

Shri Vithalrao Joshi Charities Trust's

B. K. L. WALAWALKAR RURAL MEDICAL COLLEGE



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Ref No. SVJCT/BKLWRMC/ 55 / 2023

Date:- 13/01/23

B.K.L.Walawalkar Rural Medical College has read and understood the National and State policies on organ transplantation and decided to adopt the same policies at B.K.L. Walawalkar Rural Medical College as and when organ transplantation starts in this institute.

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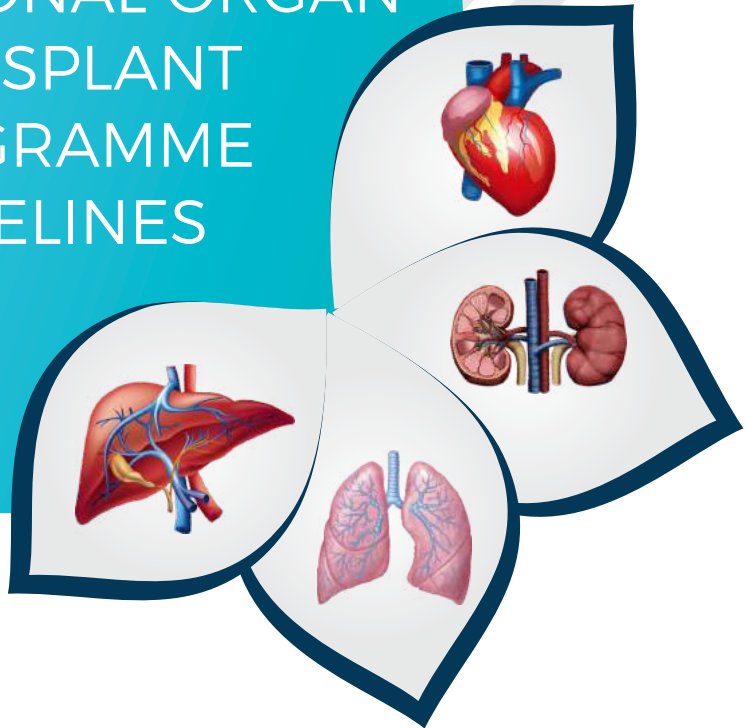
Dr.Mansingh Ghatage

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S.V.J.C.T.'S
B.K.L.Walawalkar Rural Medical College
At.Kasarwadi, Post.Sawarde
Tal.Chiplun, Dist.Ratnagiri

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NATIONAL ORGAN TRANSPLANT PROGRAMME GUIDELINES



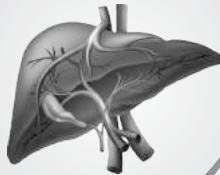
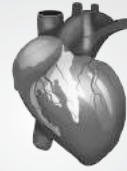
National THOTA and NOTP Cell

Directorate General of Health Services
Ministry of Health & family Welfare,
Govt. of India, Nirman Bhawan, New Delhi



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NATIONAL ORGAN TRANSPLANT PROGRAMME GUIDELINES



National THOTA and NOTP Cell

Directorate General of Health Services
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Govt. of India, Nirman Bhawan, New Delhi





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At. Kesarwadi, Post. Sawarde
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Contact Detail:

The National Organ and Tissue Transplant Programme can be contacted through the following contact numbers:

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Al.Kesarwadi, Post.Sawarde
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डॉ. मनसुख मांडविया
DR. MANSUKH MANDAVIYA



स्वास्थ्य एवं परिवार कल्याण
व रसायन एवं उर्वरक मंत्री
भारत सरकार
Minister for Health & Family Welfare
and Chemicals & Fertilizers
Government of India

75
आज़ादी का
अमृत महोत्सव



MESSAGE

There is huge shortage of organs available for carrying out transplants as compared to the number of patients who require organ transplants, resulting in a wide gap between demand and supply of organs.

National Organ Transplant Programme aims to improve access to the life transforming organ and tissue transplantation for needy citizens of our country by promoting deceased organ donation. It envisages establishing an efficient country wide network for human organ and tissue procurement from deceased donors and their distribution to the needy patients for transplantation. Further the program provides for augmenting the infrastructure and manpower required for undertaking organ and tissue transplantation, retrieval and tissue banking. After the initiation of the program, total number of transplants has increased by 2.5 times since 2013 and India is now third in the world in terms of total number of transplants done in a year, behind only to USA and China.

It gives me particular delight to be associated with this venture in the sphere of organ donation and transplantation which has the potential to sew into fabric of our great nation, the threads of altruism. The present guidelines are meant for use by the states, institutions and other associated stakeholders and aim to ease the efforts towards meeting the objectives of the program.

I wish the program the very best in carrying forward this noble task.

(Dr. Mansukh Mandaviya)

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डॉ. भारती प्रविण पवार
Dr. Bharati Pravin Pawar



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आज़ादी का
अमृत महोत्सव

स्वास्थ्य एवं परिवार कल्याण राज्य मंत्री
भारत सरकार

MINISTER OF STATE FOR
HEALTH & FAMILY WELFARE
GOVERNMENT OF INDIA



MESSAGE

“अंगदान है महादान, जाते जाते देह किसी के काम आ जाये इससे अच्छी बात क्या होगी”

People who donate organs are blessed as they give a second chance at life for others. It is in one's hand to pass on one's life to someone who is in dire need of it. Save life after a life.

The number of persons donating organs after death in India, is less than one per million populations while the highest in the world is around 48 persons per million populations in Spain. Government of India has enacted Transplantation of Human Organs and Tissues Act, 1994 (THOTA) for regulating organ retrieval, storage and transplantation for therapeutic purposes and prevent commercial dealing in human organs and tissues.

Further, Government of India, under the dynamic leadership of Prime Minister Shri Narendra Modi ji, is implementing National Organ Transplant Program (NOTP) through States/Union Territories (UTs), which provides for an organizational framework for promoting deceased organ and tissue donation and transplantation. States and UTs have to make their plan and seek grants available under the program. There is a greater need for collaboration between Central, State Government and various institutions for effective networking, for implementation of the various components of the program, in order to save lives of those suffering from end stage organ failure through organ transplantation and transforming lives of many others through tissue transplantation.

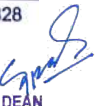
These guidelines elaborate in detail the action points for various networking organizations namely National Organ and Tissue Transplant Organization (NOTTO) at national level, Regional Organ and Tissue Transplant Organizations (ROTTOs) at regional level and State Organ and Tissue Transplant Organization (SOTTOs) at state level and organ and tissue retrieval, storage and transplant centres.

The implementation of the guidelines will go a long way in augmenting the transplantation and furthering the noble cause of organ donation in our country.


(Dr. Bharati Pravin Pawar)

“दो गज की दूरी, मास्क है जरूरी”

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राजेश भूषण, आईएएस
सचिव

RAJESH BHUSHAN, IAS
SECRETARY



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Azadi Ka
Amrit Mahotsav



MESSAGE

The National Organ Transplant Program was first conceived in 2011-2012 and its detailed guidelines entitled "High Lights of National Organ and Tissue Transplant Programme & Operational Guidelines for Its Implementation" were first published in 2015. After the inception of the program, total No. of organ transplants in the country has increased from 4990 in the year 2013 to 12746 in the year 2019 and Organ donation Rate (No. of deceased donors per million population) increased from 0.16 in the year 2012 to 0.65 in the year 2018.

As part of national network, National level namely National Organ & Tissue Transplant Organization (NOTTO) and five regional organization namely Regional Organ & Tissue Transplant Organization (ROTTO) have been established at Mumbai, Kolkata, Chandigarh, Chennai and Guwahati to cover western, eastern, northern, southern and north-eastern regions of country, respectively. It is envisaged to set up one State Organ & Tissue Transplant Organization (SOTTO) in each state with 14 SOTTOs already sanctioned so far. The NOTTO and ROTTOs are also SOTTOs for the States where they are located. This noble cause requires the integrated effort of the States, institutions, healthcare professionals, non-government organization and members of community. We must strive to create a culture of voluntary deceased organ and tissue donation in India.

Government of India is committed to provide the supports already approved under NOTP to facilitate the initiatives taken by the States/UTs. These NOTP Guidelines will serve as a guidance document for implementation of its various components with larger goal of saving and transforming lives of those who suffer from organ and tissue failure.

I encourage States/UTs to plan & prepare proposals for educating community, train hospital staff, improve infrastructure and develop a sound coordination and networking system for the life-saving act of organ donation.

Place : New Delhi
Date : 22nd November 2021


(Rajesh Bhushan)

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Handwritten signature in blue ink, appearing to be 'S. K. S.' or similar, written over a faint grid background.

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प्रो.(डॉ.) सुनील कुमार

एम.बी.बी.एस. एवं एम.एस. (एमए)

PROF. (Dr.) SUNIL KUMAR
MBBS & MS (AIIMS)

स्वास्थ्य सेवा महानिदेशक
DIRECTOR GENERAL OF HEALTH SERVICES



सत्यमेव जयते

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
स्वास्थ्य सेवा महानिदेशालय
Government of India
Ministry of Health & Family Welfare
Directorate General of Health Services



MESSAGE

The demand for organs for transplant significantly surpasses the availability of donors, resulting in tragic consequences. Despite an enabling law, deceased organ donation continues to be low in India than most of the developed countries.

It is imperative to highlight that with advancement in medical skills and technology, the patients in need of organ transplant have a new ray of hope and a second chance to live.

