakeholders and included in the Standards for BB and BTS as detailed at <i>Annexure IV</i>
Upgradation of specifications of blood bags and testing kits for central procurements under NACP	Technical Specification Committee under Additional DGHS has approved specifications for IV Generations HIV ELISA, HIV Rapid and HCV Rapid, along with specifications for Triple Blood Bags with SAGM and blood bags with diversion pouches for procurement under NACP.
Stance on NAT	Regarding NAT, TRG observed that though there are two manufacturers, they offer different technologies and different testing formats, due to which they are not comparable. NAT however, cannot replace routine serological testing, which is mandatory but it offers an additional layer of safety by shortening the window period of detection of infectious marker at an additional cost. States could also outsource the NAT testing

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	as a turnkey activity (From sample collection to provisioning of results and quality control thereof) through engagement with private players
Amendment of Drugs and Cosmetics Rules with respect to up gradation of technology of testing for TTI	DCG(I) to look into the issue of specifying and upgrading the technology of testing in the interest of improving the safety of donated blood. As in interim measure, an amendment of Drugs and Cosmetics Rules to be made to replace the clause in Schedule F Part XII B pertaining to Blood Banks/ Blood Components point J (Special Reagents) sub-point (5) from “ELISA or (Rapid or) RPHA test kits for Hepatitis and HIV I and II” to “ <i>ELISA, Rapid, Chemiluminiscence or Electro Chemiluminiscence technology for performing serologic screening tests for Syphilis, Hepatitis B and C, HIV I and IF</i> ”
Review of Blood Bank ICTC referral linkage guidelines with respect to <ul style="list-style-type: none"> • Additional HIV NAT yields not to be recalled and referred to ICTC • Grey zone and extended grey zone discards not to be recalled and referred to ICTC 	Norms recommended by TRG were approved by NBTC to be disseminated to all stakeholders and included in the Standards for BB and BTS as detailed at <i>Annexure V</i> .

**Agenda Item No. 3.7:
First meeting of Standing Committee of NBTC**

Discussion point	Recommendations /Next Steps
Vertical within MoHFW for Blood Transfusion Services and Cellular Therapies	As informed and requested by JS (Policy), this matter was not discussed in his absence.
Review of National Blood Policy and Legislation thereof	NBTC should initiate the review of the blood policy to formulate a “Blood Act” (Laal Kanoon) through a consultative process of Stakeholder consultations along lines of the HIV/AIDS Act and other related Acts with support of WHO Country office.
Submission of online GBDS report to WHO Headquarters regarding Blood Transfusion Services of India.	Report for period of 2015-16 is uploaded on the GBDS site. NACO/ NBTC would continue to submit the information to WHO for subsequent periods after due approval from Standing Committee.

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Amendment of Rules and Regulations of NBTC	Joint Secretary (NACO) should also be included as a member of Governing Body of NBTC
Approval for Post creation in NBTC	Till such time as NBTC continues to function within NACO, ADG (BTS) would continue to perform the function of Director NBTC. Critical posts of Programme Officer (IEC), PO (ITand M&E), Associate Consultant (M&E), Associate Consultant (Procurement and supply chain) and Programme Assistant may be advertised to be filled through contract as per TOR approved by the Standing Committee detailed at <i>Annexure VI</i> . NBTC would contract NISG on similar lines as NACO to support recruitments for NBTC.
TA/DA norms for NBTC staff.	Norms for TA/DA for contractual staff under NBTC to be same as for similarly placed contractual staff working in NACO.
Norms for trainings to be conducted through Regional Training Centers using NBTC funds	NBTC training norms as per <i>Annexure VII</i> (prepared through alignment with NHM norms as approved by Standing Committee) approved by Governing Body of NBTC.
NHRC cognizance of a matter of HIV transmission to children in Chhattisgarh	<p>It was informed that the matter of HIV transmission to two children in JLN Hospital and Research Centre Bhilai functioning under Bhilai Steel Plant has attracted cognizance of NHRC and NCPCR. The actions taken are</p> <ol style="list-style-type: none"> 1. State Government has conducted enquiries with an NBTC expert and enquiry reports shared with Ministry of Steel and Steel Authority of India Limited for cognizance and corrective action/ compensation. 2. State FDA has temporarily suspended the license of the blood bank. 3. CDSCO has been requested to examine enhancing the technology of testing for TTI by licensed blood banks to improve the window period of detection of HIV, HCV, Hepatitis B. 4. Matter has been discussed in the Standing Committee of NBTC.

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	<p>5. Meeting has been held at the level of Joint Secretary NACO with the concerned hospital, DCG(I) representatives and SAIL officials.</p> <p>6. A sensitization workshop has been organized for all licensed blood banks of Chhattisgarh reiterating the importance of stringent donor selection and recruitment of voluntary non remunerated blood donors with quality control in testing procedures.</p> <p>7. Conduction of an inspection drive for all licensed blood banks of Chhattisgarh has been initiated by CDSCO</p> <p>The proposal to modify an existing committee set up earlier under Dr BD Athani, then Special DGHS to look into manpower norms of Blood Banks and Blood Transfusion Services to a more generic committee to look into all norms of Blood Banks and Blood Transfusion Services under Dr AK Gadpayle, Additional DGHS was agreed upon by Standing Committee of NBTC. The committee could deliberate on the following matters pertaining to this instance of HIV transmission:</p> <ol style="list-style-type: none"> 1. Informed consent for blood transfusion 2. SOP for look back mechanism for blood donors during instances of HIV transmission through blood transfusion 3. Recommendations for amendments to Drugs and Cosmetics Rules
<p>Constitution of National Expert Committee on Blood Banks and Blood Transfusion Services</p>	<p>Director NBTC proposed that a National level Expert Committee for Blood Banks and Blood Transfusion Services is required to be constituted to look into all technical matters and norms for Blood Banks and Blood Transfusion Services and should be set up under Special/ Additional DGHS.</p> <p>This matter was discussed amongst members at length on whether such a committee was required and would add value, in light of the</p>

fact that Technical Resource Group or TRG for BTS under NACP is already in place. It was reiterated that the proposed National Expert Committee would support NBTC to have an institutional mechanism for technical support for Blood Banks and Blood Transfusion Services under DGHS, which is the technical advisory body for all matters related to Health under Ministry of Health and Family Welfare. It would also serve to advise NBTC on technical matters as well as thoroughly examine all issues with all stakeholders before it came up for approval of NBTC for finalizing norms, guidelines and take policy decisions. A Committee at such a high level in the DGHS would complement the Standing Committee of NBTC on the technical front. Director NBTC also mentioned the difficulty in creation of individual committees for different matters and convening multiple meetings for every issue requiring technical guidance.

