



## National Conference And Workshop On Strategies For Blood Donor Recruitment And Total Voluntary Blood Programme

January 23, 24 & 25, 2010

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Blood Donor Recruitment And Total Voluntary Blood Programme

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Association of  
Voluntary Blood Donors  
West Bengal



Association of  
Voluntary Blood Donors  
West Bengal

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# **National Conference And Workshop On Strategies For Blood Donor Recruitment And Total Voluntary Blood Programme**

Indumati Sabhagriha  
The National Council of Education Bengal  
Kolkata 700 032  
January 23, 24 & 25, 2010

Organised by  
Association of Voluntary Blood Donors, West Bengal  
20A Fordyce Lane, Kolkata 700 014, India

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# **Messages Commending The Endeavour And Wishing The National Meet Every Success**

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Governor of West Bengal

Shri Buddhadev Bhattacharya  
Chief Minister, Government of West Bengal

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Members, Friends and Associates

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**Whatever we do, or  
    Whatever we plan  
We can't stand alone,  
    Even the best of us ;  
But must share our gifts  
    With other fellow men - for  
We're only a part of  
    The rest of us.  
Many bells ringing together  
    Make a joyous sound  
Many heart pulsating together  
    Make a just society.**

# Foreword

First blood bank of India was established in Calcutta on March 6, 1942 to meet the war need. During the war, blood was collected from voluntary blood donors. But after the war, blood banks came up in the country in all the states depending on paid commercial blood sellers. Sporadic voluntary blood donation movement was launched by well meaning individuals, in some states in pockets. In 1980, first organised effort to address the unsafe shortage of blood was initiated in West Bengal with the formation of Association of Voluntary Blood Donors, West Bengal, virtually a civil society to work from outside the blood banks as a separate entity.

The Association developed this vital area of blood banking as an art based on science. Many ideas for motivating and recruiting donors were introduced. The strategies for donor recruitment were based on Education, Motivation, Donation and Recognition on Individual approach, Group approach and Mass approach with short term and long term techniques. Oral communication backed by various IEC materials were used as tools and implements.

According to land and people different programmes were launched to convert blood donation as a people's movement. After working in the state for 5-years, the need of knowing what is happening elsewhere in the country was felt. Motivation, recruitment and retention of blood donors are the basis of any blood banking service. It is a neglected subject among the professionals including blood bankers.

The Association thought of an exclusive 3-day National Conference on January 23, 24 and 25, 1985 at Kolkata which brought all the people of the country working in the field together to know each other, learn and share. Since then such National and International meets are being organised once in 5 year.

From each meet, handbooks guidebooks by way of proceedings and other books like National Guidebooks are being produced that serve as the guide for the motivators of the country.

For the sixth time in succession, the meet was organised on the same date i.e. January 23, 24 and 25.

Workshop materials were made available to all the participants from home and abroad. This proceedings is meant for mainly those who could not attend the workshop as well as for the participants.

January 23, 2011

Ashok Mukherjee  
Secretary

# About The Volume

The volume purports to be the proceedings of the National Conference and Workshop on Strategies for Blood Donor Recruitment And Total Voluntary Blood Programme. It is intended not only as an account of deliberations made in the workshop by the participants but also to serve as a Handbook with newer recruitment techniques for the blood donor motivators of the country. Verbal text of the presentations could not be reproduced in full due to reasons of space constraints but as far as possible no relevant point has been excluded in abridged version. In the proceedings two tone may be observed. One Powerpoint presentation and the other total reading out of the paper. The text of the presentations submitted by the speakers were reproduced with minor editing. The editorial board prepared the summary of all oral presentations from audio and video tapes and also from notes, wherever, in spite of several requests the speakers could not send the written text of their presentation. Chapters have been arranged session wise. Annexures contain list of participants with their feedbacks, report of exhibition.

We would however offer our regrets in advance to those who may take umbrage at not being quoted and or being reported only in part, in spite of our best efforts to present a correct document based on tapes, long hand notes and presented text of papers made available to us by the participants.

Since the Conference was exclusively on Blood Donor Recruitment, care was taken to exclude presentations not germane to the subject matter of the sessions.

Conference Secretariat

# Preamble

Blood transfusion is an indispensable component of health care. It contributes to saving millions of lives each year in both routine and emergency situations, permits increasingly complex medical and surgical interventions and dramatically improves the life expectancy and quality of life of patients with a variety of acute and chronic conditions.

Many medical advances that have improved the treatment of serious illness and injuries have increased the need for blood transfusion for patients' survival, to support them through recovery or to maintain their health. Surgery, trauma and cancers, for all of which there is a high probability of the need for blood transfusion, are replacing communicable diseases as leading causes of death. About 234 million major operations are performed worldwide every year, with 63 million people undergoing surgery for traumatic injuries, 31 million more for treating cancers and another 10 million for pregnancy-related complications.

In countries where diagnostic facilities and treatment options are more limited, the majority of transfusions are prescribed for the treatment of complications during pregnancy and childbirth, severe childhood anaemia, trauma and the management of congenital blood disorders. Haemorrhage, for example, accounts for over 25% of the 530,000 maternal deaths each year; 99% of these are in the developing world. Access to safe blood could help to prevent up to one quarter of maternal deaths each year and blood transfusion has been identified as one of the eight life-saving functions that should be available in a first-referral level health care facility providing comprehensive emergency obstetric and newborn care.

Children are particularly vulnerable to shortages of blood in malarious areas because of their high

requirement for transfusion arising from severe life-threatening anaemia resulting from malaria, often exacerbated by malnutrition. In 2009, 109 countries were endemic for malaria, 45 within the WHO African region. In 2008, there were an estimated 247 million malaria cases among 3.3 billion people at risk, causing nearly a million deaths; 91% of malaria deaths were in Africa and 85% were of children under five years of age.

Road traffic accidents kill 1.2 million people and injure or disable between 20 million and 50 million more a year, a large proportion of whom require transfusion during the first 24 hours of treatment; 90% of deaths occur in developing and transitional countries. Road traffic injuries are predicted to become the third largest contributor to the global burden of disease by 2020, with an anticipated increase of 65% in road traffic deaths globally and 80% in low and medium HDI countries. The timely availability of blood at emergency health care facilities is one of the determinants of patient survival.

About 300,000 infants are born each year with thalassaemia and sickle-cell disease and need regular blood transfusion. While the prevalence of these disorders of haemoglobin is unknown, there is a high requirement for regular transfusion in affected regions, particularly the Mediterranean region, Asia and North Africa.

Blood transfusion services face a dual challenge of ensuring both a sufficient supply and the quality and safety of blood and blood products for patients whose lives or well being depend on blood transfusion. Blood supplies need to be constantly replenished since whole blood and blood components have a limited shelf-life. Most countries battle to meet current requirements while at the same time responding to increasing

clinical demands for blood.

Developed countries with well-structured health systems and blood transfusion services based on voluntary blood donation are generally able to meet the demand for blood and blood products. They must constantly strive to maintain adequate blood stocks in the face of rising clinical demands, increasingly stringent donor selection criteria and the loss of older donors who are no longer eligible to give blood. Nevertheless, even though there may be periodic or seasonal shortages, access to safe blood for all patients requiring transfusion can generally be taken for granted. Overall, developed countries are likely to have effective blood donor programmes, more voluntary donors, higher donation rates and more available blood.

In contrast, in developing and transitional countries, chronic blood shortages are common. Sophisticated health care provision may be available in major urban centres, but large sectors of the population, particularly those in rural areas, often have access only to more limited health services in which blood transfusion may be unsafe or not available at all.

Blood donation by 2% of the population is generally the minimum needed to meet a nation's most basic requirements for blood; the requirements are higher in countries with more advanced health care systems. However, the average donation rate is 15 times lower in developing countries than in developed countries. Globally, more than 70 countries had a blood donation rate of less than 1% (10 donations per 1000 population) in 2008. In the WHO African region, blood requirements were estimated at about 8 million units in 2008 but only 3.2 million units were collected — about 41.5% of the demand. South-East Asia accounts for about 25% of the world's population, but collects only 9% of the world's blood supply — 7 million units a year compared with an estimated requirement for total of 15 million units. Ageing populations and more strict donor selection criteria are further reducing the pool of eligible blood donors. Globally, over 88 million donations of blood are collected annually, but only 45% of these are donated in developed and transitional countries, where 82% of the world's population lives.

Most countries with low rates of blood donation are largely dependent on blood provided by the families or friends of patients who require transfusion — and even on paid donation. They generally do not have structured blood donor programmes and cannot attract sufficient number of donors to meet the need

for blood in emergencies, planned surgery and regular transfusion for conditions such as thalassaemia.

Paradoxically, despite a markedly inadequate blood supply in many countries, unnecessary transfusions are often given when the availability and use of simpler, less expensive treatments would provide equal or greater benefit. Not only does this expose patients needlessly to the risk of potentially fatal transfusion reactions, or blood communicable diseases, it also widens the gap between supply and demand and contributes to shortages of blood and blood products for patients who really need them.

The HIV/AIDS pandemic focused the world's attention on blood transfusion as a significant route of transmission of HIV/AIDS. It is estimated that blood transfusion accounted for 3% of HIV infections in the 1980s and it still contributes to a significant proportion of new infections, particularly in high prevalence countries.