The Directorate General of Health Services is implementing the National Organ Transplant Program (NOTP), through States and institutions with aim to augment organ transplant infrastructure and developing an effective mechanism for deceased organ and tissue donation. The key program components include community awareness, establishing national networking and registry, training and skilling, setting up new or upgrading existing facilities and provision of post-transplant immunosuppressant services. It is expected to not only increase the number of organ transplants but also the outcome of the transplants.

The new NOTP Guidelines have been prepared to orient and sensitize States and institutions on the need of deceased organ donation, financial provisions and opportunities available under the program. The Guidelines shall help in planning, implementation, monitoring and evaluation of various components of NOTP. The successful implementation of the program requires a team approach in order to overcome the challenges associated with the need of increasing deceased organ and tissue donation and transplantation in the country.

I congratulate Dr. Anil Kumar, Addl.DDG, Dr. Manas Pratim Roy, ADG for preparing the guidelines and Dr. K.T. Bhowmik, Principal Consultant and Ms. Padmaja Singh, Joint Secretary for their inputs.

I wish the very best to the program.

(Sunil Kumar)

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DEAN

B.K.L. Wajavelkar Rural Medical College
Al. Kasarwadi, Post. Sawarde
Tal. Chiplun, Dist. Ratnagiri

GUIDELINES FOR IMPLEMENTATION OF NATIONAL ORGAN TRANSPLANT PROGRAM (PERIOD: 2021-22 to 2025-26)

1. Name of the scheme: National Organ Transplant Program (NOTP)

2. Objectives of the scheme:

- To organize an efficient mechanism for organ and tissue procurement/retrieval especially from deceased donors and their distribution for transplantation.
- To promote deceased organ and tissue donation including pledging for the same.
- To spread awareness about various aspects of organs and tissue transplantation among the public at large.
- To bridge the gap between the demand & supply of organs for transplantation.
- To establish new and strengthen the existing organ and tissue retrieval and transplant infrastructure facilities especially in public sector hospitals/institutions.
- To train required manpower for Organ & Tissue Donation, Retrieval & Transplant.
- To identify/establish skill centres for training of transplant & retrieval surgeons, physicians, Anaesthetists, immunologists, Nurses, Transplant Coordinator etc. in NOTTO/ROTO/SOTTO/Medical Colleges/ Institutions as applicable.
- To monitor organ and tissue transplant services and bring about policy and programme corrections/ changes whenever needed.
- To establish and operationalize Digital National Organ & Tissue Donation and Transplant Registry.

Strategies:

- Advocacy for promoting organ and tissue donation and carrying out various IEC activities for increasing awareness among the general public and stake holders.
- Encouraging individuals to register their willingness to be a donor after death.
- Enforcement of 'mandatory declaration of Brain Stem Death and required request.
- Develop National, Regional and State Network for organ and tissue removal, storage, allocation and transplantation.
- Capacity building of personnel involved in Organ & Tissue Donation and Transplantation.
- To establish new skills centres for training transplant surgeons, physicians and immunologists etc. in NOTTO and certain medical colleges in the country
- Establish and maintain a national registry of organ and tissue donation and transplantation.
- To train in organ donation and transplantation data management in NOTTO. A post doctoral fellowship course to be started in NOTTO.
- M.Ch/Post Doctoral Fellowship in Hand surgery and Transplant to be started in NOTTO in collaboration with VMMC and AIIMS Trauma centre
- Develop requisite infrastructure for organ and tissue donation and transplantation activities at various levels.

- Developing an effective transport system for rapid and safe transportation of organs and tissues within and across the cities. (surface, metro, Train and air transport including security etc.)
- Providing support system for Living donors in form of Insurance support etc.
- Help organising a robust support system to ensure optimal graft outcomes (in form of immunosuppressant drugs for ill affording and adequate timely medical support)

3. **Background of the scheme:**

3.1 **General Background**

- i. Efficient Organ Transplantation Ecosystem, involves
 - a) **Reducing the demand for Organ Transplantation:** which means prevention and control of the diseases which cause organ failure e.g. Diabetes, Hypertension, Alcoholic and non-Alcoholic Chronic liver diseases etc.
 - The main program to reduce the demand is NCD program /National Program for prevention and Control of Cancer, Diabetes, Cardiovascular diseases and stroke
 - Dialysis is an acceptable alternative for management of kidney failure cases and also till the transplantation takes place. Pradhan Mantri National Dialysis Program is being implemented to make the hemodialysis facilities available at District Hospital level
 - b) To address the supply side of organ transplantation we need to improve the organ donation and transplantation activities in the country.
- ii. There is huge shortage of Organs available for carrying out Transplants as compared to the number of patients who require Organ transplants. There is huge Gap between demand and supply of organs.
- iii. There is a need to promote deceased organ donation, rather than relying only on living donors, because of risk of commercial trading and inherent risk to the health of living donor.
- iv. Deceased Donor organ transplant can be done from “brain stem dead” persons as well as donation after “cardiac death”.
- v. About 1.5 lakhs deaths happen annually due to road traffic accidents in India – a large number of these cases could be harvested for organs.
- vi. Organ donation rate (Number of persons who donate organs after death in one million population) in India is less than one (0.52 in 2019) as compared to maximum of around 48 in the Spain.

3.2 **Legal Framework:** Organ donation and transplantation is a Government regulated activity in India as per the provisions of the Transplantation of Human Organs and Tissues Act 1994 (as amended in 2011)

- The Transplantation of Human Organs Act (THOA), 1994 was enacted in the year 1994 and was adopted in all States except erstwhile State of J&K and Andhra Pradesh which have their own legislation in this regard. Main purpose of the Act is to regulate the removal, storage and transplantation of human organs for therapeutic purposes and for the prevention of commercial dealings in human organs.
- The Act was amended in 2011 and the Transplantation of Human Organs(Amendment) Act 2011, has come into force on 10-1-2014 in the States of Goa, Himachal Pradesh, West Bengal, and Union Territories. Other States who have adopted the amendment Act till date are Rajasthan, Sikkim, Jharkhand, Kerala,

Orissa, Punjab, Maharashtra, Assam, Chhattisgarh, Haryana, Manipur, Gujarat, Bihar, Uttar Pradesh, Tamil Nadu and Madhya Pradesh. The amended Act is now named Transplantation of Human Organs and Tissues Act (THOTA), 1994. After reorganization of erstwhile State of Jammu and Kashmir, the THOTA 1994 is now also applicable in the Union Territories of Jammu and Kashmir and Ladakh.

- Other States namely Andhra Pradesh, Telengana, Karnataka, Uttarakhand, Arunachal Pradesh, Mizoram, Meghalaya, Nagaland and Tripura have not yet adopted the Transplantation of Human Organs (Amendment) Act 2011.
- Brain Stem death is recognized as a legal death in India under the Transplantation of Human Organs and Tissues Act, since 1994 like many other countries, which has revolutionized the concept of organ donation after death. After natural cardiac death only a few organs/tissues can be donated (like cornea, bone, skin and blood vessels) whereas after brain stem death almost 8-9 organs including vital organs such as kidneys, heart, liver, pancreas, lungs, small intestine and many types of tissues like cornea, skin, heart valves, bones etc can be donated.
- In pursuance to the Amendment Act, the Transplantation of Human Organs and Tissues Rules have been notified on 27th March, 2014. The amended Act and revised Rules have many provisions for promotion of organ donations from cadavers.
- **Important amendments under the (Amendment) Act 2011:** Amendments for increasing the pool of organ donors are as under:-

Living Donation

- 'Near relative' definition has been expanded to include grandchildren, grandparents.
- Swap Donation (Donor Exchange) included.

Cadaveric Donation

- Tissue donation, tissue transplantation and Tissue Banking included.
- Mandatory Transplant coordinators in transplant and retrieval hospitals
- Registration of Retrieval only centres
- Mandatory request for donation from potential donors in Intensive Care Units (ICU)
- Brain Stem Death certification permitted by Anaesthetist/ intensivist if Neuro experts are not available
- National Networking between retrieval centres, transplant centres, tissue banks, networking organizations at State, regional and national level for establishing an efficient organ procurement and distribution system in the country (Mandate Given to Central Government)
- National Registry for organ donation and transplantation (Mandate Given to Central Government)
- Eye/ Cornea retrieval permitted from trained technicians

Other Amendments

- To protect vulnerable and poor there is provision of higher penalties has been made for trading in organs (imprisonment upto 10 years and fine upto Rs One crore)
- Act has made provision of greater caution in case of minors and foreign nationals and prohibition of organ donation from mentally challenged persons

3.3 Source of Organs for Transplant:Source may be, Living or Deceased Donor

Living Donor Transplant:

- Near Relative donor (mother, father, son, daughter, brother, sister, spouse, grandchildren and grandparents)
- Other than near relative donor: Such a donor can donate only for the reasons of affection and attachment or for any other special reason and that too with the approval of the authorisation committee.
- By SWAPPING of near relative donors between pairs of unmatched donor and recipient

Deceased donor Transplant:

- **Donor after Brain stem death:** Organ Donation is practically possible in the situation of Brain stem death e.g. a victim of road traffic accident or cerebrovascular accidents etc. where the brain stem is dead and person cannot breathe on his own but can be maintained through ventilator, oxygen, fluids etc. to keep the heart and other organs working and functional.
- **Donor after cardiac death (DCD):** Practically in Indian scenario only tissues are donated after cardiac death. But few centres like PGI Chandigarh has started DCD

3.4 Issues and Challenges

- High Burden of Organ failure cases
- Poor availability of Donors (Demand Vs. Supply gap)
- Lack of Awareness of concept of Brain Stem Death
- Less number of Brain Stem Death Certification by Hospitals
- Non availability of adequate Infrastructure especially in Government sector institutions
- Lack of Awareness and attitude towards organ donation
- Potential Organ Trading
- Reluctance of many States to adopt THOA amendment Act 2011
- Transportation of Donated Organs (especially inter State)
- Allocation of deceased donor organs especially heart to foreigners
- Gaps in Data Reporting especially online entry by hospitals/ States in National Registry
- Lack of Organized networking systems between NOTTO, ROTTOS and SOTTOS.
- High Cost (especially for uninsured and poor)
- Maintenance of Standards in Transplantation

3.5 National Organ Transplant Programme

- i. Government of India is implementing National Organ Transplant Programme for carrying out the activities as per amendment Act, training of manpower and promotion of organ donation from deceased persons.
- ii. Hon'ble Prime Minister has highlighted the importance of organ donation in the Mann Ki Baat Programme broadcast in October and November 2015. This has given impetus to the Organ Donation in the country.