The issues required to be deliberated in such a Committee include

1. Stakeholder consultation for proposed Blood Act
2. Consensus building and technical approval of Blood Bank Standards and DGHS Manual
3. Recommend periodic amendments in Drugs and Cosmetics Rules to align it to technical advancements
4. All matters regarding norms/ guidelines for blood banks and blood transfusion services

It was decided to obtain the views of the Director General Health Services on the above-mentioned committee and decide accordingly.



Agenda Item No. 3.8:

First meeting of Expert Working Group on Voluntary Blood Donation

Minutes of meeting of First meeting of Expert Working Group on VBD held on 27th June 2018 were presented and recommendations were appraised. It was informed that the review and revision of VBD guidelines is in process and second meeting of Expert Working Group on VBD is proposed to be held in December 2018.

Agenda Item No. 3.9:

Status of licensure of Blood Banks and Amendments in the Drugs and Cosmetics Rules and inspection drive in State of Chhattisgarh

Shri V G Somani, JDC informed all the members that amendments in the D&C Rules recommended by NBTC w.r.t. change of name of blood bank to blood centre, inclusion of new definitions, addition of qualifications of technical staff, change in donor selection criteria, inclusion of therapeutic aphaeresis and addition of post of counsellor, etc as per proposal submitted to the DTAB has been approved and draft notification for publication is under process with the Ministry. It was also informed that CDSO is in process of developing an online portal "SUGAM" for making all processes pertaining to licensing of blood banks online.

Regarding conduction of inspection drive of blood banks, it was informed that all licensed blood banks in Chhattisgarh have been jointly inspected and reports are under review for further necessary action. Also a joint inspection drive is ongoing in the State of Kerala.

Agenda Item No. 3.10

Status of set up of blood banks in 74 districts not having blood banks and access to safe blood in all districts

NHM Representative was not present and presentation not made.

Agenda Item No. 3.11:

Issues raised by members to be considered by GOI/ NBTC

Agenda points were sought from various members prior to convening the meeting.

Details are given in Annexure III and decisions summarized below:

S.no	Point	Discussion
1.	Agenda points raised by Dr Neelam Marwah: <ul style="list-style-type: none">• Non uniform duration of training for blood donor counselling under MOU in which there is training of three days for private and five days for Govt trainees	Dr Gajjar reiterated that since all personnel of Blood Banks should have uniform qualification, experience and training and since personnel move between NACO supported and non NACO supported, they should have uniform training of same duration. It was stated that there has been no

	<ul style="list-style-type: none"> • Issue regarding acceptance of funding for training from a private organisation like AATM by Govt institutes like PGI Chandigarh and alternate modality of funds to be routed through NBTC • Concern on the issuance of TTI infected bags to private commercial companies/ entities 	<p>compromise in technical content while shortening the overall training duration for private sector blood banks to three days. It was also clarified that the two additional days in case of Govt trainings are for field visits and programmatic aspects which are not required for the private sectors.</p> <p>The concern raised in this regard was noted for due consideration. It was however informed that it would not be possible for NBTC to collect money from private sector participants and route it to Regional Training Centres. The MoU with AATM is an enabling provision in this regard to be able to provide standardized training on blood donor counselling to the private sector blood banks with no financial implication. It was also clarified that there was no compulsion on any Regional Training Centre to conduct these trainings.</p> <p>Concern was expressed regarding issuance of TTI infected blood bags to private entities and its possible misuse or for commercial gain. Dr VG Somani, Joint Drugs Controller suggested to allow infected blood for In vitro diagnostics performance testing to manufacturers with condition on manufacturer to handle, dispose and discard and keep records of it as per rules, as it is required in medical device rules so as to ease in development of kits as per rules. It was however clarified that commercial entities may approach NIB for the same.</p>
2	<p>Dr M Gajjar informed the group that Gujarat has been conducting trainings for both government and private sectors using State resources. He recommended that the same modality could be adopted by all SBTC instead of seeking NBTC support.</p>	<p>The prevalent practice in Gujarat with 100% reliance on State Govt. support for training was appreciated. Dr Gajjar also reiterated that State Government Departments/ Training Centres which are competent to carry out trainings should be encouraged and motivated. It was clarified that due to non-uniform funding of SBTCs in different States, it is best to continue NBTC and NACO funding for trainings to SBTC and</p>

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		SACS.
3	Dr Biswaroop Biswas raised the issue of misuse of blood donor cards as credit cards by donors and camp organizers	It was informed that NBTC has not given any guidelines for issuance of Blood Donor Card and it is left for individual blood banks to issue a record of blood donation to the blood donors. NBTC promotes voluntary blood donation and phase out of replacement blood donation. Any specific instance of commercial blood donation or trading in blood and blood components must be brought to the notice of the State FDA and SBTC for necessary action.

Agenda Item No. 3.12:

Clarifications sought by State Blood Transfusion Council

- Clarification regarding use of NAT in Blood Banks has been covered in Agenda point no 3.6.
- Matter regarding NOC issuance by SBTC is covered in Agenda point no 3.5.
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Agenda Item No. 3.13:

Matters for discussion and deliberation:

S.no	Point	Recommendations
1.	GST on blood and blood components	“Since blood and blood components are of Human Origin and not for trading/sale”, and that adding GST to it will increase its cost, it was recommended that Blood and Blood components should be exempted from GST and a reference to this effect sent to Ministry of Finance, Government of India.
2.	Processing charges for blood and blood components	The matter of processing charges for blood and blood components requires to be brought under a regulatory ambit, without which there is no authority vested with either NBTC or DCG(I) or NPPA to penalise those not following the guidelines. IT was decided that a separate meeting with all concerned stakeholders be convened to take a decision in the matter. Till such time, the existing guidelines for processing charges for blood and blood components would continue to be in force.