The risk of HIV infection through unsafe blood and blood products is exceptionally high (99%) compared to other common routes of HIV exposure: for example, 11-32% for mother-to-child transmission and 0.1%—10% for sexual contact. Sub-Saharan Africa has a particularly high level of transfusion-associated HIV compared with other regions due to a higher risk of infected blood being transfused. In some regions of the world, Hepatitis B, Hepatitis C and other bloodborne infections such as Chagas disease pose an even greater threat to national blood supplies. In developing countries, pregnant women and children account for a disproportionate number of HIV and hepatitis viral infections through unsafe blood products because they are the main groups of patients requiring transfusion.

Preventing the transmission of infection through unsafe transfusion is one of the core strategies for HIV/AIDS prevention — and is, in fact, the only approach to HIV prevention that is almost 100% effective. In most developed countries, the risk of HIV transmission is very low because of the adoption of an integrated approach based on voluntary blood donation, stringent donor selection procedures, the screening of all donated blood for transfusion-transmissible infections and the use of transfusion only when no suitable alternatives are available. However, varying degrees of risk remain in many parts of the world. The transmission of hepatitis and other bloodborne infections is equally preventable.

The prevalence of infectious markers among donated

blood units is not only an indicator of the relative risk of transfusion-transmitted infection, but also directly affects the actual availability of blood. In Latin America and the Caribbean, for example, around 240,000 units of blood were discarded in 2008 because laboratory screening tests showed evidence of infection. At an estimated cost of basic supplies of US\$ 56 per unit, this represented a loss of US\$ 13.4 million.

Blood and blood products are a unique and precious national resource because they are obtainable only from individuals who donate blood or its components. Most countries urgently need a substantial increase in the number of people who are willing and eligible to donate blood in order to ensure a stable supply of safe blood and blood products that is sufficient to meet national requirements.

WHO, the IFRC, the Council of Europe, the International Society of Blood Transfusion, the International Federation of Blood Donor Organisations and a number of other international and national organisations have defined voluntary blood donation as a founding and guiding principle. They recommend that all blood donation should be voluntary and that no coercion should be brought to bear upon the donor to donate. The globally accepted definition of Voluntary Blood Donation is:

*A voluntary donor gives blood, plasma or cellular components of his or her own free will and receives no payment, either in the form of cash or in kind which could be considered a substitute for money.*

Countries with 50% or less voluntary blood donations, which have an average donation rate of 9 per 1000 population.

Analysis shows that countries with 100% voluntary blood donation have a higher proportion of regular blood donors and that this has been maintained over a number of years. Further, in countries where the percentage of voluntary blood donations has risen, there has also been an upward trend in the percentage of regular blood donations. This shows that voluntary blood donors are more likely to donate on a regular basis than other types of donor. A panel of safe voluntary donors who donate blood regularly enables blood collection to be planned systematically to meet the requirements for blood, by blood groups and components. This enables the blood transfusion service to maintain a constant and reliable supply of safe blood when required in every clinical setting practising transfusion. Building a pool of regular

voluntary blood donors is also more cost-effective than recruiting new donors. Still new donors have to be recruited as a regular ongoing process.

In systems based on voluntary blood donation, patients have improved access to safe blood transfusion in routine and emergency situations, without which their survival or quality of life might be threatened. The blood and blood products they receive carry a low risk of infection that might further compromise their health. They are not placed under pressure to find blood donors in order to receive treatment and feel a sense of being cared for by others whom they will never meet. In turn, this may motivate a spirit of generosity and a desire for reciprocal volunteering in the future.

In a well-organised voluntary donor programme, the need for blood in disaster and emergency situations can usually be met through its established donor base. Regular donors tend to be particularly responsive to appeals for donors during periods of blood shortage or in emergency situations because they have already expressed a commitment to voluntary blood donation.

Family/replacement donors cannot meet a community's requirements for blood and blood products because they provide blood only for individual patients when requested. The blood given to patients will not necessarily be replaced by blood group or quantity. Hospitals that are dependent on replacement donors are rarely able to maintain a sufficient stock of blood to meet the transfusion needs of all their patients, particularly in emergency situations or for regular transfusions, or to share their blood supplies with other hospitals.

Paying people to give blood undermines the principle of voluntary donation. Where systems of paid and voluntary blood donation co-exist, people who might otherwise donate voluntarily may opt to receive payment for their blood, thus weakening the voluntary blood donor programmes.

Meeting the nation's need for safe blood and blood products through the donation of human blood should be based on ethical principles including respect for the individual and his or her worth, the protection of the individual's rights and wellbeing, the avoidance of exploitation the Hippocratic principle of "primum non nocere" — first do no harm.

Paid donors are vulnerable to exploitation and commercialisation of the human body as they usually

come from the poorer sectors of society and become paid blood donors due to economic difficulties. Any form of exploitation of blood donors, including payment for blood, coercion and the collection of blood from institutionalised or marginalised communities such as prisoners, diminishes the true value of blood donation. A blood donation is a “gift of life”

Family/replacement donors are those who give blood when it is required by a member of their own family or community. In most cases, the patient’s relatives are requested by hospital staff to donate blood, but in some settings it is compulsory for every patient who requires transfusion to provide a specified number of replacement donors on emergency admission to hospital or before planned surgery. Although, donors are not paid by the blood transfusion service or hospital, there are hidden paid donation systems in which money or other forms of payment are actually provided by patients’ families.

Paid or commercial donors give blood openly in return for payment or other benefits that satisfy a basic need or can be sold, converted into cash or transferred to another person. They often give blood regularly and may even have a contract with a blood bank to supply blood for an agreed fee. Alternatively, they may sell their blood to more than one blood bank or approach patients’ families and try to sell their services by posing as family/replacement donors.

In 1975, the Twenty-eighth World Health Assembly in resolution WHA28.72 called for the development of national blood transfusion services based on voluntary blood donation to ensure safe, adequate and sustainable blood supplies and to protect the health of blood donors and recipients. Thirty years later, this resolution was endorsed in resolution WHA58.13 which reflected evidence in transfusion medicine and science and consideration of economic, ethical and social factors. The resolution urged countries to establish or strengthen systems for the recruitment and retention of voluntary, blood donors in order to ensure safe and adequate blood supplies and equitable access to safe blood and blood products.

Countries provide annual data on blood safety and availability to the WHO Global Database on Blood Safety (GDBS). These data show that 57 out of 193

countries have achieved 100% voluntary blood donation; the majority of these (68%) are developed countries, while transitional and developing countries account for 23% and 9% respectively. The average donation rate in the countries with 100% voluntary blood donation is 31 per 1000 population compared to that cannot be valued in monetary terms. The commercialisation of blood donation is in breach of the fundamental principle of altruism which voluntary blood donation enshrines.

Voluntary blood donors themselves benefit from health education and encouragement to maintain healthy lifestyles as well as regular health checks and referral for medical care, if needed. Provided that they receive good donor care when they donate blood, they feel personal satisfaction and self-esteem which provides a sense of social engagement and belonging that is recognized and valued by the community. Voluntary blood donors serve as effective donor educators, recruiters and health promoters. Studies have shown that the influence of active blood donors is one of the most effective strategies for donor recruitment. Voluntary donors also play a valuable role as active agents in health promotion; in addition to practising healthy lifestyles themselves, they help to build healthy communities through their influence among their peers and families. Even donors who are no longer able to donate due to age or medical conditions can still play an important role in promoting voluntary blood donation in their families, workplaces and communities.

Donor Motivation is an art based on science. There are various successful donor motivations, techniques and strategies in different countries and even in different states of India.

This serious 3-day rigorous once in Five-year exercise with national and international fraternity and fellow travellers is for sharing, learning and evolving technology to achieve hundred percent voluntary blood programme for the country.

Conference Secretariat  
Association of Voluntary Blood Donors  
West Bengal

# National Conference And Workshop On Strategies For Blood Donor Recruitment And Total Voluntary Blood Programme

January 23,24 & 25, 2010

## Programme

### FIRST DAY JANUARY 23, 2010 SATURDAY

- 8.30am-9.30am Registration, Reception and Ushering in of Delegates to the Auditorium
- 9.30am-10.15am **INAUGURAL SESSION**  
Chairperson: Dr. Subrata Ray
- Chanting of Stotra 3 mts
- Opening Song** 4 mts  
Welcome Address  
Mr. Ashok Mukherjee,  
Secretary, AVBDWB 8 mts
- Inauguration and Inaugural Speech**  
Mr. Niels Mikkelsen,  
President IFBDO 8 mts
- Keynote Address**  
Dr. Subrata Ray,  
President, AVBDWB 18 mts
- Vote of Thanks**  
Mr. Aritra Das  
West Bengal 2 mts
- 10.15am-10.45am Coffee Break