- iii. National Organ Transplant Programme aims to improve access to the life transforming transplantation for needy citizens of our country by promoting deceased organ donation.
- iv. The scheme has to be continued beyond 2020-2021. The activities being planned require long term implementation as the process of improving the organ donation rate in the country is important for bridging the gap between availability of organs and tissues and the demand for them.

v. **History:**

- The initial SFC for National Organ Transplant Programme (2010-2012) under the Chairmanship of the then Secretary (Health & FW) in November, 2010 had approved the establishment of NOTTO (earlier called MOPDO) at 4th and 5th Floor of Institute of Pathology Building, Safdarjung Hospital under the programme. In the next phase NOTP scheme was developed. The scheme NOTP was developed by including other components and was originally approved for 4 years (2013-2014 to 2016-2017) and further revised for 3 years (2017-2018 to 2019-2020). The department of expenditure has extended the current scheme upto March, 2021.
- NOTP is a central sector continuing scheme. The scheme has been evaluated externally and found to be giving positive results in terms of increased awareness about organ donation, increase in number of deceased organ donations and establishments of organization for organ procurement and distribution. The organ donation rate i.e. number of persons donating organs per million populations has increased from around 0.16 in 2012 to 0.52 in 2019. It is, therefore, felt necessary that for the scheme to be more effective, it needs to be continued and expanded.
- Based on the feedback and past experience, to make it more effective and bridge the gap between demand for and supply of the organs for transplantation, some new components are being introduced in this programme such as support in facilitating medical education of doctors and staff of medical colleges/institutions (both Government and Private) doing transplant activities or willing to start organ transplantation activities, training for transplant teams (surgeons, physicians, anaesthetists, nurses, technicians and perfusionists (in cases of heart and lung transplants) in India or Abroad, setting up of 4 skills centres in NOTTO and medical colleges in the country, 10(ten) Regional/State Biomaterial Centres, setting up of State Organ and Tissue Transplant Organisations (SOTTOs) in each State, developing new/strengthening existing retrieval and transplant centres, and support to retrieval centres.

3.6 Key Achievements in the field of Organ Donation and Transplantation (indicative of Impact of Program)

- i. India is the **3rd country in the world** after USA and China, in terms of total number of transplants done in a year.
- ii. Total number of transplants done in the country has **increased from 4990 in 2013 to 12666 in 2019** indicating marked improvement in infrastructure for undertaking transplants in the country.

- iii. **Capacity for undertaking rare transplants** e.g. Pancreas, Intestine, hand, limbs, Lung, Uterus have developed within the country, besides a significant enhancement in capacities for undertaking relatively common transplants of Kidney, Liver and Heart.
- iv. Some transplant centres including PGIMER Chandigarh have developed capacities for undertaking Donation after Cardiac Death also, as usually Organ donation can take place after brain Stem Death.
- v. Organ donation Rate (No. of deceased donors per million population) in the country increased from **0.27 in the year 2013** to 0.65 in 2018, however it has dipped to **0.52 in 2019**.
- vi. 529 Hospitals undertaking transplantation or retrieval out of the total estimated 690 in the country are now registered with NOTTO for the purpose of networking and National Registry. This indicates a significant progress in establishment of organized system in the country for organ procurement from deceased donors and their distribution and transplantation to the needy citizens of the country. However the data entry by the hospitals in the National registry is incomplete.
- vii. Number of persons who have **pledged for organ and/or tissue donation with NOTTO is now more than 14 lakhs**, out of which more than 3 lakhs have been registered online. This indicates a significant improvement in awareness about organ donation.

3.7 Proposed Key Actions at Central Level (Road Ahead)

- Advocacy for Adoption of THOA (amendment Act 2011) by the States who have not yet adopted it. Letters to be sent to States from different levels.
- Establishment of a SOTTO in all remaining States/Union Territories which are yet to establish the same and inviting proposals from the States for the same. Letters from DGHS, enumerating all fund provisions, will be sent to all State DHS for setting up SOTTO in such states where it is not yet established
- Taking up with States for registering of all remaining licensed transplant centres, retrieval centres and tissue banks with the NOTTO networking and registry system.
- Strengthening systems of online data collection from hospitals through ROTTO/SOTTO/States, compilation and data management by NOTTO.
- Enhancement and upgradation of National Registry for computerized data collection and automatic computerized allocation in a transparent way.
- Development of a NOTTO Dashboard on the NOTTO website for information of public and stakeholders.
- Exploring incentives for Hospitals/States who provide complete data for National Registry.
- An Advisory committee under Chairmanship of DGHS shall be operationalized for steering the activities of NOTTO/ROTTTO/SOTTO and other Organ and Tissue Transplant related matters. Regular meetings to be conducted for reviewing the progress from time to time including quarterly reporting by ROTTO/SOTTOs to the central NOTP cell.
- Regional Directors (RD) of Health and Family Welfare, Government of India to be involved in facilitating operationalization of SOTTO/ ROTTO and implementing various schemes of National Organ Transplant Program in coordination with respective States.
- Greater involvement and recognition of Neuro-critical care doctors of the hospitals for enhancing donor identification and organ donation. They may be preferred to be nodal officer for the hospital for all organ donation and transplant matters.

- **Enhancement of infrastructure for undertaking transplantation**
 - High case load hospitals should be identified and developed into an organ transplant or a retrieval facility on priority.
 - All new AIIMS and other medical colleges, wherever feasible, to develop departments for transplant related fields.
 - Medical colleges where transplantation is not feasible and the District Hospitals where facilities for brain stem death identification, deceased donor maintenance and organ harvesting are available to be developed as Organ and tissue retrieval centres.
 - All Trauma Centres to be developed into organ and tissue retrieval centres
- **Enhancement of training capacities for undertaking transplantation**
 - Taking up with NMC and NBE for increasing PG seats including DM and MCh in specialties of transplants.
 - Training calendar for each category of personnel to be developed by NOTTO, all ROTTOs and SOTTOs and intensive trainings to be conducted for at least initial two years.
 - Identifying Training institutions for training of different types of manpower for undertaking transplantation like Physician, Surgeons, Anesthetists etc.
 - Increasing the number of fellowships in the field of transplantation.
 - Exploring the possibility of setting up a Transplant university in the country dedicated to the field of transplantation.
- National or Regional Level Annual Conference for at least one representative of each concerned transplant or retrieval hospital to be organized through NOTTO/ROTO.
- Process shall be initiated for setting up SOTTO in Delhi by Government of NCT of Delhi.
- **Increasing Awareness**
 - Advocacy for organ donation through leaders and celebrities
 - Inter-Ministerial meetings to promote Organ Donation and facilitating the same.
 - Simplifying the process of pledging for Organ donation after Death
 - Inclusion of concepts of Organ Donation and Brain Stem Death in Medical colleges and School curriculum.
 - Greater use of Electronic, Mass media like TV and Newspaper and Social media
 - Greater involvement of NGOs
 - Involvement of PSM Departments of Medical Colleges for promotion of Organ Donation
 - Promotion of Organ Donation as a CSR activity.
 - Orientation and Sensitization of various stakeholders like judges, legal experts, police and traffic personnel, social workers, youth etc

3.8 Key actions for States/Institutions

- Adoption of THOA (amendment Act 2011) by the States who have not adopted till now
- Establish State Organ and Tissue Transplant Organization (SOTTO) in each State to develop an efficient and organized system for organ procurement and distribution
- Augment infrastructure for organ donation and transplantation in Government institutions

- Establish Retrieval/Donor centres especially all Trauma centres to be registered for retrieval facilities
- Registered Transplant, retrieval centres and tissue banks to link up with SOTTO/ROTO and NOTTO through online networking and share all organ and tissue donation and transplant related data for National Registry
- Make Intensivist doctors of hospitals as nodal/responsible person at hospital level for identification of Brain Stem dead persons and coordination with the support of Transplant coordinator
- Provision of Transplant Coordinator in all Retrieval and transplant hospitals for counselling and encouraging family of deceased person to motivate them for organ donation.

4. Whether Central Sector (CS) scheme/Centrally sponsored scheme:

NOTP is a central sector scheme.