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3.	Court Cases on Blood Banks/ BTS where MOHFW/NBTC is party. HIV transmission through Blood Transfusion and related NHRC/ NCPCR cognizance	Only matter of Chhattisgarh was discussed at Agenda point no 3.7
4.	Wastage of blood and blood components and related NHRC cognizance	Norms for discard were approved at Agenda point no 3.6.
5.	Revision in norms for NOC by SBTC for blood banks	Norms for NOC were discussed at Agenda point no 3.5
6.	Common platform for a dashboard of indicators through E RaktKosh/ SIMS for monitoring blood banks	Not discussed. To be taken up in next meeting of the Standing Committee of NBTC.
7.	Discussion on way forwards with respect to <ul style="list-style-type: none"> • Engagement with Corporate Sectors for enhancing VBD • Engagement with NGOs (Registration, norms for support, monitoring) • Matters with DGAFMS • Matters with MCI • Matters with IMA • Matters with other professional associations (AATM, ISTM, ISBTI, FBDIOI, FIBDO) (Global event for observance of World Blood Donor Day in India in 2020) 	Matters pertaining to DGAFMS, IMA and Medical Council were not discussed as there was no representation. A separate meeting would be convened to engage with Corporate sectors and Professional Organizations in the last quarter of FY 2018-19

Other individual matters would be taken up with the approval of President NBTC from time to time and put up to Governing Body for ratification.

Meeting ended with a vote of thanks to the chair.





Government of India
Ministry of Health and Family Welfare
National AIDS Control Organization
National Blood Transfusion Council

ANNUAL REPORT FY 2017-18

Overview:

The annual requirement of blood for the country is estimated at 12.8 million units of blood and the endeavor is to meet the blood needs of the country through voluntary non-remunerated donation through a well-coordinated and networked blood transfusion service.

An important Supreme Court judgment of 1996 mandated creating of National Blood Transfusion Council and directed stopping of professional blood donation. The National Blood Transfusion Council (NBTC), the apex policy making body for issues pertaining to blood and plasma and for monitoring of blood transfusion services is a part of National AIDS Control Organization. Government of India adopted the National Blood Policy in April 2002 which aims to develop a nationwide system to ensure easy access to adequate and safe blood supply. An Action Plan on Blood Safety was formulated by the Governing Body of National Blood Transfusion Council to address all the objectives of the National Blood Policy.

Blood Transfusion Services:

The blood transfusion services comprise of 2903 licensed blood banks across all states and sectors, of which a network of 1,131 blood banks, and are supported by NACO in the way of equipments, manpower and consumables. Overall 71% of blood was subjected to componentization in NACO supported Blood Component Separation units in FY 2017-18.

NACO has been primarily responsible for ensuring provision of safe blood for the country since 1992. During NACP, the availability of safe blood increased from 44 lakh units in 2007 to 114 lakh units by 2017-18. During this phase, incidence of donor HIV sero-reactivity has declined from 1.2% to 0.13% in NACO supported Blood Banks.

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Financial Year	Total Collection (in Millions)	Collection in NACO supported BB (in millions)	Voluntary Blood Donation in NACO supported BB (%)	HIV (%)	HBsAg (%)	HCV (%)	MP (%)	VDR L (%)	Component Separation in NACO supported BCSU
2012-13	9.8	5.48	84	0.2	1.1	0.4	0.1	0.2	
2013-14	9.95	5.76	84	0.2	1	0.4	0.1	0.2	58.7%
2014-15	10.83	6.64	84	0.14	0.85	0.33	0.08	0.18	61.6%
2015-16	10.8	6.3	79	0.14	0.86	0.34	0.07	0.15	69%
2016-17	11.09	6.6	77	0.12	0.92	0.30	0.05	0.21	68%
2017-18	11.45	7.8	78	0.13	0.89	0.29	0.07	0.18	71%

During the FY 2017-18, against the target of 71 lakh unit blood collection in NACO supported blood banks, 78.52 lakh blood units were collected across the country. 78% of the collection was through voluntary blood donation. The VBD percentage is comparatively lower than the previous years due to a change in definition of voluntary blood donor, so as to exclude family donors.

Key Strategies:

Government has adopted a comprehensive approach towards strengthening blood transfusion services, key strategies for which include:

- Increasing regular voluntary non-remunerated blood donation to meet the safe blood requirements of safe blood in the country;
- Promoting component preparation and availability along with rational use of blood in health care facilities and building capacity of health care providers to achieve this objective;
- Enhancing blood access through a well networked regionally coordinated blood transfusion services;
- Establishing Quality Management Systems to ensure safe and quality blood and
- Building implementation structures and referral linkages.

National Blood Transfusion Council (NBTC):

The functions of NBTC as the policy formulating apex body in relation to all matters pertaining to operation of blood centers is as follows:

- Commitment to provide safe and adequate quantity of blood, blood components and blood products through an organized blood transfusion service in the country;
- Formulate and implement National Blood Policy and implement National Blood Programme in the country; Make latest technology available for operating the blood transfusion services and encourage the appropriate use of blood and blood product and encourage the research and development of field transfusion medicine and related technology
- Take adequate regulatory and legislative steps in blood transfusion steps and provide adequate resource policy framework of blood bank services in the country.

NBTC and SBTC are the apex bodies responsible for blood transfusion services at national and state level. They are supported by National and State Transfusion Services Core Coordination Committee created in compliance to directions of governing body of NBTC in its 24th meeting held in January 2014.

Policy Guidelines for Bulk Transfer of Blood and Blood Components have been adopted by all the State Blood Transfusion Councils. A suitable amendment to the Drugs and Cosmetics Act 1940 and Rules thereof is however awaited.

Activities of NBTC in 2017-18 include:

- a) Roll out of a Standard package of Proficiency testing to 470 NACO supported Blood Bank through BEQAS, Jaipur; CMCEQAS, CMC Vellore,
- b) Preparation and dissemination of State specific reports to respective SBTC, SACs and State Health authorities
- c) National Action Plan prepared on the basis of gaps and disseminated to all Chief Secretaries of State Governments.
- d) Standardized IEC materials and logo for VBD developed (Raktdaan, Karke dekho achcha lagta hai)
- e) NBTC website created and uploaded on an NIC cloud server of NACO
- f) Engagement with Social Media and creation of RaktDaan India campaign on Social Media
- g) Amendment in BMW Rules of 2016 to exclude Blood bags from phase out
- h) DoPT order: 4 special casual leaves for all central govt employees for blood donation on the day of donation also extended for apheresis donation
- i) Estimation study completed and report released.
- j) Blood Donor Selection and Blood Donor referral guidelines disseminated after approval of NBTC
- k) Amendments in Drugs and Cosmetics Rules in 2017 to allow for bulk transfer of blood and blood components between blood banks, permission for private hospital attached blood banks to conduct blood donation camps and removal of the clause of "captive consumption of less than 200 units" for set up of Blood Storage Centre.
- l) Manpower norms for Blood Banks finalized and approved by Secretary Health

- m) Formulation sent to DCG(I) for Ministry of Law for considering making compliance to guidelines on processing charges for blood and blood components mandatory for licensure of blood banks



Promotion of Voluntary Blood Donation:

Special days such as World Blood Donor Day and National Voluntary Blood Donation Day were observed at national and state level recognizing the contribution of repeat non-remunerated repeat voluntary blood donors.