**1ST SESSION: OVERVIEW OF SCENARIO OF BLOOD DONATION**  
10.45am-11.45am  
Chairperson: Dr. Sujit Kr. Chawdhuri

#### **Global Scenario of Voluntary Blood Donation**

Dr. Sujit Datta, West Bengal 20 mts

#### **Scenario of Blood Donation of Different States of India**

Dr. V. P. Gupta, Rajasthan 20 mts

#### **Scenario of Blood Donation of India in 2009**

Mr. R. Rajkumar, Tamilnadu 20 mts

**2ND SESSION: SCIENCE OF BLOOD THROUGH PHILATELY**  
11.45am-12.15pm  
Chairperson: Dr. Tajendra Singh

#### **The Science of Blood and Blood Donation through Philately**

Dr. Utpal Sanyal, West Bengal 25 mts

**3RD SESSION: MOTIVATION AND RECRUITMENT**  
12.15pm-1.15pm  
Chairperson: Dr. V. P. Gupta

#### **A New Way of Motivation of Blood Donors in Denmark**

Prof. Henning Karlby, Denmark. 20 mts

	<p><b>Community Participation in Donor Motivation at Grassroot Level</b> Dr. Sujit Kumar Chawdhuri, Delhi 20 mts</p> <p><b>Who Benefits from Blood Donation</b> Dr. Tajendra Singh, Delhi 20 mts</p>	<p><b>Donor Recruitment in Sub-division Level Blood Bank of West Bengal</b> Dr. Subrata Biswas, West Bengal 20 mts</p>
1.15pm-2pm	Lunch Break	
<b>4 TH SESSION:</b>	<b>MOTIVATION &amp; RECRUITMENT</b>	<b>7TH SESSION: COUNTRY PRESENTATION</b>
2.15pm-3.45pm	Chairperson: Mrs Niti Sarin	6.30pm-7.30pm Chairperson: Dr. Yazdi Italia
	<p><b>Self Help Group - A Resource Sector for Voluntary Blood Donation Movement</b> Prof. Ashutosh Das, West Bengal 20 mts</p> <p><b>Recruitment Strategies of Different Target Groups</b> Mr. R. Rajkumar, Tamil Nadu 20 mts</p>	<p><b>Status of Blood Donor Recruitment and Future Direction in Vietnam</b> Dr. Tuyen-Nguyen-Chi, Vietnam 20 mts</p> <p><b>Blood Donor Recruitment in Bhutan</b> Dr. Mahruxh Getshen, Bhutan 20 mts</p> <p><b>Voluntary Blood Donation Programme in Nigeria</b> Mr. Okereke Bensen Chimezie, Nigeria 20 mts</p>
	<p><b>Philanthropy Versus Professionalism</b> Dr. Yazdi Italia, Gujarat 20 mts</p> <p><b>Role of Women in Blood Donation Movement</b> Mrs. Dipti Das, West Bengal 15 mts</p> <p><b>Why Should We Donate Blood</b> Mr. Arun Gokul Das, Tamil Nadu 10 mts</p>	<p><b>8TH SESSION: IFBDO</b> 7.30pm-8pm Chairperson: Dr Tuyen Nguyen Chi</p> <p>IFBDO - Who are We Mr. Niels Mikkelsen, Denmark 20 mts</p>
3.45pm-4pm	Tea Break	8pm-9pm Dinner
		<b>SECOND DAY JANUARY 24, 2010 SUNDAY</b>
<b>5 TH SESSION:</b>	<b>LONG TERM STRATEGIES</b>	<b>9TH SESSION: COMMUNICATION</b>
4pm-5.30pm	Chairperson: Mr. R Rajkumar	9.30am-11am Chairperson:Mr. Arunabha Chattopadhyay
	<p><b>School Education Programme</b> Prof Kamala Bandyopadhyay 20 mts</p> <p><b>Children's Education Programme Demonstration</b> Mrs Vinita Sahini, Chandigarh 20 mts</p> <p><b>Inter School Quiz</b> Mr. Ashok Mukherjee, West Bengal 20 mts</p> <p><b>Yoga in Donor Recruitment</b> Dr. T. R. Raina, Jammu 20 mts</p>	<p><b>Oral Communication as a Tool for Blood Donor Recruitment.</b> Prof. Arabinda Chatterjee, West Bengal 40 mts</p> <p><b>Value Communication for Blood Donor Recruitment</b> Acharyya Soumendra Nath Brahmachary, Jharkhand 35mts</p> <p><b>Stories as Vehicles of Message Communication</b> Prof. Debabrata Ray, West Bengal 15 mts</p>
<b>6 TH SESSION:</b>	<b>BLOOD BANK</b>	11am-11.15am Tea Break
5.30pm-6.30pm	Chairperson: Dr. T. R. Raina	
	<p><b>Role of Blood Banks in Donor Recruitment and Retention</b> Dr. Madhusudan Mondal, West Bengal 20 mts</p> <p><b>Unethical Practices in Blood Banking</b> Dr. Jeroo Kurus Coyaji, Maharastra 20 mts</p>	<p><b>10 TH SESSION: PUBLIC RELATIONS</b> 11.15am-11.45am Chairperson:Dr. Samir Kumar Saha</p> <p><b>Public Relations in Blood Banking</b> Mr, Gopinath Ghosh, West Bengal 30 mts</p>

### 11 TH SESSION: IEC MATERIALS

11.45am-12.45pm Chairperson: Mr. Nandan Bhattacharya

#### IEC Materials for Donor Recruitment

Mr. Ashok Mukherjee,  
West Bengal 20 mts

#### An Effective Use of IEC Materials for Promotion of Blood Donation

Mr. A. David Arokiadurai,  
Tamilnadu 20 mts

#### Developing IEC Materials Using Catchy Slogans

Mr. Srikanta Nayak, Orissa 20 mts

12.45pm-1.45pm Lunch Break

### 12 TH SESSION: BLOOD SCIENCE & CHALLENGES IN RECRUITMENT

1.45pm-3pm Chairperson: Dr. Sujit Datta

#### Blood Science for Donors and Motivators

Dr. Arunangshu Sarkar,  
West Bengal 30 mts

#### Challenges in Recruiting Blood

Donors for Fourteen Years  
Dr. P. Srinivasan, Tamil Nadu 25 mts

#### What's New in Blood Safety

Dr. C. Shivaram, Karnataka 20 mts

3pm-3.15pm Coffee Break

### 13 TH SESSION: TRAINING OF MOTIVATORS

3.15pm-4.15pm Chairperson: Mr. Arjun Singh

#### Training of Motivators

Mr. Dipak Bose, West Bengal 40 mts

#### Self Study

Prof. Debabrata Ray, West Bengal  
20 mts

### 14 TH SESSION: DONOR & SAFETY

4.15pm-5.45pm Chairperson: Mr. Sunil Kr. Mukherjee

#### Donor and Safe Blood —

#### Achieving the 100 % mark

Mrs Niti Sarin, Chandigarh 20 mts

#### Donors in Voluntary Blood

#### Donation Programme in India

Mr. T. Sampath, Tamil Nadu 20 mts

#### Can Direct Relatives of Patients be Defined as Voluntary Blood Donors

Dr. Usha Kandaswamy, Kerala 20 mts

#### Importance of Quality

#### Management of Blood Donation

Dr. Snehalata C. Gupte, Gujarat 20 mts

### 15 TH SESSION: DONOR RETENTION & RECOGNITION

5.45pm-6.30pm Chairperson: Dr. C. Shivaram, Karnataka

#### Donor Retention is Essential to Achieve Hundred Percent Voluntary Blood Programme.

Mr. Shibnath Banerjee,  
West Bengal 15 mts

#### Retention of Donor at the Central Blood Bank

Dr. Ratan Lal Ganguly,  
West Bengal 15 mts

#### Factors Associated with Dropout among Voluntary Donors in Shimla Blood Bank

Dr. Omesh Kumar Bharti,  
Himachal Pradesh 15mts

7pm-8pm

Cultural Programme

8pm-9pm

Dinner

### THIRD DAY JANUARY 25, 2010 MONDAY

### 16 TH SESSION: ORGANISATION

9.30am-11am Chairperson: Dr Anandadeb Mukherjee

#### How and Why to Establish Blood Donor Organisation

Mr. Niels Mikkelsen, Denmark 30 mts

#### Voluntary Organisation - AVBDWB Model

Prof. Debabrata Ray  
West Bengal 15 mts

#### Federation of Blood Donor Organisations in West Bengal

#### Leadership in Voluntary

#### Organisation

Mr. Subir Chakraborty,  
West Bengal 15 mts

#### Leadership

Mr R. Rajkumar, Tamil Nadu 15 mts

11am-11.15am Coffee Break

**17 TH SESSION: MODERN TECHNOLOGY & APPLICATION**  
11.15am-12.30pm

Chairperson: Dr. Arunangshu Sarkar

**SMS for Public Blood Information System-Talk with Actual Demonstration**

Mr. Debasish Sengupta,  
West Bengal 50 mts

**Stem Cell Transplant - Reducing Blood Need**

Dr. C. Shivaram, Karnataka 15 mts

12.30pm-1.30pm Lunch Break

**18 TH SESSION: BLOOD DONATION**

1.30pm-3.30pm Chairperson: Swami Divyananda

**Blood Donation in Sports Field**

Mr. Sanjib Chowdhury,  
West Bengal 20 mts

**Thalassaemia Awareness for Reducing Blood Need**

Mr. Vinay Shetty, Maharashtra 20 mts

**Every Tomorrow Needs A Blood Donor Today**

Dr. Sankarnath Ghosh,  
West Bengal 20 mts

**Is Social Marketing Necessary for Voluntary Blood Donation**

Prof. Vidya Kulkarni &  
Mr. Rabindra Kulkarni 20 mts

**Success Stories of Tripura**

Mr. Nibir Sen and  
Mr. Chandan Sarkar 20 mts

3.30pm-3.45pm Tea Break

**4pm-5.30pm VALEDICTORY SESSION**

Chairperson: Prof. Kamala Bandyopadhyay

**Recommendations of the Conference**

Mr. R. Rajkumar, Tamil Nadu 15 mts

**Valedictory Address**

Prof. Ranjan Mitter 40 mts

**Anthem** 5 mts

Chairperson Declares the National Workshop and Conference Closed.