5. Total proposed outlay (Component-wise and Year-wise budget / Cost Estimates):

5.1 Information, Education and Communication (IEC) Through NOTTO/ROTO / SOTTO or as specified against the item:

Item	Description	No.	Cost in lakh	Unit	No. Of years	Total for 5 years in lakh
Development of Video spots in regional languages	One time expenditure	2	10 (Cost of production + cost of Dubbing in regional languages)	Per Spot per year		20
Additional audio messages in regional languages	One time expenditure	2	5 (Cost of production + cost of Dubbing in regional languages)	Per Spot		10
Telecast of Video spots through Government and Private TV channels. Telecasting at regular frequency			2021-22	10	5	50
			2022-23	10		
			2023-24	10		
			2024-25	10		
			2025-26	10		
Radio Broadcasting	Broadcasting at regular intervals		2021-22	10	5	50
			2022-23	10		
			2023-24	10		

			2024-25	10			
			2025-26	10			
IEC material development, printing and distribution Pamphlets, booklets, handouts, posters, calendar, newsletter, annual report, Diary etc.			2021-22	10	Flex ible	5	50
			2022-23	10			
			2023-24	10			
			2024-25	10			
			2025-26	10			
Print Advertisements	In all regional languages	2 to 3 times a year	3		per year	5	15
ICT, Digital Publicity and Social media awareness	1		3		per year	5	15
National level Meetings/Events including Indian Organ Donation Day including TA/DA	Average (One big @20 lakh OR 2 small @ 10 lakh/ meeting)		20		per year	5	100
Regional Awareness workshops through ROTTO	Number of workshop flexible@ 2 lakh per year		2		per year	5	10
National Awards for exemplary work by various functionaries and institutions			1		per year	5	5
Advocacy and campaign activities for stakeholders and different social groups, field publicity (average 5 activities per year) including TA/DA	NOTTO	No. flexible	1		per year	5	5
	ROTTTO	5	2		per year	5	50
	SOTTO		Amt	Total		5	75
	2021-22	20	0.75	15			
	2022-23	20	0.75	15			
	2023-24	20	0.75	15			
	2024-25	20	0.75	15			
2025-26	20	0.75	15				
National Helpline including round the clock staff for 6	Rs. 1.5 lakh per month with	1	18 first year 18.9 19.85		per year	5	Zero (To be

persons for NOTTO.	average 5% increase per year		20.84 21.88			included in NOT TO budget)
Outdoor & field Publicity like bill board, field publicity Division of I&B etc	NOTTO	1	2	per year	5	10
	ROTTTO	5	2	per year	5	50
	SOTTO	No. of SOTTO	Amt	Total		75
	2021-22	20	0.75	15		
	2022-23	20	0.75	15		
	2023-24	20	0.75	15		
	2024-25	20	0.75	15		
	2025-26	20	0.75	15		
Special Advocacy, Special fairs and Awareness Drive for ROTTO and SOTTO	02 events per year @ 1 lakh per event		5	per year	5	10
Total						600

Year wise IEC Budget Summary:

Item		2021-22	2022-23	2023-24	2024-25	2025-26	Total
Video Spot	No.	1	1	-	-	-	2
	Budget @ 10 Lakh per spot	10	10				20
Audio Spot	No.	1	1				2
	Budget @5.0 Lakh per spot	5	5				10
Other IEC Activities as detailed in above table		114	114	114	114	114	570

Total		129	129	114	114	114	600
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This budget in the above table is only indicative in nature and it will be subjected to actual proposal received from the institutes/ states/SOTTO/ROTO/NOTTO. The flexibility of shifting budget from one activity to another activity is allowed.

5.2 National THOTA and NOTP Cell

The cell is located in MG section, Dte.GHS Headquarter, Nirman Bhawan, New Delhi and is to be strengthened keeping in view country wide expansion of program. The functions are

- Registration and renewal of organ & tissue transplant centers, eye bank in all Union territories except Delhi as part of work of DGHS being the appropriate authority for all Union territories except Delhi. Organizing inspections for the same.
- Monitoring of the transplant, retrieval centers and Tissue Banks through regular data collection and inspections in the aforesaid Union Territories.
- Cases of appeal against the decisions of authorization committee or appropriate authorities under THOTA 1994 of Union territory of Delhi and other UTs
- RTI, Court and Parliamentary matters etc. related to THOTA and NOTP
- All technical, administrative and financial matters of NOTP including NOTTO/ROTOs/SOTTOs
- Implementation and Monitoring of various components of National Organ Transplant Programme through respective State Governments and NOTTO/ROTOs/SOTTOs, as applicable
- Facilitating Organizing Indian Organ Donation Day annually
- Consultancy on all transplant law and program related matters.

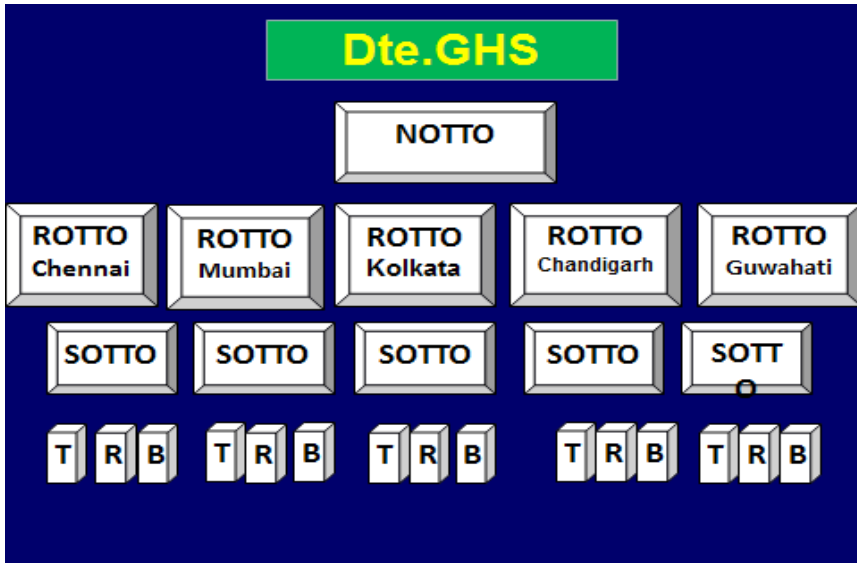
Item	Financial Year	Cost per year (Lakh)	Cost for 5 years (Lakh)
MANPOWER			
Sr. Consultant – National Organ Transplant Programme (Medical Professional) 1@ Rs. 95000 per month with increase of 5% every year	2021-22 (9 months)	11.40	60.15
	2022-23	11.97	
	2023-24	12.57	
	2024-25	13.20	
	2025-26	13.86	
Non-Medical Consultant to process proposals 1@ Rs. 50000 per month with increase of 5% every year	2021-22	4.50	31.67
	2022-23	6.30	
	2023-24	6.62	
	2024-25	6.95	
	2025-26	7.30	
DEO (Data Entry Operator)	2021-22	4.50	31.67

2@25000 per month with increase of 5% every year	2022-23	6.30	
	2023-24	6.62	
	2024-25	6.95	
	2025-26	7.30	
PRINTING, PUBLICATIONS, ADVERTISEMENT ETC			
		45 lakh for 5 year	45
OTHER ADMINISTRATIVE EXPENSES			
(i) Inspection of retrieval and transplant hospitals for registration and renewal(Honorarium@ RS.6000 per external expert per inspection) including TA/DA for registration, monitoring etc (ii) Office equipment and office expenses (iii) Miscellaneous matters like court fee etc			31.51
Total			200

Year wise Budget Summary:

Item	No.	2021-22	2022-23	2023-24	2024-25	2025-26	Total
Manpower	4	17.55 (9 months)	24.57	25.81	27.1	28.46	123.49
Printing, Publications, AdvertisementEtc		5	10	10	10	10	45
Other Administrative Expenses		2.45	5.43	9.19	7.9	6.54	31.51
Total		25	40	45	45	45	200

Networking: through creating institutional mechanisms: Through establishing a National Human Organs and Tissues Removal and Storage Network as mandated by THOTA 1994



NOTTO: National Organ and Tissue Transplant Organization

ROTTA: Regional Organ and Tissue Transplant Organization

SOTTO: State Organ and Tissue Transplant Organization

T: Transplant Centre

R: Retrieval Centre

B: Biomaterial Centre (Tissue Bank)

5.3 National Organ & Tissue Transplant Organization (NOTTO):

An apex level organization, National Organ and Tissue Transplant Organization (NOTTO) having components of National networking, National Registry, National level Biomaterial centre and facility of cadaver organ and tissue retrieval Operation theatre has been established in the Safdarjung Hospital Campus, New Delhi under Directorate General of Health Services.