Logo for Voluntary Blood Donation has been developed (**Raktdaan, Karke dekho achha lagta hai**). It will be used extensively in all the IEC Material developed and will give a separate entity to Voluntary Blood Donation.

IEC material has also been created which consists of Posters, Leaflets, Standees, Corporate Docket, Short Movie and Exhibition Panels. These IEC Material was developed by taking inputs from Central & State Officers of Blood Transfusion Services, VBDs, SACS Youth and IEC officers along with field experts in Transfusion Medicine, Blood Donor Counseling, Blood Donor motivation and recruitment and representatives of Non- Governmental Organizations engaged in promotion of Voluntary Blood Donation.

Communication Strategy has also been developed to support the optimal use of IEC materials.



What happens to your blood after donation?

After Blood Donation

Donor's blood is separated into three parts: plasma, red blood cells, and platelets. Each part is used for different medical purposes.

Plasma is used for treating various conditions like liver disease, kidney failure, and burns.

Red Blood Cells are used for treating anemia, cancer, and heart disease.

Platelets are used for treating bleeding disorders and cancer.

Donor's blood is also used for research and to produce vaccines.

RAKTDAAAN
KAR KE DEKHO ACHHA LAGTA HAI

Don't if You are Increasing Blood

Why is it important to donate blood?

1. Blood donation saves lives.

2. Blood donation is a simple and safe procedure.

3. Blood donation is a noble act.

4. Blood donation is a social responsibility.

5. Blood donation is a way to give back.

6. Blood donation is a way to make a difference.

7. Blood donation is a way to help others.

8. Blood donation is a way to show your love.

9. Blood donation is a way to be a hero.

10. Blood donation is a way to be a part of something big.

Donate Blood if you satisfy all of the following conditions:

1. You are a citizen of India.

2. You are between 17 and 65 years of age.

3. You weigh at least 50 kg.

4. You are a regular resident of India.

5. You are not suffering from any infectious disease.

6. You are not suffering from any chronic disease.

7. You are not suffering from any acute illness.

8. You are not suffering from any mental illness.

9. You are not suffering from any drug addiction.

10. You are not suffering from any other condition that may affect the quality of your blood.

RAKTDAAAN
KAR KE DEKHO ACHHA LAGTA HAI

NBFC

CERTIFICATE OF APPRECIATION

Presented to _____ of _____
for voluntary blood donation on _____
Cheers to your spirit of sharing and caring!

RAKTDAAAN
KAR KE DEKHO ACHHA LAGTA HAI

SIGNATURE: _____

BEFORE BLOOD DONATION

RAKTDAAAN
KAR KE DEKHO ACHHA LAGTA HAI

- Drink plenty of fluids - water, juice, etc.
- Eat well-balanced food.
- Avoid consumption of alcohol.
- Wear comfortable clothes.
- Get yourself screened for infectious diseases.
- Get yourself screened for iron deficiency.

AFTER BLOOD DONATION

RAKTDAAAN
KAR KE DEKHO ACHHA LAGTA HAI

- Rest for atleast 15 minutes.
- Drink more liquids like water, juice.
- Remove bandage after 6 hours.
- Contact info of bank in case of any discomfort.

RAKTDAAAN
KAR KE DEKHO ACHHA LAGTA HAI

I Don't wait for a call

I am Proud, I Care

I am not afraid

RAKTDAAAN
KAR KE DEKHO ACHHA LAGTA HAI

NBFC

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RAKTDAAAN
KAR KE DEKHO ACHHA LAGTA HAI

RAKTDAAAN
KAR KE DEKHO ACHHA LAGTA HAI

THINGS BEFORE BLOOD DONATION

- Drink plenty of fluids - water, juice, etc.
- Eat well-balanced food.
- Avoid consumption of alcohol.
- Wear comfortable clothes.
- Get yourself screened for infectious diseases.
- Get yourself screened for iron deficiency.

NBFC

(Handwritten signature)

NBTC Norms for Discard of Blood and Blood Components

Technical Resource Group for Blood Transfusion Services under NACP discussed that the chief reasons for discard all across the world included:

- Reactivity for infections (Malaria, Syphilis, HIV, Hepatitis B, Hepatitis C)
- Expiry due to outdating, especially for platelets which have a short shelf life of only 5 days.
- Deterioration during storage in the form of discoloration, haemolysis, bacterial contamination.
- Not meeting quality parameters after collection and production
- Non-completion of blood collection in requisite quantities due to donor reactions.

Though there are no defined National or International norms for acceptable levels of discard of blood and blood components, however as per the Global Status Report on Blood Safety and Availability, WHO 2016, the information on discard of blood has been collated as per the Global Data Base report submitted by 150 countries. The figures are as detailed below:

Income Group	Median Percentage of total donations discarded	Median Percentage of discard due to TTI	Median Percentage of discard due to outdate/ expiry
Low income	9.0	7.4	1.3
Lower middle income	10.9	5.1	3.1
Upper middle income	6.7	3.9	4.7
High income	5.7	1.1	2.7

It was decided to use the above with India featuring in the upper middle income countries as a reference for NBTC norms for discard of blood and blood components

Annexure IV

NBTC Norms for sending TTI reactive blood bags by licensed Blood Banks

Technical Resource Group for Blood Transfusion Services under NACP reiterated that all licensed blood banks are responsible for proper disposal of such blood bags in accordance to the Biomedical Waste Management Rules.