January 23, 2010

# Inaugural Session

Chairman: Dr. Subrata Ray  
President, Association of Voluntary  
Blood Donors, West Bengal

## Chanting of Stotra

by Acharyya Soumendra Nath Brahmachary

সৰ্বে সুখিনঃ সন্তু  
Sarve Sukhinah Sante (May all remain in happiness)  
সৰ্বে সন্তু নিৰাময়াঃ  
Sarve Santu Niramayah (May all be free from illness)  
সৰ্বে ভদ্রানি পশ্যন্তু  
Sarve Bhadrani Pashyantu (May all behold good)  
সৰ্বে সৰ্বত্র নন্দন্তু  
Sarve Sarvatra Nandantu (May bliss prevail in all  
everywhere)

Blowing of Conchshell

## Opening Songs

শুভকৰ্মপথে ধৰা নিৰ্ভয় গান।  
s'ubha Karmapathe dhara nirbhaya gān  
সব দুৰ্বল সংশয় হোক অবসান।  
saba durbala sams'aya hok abosān

স্মি-শক্তি-ৰ নিৰ্বাৰ নিত্য বাৰে  
cira s'aktira nirjhare nitya jhare  
লহ সে অভিষেকললাট পৰে।  
laha se abhiseka lalāta pare  
তব জাগ্রতনিৰ্মল নূতন প্ৰাণ  
taba jāgrata nirmala nūtana prān  
ত্যাগব্ৰতে নিক দীক্ষা  
tyāgabrate nik dīksā  
বিঘ্ন হতে নিক শিক্ষা  
bighna hate nik s'īksā  
নিষ্ঠুর সংকট দিকসম্মান  
nisthura sankata dik sammān  
দুঃখই হোক তব বিত্ত মহান  
dukkhai hok taba bitta mahān  
চল যাত্ৰী চল দিনরাত্রি  
chala yātrā chala dinarātri  
কর অমৃতলোক পথ অনুসন্ধান  
kara amrtalokpatha anusandhān  
জড়তাতামস হও উত্তীর্ণ  
jaratātāmasa hao uttīrna

क्लांतिजाल कर दीर्घविदीर्घ  
klāntijāla kara dirnabidima  
दिनअस्ते अपराजित चित्ते  
dinaante aprājite citte  
मृत्युतरण तीर्थे कर स्नान  
mrtyutarana tirthē kara snān

सं गच्छध्वं सं वदध्वं  
sain gacchadhvam sam vadadhvam  
सं वो मनांसि जानताम्  
sam vō manānsi jānatām  
समानो मन्त्रः समितिः समानी  
samānō mantrah samitih samāni  
समानं मनः सहचिन्तसेषाम् ।  
samānam manah sahadittamēsām  
समानी व आकुञ्चि समाना हृदयानि वः ।  
samamva ākutih samānā hridayāni vah  
समानमस्तु वो मनो यथा वः सुसहासति ॥  
samānamastu vō manō yathā vah susahāsati.

1

(English translation of the song by Rabindranath Tagore "Suvo karma pathēy dharo nirvaya gan")

Pursuing the path of benevolence fearless be thy song,  
Let feeble ambiguities cease to exist along.  
The fountain of vigour is ever flowing  
Ablute your blemishless new life from its pouring.  
Baptize your awakened self in renunciation.  
Let hindrance be your teacher,  
Cruel dangers be your honour,  
And sorrow be your noble treasure.  
March traveler, march relentlessly  
In search of the path of immortality.  
Overcome pitch darkness of despair,  
Lacerate weariness's snare  
At the day's end with unvanquished mind  
Bathe in the death overcoming pond of pilgrim land.

2

(English translation of the Sanskrit Sloka from Rig Veda)

Be assembled together, speak in unison,  
Your thoughts be the same.  
Your prayer be one, your heart and mind be  
of the same kind.  
Your purpose be same, mentality be same  
desires be same,  
May you be unanimous totally  
and in all respects.

## WELCOME ADDRESS

Mr Ashok Mukherjee

Secretary, Association of Voluntary Blood Donors,  
West Bengal

Distinguished Delegates, Friends, Ladies and Gentlemen.

It gives me a great pleasure and honour in welcoming you all to this National Conference and Workshop on Strategies for Blood Donor Recruitment and Total Voluntary Blood Programme being held at Indumati Sabhagriha, National Council of Education, Bengal, Kolkata.

At the outset, I am tempted to say a few words about the National Council of Education, Bengal. The National Council of Education was formed way back in 1906 to impart education at all level independent of the authority of our the then British rulers. Eminent persons of Bengal, famous not only in the national scenario but internationally like Rabindranath Tagore, Aurobindo Ghose later Rishi Aurobindo and a host of other personalities were associated with this noble organisation since its inception. We are proud that we could organise this conference under the aegis of this historic organisation.

Today, the 23rd January, is also a special day in our national history, for on this day was born another great son of the soil, Netaji Subhas Chandra Bose, who fought relentlessly for the freedom of India. We are happy and proud that the inauguration of this Conference and Workshop is taking place on the birthday of this great man.

You are perhaps aware that the Association of Voluntary Blood Donors, West Bengal, AVBDWB in short, was formed on the 20th January 1980, the organisation dedicated to work in the field of voluntary blood donation and associated areas. Since then it has completed 30 years of its existence and celebrated its 30th anniversary just 3 days back. Five years after its formation, the Association organised the first ever National Workshop and Conference exclusively on Blood Donor Motivation in 1985. Since then we have been organising such National and International meets at an interval of every five years, the present one being the sixth in the chain.

Such workshops are utmost importance and significance because here we get a platform to interact with other fraternal organisations working in the same field, which help us to find out ways and means to solve the various problems and hindrances that come on our

way in achieving a total voluntary blood programme. Moreover, here we happen to meet old friends and acquaintances and also gain new ones and this gives us an impetus to move forward with renewed vigour breaking the monotony of routine work.

I know from past experiences that meets of this kind does not find a prominent place in the media. But that does not affect us in anyway, for people like you have chosen this work not for seeking personal fame but for rendering selfless service to mankind as a labour of love. I salute thee in praise for you are the unsung heroes of the movement and someday in future history will give a true value of your work.

If we trace back the long human history, we see that it is overloaded with cruelty, torture, degradation and wanton blood spilling. But amidst these dark deeds, a few benevolent ones shine out of it like luminous stars in the dark sky of despair. The voluntary blood donation movement is one such. It is not only limited to procuring and providing blood to save the life of others, who are in need of it, but in these days of eroding values and moral decadence is a symbol of selfless service to the society and humanity. It transcends all barriers of caste, creed, religion and politics.

With limited resources and humble means we have spared no pains in making your stay during the conference as comfortable as we can, but in spite of our wholehearted efforts there might have crept in a few inadvertent lapses, for which I sincerely apologise and am confident that you will forgive us.

I am hopeful the deliberations, discussions and interactions during the various sessions of the Conference will further enrich the voluntary blood donation movement and in the near future we will be able to come out with a total voluntary blood programme where there will be no buying and selling of blood, but it will flow from the veins of a healthy, benevolent donor to the veins of an ailing recipient as a natural gift of love.

Finally, I would like to draw your attention to the fact that even if in the near future we are able to achieve a total voluntary blood programme, the need for motivating, recruiting and retaining voluntary blood donors will not cease to exist, because motivated donors of today in course of time will become non-eligible due to age and other various reasons and new donors have to take their place. That is why donor motivation, recruitment and retention is an ongoing process, it has a beginning but no end, and for carrying out this task, people and organisations like you are

continuously needed.

So keeping in tune with the opening song, let us dedicate ourselves to march forward unitedly and fearlessly for the common goal, the goal for achieving a total voluntary blood programme.

On behalf of myself and the Association of Voluntary Blood Donors, West Bengal once more I heartily welcome you and wish you all a very happy and prosperous new year.

Thank you.

Mr. Ashok Mukherjee invites Mr. Neils Mikkelsen to inaugurate the conference and workshop and deliver his address.

Mr. Niels Mikkelsen lights up the lamp and delivered his address

## **Inaugural speech**

**Mr. Niels Mikkelsen**

President, International Federation of Blood Donor Organisations

Good Morning Everybody.

I just came back from a conference on use of blood last week, where I was informed that still in 2010 more than 500000 women die in child labour in this world every year, because they cannot get safe blood. And with them are many other patients who still die or suffer, because they do not get the necessary safe blood. So today the challenge to all of us is enormous.