Broad Functions of NOTTO:

- Drafting Policy guidelines and protocols
- Web based Networking
- Establishing and Maintaining National Registry
- Advocacy and awareness
- Co-ordination when organ is allocated outside region and to PIO/Foreigner and in Delhi
- Research
- Dissemination of information
- Coordinate and Organize trainings and capacity building workshops

- Consultancy support on all aspects of donation and transplantation
- National Biomaterial centre
- SOTTO for Delhi

MANPOWER: The details of manpower in NOTTO as approved in last SFC (2017-20 extended upto 2021) to be continued/new proposed during 2021-22 to 2025-26 is at **Annexure-I.**

Budget (Rs. In lakh) (Excluding IEC and training)

Item	2021-22	2022-23	2023-24	2024-25	2025-26	Total
Salary (Regular Staff) *AS PER THE NO. & Revised pay OF REGULAR STAFF proposed)	100	125	125	130	130	610
ADDITIONAL STAFF Proposed						
Regular						
UDC /Senior Secretariat Assistant (SSA) –2						
Contractual Staff						
Senior Consultant (IEC)– one						
Consultant (Monitoring and Evaluation)–one						
Advt. and Publicity	From IEC Budget					
Minor Works	30	30	30	30	30	150
Other Administrative Expenses*	10	10	10	10	10	50
Professional Services (remuneration contractual staff)	114	119	119	129	134	615
Domestic Travel expenses	20	20	20	30	30	120
Office Expenses	10	10	10	20	20	70
Training	From Training Budget					
Biomaterial Centre						Total
Equipment	5	5	5	5	5	25

Consumables	5	5	5	5	5	25
Research and Training	2	2	2	2	2	10
Irradiation	1	1	1	1	1	5
Quality Control	1	1	1	1	1	5
Contingencies and Overheads	2	2	2	2	2	10
Sub Total Biomaterial Centre	16	16	16	16	16	80
Major Work	10	5	5	5	5	30
Total	300	325	325	375	400	1725

*As per GFR, if required, the budget of **National level Meetings/Events including Indian Organ Donation Day including TA/DA**, as included under IEC may be shifted under OAE budget component of NOTTO.

The salary of contractual staff will be increased by 5% every year i.e. after each completed year of service

NOTTO SKILL CENTRE: Budget indicated separately at Point No. 9

Financial support to NOTTO and Selected collaborating Medical Colleges / institutions performing transplants for establishment of **skills centre (s)** under aegis of NOTTO to train

- Surgeons for retrieval of organs and tissues
- Physicians
- Neuro surgeons, Neurologists, anaesthetists and intensivists for brain death declaration
- Immunologists for performing HLA and other immunological tests

5.4 ROTTO: Regional Organ and Tissue Transplant Organization:

Name of ROTTO	States covered
Seth GS medical college and KEM Hospital, Mumbai (Maharashtra)	Maharashtra, Gujarat, Goa, UTs of DNH, Daman, Diu, M.P., Chhattisgarh
Govt. Multispecialty Hospital, Omnadurar, Chennai (Tamil Nadu)	TN, Kerala, Telangana, Seem Andhra, Karnataka, Pondicherry, A & N Islands, Lakshadweep
Institute of PG Medical Education and Research, Kolkata (West Bengal)	West Bengal, Jharkhand, Sikkim, Bihar and Orissa
PGIMER Chandigarh(UT of Chandigarh)	Punjab, Haryana, HP, J &K , Chandigarh , Rajasthan, Uttar Pradesh and Uttarakhand
Guwahati Medical College (Assam)	Assam, Meghalaya, Arunachal Pradesh, Manipur, Nagaland, Mizoram, Tripura.

Broad Functions of ROTTO:

- Networking including allocation, where SOTTOs not functional
- Co-ordination when organ is allocated outside State
- Collection of data and statistics from SOTTOs including registry of the region
- Monitoring and surveillance
- Training and workshops
- Developing IEC materials as per regional need
- Intersectoral meetings, IEC and advocacy for deceased organ donation in the region
- Technical guidance and Support
- Establishing and operationalizing regional biomaterial centre
- ROTTO is also SOTTO for the State in which it is located.

It is envisaged to have a biomaterial centre at each ROTTO centre and till now funds have been given to Tamil Nadu and Maharashtra for one State Biomaterial Centre.

ROTTTO (Cum SOTTO) Financial Package:**Infrastructural Support: ROTTO (Cum SOTTO) (Rs. in Lakh)**

Refurbishment cum renovation of 3 Rooms (2 Rooms for office and 1 Room for meeting and Training - to be identified by the institution)	10
Furniture	4.8
Split ACs (3 No.)	1
Plasma Screen	1
PA System	1
Computers Set with printer (10 No.)	6
LAN Server	2
Projector, fax photocopier, scanner etc	2
Refrigerator	0.2
Advanced Life Support Ambulance	30
Software/Hardware for customized video conferencing, etc	10
Total amount	68

Note-Budget for infrastructure for all 5 ROTTTOs already released in 12th Plan

ROTTTO (Cum SOTTO) Manpower (Number):

Director Incharge (MBBS with MD/MS qualification)	1
Joint Director (Technical) (MBBS with MD/MS qualification)	1
Consultant (IEC/Media)	1
Consultant (Data Management Statistics Research and Publication)	1
Transplant coordinator	2
Programme assistant cum Data Entry Operator	5
Total	11

Recurrent Costs:

2 Regular officers (Doctors) (Director Incharge Level 14 and Joint Director Level

13)1 each

1 Director Remuneration 1.5 Lakh per month = Rs. 18 Lakh[#]

1 Joint Director 1.2 Lakh per month = Rs. 14.4 Lakh[#]

2 Consultants @ Rs. 60,000 per consultant per month x 2 = Rs. 1.2 Lakhs p.m. = 14.4 Lakh per year[#]

2 Transplant Coordinators @ Rs.35,000 per month x 2 = Rs. 8.4 Lakh per year[#]

5 Programme Asstt. @ Rs. 25,000 per year x 5 = Rs. 1.25 lakhs = 15 Lakh per year

2 Drivers for ambulance - Hiring on contractual / Outsourcing basis = Rs. 25,000 per month x 2 drivers x 12 months = Rs. 6 Lakh per year

Note: [#]Higher salary indicated above as compared to previous SFC may be applicable for new recruitments

Other recurring costs

Electricity/Water/POL/communications/stationary/travel/other administrative expenses/miscellaneous = Rs. 21.6 Lakh per yr.

Rent or maintenance of Building and office: Rs. 60000 average per month x 12 = Rs. 7.2 Lakhs

Total Recurring cost = 18+14.4+14.4+8.4+15+6+21.6+7.2 = Rs.105 lakh per year

Note: The salary of contractual staff will be increased by 5% every year i.e. after each completed year of service.

* The commitment for the provision of manpower will be for a period of 5 years and the same will be reassessed at the time of next continuation. Meanwhile the State Government or the medical college shall create posts for provision of regular staff after completion of 5 years.

Total recurring budget for subsequent years increases by 5% as compared to previous year.

ROTTTO Budget (Excluding budget for Activities like IEC, Training etc.)

Item	2021-22	2022-23	2023-24	2024-25	2025-26	Total
No. of ROTTO cum SOTTO	5	5	5	5	5	
Non recurring Grant for any additional infrastructure requirement of ROTTOS	4	4	4	4	4	20
Recurring (per year)	105	110.25	115.76	121.55	127.63	580.19
Total	109	114.25	119.76	125.55	131.63	600.19

5.5 SOTTO: State Organ and Tissue Transplant Organization

It is envisaged to establish one SOTTO each State. So far grants for following 13 SOTTOs have been sanctioned:

1. Government Medical College, Thiruvananthapuram, Kerala
2. Sawai Man Singh Medical College (SMS), Jaipur, Rajasthan
3. Mahatma Gandhi Medical College (MGMC), Indore, Madhya Pradesh
4. Goa Medical College (GMC), Bambolim, Goa
5. Government Medical College (GMC), Jammu, J & K
6. Pandit Bhagwat Dayal Sharma PGIMS, Rohtak, Haryana
7. Sriram Chand Bhanj Medical College (SCB), Cuttack, Odisha
8. Institute of Kidney Diseases and Research Centre (IKDRC), Ahmedabad, Gujarat
9. Sanjay Gandhi Post Graduate Institute of Medical Sciences (SGPGIMS), Lucknow, UP
10. Indira Gandhi Institute of Medical Sciences (IGIMS), Patna, Bihar
11. Government Medical College, Patiala, Punjab
12. Rajendra Institute of Medical Sciences, Ranchi, Jharkhand
13. Jeevandan Andhra Pradesh-225003

Note1-5 ROTTOs are also SOTTOs for the States where they are located

Note2- NOTTO is SOTTO for Delhi

Broad Functions of SOTTO:

- Coordinate for Implementation of all schemes under NOTP in consultation with State Government
- Maintain Waiting list of patients requiring transplants for respective States
- Networking and State level registry
- Co-ordination from organ and tissue procurement, matching, allocation, transportation, storage and transplantation
- Coordinate for BSD certification and retrieval teams
- Dissemination of information to hospitals, organizations & individuals
- IEC Activities
- Training and CMEs within the State

SOTTO Package: Budget may be given to the institution through State Government

Infrastructural Support: SOTTO (Rs. in Lakh)

Refurbishment cum renovation of 2 Rooms - to be identified by the institution)	5
Furniture	1.7
Split ACs (2 No.)	1
Computers set with printer	3
LAN Server	1
Projector, fax photocopier, Scanner etc	2
Refrigerator,	0.3
Life Support Ambulance*	12
Software/Hardware for customized video conferencing, etc	10
Total amount	36.0

SOTTO: Manpower (Number)

Joint Director (Technical) Incharge (MBBS with MD/MS qualification)	1
Consultant (IEC/Media)	1
Consultant cum Transplant Coordinator	1
Programme assistant cum Data Entry Operator	1
Driver on Call through Outsourcing	2
Total	6

Note: These staff will be contractual staff hired by State Govt./institution

Financial Package SOTTO (recurring Cost) (Excluding budget for Activities like IEC, Training etc.)