In light of frequent requests received by licensed blood banks to send TTI reactive blood bags for purposes of research/ diagnostic kit manufacture/ quality control etc, the norms for handling such requests were decided as under:

- a. Licensed Blood Banks may be permitted to send TTI sero-reactive blood bags to identified Reference Laboratories and PT providers in the Public and Charitable sectors for the purposes of preparation of sero-conversion panels and QC panels.
- b. TTI sero-reactive blood bags may not be sent to any commercial private entity like Kit manufacturers, Diagnostic laboratories etc.
- c. NOC for the same would be issued by the respective State Blood Transfusion Councils after receipt of application from the concerned organization identifying blood banks who would supply the blood bags.
- d. The blood bags would be issued free of cost without levy of any processing charges thereof.
- e. The organization receiving such blood bags would undertake in writing to ensure disposal of the remainder infective material in accordance to the extant rules obviating the issuing blood bank of any such responsibility.
- f. Records of such a transaction would be maintained at licensed blood banks as per format prescribed by NBTC/SBTC.
- g. Use of TTI reactive blood bags for the purpose of research would be governed under the directions given by ICMR following approval of Institutional Ethics Committee.
- h. All licensed blood banks would take the informed consent of the blood donors at the time of blood donation that their blood/ blood components/ products may be used for the purposes of preparation of panels and scientific research.

4

Annexure V

NBTC Norms for referral linkages of HIV initial sero-reactive blood donors to ICTC by licensed Blood Banks

NACO/NBTC has disseminated the guidelines for Blood donor referral, wherein it is required for every licensed blood bank to recall their initial TTI reactive blood donors, counsel them and refer them for further management.

In light of preliminary field inputs indicating high levels of discordance between HIV testing performed in NACO supported Blood banks and ICTC in Mumbai, the following addendum to the guidelines for blood donor referral is approved.

- Use of Rapid test kits for HIV testing algorithm as three sequential tests in ICTC and other testing sites under the National AIDS Control Programme is appropriate in lines of serving the purpose of detecting the true positives.
- It is appropriate for blood banks to use tests of higher sensitivity like ELISA to initially screen donated blood, but the inherent high sensitivity of ELISA testing would lead to a certain number of false positives, which would lead to discordance when referred to ICTC. Blood Banks should be aware of this situation and counsel the blood donors referred to the ICTC appropriately.
- It has been observed that some Blood Banks as per their SOP discard additional blood units within the grey zone or extended grey zone of the ELISA cut-off. It would not be recommended for these donors to be referred to the ICTC, while it may be justified to discard the blood units.
- Referral of additional NAT yield for HIV to ICTC may create even more challenging situations, as the person may either be false positive or require retesting to look for sero-conversion, hence requiring a greater degree of counseling.



Background note on Manpower for Blood Transfusion Services at National Level

Introduction

NBTC is the APEX policy making body in Ministry of Health & Family Welfare for all matters pertaining to blood banks and blood transfusion services, who is entrusted with the task of promoting Voluntary Blood Donation and strengthening quality management system in blood banks. NBTC is presently housed in NACO and in this capacity, all references pertaining to blood are marked to NACO including VIP references, Parliament Questions, Grievances, RTI, Court cases etc.

NBTC receives grant from the Ministry of Health and Family Welfare through NACO and functions under a Governing Body chaired by the Additional Secretary (NACO) with membership from CDSO, DGHS, IRCS, Transfusion Medicine Experts, State and civil society representatives.

Under the National Strategic Plan for HIV AIDS released by the Hon'ble Minister of Health and Family Welfare, it has been envisaged to strengthen the NBTC and SBTC as verticals in Central and State Governments to look after and monitor the Blood Transfusion Services of the country.

Matter of strengthening NBTC has been discussed in the 25th & 26th meeting of Governing Body wherein it has been reiterated that National Blood Transfusion Council should have staff of its own and an independent office.

Presently NACO is the secretariat of NBTC and the work of NBTC is handled by Assistant Director General NACO looking after Blood Safety Programme under NACP and one Section Officer who holds charge of Assistant Director (NBTC). Assistant Director General (BTS) who reports to the Joint Secretary NACO and NACO provides the secretariat for NBTC.

Five position of temporary nature including one post of Director (at a Senior Administrative Grade level) are lying vacant, and have never been filled since inception of NBTC (1996)

It is pertinent to mention that through Blood transfusion services are an integral part of the health systems and receive support from multiple health programmes (NACP, NHM, recently developed National Programme for Hepatitis), this remains a neglected area and there is a lack of manpower to support the services at National and State level. Transfusion Services are overall the responsibility of the State Governments under policy direction from Union Government. NBTC and SBTC were set up as a response to Supreme Court directives in 1996, but remained submerged within NACO and SACS respectively and now require to be institutionalized outside of these Health programmes as a unified structure to support and monitor the Blood Transfusion Services.



Present arrangements in BTS Division & NBTC

BTS division NACO and NBTC presently functions together, NBTC however has to be separated out to fulfill its larger mandate of being the apex policy making body for Blood Transfusion Services and the MoHFW may take a conscious decision on where to house the NBTC, whether as a subset of NHM or as an independent vertical.

The existing staff include:

1. One Assistant Director General, regular CHS officer posted in NACO (holding additional charge of Director NBTC)
2. One Section Officer, regular CSSS officer posted in NACO (holding additional charge of Assistant Director NBTC)
3. One Programme Officer (VBD), contractual appointment in NBTC
4. One Programme Assistant, contractual appointment through GFATM
5. One Programme Officer (QC), contractual appointment in NBTC (under recruitment)

The functions performed include:

1. Central procurement of Blood bags and Testing kits and their supply chain management in coordination with CMSS

2. Planning, implementation and monitoring of the National Blood Programme under NACP

3. Functions of NBTC:

- Laying down of policy guidelines and standards for Blood Transfusion Services to be followed by State Blood Transfusion Councils
- Promotion of Voluntary Blood Donation, Donor motivation and Donor recruitment
- Activities pertaining to Advocacy, Communication and Social mobilization pertaining to Blood
- Quality Management systems for Blood Banks and Blood transfusion services
- Capacity building and Mentoring
- Issuance/ review and revision of all Technical and Operational Guidelines pertaining to Blood Banks and Blood Transfusion Services
- Centralized monitoring system for all licensed blood banks
- Management of NBTC website and other IT applications
- Liason with all stakeholders and community at large
- All administrative matters pertaining to Blood Banks and Blood Transfusion Services

Present incumbents in BTS Division & NBTC:-

1. Dr Shobini Rajan, ADG NACO
2. Dr Yaavar Shafi, Medical Officer NBTC
3. Shri M K Diwaker, Section Officer NACO
4. Shri Jolly J. Lazarus, Programme Officer (Voluntary Blood Donation), NBTC.
5. Ms. Kusum, Programme Assistant (BTS)



Manpower Requirement:

The following staff is required for smooth functioning of Blood Transfusion Services of the Country at National level.