Of course the main responsibility to all of us is to find this blood, and that is why we are here today. Recruiting donors is in fact very simple. We know that new donors think about becoming donors for over the year in average. So, during that time we should continue to be in the media to get attention to the cause of blood donation. We also know that almost all donors are recruited by direct personal contact. This means that we need networks which can reach out to each individual person, and we have proved that the best way of providing such networks are through Voluntary Donors' Associations, because they have the contacts in society, with the government and with hospitals.

I would say, that we also know why donors come back and how to retain donors. The essential thing here is service in the blood bank. If donors do not receive good

service in the blood bank, when they come to the blood bank, they do not come back. Donors are thinking human beings, and if they hear about problems and scandals, they will not come back either. So we have to help the blood service to give good service to the donors.

I would like to state some of the successes during the last ten years. The major success is that all over the world, blood services have realised that it makes no sense to give blood, if the blood is not tested properly. I am not speaking about the very elaborate and scientific testing, I am speaking about basic testing for major viruses, which all blood should have gone through, before it is given to the recipients, and we, the volunteers, would not like to see untested blood being given to patients.

I would also like to say we have managed during the last ten years to pay much more attention to donors health and safety, paying attention to the haemoglobine levels in donors, and giving attention to accidents to donors, because much more accidents happen that appears from international statistics. We are also working on how to treat these accidents, and how to help donors, who have accidents. They come on their own free will to help, but if they leave the blood service with damages to their body, they should not also have economic problems when they have accidents.

We already have an enormous challenge since many blood services are not able to provide the necessary blood products to the patients, but in the near future this may even become more complicated.

We have a feeling that very major disease like Alzheimer's disease or Multiple sclerosis may be treated with immunoglobulines. If this is proved, the demand for IVIG will increase all over the world, and this will make it especially difficult for poor patients to receive the necessary treatment. Up to now there has been very little treatment for Alzheimer's disease, while for instance with Thalassaemia, we manage to save more and more people and to give them a good life. But to do so the demand for blood is increasing also.

So there will be lot of work for all of us to do in the coming days, and I hope you will focus on this issue during this conference. As you know, I am the President of the International Federation of Blood Donor Organisations. We cannot do it alone, but we would like to help, and we have made strategy how we can help to improve the blood situation around the world - and basically what we do is to get more people to work with us, finding more volunteers, and of course at the same time fighting for the ideal, that all blood should be non-remunerated and

it should be given on voluntary basis.

These principles are supported by the ISBT, by the WHO, by the Red Cross Federation, and a number of other stakeholders agree with us, that unless blood is given by volunteers, who are not paid, the safety is not as good as it should be, the ethics are not as good as it should be, and the respect for the blood service is not good. There are many good reasons why we fight for unpaid voluntary blood donation. In this work we need new generations of young volunteers, and we try to help this by arranging Youth Forums around the world and through our Youth Committee, which work with young people in many countries.

From now on, I hope there will be more people from Asia working with them, and even within our own Federation we need young people, because very often we only see the Presidents, and they all are over 60. So we need young people to do this, and I urge everyone here, if they know young people to guide them to participate in our international work. They should come and talk to us, because we need them - there is so much work to do.

At the same time I have to tell you, that as President for the voluntary blood donors I have the most wonderful job in the world, because I meet friendly, helpful, modest people in all the countries I come to. We have also had to realise that the situations around the world are not similar. We are in this decade focusing on regional and continental cooperation, because it is more likely that you have the same challenges in your region and at the same time having regional and continental cooperation lowers the cost of travel and it helps with a huge problem in international cooperation, since it is so difficult to get visas today. I spend lot of time trying to get visa for the people, who want to come to work with us. But governments say no, and if governments say no then what we can do?

So some of us will meet tomorrow for the continental meeting of our Federation, and I hope that from now on there will be regular meetings for our Asian friends and it may be within South Asia, East Asia and so on. Another major focus for us is training. We try to help our national and regional organisations to do more training, and basically I think that what we should do here also. There will be training at this conference, and I think all of us will be much much wiser when we finish this conference.

I am very grateful for the organisers that put together such a challenging but also very very interesting programme. I just say we are here to work, to provide and exchange information and training and to develop international solidarity so that we can give a helping

hand to the fellow human being, who needs blood from the voluntary non-remunerated blood donor.

Thank you very much for your attention

## **Keynote Address**

**Dr Subrata Ray**

President, Association of Voluntary Blood Donors,  
West Bengal

Mr. Mikkelsen, Delegates from Home and Abroad, Blood Donors and Donor Motivators of the State, Ladies and Gentlemen: Five years ago, we met in this City of Joy on the same dates to discuss the strategies of blood donor recruitment for the country. We have been conducting this type of exercise once in five years since 1985. The objective of this type of conference is to share the experience of donor motivators of home and abroad, so that someday, we can achieve our cherished goal of total voluntary blood programme for the state and the country. This has been our central theme of all the previous conferences as well as the present one as all our strategies revolve round this theme.

Blood transfusion conduit is a service that links healthy with the ailing through host of intermediaries like Doctors, Technologists, Nurses and Transfusionists. Human civilisation has acquired this life saving service through sustained effort of many scientists and doctors spanning over a period of 450 years.

During the last 50 years, there has been a sea change in the field of transfusion medicine. The glass bottles have been replaced by plastic bags; blood can be stored in blood bank at 4 degree centigrade from 35 to 42 days. One unit of blood can be divided into components, fractions and shared among a number of patients. But one thing has not changed, that is, the need of blood donor to run the service. All over the world, blood donors belong to minority community. Still today donors per thousand of population vary from country to country ranging from 0.3 per thousand to 80 per thousand.

To have safe blood transfusion, in spite of sophisticated post blood collection laboratory testings, due to the window period quality of blood, can only be achieved by ensuring the quality at source, that is, to have real voluntary blood donors who have had nothing to hide.

The voluntary blood donor recruitment is an art

based on science. To recruit voluntary blood donors, first requirement is an organisation with programme, and people having ideas, motivation, emotion, skill and resource. The common reasons for not donating blood are age old taboos, superstition and fear complex. Therefore, voluntary blood donor recruitment principles should be based on Education, Motivation, Donation and Recognition with short-term programme to meet today's needs and long-term programme to recruit the donors of tomorrow and day after tomorrow.

Out of 193 member countries of the World Health Organisation, 57 countries of the world have reported having achieved 100% voluntary blood donors to meet their total requirements till date. Unfortunately, our country does not feature in the list. At this point of time 62% of total donated blood of the country comes from voluntary blood donors. Hence all our strategies should aim at bridging this 38% gap in blood collection. Fortunately, West Bengal's figure is much above the national average. About 90% of total collection comes from voluntary donors. Gujarat, Maharashtra, Tamil Nadu and Tripura are the frontline states in voluntary blood collection.

India is a vast country with varied culture, language and literacy. All the states of this country are not at the same level, so far as the voluntary blood collection is concerned. There are some states that stand much below the national average. Moreover, there is a tendency to treat the 'replacement donation' or 'directed donation' as voluntary donation in some of the states of the country. Even the Union Government, to show pseudo figure of voluntary donation, has issued circular to the states to count a part of replacement donors in the category of voluntary donors. True voluntary donation may be defined as a donation where the donor donates blood voluntarily according to his/her convenience for some unknown recipients. The donor does not know who will ultimately receive the blood. On the other hand, a donor donating blood for a particular person may or may not be a voluntary donor in real life. He/she may be a blood seller in disguise where the money is exchanged outside the blood bank. It is true that some of the blood banks of the country totally depend on replacement donors where it becomes the responsibility of the patients' relatives to provide with blood donors to the blood bank. This procedure may be acceptable for a very special case when there is requirement for a very special blood group but it cannot be the only source of blood for any blood bank. In this connection, I have not touched on the hazards in blood transfusion of relatives and replacement

donors including graft versus host disease. I am sure that the experts present in this conference will debate on this issue.

Thirty years ago, when we took up this self-assigned responsibility, there were not many voluntary blood donors in our state. The situation began to change due to sustained efforts of this organisation and other voluntary organisations formed later to work in the line with this state level organisation. Twenty years ago majority of the donors belonged to the 18-25 age group. In spite of the fact there has been about 500 times increase in voluntary blood donation during the last 30 years, and a recent survey indicates a shift in age towards 25-35 age group, it is true that with the availability of blood, the demand for blood has increased and with the establishment of super-speciality hospitals the demand for blood within the next few years is certainly going to increase by greater magnitude.

Every year about half a million students appear at the school leaving final examination in this state. If each of them donates blood once in their life time, there will be no shortage of blood in this state. It may be necessary to understand the above mentioned shift and devise new motivational techniques for the age group 18-25. With this in view, AVBDWB organised a Quiz competition on blood donation and science of blood among the different schools of the state. 600 schools participated in this competition. The study materials were carefully prepared and supplied. I was really astonished at the way the children have mastered the subject and answered very difficult questions. Soon these children will attain the age of 18 and it will be interesting to see whether this knowledge about blood donation and science of blood helps to bring more donors between the age group of 18-25. I understand that there is a separate session on this subject in this conference too. I shall be happy if the delegates could suggest some new motivational methods suitable for this age group.