1 Regular officer (Doctor) (Level-13) Rs. 1.2 Lakh per month= Rs. 14.4 Lakh per year[#]

Consultant IEC & Data management @ Rs. 60,000 per month x 1 = Rs. 7.2 Lakhs per year[#]

1 Transplant Coordinators @Rs.35,000 per month = Rs. 4.2 Lakh per year[#]

1Prog.Asstt. @ Rs. 25,000 per month = Rs. 3 lakhs per year

Electricity/Water/POL/communications/stationary/travel/other administrative expenses/ miscellaneous = Rs. 11.4 Lakh per yr.

Rent or maintenance of Building and office: Rs. 0.15 Lakh per month x 12 = Rs. 1.8 Lakhs

2 Drivers for ambulance - Hiring on contractual / Outsourcing basis = Rs. 25,000 per month x 2 drivers x 12 months = Rs. 6 Lakh per year

Total Recurring cost = 14.4+7.2+4.2+3+11.4+1.8+6 = Rs. 48 lakh per year

Note: [#]Higher salary indicated above as compared to previous SFC may be applicable for new recruitments

Note: The salary of contractual staff will be increased by 5% every year i.e. after each completed year of service

SOTTO: Budget (in Lakh)

Item	2021-22	2022-23	2023-24	2024-25	2025-26	Total
No. of SOTTO	20 (5 New +15 Old)	20 (20 Old)	20 (20 Old)	20 (20 Old)	20 (20 Old)	20
Non recurring	5x36= 180	0	0	0	0	180
Recurring (per year)*	20x48=960	1008	1058.4	1111.32	1166.89	5304.61
Total	1140	1008	1058.4	1111.32	1166.89	
Actual allocation	450	480	534	588	600	2652

* The commitment for the provision of manpower will be for a period of 5 years.

Meanwhile the State Government or the medical college shall create posts for regular staff and make budgetary provision accordingly for running the SOTTO after completion of 5 years.

As per the past experience, the states are not spending the allotted budget and the posts are not filled in time which leads to less expenditure and does not exceed 50%. So, the actual allocation is accordingly being proposed

5.6 Regional/State Biomaterial Centres: Total : 3

One time grant of Rs. 100 lakh, for Chandigarh, Maharashtra and West Bengal, where ROTTO is located, for infrastructure and equipments only.

Rs. in lakh						
Item	2021-22	2022-23	2023-24	2024-25	2025-26	Total
No. of State Biomaterial Centres	1		1		1	3
Non recurring lumpsum financial grant @ 100 lakh per centre*	100		100		100	300

Total Budget : 300 lakh

5.7 Govt. supported Online system of networking through a dedicated website between retrieval, transplant centres, tissue matching labs, tissue banks, SOTTO, ROTTO, NOTTO.

SOTTO/ROTTOT/NOTTO will have its own website wherein, pre-fixed information stored in the Database will be displayed. In addition, static information for Public will be uploaded in the website and regularly updated as and when the static information changes. A mobile app for NOTTO will be developed.

Item	2021-22	2022-23	2023-24	2024-25	2025-26	Total (Rs. in lakh)
Web portal development & Support for online system of networking including mobile App	150	50	50	25	25	300
Total	150	50	50	25	25	300

Budget for 5 years total: Rs. 300 lakh

5.8 Training

(Overall responsibility of Trainings will be of Director NOTTO and will be organized through ROTTO, SOTTOs and institutions also)

Training would be required in the field of transplantation & Dialysis for the following:

No. of trainees and cost of various training programs for 5 years

S. No	Trainee Details	Trainees No.	Total Cost (Rs. Lakh)
1.	Training/MoHFW/Dte.GHS/NOTTO/ROTTTO/SOTTO Staff	30	30
2.	Support in facilitating medical education of doctors and staff of medical colleges/institutions (both Government and Private) doing transplant activities or willing to start organ transplantation @ Rs. 0.5 lakh per medical college/institution for 100 Government Medical Colleges/Institutions.	100 (Medical Colleges)	50
	Training of entire transplant team for each organ (Heart, Lung, Liver, Kidney, Pancreas) comprising of Surgeons, Physician, Anaesthetists, Internists, Immunologist, Nurses, OT technicians and perfusionists (for heart and lung transplants) – Faculty and staff from Govt. Medical Colleges in the country to receive hands – on training in transplant of various organs from well-established centres in the country both public and private. Feasible the fellowships for Transplant Physicians, Surgeons, and Anaesthetists may be started in collaboration with training institutions.	Flexible (depending upon the proposals)	With detail as under other rows
2.	Participation in International trainings & workshops for key programme officers and transplant and tissue bank experts and in pursuance to MOU with Spain	5	50
3.	Training/Fellowships of Retrieval/ Transplant Surgeons @ of Rs 0.5 lakh per candidate	40	20
4.	Training/Fellowships of Transplant physicians @ of Rs 1 Lakh per candidate	10	10
5.	National/International Training for Heart/Lung/Liver Transplant for a period of 2 weeks @ average estimated expenditure total of 5	10	50

	Cardiac/ Surgeons and 5 Liver Transplant Surgeons, etc. For 2 weeks @ estimated expenditure of Rs. 5 lakh for one candidate on travel, stay, training fee etc *		
6.	Transplant Coordinators (on an average of 300 coordinator per year)	1500	115
7.	Nurses/OT staff	500	25
8.	Pathologist / Immunologist	100	30
9.	Neurologist, Neurosurgeon, Anaesthesiologists, intensivists, radiologist etc.	100	10
10	Miscellaneous like dialysis physician etc.		10
	Total		400 Lakh

* Trainings will be imparted to Transplant Surgeons of Government institution in the national/international reputed institutes with a rider that after receiving the training the surgeon will work for a minimum of 2 years in the Government institution

Item	2021-22	2022-23	2023-24	2024-25	2025-26	Total
Training Budget	50	75	75	100	100	400

This budget in the above table is only indicative in nature and it will be subjected to actual proposal received from the institutes/ states/SOTTO/ROTO/NOTTO. The flexibility of shifting budget from one activity to another activity is allowed.

5.9 Skill Centre (for infrastructure, equipment & operational expenses)

NOTTO SKILL CENTRE: Budget indicated separately at Point No. 9

Financial support to NOTTO and Selected collaborating Medical Colleges/institutions performing transplants for establishment of **skills centre (s)** under aegis of NOTTO to train

- Surgeons for retrieval of organs and tissues
- Physicians
- Neuro surgeons, Neurologists, anaesthetists and intensivists for brain death declaration
- Immunologists for performing HLA and other immunological tests

Budget: 2 Crores

5.10 Support for Immuno-suppressants: (To be distributed through SOTTOs and ROTTOs and current commitment is upto 3 years)

Scheme	2021-22	2022-23	2023-24	2024-25	2025-26
Financial Support @ Rs. 10000 per patient per month	Total transplants : 10000	20% increase yearly	20% increase yearly Total	20% increase yearly	20% increase yearly Total

for post-transplant immunosuppressant medicines to all BPL recipients.		Total transplants : 12000	transplants : 14400	Total transplants : 17280	transplants : 20736
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Year	2021-22	2022-23	2023-24	2024-25	2025-26	Total
Amount @Rs. 1.2 Lakh per annum per patient	75	75	100	125	125	500

Total expected BPL patients who would have undergone transplant in a government hospital <1% of total transplant

The projection has been made based on past experience of the proposals in this regard. The patients who are covered under any of the other related schemes like RAN or any state-run scheme will not be considered.

5.11 Coordination with Trauma Centres: Support in the form One Transplant coordinator and Computer to identified Government Trauma Centres

Trauma centres will be identified and provided with the support

One Transplant Coordinator salary (salary @ Rs.35,000 p.m.) and maintenance of office: Rs. 4.2 lakh per year + Rs. 0.5 Lakh

Computer set with internet and printer: Rs. 1.0 lakh capital

Year	2021-22	2022-23	2023-24	2024-25	2025-26	Total
Amount	10	10	10	10	10	50

Total for 5 years: 50 Lakh

* The commitment for the provision of manpower will be for a period of 5 years. Meanwhile the State Government or the medical college shall create posts for provision of regular staff after completion of 5 years

Note: #Higher salary indicated above as compared to previous SFC may be applicable for new recruitments

5.12 Coordination with Government Medical Colleges and Good performing private medical college—support in the form of two Transplant Coordinators for Government and 1 Transplant Coordinator for private institutions/centres and one computer facility to each identified medical college for 200 medical colleges to be taken up in a phased manner

Two Transplant Coordinators (salary @ Rs.35,000 p.m.) and office expenses & maintenance : Rs. 50,000 p.a.