1. One full time Director NBTC from Central Health Services/ Direct Recruitment

By Deputation from CHS:

Officers of Supertime cadre of CHS holding analogous posts OR officers of the specialist Grade I of the Central Health services with 8 years regular services in the grade of Rs 37400-67000 with Grade pay of 8700. In the absence of suitable candidate in Specialist Cadre, suitable General Duty Medical Officer with corresponding service may also be considered.

By Direct Recruitment on Short term contract:

Essential qualification: MBBS, MD in Transfusion Medicine/Pathology/PG Diploma in Transfusion medicine. 10 years experience in case of MD and 12 year in case of PG diploma in transfusion medicine with minimum two years working experience in a large blood bank with handling capacity of more than 5000 unit of blood per year.

No Age Limit

Roles and Responsibilities:

Head of National Blood Transfusion Council and responsible for discharge of all functions thereof. Report to President (NBTC) and conduct meetings of Governing Body, Executive Council. Ensure implementation of the National Blood Policy through resource allocation, look after the entire range of services related to operation and requirements of blood banks including the launching of effective all motivation for campaigns through utilisation of media stimulating voluntary blood donations, launching programmes of blood donation in educational institutions, among the labour industry and trade, establishments and organizations of various services including civic bodies, training of personnel in relation to overall operations of blood collection storage and utilisation transport, quality control and archiving system, cross-matching of blood between donors and recipients, separation and storage of components of blood, and all the basic essentials of the operations of blood banking, as indicated in the Supreme Court Judgement 1996. Responsible for implementation of the Metro Blood Bank Project, a Central Sector Scheme under Govt of India and modalities for Plasma Fractionation.

2. One Technical Expert (to be part of the National Technical Support Unit of NACO/ NHSRC or through Donor support/ Externally aided on contract)

Minimum Qualification	Degree in Medicine and a Post Graduate Degree in Transfusion Medicine/ Pathology/ Microbiology or PhD (Biological Sciences) with experience in blood bank management from reputed institutes
Nature of Experience	<ul style="list-style-type: none">• Minimum 8 years of work experience in the field of blood bank management at district/ state/ national levels• Strong communication, presentation and analytical skills.• Public Health experience at State and National level will be an advantage

	<ul style="list-style-type: none"> • Knowledge of state of the country's needs and priorities in blood safety is highly desirable
Job Descriptions	<ul style="list-style-type: none"> • Spearhead and support the set up of Metro Blood Bank Centers of Excellence in Transfusion Medicine Project • Coordination and facilitation for enhanced national capacity for Plasma Fractionation • Prepare strategic Framework for BTS (Short Term/Mid Term and Long Term) for adequate availability, safety, componentization, quality and access of blood/ blood components/ blood products based on Voluntary non-remunerated repeat blood donation • Overall Programme Planning, Management and Monitoring including planning of procurements and supply chain management • Prepare and monitor annual work plan for BTS division • Review and revision of Technical and Operational Guidelines for BTS (DGHS manual) and other technical Matters pertaining to Blood Transfusion Services including formulation and Review of technical specifications of BTS commodities and application of new technological advancements in BTS • Review and revision of materials for capacity building and monitor conduction of trainings on BTS • Provide support to NBTC and SBTC for strengthening and coordination. • Support conduction of periodic review meetings of SBTC and other stakeholders • Quarterly Data analysis and review • Conduction of regular supervisory visits to Blood Banks and States

No age limit

3. Contractual Staff in NBTC:-

S.N.	Designation	No. of posts	Roles and Responsibilities	Qualifications, Age & Experience
I.	Consultant/ Programme Officer (BTS) OR Deputy/ Assistant Director (BTS)	1	Technical matters of BTS & NBTC and support to Director, NBTC.	<p>MBBS with minimum 3 years experience in Clinical Laboratory/Blood Bank or Public Health field experience at State/ District level</p> <p>or</p> <p>MD Transfusion Medicine/ Pathology/ Microbiology or PhD (Biological Sciences with experience in blood bank management from reputed institutes</p> <p>Exposure to health systems/ quality management in Healthcare Sector GMP/GLP/GCP practice is required.</p> <p>(In case there is a regular incumbent from CHS, this position may not be filled)</p>

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2.	Consultant/ Programme Officer (VBD)	1	All matters pertaining to Voluntary Blood Donation and Donor motivation and recruitment programme.	Masters in Social sciences (Social work/ Sociology/ Psychology with minimum of 5 years experience at State/ District level in voluntary blood donation promotion/ donor motivation/ recruitment/ public relations
3.	Consultant/ Programme Officer (IEC)	1	All matters pertaining to advocacy, events, communication, networking, IEC related work, Social Media, News letter, Publications and Media matters etc.	At par with similar positions in MoHFW/ NACO
4.	Consultant/ Programme Officer (QC)	1	All matters pertaining to Capacity Building/ Mentoring/ QMS/EQAS and Accreditation of Blood Banks and Blood Transfusion Services	MBBS with 3 years experience in Clinical Laboratory/Blood Bank With exposure to quality systems in Healthcare Sector. Or 1 st Class Master's degree in Pharmacy or M.Sc. (Medical Microbiology/Medical Laboratory Technology/Biotechnology/Life Sciences from a recognized university with 5 years experience preferably in Blood Bank) or Quality Control/Management of Biologicals Exposure to health systems/ quality management in Healthcare Sector GMP/GLP/GCP practice is required.
5.	Programme Officer M&E and IT	1	All matters pertaining to monitoring/ reporting/ IT systems/ website for Blood Banks/ BTS	At par with similar positions in NACO/ MoHFW
6.	Associate Consultant (M&E)	1	Monitoring, Report preparation, Supply Chain,	At par with similar positions in Statistics Division of MoHFW/ NACO

			Management and Logistic Monitoring etc.	
7.	Associate Consultant (Procurement and Supply Chain)	1	Procurement, RTI matters and Public Grievances other miscellaneous matters	At par with similar positions in MoHFW/ NACO
8.	Programme Assistant	2	Assistance to Director & Assistant Director, NBTC and Programme officers	At par with other Programme Assistants in MoHFW/ NACO
Total required incumbents		9		

5. Staff in NBTC (Regular)

S.N.	Designation	No. of posts	Roles and Responsibilities	Qualifications, Age & Experience
1.	Assistant Director	1	All Administrative, Finance, HR, Coordination and Procurement related work of NBTC. Salaries of staff under NBTC and their service record. Budget allocations, GIA and expenditure sanctions related to NBTC. Fulfilment of all statutory requirements of NBTC as a registered society under societies registration act, including ensuring audits of expenditure and all IT requirements. VIP references, PMO references, Reports to the Cabinet, Parliament matters, Court matters,	Deputation: A degree from a recognized University. Holding the regular post in the pay scale of Rs 6500 -10500 with 5 years experience in the field of administration, accounts and Finance OR Holding the post in the scale of Rs 5500-9000 with 7 years experience in the field of administration, Accounts and Finance. Having successfully undergone Cash and Accounts Training conducted by ISTM, New Delhi. Atleast 3 years experience in health related programmes and dealing with projects assisted under external assistance and familiar with Financial Management especially LACI.