One of the important tasks of the transfusion service is to have an effective and efficient distribution system. In some parts of the world, it is the responsibility of the hospital to collect blood from the blood bank when it is required. Unfortunately, in this part of the country, hospitals including all the super-speciality hospitals place the burden on the relatives of the patients. As there is still a gap between the demand and the supply and especially for the requirement of multiple units or of rare blood group, it is often necessary to run from

one blood bank to another to procure blood of the required type and quantity. There is no mechanism to know the stock position of different blood banks in or around the city unless one physically steps into the respective blood banks. Now a days cheap computers are available. I am sure, most of you carry mobile phone. I am happy to note that a paper will be presented in this conference which deals with this aspect. It is an inexpensive SMS based service suitable for a country like ours.

Development of IEC materials has been one of the important work that AVBDWB has undertaken since its inception. At the moment, AVBDWB possesses hundreds of posters, flip charts, booklets, pamphlets for blood donor motivation and recruitment. Some of them you will find in the exhibition upstairs. It is true that motivational techniques are dependent on land, people and their culture. A technique or a poster suitable for the people of Bengal may not have any impact on the people of Tamil Nadu. Yet, some of the IEC materials have universal appeal or the idea may be used or tailor made to design IEC material for another region. Though these are copyrighted items, yet with proper acknowledgment and permission, these may be used or modified to suit the need of a region. I suggest that an IEC material bank be created for the country so that these IEC materials could be shared. I understand that a book containing pictures of 100 posters in English and Bengali prepared by AVBDWB between 1980 and 2010 may be made available to you on the last day of the conference.

To increase the number of blood donors, it is necessary to conduct blood donation camps throughout the year. All donor organisers usually look for an auspicious day like the Republic Day, the Independence Day, and birth days of great men of the country. It is true that blood is required in all the 365 days of the year. Moreover, blood can be stored upto 35 to 42 days in the blood bank. Thus, the blood donation camps should be distributed throughout the year. AVBDWB felt that every day in a year would be significant for somebody and there is session in this conference where this idea will be presented. A booklet "Donor Motivator's Pocket Book", containing the significance of each day of the year from the point of view of blood donations will be released during the conference. It is true that this booklet is state specific – it is for the people of Bengal. However, people coming from other states may have their own "pocket book" and perhaps this idea may help them promote voluntary blood donation in their region, too.

The society not only needs voluntary blood donors but also blood donor motivators to recruit new donors and to retain old donors. Nobody is born as a blood donor or blood donor motivator. It is thus necessary to have an army of volunteers as 'honorary teachers' who can conduct courses on blood donation and science of blood. These honorary teachers are drawn from all walks of life and it is necessary to conduct training programme for these 'honorary teachers' so that they, in turn, can impart training to other people. A teachers' guidebook is a must so that all these honorary teachers give same information. You will find a copy of teachers' guidebook in the exhibition hall.

Finally, I would like to say a few words about the media. My personal experience is that media pay more importance to the negative news and often they flash news about wastage of blood, shortage of blood etc. This has a negative impact on donor recruitment. Blood banks should maintain a liaison with the media and it should be the duty of the blood bank personnel to apprise the media the exact situation. This is an area of Public Relations. There is a session on this subject.

I conclude with some sense of optimism. Now that a very good donor base has been created in West Bengal, if the blood banks do not refuse camps, agree for inter blood bank transfer of blood and clinicians do not prescribe single unit of blood, fresh blood and use blood rationally, perhaps even now, in 2010, in my opinion, there is no shortage of blood in West Bengal. And the other states may follow the lead given by West Bengal to achieve hundred percent voluntary blood programme for this great vast country.

Those who have come to this city by air must have noticed the name of the airport – Netaji Subhas Chandra Bose International Airport. During India's freedom struggle, he gave a call "Give me blood, I will give you freedom". Today, 23rd January, happens to be the birthday of this great son of India. If Subhas Bose had been here today he would have certainly raised his voice: "Donate Blood and Save life".

Thank you all.

## **Vote of Thanks**

**Mr Aritra Das**

Volunteer, Association of Voluntary Blood Donors, West Bengal

On the birthday of Netaji Subhas Chandra Bose when the

nature is at its best in our City of Joy with cloudless sky and flowers blooming all around, permit me on behalf of the Association of Voluntary Blood Donation, West Bengal, the organisers of this National Conference and Workshop, to propose the vote of thanks.

First of all we would thank all the participants, delegates and resource persons who from far and near have come to join this 3 days' dawn to dusk conference in response to our invitation even with the modest hospitality.

Secondly, we thank the century old heritage institution, the parent body of the present Jadavpur University, the National Council of Education, Bengal founded by the national leaders during the British rule for co-sponsoring this National Conference and Workshop by providing this cozy small auditorium "Indumati Sabha Griha" free of cost along with the rooms and other physical facilities for the exhibition and office.

Thirdly we thank all the sponsors of this meet-

- Indian Overseas Bank
- Bharuka Public Welfare Trust
- Consolidated Energy Consultant Limited
- Jadavpur University
- Nightingale Diagnostic and Medicare Centre Pvt. Ltd.
- Socio Economic Development Programme
- Life Insurance Corporation
- Department of Science and Technology, West Bengal
- State Blood Transfusion Council, West Bengal
- Terumo Penpol (P) Ltd.
- All advertisers of the Annual Number
- Individual donors of the programme

Lastly, we like to thank the authorities of all the academic institutions for providing accommodation to the participants of the meet in their guest houses.

We are grateful to Mr. Neil Mikkelsen, President of International Federation of Blood Donor Organisations for kindly inaugurating this once in five year meet.

We all have the dream of hundred percent blood programme for the country. We have a dream that the gift of love like the sun's ray, mother's love and natural breeze would flow from the healthy to the ailing as a natural social process to maintain the river of life flowing with all its glory singing the songs of sharing and caring as a real manifestation of humanism.

Let the National Conference and Workshop pledge to work together to achieve the goal as the saying goes "Together Everyone Achieves More"

January 23, 2010

# Overview of Scenario of Blood Donation

Chairperson: Dr. Sujit Kumar Chawdhuri, Delhi

## GLOBAL SCENARIO OF VOLUNTARY BLOOD DONATION

Dr. Sujit Datta, West Bengal

When you look at our plant earth from space, it appears as a tiny speck, and insignificant in comparison with vastness of the Universe. But once we set our foot on our mother earth, we perceive its vastness, its innumerable countries, and cities and villages. To quote from our famous poet Tagore, "What little we know about the vast earth, with so many countries and cities, so many people." In this presentation I have tried to give an account of the Global Scenario of Voluntary Blood Donation with whatever data could be collected from various sources.



This Blood is good enough to fill 32 Modern Olympic Swimming Pools. But not good enough to meet the global need which stands at 150 million units.

Out of these collected blood only 38% is collected in South East Asian countries where India, Nepal, China, Bangladesh, Myanmar, Thailand, Indonesia, Vietnam, Laos, Cambodia, Philippines, Singapore and Sri Lanka are located. 82% of World population live in this South East Asian Area.

Till date 57 countries out of 193 member countries of World Health Organisation according to their own declaration meet their total Annual Blood need from Voluntary Donor.

The countries are:

1. Australia, 2. Austria, 3. Belgium, 4. Botswana, 5. Brunei Darussalam, 6. Burundi, 7. Canada, 8. Central African Republic, 9. Cook Islands, 10. Côte d' Ivoire, 11. Croatia, 12. Cuba, 13. Cyprus, 14. Democratic People's Republic of Korea, 15. Denmark
16. Egypt, 17. Estonia, 18. Finland, 19. France, 20. Hungary
21. Iceland, 22. Ireland, 23. Italy, 24. Japan
25. Luxembourg, 26. Malawi, 27. Malta, 28. Monaco

29. Namibia, 30. Netherlands, 31. New Zealand, 32. Niue, 33. Norway, 34. Portugal, 35. Republic of Korea, 36. Rwanda, 37. San Marino, 38. Senegal, 39. Singapore, 40. Slovakia, 41. Slovenia, 42. South Africa, 43. Spain, 44. Suriname, 45. Swaziland, 46. Sweden, 47. Switzerland, 48. Thailand, 49. Togo, 50. Tokelau, 51. Turkey, 52. Tuvalu, 53. Uganda, 54. United Kingdom, 55. United States of America, 56. Uruguay, 57. Zimbabwe.

There are very small islands considered as country and are member of WHO.

The Countries are:

Australia-	5
Africa-	14
Asia-	4
North America-	3
South America-	3
Europe-	28
Total-	57

But it is not known whether they include replacements or on call donors in the category of Voluntary Donors. It is not known whether these countries have any seasonal shortage.

It is also not known whether no requisition is refused in these countries across Blood Bank Counter for want of Right Group of Blood.