Computer set with internet and printer: Rs. 1.0 lakh capital

Year	2021-22	2022-23	2023-24	2024-25	2025-26	Total
Amount	50	50	50	75	75	300

Total for 5 years: 300 Lakh

* The commitment for the provision of manpower will be for a period of 5 years. Meanwhile the State Government or the medical college shall create posts for provision of regular staff after completion of 3 years.
Support to Private centres will be maximum upto 25% of total under this component

Note: #Higher salary indicated above as compared to previous SFC may be applicable for new recruitments

5.13 Developing new/ Strengthening existing retrieval and transplant units in Government medical colleges of all States /UTs (2 for big states (15 districts or more) and 1 for small state (< 15 districts)

@New Transplant Centre 1.5 Crore per centre

@New Retrieval Central 75 lakh

@Strengthening existing retrieval and transplant 75 lakh

(Rs. In lakhs)

Item	2021-22	2022-23	2023-24	2024-25	2025-26	Total
Developing new/ Strengthening existing retrieval and transplant units in Government medical colleges of all States /UTs	200	300	200	200	200	1100
One time grant for Infrastructure and Equipment						

Note: It will be the responsibility of the State Government to ensure implementation and utilization

5.14 Support to retrieval (Non- Transplant Organ Retrieval Centres) /Transplant Centres @ Rs 1 lakh per donation for maintenance of Cadavers and promoting Deceased Organ Donation with the condition that at least one organ is donated to a Government hospital for up to 5 donations per year. This will be implemented through NOTTO for Delhi and NCR and ROTTOS/SOTTOS for the regions where the retrieval / transplant centre is located.

Total Budget: Rs. 5 lakh per year

Total Budget for 5 years = Rs. 25 Lakh

	2021-22	2022-23	2023-24	2024-25	2025-26	Total
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						(Rs in lakh)
No. of Deceased donors through private organ retrieval centres	5	5	5	5	5	25

5.15 Support for Organ Transportation (Intra State, Inter State and Inter Regional) through ROTTO and NOTTO

Corpus Fund of Rs 10 lakh per year

5.16 Grant to cover expenses for dignified funeral of deceased Donor

(Recommended in NIHFW evaluation report regarding support of Rs 10000 to family of deceased donor, to be disbursed by SOTTO)

(Amount in Rs in Lakh)

Year	2021-22	2022-23	2023-24	2024-25	2025-26	Total
Amount @Rs. 10000/- per deceased donor	40	50	60	70	80	300

As may be decided by the concerned SOTTO, selected poor families may be given this benefit. However, based on acceptability and demand, the benefit may be expanded to all donor families and budget accordingly will be sought.

5.17 Outcome Monitoring

Total Budget: Rs. 2 lakh per year = Rs 10 lakh

5.18 International Cooperation and Implementation of MOU with Spain

Total Budget: Rs. 30 lakh per year = Rs. 150 lakh

5.19 Evaluation: Evaluation through an independent agency shall be undertaken at the end of 4 years

Budget: Rs. 30 Lakh

SUMMARY TABLE OF TOTAL BUDGET

(Tentative year wise distribution for 2021-22 to 2025-26 as per proposed outlay in Lakhs of Rupees)

S.No	Component	(2021-22) Proposed Outlay	(2022-23) Proposed Outlay	(2023-24) Proposed Outlay	(2024-25) Proposed Outlay	(2025-26) Proposed Outlay	Total in Rs (Lakh)
1	IEC Activities	129	129	114	114	114	600
2	National THOA and NOTP Cell	25	40	45	45	45	200
3	NOTTO including National Biomaterial centre	300	325	325	375	400	1725
4	ROTO cum SOTTO (5)	109	114.25	119.76	125.55	131.63	600.19
5	SOTTO (20)	450	480	534	588	600	2652
6	Bio-material Centres -3 @ ROTTOs/SOTTOs/ States @ 100 lakh per centre)	100	-	100	-	100	300
7.	Govt. supported Online system of Networking	150	50	50	25	25	300
8	Training	50	75	75	100	100	400
9	Skill Center(s)	50	50	50	50	-	200
10	Support for immune-suppressants	75	75	100	125	125	500
11.	Coordination with trauma centres	10	10	10	10	10	50
12	Coordination with Govt. Medical Colleges and good performing private centres	50	50	50	75	75	300
13.	New Retrieval / transplant facility and strengthening old transplant facility in Government medical colleges / institutions	200	300	200	200	200	1100

14.	Support for maintenance of Cadavers in retrieval centres @ Rs. 1,00,000 per cadaver For 5 Cadavers per year	5	5	5	5	5	25
15.	Support for Organ Transportation through ROTTO and NOTTO @ 1 Crore per year	10	10	10	10	10	50
16	Grant to cover expenses for dignified funeral of deceased Donor (support of Rs. 10,000 to each donor family)	40	50	60	70	80	300
17	Outcome monitoring	2	2	2	2	2	10
18	International cooperation	30	30	30	30	30	150
19	Evaluation	0	0	0	0	30	30
	Grand Total	1785	1795.25	1879.76	1949.55	2082.63	9492.19

Total Proposal for Five Years = 9492.19 Lakh = 94.92 Crore

NOTE:-In case funds earmarked for any component remain unutilized, it may be utilized in the activity of other component as per the need and subject to approval of the competent authority.

6. Approved output/outcome of ongoing scheme year wise and achievements (in a tabular form)

Indicate year-wise outputs/deliverables in a tabular form

The scheme has to be continued beyond 2020-2021. The activities being planned require long term implementation as the process of improving the organ donation rate in the country is important for bridging the gap between availability of organs and tissues and the demand for them.

Name of indicator	Baseline at the end of 2016 - 17	Outcome at the end of financial year		
		2017 - 18	2018 -19	2019-20 (till Feb 2020)
1.No. deceased organ donors per year	850 approx as per national registry	773 (calendar year upto 31st Dec 2017)	875 (calendar year upto 31st Dec 2018)	715 (calendar year upto 31st Dec 2019)

(Actual)				
5.Organ donation rate	0.6 donors per million population	0.58 (as per calendar year)	0.65 (as per calendar year)	0.52 (as per calendar year)

Due to Covid-19 pandemic during 2020, number of deceased organ donation appear to have been declined. The figures for 2019-20 may be considered baseline.

Name of indicator	Baseline	Outcome/Output at the end of financial year				
		2021 - 22	2022 -23	2023-24	2024-25	2025-26
No. of deceased organ donors per year (Actual)	715	730	800	1000	1200	1400
Organ donation rate per million population	0.52	0.54	0.6	0.7	0.85	1.0
Total No. of Organ Transplants (Living and deceased)*	12666	13000 (projected)	14300	15730	17303	19033

*As per 10% increase every year except in the current year indicated increase is less due to ongoing Covid 19 pandemic

8. Existing and proposed funding pattern (in a tabular form) along with rationale:

The budget is released through States or directly to institutions as recommended by State or to institution if applicable under the component of scheme. The budget is released via online PFMS system.

S.No	Name of the items	Old/Previous SFC	Present proposal	Justification/Remark
1.	No proposed change in funding pattern			
2.				
3.				

9.A. Major changes / departure proposed form earlier scheme along with justification

- Greater focus for improving the infrastructure for organ and tissue retrieval and transplant in Government Sector. Grant in aid proposed to be increased by 1.5 times per centre.
- Financial support of Rs10000 to family of Deceased Donor for dignified funeral of donor

- c) Skill Centre(s) in NOTTO and institutions to function under aegis of NOTTO
- d) Financial Support for Organ Transportation through ROTTO and NOTTO

B. Major changes in costing norms, if any

- i. Enhancement in initial remuneration of Transplant Coordinator to Rs 35000 at all levels from Rs 25000 earlier so as to improve retention of manpower based on past experience
- ii. Enhancement in grants for ROTTO and SOTTO to take care of inflation in last 3 years
- iii. Enhancement in grants for setting up or upgrading transplant or retrieval facilities by 1.5 times as compared to last SFC
- iv. Added Rs One Crore as a corpus fund per year to support transportation of organs.
- v. Added Rs One Crore per year for setting up skill centres.
- vi. Added 6 Crore to cover expenses for dignified funeral of deceased Donor (Min. support of Rs. 10,000 to each donor family)

C. Convergence architecture with other central government schemes

Trauma Care Centres have been set up under National Programme for Prevention & Management of Trauma & Burn Injuries. It has been envisaged to set up Organ retrieval facilities and/or transplant facilities in the trauma care centres and support for infrastructure and equipment for the same and hiring of transplant coordinators are provided under NOTP.

The convergence shall help in identifying the potential organ donors among trauma victims and organ procurement as per the procedure under Transplantation of Human Organs and Tissues Act, 1994. This is expected to augment the number of organ donations in the country.

D. Details of posts created for the Scheme (Regular/Contractual separately) and the number of persons engaged against them with annual financial implications

Mentioned in detail proposal (p. 11,16 and 33)

E. Any additional posts proposed to be created with annual financial implication:

Regular Posts:

Name of Organization	Name of Posts	Pay Band and Scale	Annual Budget requirements	Justification
NOTTO	UDC/Senior	Pay level 4 in	2x 12x Rs.25500	To support the



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	Secretariat Assistant (SSA) – 2 Posts	pay matrix Rs. 25,500-81,100 (Grade Pay 2400 as per 6 th CPC)	= Rs 612000 basic plus Grade Pay, DA, HRA and other allowances Total : Rs 10 Lakh approx	DDO and Administrative officers in routine office work
ROTTTO	Director ROTTO (SAG) -5 posts (One for each ROTTO) (to be encadred in CHS after creation)	Pay Band Pay Band 4 (37400 – 67000) Level 14 Grade Pay 10000 Starting Basic Pay 144000	5x 12x Rs.144200 = Rs 8652000 basic plus Grade pay , DA, HRA and other allowances	As per THOTA 1994, Central Govt. given mandate for establishing regional network, so regular central officers are required for implementation of NOTP at ROTTO level.
	Joint Director ROTTO (JAG) -5 posts (One for each ROTTO) (to be encadred in CHS after creation)	Pay Band Pay Band 4 (37400 – 67000) Level 13 Grade Pay 8700 Starting Basic Pay 144000	5x 12x Rs.123100 = Rs 7386000 basic plus Grade pay , DA, HRA and other allowances	As per THOTA 1994, Central Govt. given mandate for establishing regional network, so regular central officers are required for implementation of NOTP at ROTTO level.