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			RTI, Miscellaneous matters pertaining to NBTC.	Short Term Contract: Retired government servants of the level of SEction Officer or Junior Managerial level having atleast 5 years experience in supervisory level with sound administration, financial and accounting background . OR Retired SAS Accountant with the above experience OR Chartered Accountant / Cost Accountant with experience in administration and financial aspects of registered Societies. Atleast 3 years experience in health related programmes and dealing with projects assisted under external assistance and familiar with Financial Management especially LACI. Thorough computer knowledge. Age not more than 60 years.
2.	Private Secretary to Director	1	Personal Secretary to Director, NBTC. Handle all his/her appointments, engagements, communications with stakeholders and State Blood Transfusion Councils, coordinating meetings, preparing drafts and taking dictations, handling Dak/correspondence of the officer and miscellaneous office assistance. Maintaining Database of contacts and mailing list of blood safety officers of all SBTC and periodic updation, Periodic follow up and telephonic correspondence with SBTC on communications sent, Dispatch of communications sent through NBTC and their	Deputation: Officers of the Central Govt with five years of regular service in the Stenographer grade I or with 15 years of combined service in the post of Steno Gr II and Gr I in the pay structure of 5200-20200 with GP 2400 and Rs 9300-34800 with GP 4200 respectively or equivalent in the parent department. The departmental officials in the feeder category who are in the direct line of promotion will not be eligible for consideration for appointment on deputation. Short term Contract: Graduation from a recognized University/ Institution,. Shorthand speed of 120 wpm in English, Typing speed of 40 wpm in English and adequate computer knowledge. Age not

8

			guard file	more than 60 years.
3.	Assistant	1	Reporting to Assistant Director NBTC. Maintain regular accounts of NBTC, prepare vouchers, make payments to contingency bills (cash/ preparation and disbursement of approved cheques), deduction and monthly deposit of TDS. Preparation of Audit of the accounts of the NBTC annually. Finalize and disburse TA/DA claims. Assist in preparation of agenda notes of GB of NBTC. Assist in the recruitment process for the post in NBTC. Disbursement of salary, honorarium, CSA and appointment letters to staff in NBTC. Assist in organizing meetings of the NBTC.	Deputation: A Degree from a recognized University, holding the regular post in the scale of Rs 6500-10500 (pre-revised) with three years of experience in the field of administration, accounts and finance. OR Holding the post in the scale of 5500-9000 (pre-revised) with five years experience in the field of administration, accounts and finance. Having successfully undergone Cash and Accounts Training conducted by ISTM, New Delhi. Atleast 3 years experience in health related programmes and dealing with projects assisted under external assistance and familiar with Financial Management especially LACI. Short Term Contract: Graduation from REcognized University/ Institution. Having working knowledge of noting/ drafting/ office procedure of Govt Department. Thorough Knowledge of Computers. Maximum Age limit 60 years.
4.	Lower Division Clerk	1	Custody and record of all files relating to NBTC, including PMO references and VIP references and Parliament Questions, RTI, Grievances, Complaints. Dispatch of communications sent through NBTC and their guard file, Bills and sanction regarding payment to consultants for blood safety meetings, Maintain schedules for various meeting and	Deputation: Officers of the CSS holding analogous posts having 5 years of experience in the Pay band of Rs 5200-20200 GP 1900 Short Term Contract: 12th Pass or equivalent from a recognized Board/ University. Typing speed of 25/30 wpm in Hindi/ English on manual typewriter. Typing speed of 30/35 wpm in Hindi/ English on Computer. Adequate knowledge of Computers.

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			programmes and preparation of Annual Work Plan for NBTC, Data entry and compilation work related to NBTC. Record of reports submitted by SBTC and their compilation. Assist in organization of review meetings of SBTC. Provide assistance in Seminars/Conference etc.	
Total required incumbents	4			

Essential across the board:

Working knowledge of English and Hindi.

Communication skills both verbal and written

Computer literacy.

Knowledge of computer applications, data management and IT is desirable.

Annexure VII

NBTC Training Norms for Regional Training Centres

A: NORMS FOR CONDUCTING NATIONAL TRAINING PROGRAMMES THROUGH NBTC SUPPORT BY IDENTIFIED REGIONAL TRAINING CENTRES				
NORMS FOR QMS TRAININGS				
Details of Budget Head and Norms for Expenditure to be incurred through NBTC funds				
For Participants:				
Not more than 30 participants per batch of QMS training				
S. No.	Budget Head	Govt. official	Contractual	Remarks
1	Travel Allowance		By Rail: II AC/ AC CC	
a.	TA for Outstation Participants	As per entitlement in accordance to TA rules of Central/ State Government whichever is applicable or as per actual bills, whichever is lower	By Road: Public Transport (bus, taxi etc.) whichever has total fare less than or equivalent to train fare in the above proposed class.	Participants should be deputed by respective SACS/SBTC from NACO supported Blood Banks in Public sector or Charitable/NGO sector. In case of participants from non NACO supported blood banks, all training expenses would be borne by the participant.
b.	TA for Local Participants	Nil	Nil	
2	Accommodation			
a.	Metro Cities	Rs. 2500/- per day	Rs. 2500/- per day	
b.	Non-metro Cities	Rs. 2000/- per day	Rs. 2000/- per day	
c.	Local Participants	Nil	Nil	
3	Daily Allowance			
a.	Group A & B equivalent	Rs. 500/- per day	Rs. 500/- per day	
b.	Group C equivalent	Rs. 300/- per day	Rs. 300/- per day	