Annual Blood Collection in Europe:

Total Population:	464, 480, 702	Total Collection:	19, 798, 817
Per 1000 Population:	43 Donations		

Annual Collection in Australia:

Population:	20,264,082
Collection:	112,030

Annual Collection in New Zealand:

Population	3,800,000
Annual Collection	1,60,000

Blood Collection per 1000 population in different countries:

Switzerland	62
New Zealand	56
Greece	55
Hong Kong	27
Jordan	17
Mexico	10
Philippines	7
Vietnam	2

Japan	70
Canada	55
Singapore	24
Korea	22
Malaysia	22
New Guinea	9
China	4
Sudan	2
Australia	58
UK	46
Macao	23
Zimbabwe	10
Fiji	2
Ethiopia	0.4
Brazil	2
Portugal	31
San Marino	51
Spain	38
Sweden	51
Cyprus	57
Estonia	36
Latavia	24
Lithuania	21
Malta	42
Poland	24
Slovenia	51
Slovakia	40
Hungary	43

Latin American Countries

	Total Collection	Percentage of Voluntary Collection
Argentina	780440	8%
Brazil	2931813	51%
Bolivia	38621	18%
Chile	173814	6%
Columbia	495004	42%
Costarica	48625	49%
Cusu	589106	100%
Eucador	79204	30%
Elsalvador	76142	10%
Euatemala	68626	4%
Honduras	48783	19%
Mexico	1136047	4%
Nicaragua	46558	45%
Panama	46176	2%
Paraguay	29718	6%
Peru	145665	6%
Dominican Republic	77115	18%
Uruguay	99675	32%
Venezuela	342526	4%

Although there are donation but Voluntary Donation is less.

Who are the donors?

So called Replacement and paid donors

So, there are still Paid Blood Collection in the World

To sum up Global Scenario:



**World Population 6910 Million Annual Blood Collection of the World from Voluntary, Replacement and Paid Donation - 88 Million Units**

**Countries still have Paid Blood Donors**



**SCENARIO OF BLOOD DONATION OF DIFFERENT STATES OF INDIA**

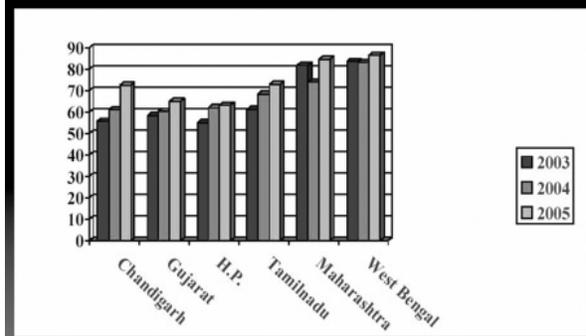
Dr. V. P. Gupta, Rajasthan

Facts and figures from 2007 Blood Safety Survey Blood Supply

**Countries have 100% Voluntary Blood Donation**



**Voluntary Blood Donation High Performing States (>60.9%) (2002-2005) Only 5 to 10% rise upto 2009**



**Countries dependent on Replacement Donation**



**THE STATUS OF VOLUNTARY BLOOD DONATION IN DIFFERENT STATES OF INDIA**

S.No.	Name of the State	Total Blood Collection	Total VBD Collection	VBD %
		2008-09	2008-09	2008-09
	All India	5329080	3248000	60.9
1	A & N Islands	4780	1937	40.5
2	Andhra Pd.	558000	484925	87.0
3	Arunachal Pd.	2653	2332	87.9
4	Assam	85582	33756	39.4
5	Bihar	60772	15762	25.9
6	Chandigarh	56000	44443	79.0
7	Chhatisgarh	26861	9375	34.9
8	D & N Haveli	3327	1694	100.0
9	Daman & Diu	720	674	96.6
10	Delhi	255641	90413	35.3
11	Goa	7171	5598	66.3
12	Gujarat	483163	337057	69.8

THE STATUS OF VOLUNTARY BLOOD DONATION IN DIFFERENT STATES OF INDIA				
S.No.	Name of the State	Total Blood Collection	Total VBD Collection	VBD %
		2008-09	2008-09	2008-09
13	Harayana	130022	46679	35.9
14	Himachal Pd.	11044	8877	80.3
15	J & K	38037	15408	39.0
16	Jharkhand	76456	22869	30.0
17	Karnataka	346458	202790	58.5
18	Kerala	243700	62581	25.6
19	L'dweep	-	-	-
20	Madhya Pd.	133591	86659	65.0
21	Maharashtra	789718	649780	82.2
22	Manipur	15190	1518	10.0
23	Meghalaya	4504	799	19.2
24	Mizoram	15823	10156	64.1
25	Nagaland	4745	2779	58.5

THE STATUS OF VOLUNTARY BLOOD DONATION IN DIFFERENT STATES OF INDIA				
S.No.	Name of the State	Total Blood Collection	Total VBD Collection	VBD %
		2008-09	2008-09	2008-09
26	Orissa	120259	80379	66.8
27	Pondicherry	15659	6689	43.0
28	Punjab	235485	63379	26.9
29	Rajasthan	266102	78350	29.4
30	Sikkim	1843	579	31.0
31	Tamil Nadu	410948	331075	80.5
32	Tripura	19060	17797	94.2
33	Uttar Pd.	314752	55445	17.6
34	Uttaranchal	40857	16201	39.6
35	West Bengal	552337	459245	83.1
	<b>ALL INDIA</b>	<b>5329080</b>	<b>3248000</b>	<b>60.9</b>

The need for blood is universal, there is a major imbalance between developing and developed countries in the level of access to safe blood. It is estimated that donation by 1% of the population (10 per 1000 population) is generally the minimum needed to meet a nation's most basic requirements for blood; the requirements are higher in countries with more advanced health-care systems.

The average number of donations per 1000 people is 12 times greater in High Human Development Index (HDI) countries than in low HDI countries.

- The lack of safe blood has a severe impact on mortality. Unsafe transfusions and a lack of access to safe blood have a particularly severe impact on women with complications of pregnancy; trauma victims and children with severe life-threatening anaemia as a result of malaria or poor nutrition. For example, up to 150 000 pregnancy-related deaths could be avoided each year through access to safe blood.

- Too many countries still rely on family replacement or paid donors: 42% of blood collected from new

donors in medium and low HDI countries comes from family replacement or paid donors. This blood often contains a higher seroprevalence of transfusion-transmissible infections than blood from voluntary, non-remunerated donors.

- Most countries still lack a nationally coordinated Blood Transfusion Service. Despite some recent improvements in this important area, less than 30% of countries have a well-organized service in place.

- Not enough blood is tested for transfusion-transmissible infections. Despite significant improvements, annually some six million tests that should be done for infections are not done. Many blood transfusions are unnecessary. Patients around the world risk being infected during blood transfusions when alternatives to transfusion- such as intravenous replacement fluids - would be effective.

- However, much progress has been made in the past years in increasing the global supply of safe blood.

- By 2001, 123 countries were monitoring the prevalence of transfusion-transmissible infections among blood donors, compared with 98 countries in 1998-1999. This enables them to focus their blood donor education and recruitment activities on people who are likely to be the safest blood donors.

- Voluntary blood donor organisations have been set up in over 50 countries. These organisations, which are managed by blood donors themselves, play an important role in blood donor recruitment and retention through peer education and promotion.

- Well-organized blood donor programmes based on voluntary blood donation can prevent a high incidence of HIV infection in the general population. South Africa has an HIV prevalence of 23.3% in the adult population, but only 0.02% among its regular blood donors.

#### VOLUNTARY BLOOD DONATION IN INDIA

Blood collected from voluntary (non-remunerated) blood donors all over the country demonstrated a definite rise in the year 2005, but it has yet to reach 50% in many of the states. The proportion of blood units collected through voluntary blood donations in the country for the year 2004 was 52.2%, 53.4 % in 2005, 56.4% in year 2006, and 60.9% in 2008-09. Some of the states like West Bengal (83.1%), Maharashtra (82.2%), Tamil Nadu (80.5%), Chandigarh (79%), Gujarat(66.3%) and Himachal Pradesh (80.3%) has done reasonably good in voluntary blood collections. In few of the states, State AIDS Control Societies has undertaken several activities to promote public

awareness of the need for blood donation along with their respective NGOs. Workshops on Motivation of Voluntary Blood donations are being organised to promote this programme. Other states are lagging behind, which needs active participation of Voluntary organisations. NGOs working for promotion of Action Plan for Blood Safety under NACP-III (2007-2012)

#### Vision

Provision of safe and quality blood to every patient in need of transfusion in the country through a well coordinated national blood transfusion service.

#### Goal

- Regular voluntary non-remunerated blood donors should form the main source of blood through phased increase in donor recruitment and retention.

- Promote appropriate use of blood, blood components and blood products.

- Aim to reduce the transfusion associated HIV transmission to < 0.5%.

- Develop long-term policy for capacity building to achieve efficient and self sufficient blood transfusion services.

#### Priority Issues

- To develop a nationally coordinated Blood Transfusion Services as per the Action Plan.

- To increase the voluntary blood donation to 80%, out of this, 50% should be from regular repeat donors. But as recently NACO has change the nomenclature of voluntary donor. According to this family and replacement donor should be considered in the category of voluntary donor. This nomenclature is confusing according to this we can definitely reach the target of 100% but are they true voluntary donor? And secondly the movement of voluntary blood donation may be discouraged. Hence govt. should re-consider these categorisation. The nomenclature should be as follows :

1. Voluntary Non Remunerated Blood Donor.
2. Repeat Voluntary Donor
3. Family or Replacement Donor
4. Aphaeresis Donor
5. Autologous Blood Transfusion

- Appropriate use of Blood, Blood Components and Blood products.