Contractual Posts:

Name of Organization	Name of Posts	Consolidated monthly remuneration	Annual Budget requirements	Justification
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NOTTO	Senior Consultant (IEC)–one	Rs. 60000 pm	Rs. 14.4 lakh with 5 % increase every year	Awareness activities at National level are proposed to be augmented. So one more dedicated consultant required
	Consultant (Monitoring and Evaluation)–one	Rs. 60000 pm		For monitoring and evaluation of various components of program including data analysis

F. Observations made during the meeting held on 27.5.2021

1. In each State, at least one Government Medical college should perform transplant and for this purpose there must be a separate department of Transplantation Medicine to be created in these medical colleges. The action for creating the Department is to be initiated by the teaching hospital, associated with the medical college and assistance for the same may be considered by the concerned State Government or the Central Government, as applicable. National Medical Commission may be requested to develop a policy in this regard. The aforesaid, Department of Transplant medicine, besides providing transplant services, can also take care of the training needs.
2. There is a need of robust Software for National Registry, where complete organ donation, retrieval and transplant related data should be available in real time. It must be ensured that all retrieval and transplant hospitals in the country enter the data in the software and it will be the responsibility of the concerned State/UT Government to ensure the same.
3. To bridge the gap between demand and supply, there is a need to promote organ donation from deceased persons involving all stakeholders and general public.
4. Provision of Punitive action on the hospitals to be made under the Law or regulations, if the required data for national networking and national registry are not provided.
5. Robust Software for automatic and transparent allocation of organs to be developed on priority and made functional.
6. Yearly Calendar of IEC activities to be made in advance by NOTTO/ROTO/SOTTO

MANPOWER: NOTTO

(i) Detail of Regular posts (Existing/Approved) in NOTTO:

Sl.No.	Name of Post	No. of posts
1.	Director (SAG) PB-4 (Rs 39200-67000) Grade pay 10,000/-	1
2.	Joint Director (National Network) PB-4 Rs. 37400-67000+GP Rs. 8,700/-	1
3.	Joint Director (Tissue Bank) PB-4 Rs. 37400-67000+GP Rs. 8,700/-	1
4.	Dy. Director (National Network) PB-3 Rs. 15600-39100+GP Rs. 7,600/-	1
5.	Dy. Director (Tissue Bank) PB-3 Rs. 15600-39100+GP Rs. 7,600/-	1
6.	Administrative Officer PB-3 Rs. 15600-39100+CP Rs. 5,400/-	1
7.	Accounts Officer PB-3 Rs. 15600-39100+GP Rs. 5,400/-	1
8.	Store Officer PB-3 Rs. 15600-39100+GP Rs. 5,400/-	1
9.	Private Secretary PB-2 Rs. 9300-34800+GP Rs. 4,800/-	1
10.	Personal Assistant PB Rs. 9300-34800+GP Rs. 4,200/-	1
11.	Lab Technician PB-1 Rs. 5200-20200+GP Rs. 2,800/-	1
	Total	11

(ii) **Detail of Contractual/Outsourcing Staff in NOTTO as per last SFC (2017-20) and proposed to be continued during 2021-22 to 2025-26:**

S. No	Post	Mode of recruitment	No.	Approx. Monthly Pay Per person (Rs.)	Remark
1.	Consultant - Coordination (Medical with MD/MS Qualification) [#]	Contractual	1	1,20,000 (At par with remuneration of Senior Residents at every point in time)	Qualification and salary enhanced
2.	Consultant IEC, Publication & Media [#]	Contractual	1	60,000/-	
3	Consultant (Research & Data Management) (non-medical) [#]	Contractual	1	60,000/-	
4.	Computer Programmer (IT Professional) [#]	Contractual	1	60,000/-	
5.	Coordinator (Tissue Bank) [#]	Contractual	1	60,000/-	
6.	Store Clerk	Outsourcing	1	as per approved minimum wages	
7.	Clerk cum Computer operator	Outsourcing	2	as per approved minimum wages	
8	Data Entry Operator (D.E.O.)	Outsourcing	12	as per approved minimum wages	
9	Lab Assistant	Outsourcing	2	as per approved minimum wages	
10	Multi-Tasking Staff (MTS)	Outsourcing	3	as per approved minimum wages	
11	*Tele counsellors	Contractual	6	Currently being provided by National Programme for control of blindness (NPCB)	Provision being kept if not provided by NPCB
	Total		25+6*		

[#]Higher salary indicated in the above table as compared to previous SFC may be applicable for new recruitments

***Note:** At present 6 tele-counsellors to run the 24x7 call centre in NOTTO are being provided by provided by National Programme for control of blindness (NPCB). In case they

are not provided by NPCB in future, they will be recruited by NOTTO under professional services budget of National Organ Transplant Programme (NOTP).

(iii) New Proposed regular/contractual posts by NOTTO:

S. No	Post	Mode of recruitment	No.	Approx. Monthly Pay Per person (Rs.)	Remark
1	UDC/Senior Secretariat Assistant	Regular post to be filled as per recruitment rules	2	Pay level 4 in pay matrix Rs. 25,500-81,100 Grade Pay 2400 as per 6 th CPC	
1	Consultant (monitoring and evaluation) (Medical with MD Community Medicine qualification)	Contractual	1	1,20,000	At par with remuneration of Senior Residents at every point in time including yearly increments)
2	Senior Consultant (IEC)	Contractual	1	1,20,000	At par with the rates in the ministry



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B.K.L. Walawalkar Rural Medical College
At. Kasarwadi, Post. Sawarde
Tal. Chiplun, Dist. Ratnagiri



National THOTA and NOTP Cell
Directorate General of Health Services
Ministry of Health & family Welfare,
Govt. of India, Nirman Bhawan, New Delhi


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**Responsibilities of Hospitals registered under
Human Organ Transplant Act,1994.**

**GOVERNMENT OF MAHARASHTRA
PUBLIC HEALTH DEPARTMENT
GOVERNMENT RESOLUTION NO-MAP2012/C.R.289/AROGYA-6
MANTRALAYA MUMBAI 400 032
DATE:-13th SEPTEMBER 2012**

**Read :- The Transplantation of Human Organs Act,1994 and The
Transplantation of Human Organs Rules 1995**

GOVERNMENT RESOLUTION-The Government is committed to streamlining the procedures for Organ Transplant in Maharashtra State. Being aware that a large number of patients are awaiting organ transplant and are dependent on authorized transplant centers ,several orders have been issued including formation of the Appropriate Authority, functioning of Authorization committee and so on.

It is now felt that in the current scenario where more hospitals are being registered as transplant centers , it becomes necessary to ensure that transparency ,accountability ,patient well being and quality care are adequately taken care of . Also considering the fact that cadaver donation is done with altruistic motives and in a generous charitable manner as a willing contribution to society, it is necessary that cadaver donation be governed by transparency on all fronts to ensure that the sentiments of the donor's relatives are adequately respected . Hence , it is considered necessary that certain degree of accountability is also insisted upon. Considering this , the following orders regarding further responsibilities of registered transplant centers are issued.

2.All transplant centers shall maintain all transplant surgery records as required in the Act and Government Resolutions for a minimum period of ten years .

3.All transplant centers shall ensure the availability of a counseling Department/Wing to whom the task of counseling individuals involved in organ transplant is entrusted . This counseling department / wing should be staffed with personnel who are adequately trained . The assistance of NGOs professionally involved in counseling may be secured . In the case of non near relative live donors ,the counseling department may assist in ensuring that there is no element of coercion or other pressure exerted on the donor and also assist in provision of post operative counseling .



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4. Each transplant center shall designate a transplant coordinator in the hospital, who may be in-house on account of interest /expertise and their role may be defined by the hospital concerned. Transplant coordinator shall play the coordinating role in all matters relating to organ transplant on behalf of the hospital that they represent.

5. A transplant center hospital shall not reveal the identity of the recipient or attract any form of media publicity earlier than the date of discharge of recipients. Even after discharge, while the positive aspects of organ donation may be highlighted to promote the cause of organ donation, neither should the details of the recipients nor should the ethics of the medical profession towards attracting publicity be compromised or violated in any manner.

6. In order to ensure transparency and accountability for the reason mentioned above, all transplant center hospitals that wish to benefit from the cadaver transplant program are required to display the approximate range of cost of a transplant surgery by specifying the organ type on the website of the hospital and the website designated for this purpose by the Public Health Department.

By order and in the name of Governor.

 13.9.2012
(T.C. Benjamin)

Additional Chief Secretary

To,
Secretary Medical Education and Drugs Department Mantralaya Mumbai
The Director of Health Services, Mumbai
The Director of Medical Education and Research Mumbai
Zonal Transplant Coordination Center Mumbai, Pune, Aurangabad, Nagpur
Deputy Director Health Services Thane/Pune
/Kolhapur/Akola/Aurangabad/Latur/Nagpur
Civil Surgeon (all)
All Transplant Center Hospitals
Dean Government Medical Collages
Members of Advisory committee


DEAN

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