For Resource persons:				
Not more than 5 resource persons per day of training				
S. No.	Budget Head	Faculty from Govt. organizations	Faculty from Corporate/ NGO/ others	Remarks
1	Travel Allowance	As per entitlement in accordance to TA rules of Central/ State Government whichever is applicable or as per actual bills, whichever is lower		For Group A or equivalent guest resource person, air travel will be permissible by Air India only as per guidelines of DGCA. Local travel to and from airport to training venue/ place of accommodation to training venue will be reimbursed as per actual taxi bills. Air travel is permissible for faculty from Corporate/ NGO/others only for travel beyond 600 km except for North East Region. Cost of travel for a round trip should not exceed Rs 20000.
a	Outstation Guest resource person			
b	Local Guest Resource Person			
2	Accommodation			
a	Metro Cities	Rs 5000 per day	Rs 5000 per day	Subject to actual as per receipt for outstation Guest resource person only. Maximum limit indicated.
b	Non-metro Cities	Rs 4000 per day	Rs 4000 per day	
c	Local Guest resource person	Nil	Nil	No accommodation is permissible for local Guest resource person
3	Honorarium			
a	Guest Resource person	Rs 1500 per day	Rs 1500 per day	Experts/ Specialists of area, faculty of Medical College/ Faculty of other Regional Training Centres/ NBTC identified trainers/ State Programme Officers of other States. Subject to taking atleast two lectures per guest faculty per day. Not more than three Guest Resource person per day is permissible.
b	In- house faculty	Rs 1000 per day	Rs 1000 per day	In house faculty from the same institute, NACO/SACS/ NBTC/ SBTC would facilitate/ monitor the trainings. Honorarium is payable subject to handholding the training for a full day with complete observer report. Not more than two in house faculty per day of training

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				is permissible.
For Training Centres:				
S. No.	Budget Head	Amount allocated		Remarks
1	Food & Refreshments			
a	Working Lunch, Snacks, Tea, Water	Rs. 400/- per day per participant		Subject to actual number of participants and not more than a total of 5 Guest Resource persons/ in house faculty per day
2	Stationery & Training Material (excluding Training Modules: Handbooks)			Training modules and handbooks to be downloaded from NBTC website.
a	Backdrop / Banners/ Standees/ Certificates	Rs 2000 per Training programme		Venue hiring charges would apply only for for trainings conducted for non NACO supported Blood Banks.
b	Training Kit	Rs. 100/- per participant per training programme		
c	Stationery	Rs. 4000/- per Training programme		
3	Contingency	Rs. 5000/- per training programme		To be settled against actual payments made and limited to not more than 15% of total training expense.

B: NORMS FOR CONDUCTING NATIONAL TRAINING PROGRAMMES THROUGH NBTC SUPPORT BY IDENTIFIED REGIONAL TRAINING CENTRES				
NORMS FOR COUNSELOR TRAININGS				
Details of Budget Head and Norms for Expenditure to be incurred through NBTC funds				
For Participants:				
Not more than 25 participants per batch of Counselor training				
S. No.	Budget Head	Govt. official	Contractual	Remarks
1	Travel Allowance	As per entitlement in accordance to TA rules of Central/ State	By Rail: II AC/ ACCC	Participants should be deputed by respective SACS/SBTC from NACO supported Blood Banks in Public sector or Charitable/NGO sector. In case of participants
a.	TA for Outstation Participants		By Road: Public Transport	

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		Government whichever is applicable or as per actual bills, whichever is lower	(bus, taxi etc.) whichever has total fare less than or equivalent to train fare in the above proposed class.	from non NACO supported blood banks, all training expenses would be borne by the participant.
b.	TA for Local Participants	Nil	Nil	
2	Accomodation			
a.	Metro Cities	Rs. 2500/- per day	Rs. 2500/- per day	
b.	Non-metro Cities	Rs. 2000/- per day	Rs. 2000/- per day	
c.	Local Participants	Nil	Nil	
3	Daily Allowance			
a.	Group A & B equivalent	Rs. 500/- per day	Rs. 500/- per day	
b.	Group C equivalent	Rs. 300/- per day	Rs. 300/- per day	
For Resource person:				
Not more than 5 resource persons per day of training				
S. No.	Budget Head	Faculty from Govt. organizations	Faculty from Corporate/ NGO/ others	Remarks
1	Travel Allowance	As per entitlement in accordance to TA rules of Central/ State Government whichever is applicable or as per actual bills, whichever is lower		For Group A or equivalent guest resource person, air travel will be permissible by Air India only as per guidelines of DGCA. Local travel to and from airport to training venue/ place of accomodation to training venue will be reimbursed as per actual taxi bills. Air travel is permissible for faculty from Corporate/ NGO/others only for travel beyond 600 km except for North East Region. Cost of travel for a round trip should not exceed Rs 20000.
a	Outstation Guest resource person			
b	Local Guest Resource Person			

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2	Accomodation			
a	Metro Cities	Rs 5000 per day	Rs 5000 per day	Subject to actual as per receipt for outstation Guest resource person only. Maximum limit indicated.
b	Non-metro Cities	Rs 4000 per day	Rs 4000 per day	
c	Local Guest resource person	Nil	Nil	No accommodation is permissible for local Guest resource person
3	Honorarium			
a	Guest Resource person	Rs 1500 per day	Rs 1500 per day	Experts/ Specialists of area, faculty of Medical College/ Faculty of other Regional Training Centres/ NBTC identified trainers/ State Programme Officers of other States. Subject to taking atleast two lectures per guest faculty per day. Not more than three Guest Resource person per day is permissible.
b	In- house faculty	Rs 1000 per day	Rs 1000 per day	In house faculty from the same institute, NACO/SACS/ NBTC/ SBTC would facilitate/ monitor the trainings. Honorarium is payable subject to handholding the training for a full day with complete observer report. Not more than two in house faculty per day of training is permissible.
For Training Centres:				
S. No.	Budget Head	Amount allocated		Remarks
1	Food & Refreshments			
a	Working Lunch, Snacks, Tea, Water	Rs. 400/- per day per participant		Subject to actual number of participants and not more than a total of 5 Guest Resource persons/ in house faculty per day

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2	Stationery & Training Material (excuding Training Modules: Handbooks)		Training modules and handbooks to be downloaded from NBTC website.
a	Backdrop / Banners/ Standees/ Certificates	Rs 2000 per Training programme	Venue hiring charges would apply only for for trainings conducted for non NACO supported Blood Banks.
b	Training Kit	Rs. 100/- per participant per training programme	
c	Stationery	Rs. 6000/- per Training programme	
3	Contingency	Rs. 5000/- per training programme	To be settled against actual payments made and limited to not more than 15% of total training expense.

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