- Capacity Building in the Blood Transfusion Services.

- Emphasis on quality assurance Programmes.

#### Strategies

**Strategy – 1 :** Establish proper institutional mechanism for planning and implementation of blood safety.

Action Plan :

- Critically evaluate the constitution and functioning of the State Blood Transfusion Councils (SBTC) for fulfillment of their role in Blood Transfusion Safety.

- All SBTC should prepare an action plan on blood safety, review it on an annual basis and report to the National Blood Transfusion Council.

- Blood Bank Cell should be established in the office of DCG(I) and State Drug Control Authority.

- Identify Regional Blood Transfusion Centres in every state as per approval from NBTC.

- Establish Blood Storage Centres (BSC) in all health care settings providing emergency medical care requiring blood transfusion. BSC should have appropriate linkage with the RBTC/BB, to look after the transfusion needs in a defined area. (Health Care settings include Community Health Centres in Rural Areas and medical establishment in urban areas).

- Guidelines on setting up of BSC should be made widely known.

- Set up Blood Storage Centres in each of the Community Health Centres 3222 in number as per the guidelines evolved.

- A uniform quality assurance programme for BTS must be developed.

- Accreditation of Blood Banks has been initiated in NACP – II, needs to be up scaled in NACP – III.

**Strategy – 2 :** Encourage Rational Blood use for transfusion

Action Plan :

- Component separation facility should be set up at all tertiary care institutions and at least 50% of the collection should be separated into components.

- Promotion of use of blood components through sensitisation of clinicians on regular basis.

- Promotion of Autologous Blood Donation.

- Constitution of hospital transfusion committee. Guidelines will be given by NBTC regarding constitutions and functioning of HTC.

- Build up plasma fractionation facility in the country. The plasma fraction and blood products preparation should be regulated by NBTC and DCG(I).

- Establishment of independent departments of Transfusion Medicine should be made mandatory in all tertiary care institutions.

- MCI & DNB to be approached to include appropriate transfusion practices in the syllabus of MD/MS clinical subjects.

**Strategy –3:** Steadily increase in the proportion of the voluntary blood donation up to 80% of the blood units collected.

Action Plan :

- An appropriate uniform communication strategy should be developed to strengthen the VBD movement in the country. This strategy should be worked out by the NBTC.

- An appropriate information system for registration and recall of VBD needs to be worked out.

- Specific projects to be invited from community based NGOs for strengthening the VBD movement, funding to be provided by the NBTC.

- Blood mobiles to be given to tertiary care institutions functioning as RBTC/State of the art model Blood Bank to collect blood from VNRBD and to distribute tested blood to BSC.

**Strategy –4:** Enhance and institutionalise Quality Assurance in Blood Banks and also increase the counseling to those voluntary blood donors whose samples test reactive.

Action Plan :

- Provide one QA officer in each of the BBs supported by NACO – Major BB and Tertiary Care Institutions. The specific role and responsibility of the QA officer should be defined to ensure improvement in the standards and quality of services and provide technical advisory support to district blood bank, blood storage centre.

- In the State Health Services doctors and technologists posted in blood bank should undergo regular induction training as per the curriculum and training duration to be specified by NBTC.

- Regular reorientation at least once in two years to apprise them of recent advances and practices in BTS.

- Attach medical social workers – one to district level BB and two to tertiary care institutions.

- Provide computer operator cum record keeper for tertiary care institutions to maintain voluntary donor data.

- Regular mechanism to be developed for refurbishment of the existing equipment as well as maintenance.

- Minimum contingency grant to be worked out in relation to worked and necessary assistance provided.

- Need based research to look into issues of donor and recipient safety.

- Review of testing protocols for detection of malaria.

Monitoring and Evaluation

- Need based research to look into issues of donor and recipient safety.

- Development of protocol for M & E functions in blood banks.

Indicators:

- Percentage of VBD

- o 80% voluntary.

- o 50% them regular VBD.

- Percentage of blood being processed into components from 20% to 50%

RAKT KRANTI GRASS ROOT MOVEMENT

Efforts for donor motivation are mainly focused in Urban areas, Strategies should be formed to propagate the message of voluntary blood donation in the rural area where 80% population resides. Rakt Kranti Grass Root Movement launched by ISBTI on 1st October 2005 at Delhi to increase the awareness of Voluntary Blood Donation in rural area.

The pilot project first started in Kota Division of Rajasthan which includes five district – Kota, Bundi, Baran, Jhalawar and S. Madhopur.

We organised Car Rallies in different area of the Panchayat Samiti at Village and Town level by involving different agencies government and non government organisations, Sarpanch, Pradhan, Jila Paramukh, SDO, Tehsildar etc. The first rally was started on 2nd

January 2006 which was flagged off by Dist. Collector and Principal Medical College. The rally consisted of 25 cars with banner and posters went to the Digod, Sultanpur, Barod and Itawa. Second such Rally started on 13th Jan. 2006 which was flagged off by M.P. Kota like that we organised 15 car rally in different area of the division covering different villages.

At all these places prior information was given to local leaders and officials. There was great enthusiasm among villagers, lot of peoples were collected at one place, they were given the message for voluntary blood donation and removed the myths and misconception for donating blood. Pamphlets & posters were distributed mentioning the criteria of blood donation, importance of blood donation, how blood being stored in the blood banks, who can donate the blood, what is the age limit, weight and Hb content of the donor and benefits of regular blood donation.

In every village symbolic blood donation was taken by known leaders & government officers, lot of persons were motivated to donate blood by seeing live demonstration of blood donation. After seeing the process of blood collection people of the villages were very much excited to donate blood. Next time when we organise blood donation camp in these villages after consulting the influential person of the village, we got positive response. Many villages started organising blood donation camps 2-3 times in a year. In last 3 years the percentage of voluntary blood donation of Kota division increased from 34 to 65%

If such project started in rural area of every district of India, and if we could able to collect 1% blood from rural population, we could certainly meet the total requirement of safe blood in our country.

## INDIAN SCENARIO OF VOLUNTARY BLOOD DONATION

Mr. Ramakrishna. Rajkumar  
Tamil Nadu

Some critical diversity of India

- The district Jaisalmer of Rajasthan is larger in size than Kerala (population 29098518) but has only 344517 people in a widely scattered desert terrain.
- The literacy rate of Kerala is over 90% compared to 41% in UP.
- The per capita income of Bihar is Rs. 1149/- compared to Rs. 4175/- in Punjab.

• So Voluntary Blood Donation at Different states are at Different Levels.

• In a vast country like India, centralised effort for achieving total voluntary blood programme for the whole country just does not make sense – socially, economically, politically, demographically and topographically.

• Isolated individual endeavour, for all its purity of ideals, is of no use, and the desire to sacrifice an entire lifetime to the noblest of ideas serves no purpose if one works alone, solitary ... one must have ... the mobilisation of a whole people ... to understand ... the value of unity.

### Prevalence of Voluntary Blood Donation in High Performing States

West Bengal	85%
Maharashtra	82%
Tamil Nadu	62%
Gujarat	61%

### Prevalence of Voluntary Blood Donation in Low Performing States

Uttaranchal	11%
Punjab	15%
Rajasthan	15%
Delhi	23%

### INDIA – BLOOD DONATION

Population -	114 crores
Number of states -	29
Union Territories -	06
Blood Need -	10 million (1 crore)
Blood Collection -	80 lakhs
Of which VBD -	60%
No. of Blood Banks -	2609

### VBD PERFORMANCE IN INDIA

Total number of States	35
High performing states > 80%	7

West Bengal, Tamil Nadu, Maharashtra, Gujarat, Andhra Pradesh, Chandigarh & Tripura

Average performing states	16
Low performing states < 50%	12

Gradual increase in VBD in the recent years 2008 and 2009

Increase may be due to change in definition of VBD by NACO – needs to be discussed

### BLOOD BANKS AT A GLANCE

Total number of Blood Banks	2609
Of which:	
Government	940
Voluntary	376
Private / Hospital Attached	753
Charitable / Trust	540

#### HOW BLOOD BANKS CAN SUPPORT - VBD

Number of Blood Banks in India	2609
Average Blood Collection (expected)	
Per day	10 units
Per month	300 units
Per annum	3600 units

If this is achieved then total collection will be 93,60,000 units i.e 9.3 million then

India Can Achieve Total Voluntary Blood Need

#### HOW BLOOD BANKS CAN SUPPORT - VBD

Average blood collection per day has to be increased.

Even a small increase of 1 donor per day will yield 9.3 lakhs donors per annum

India will have surplus blood

But many blood banks are collecting less than 100 units per annum – needs to be closed.

#### POPULATION

Total Population	114 crores
Male	59 crores
Female	55 crores

#### Analysis of Population

95% of Female Population do not donate blood

25% of Population may be below 18 years

15% of Population may be above 60 years

Among the eligible – due to busy work, travel, sick, illiteracy, poverty, unapproachable, unsuitable hours and with 1000s of reasons many are not able to donate blood

#### Analysis of Population

On the other side unfavourable blood camp site, timings of blood banks, behavioural attitude of blood bankers etc many are not donating blood

Finally people available for blood donation may be around 10%

Even 1% donate blood once in a year then India will reach/surpass the blood need

#### WHO CAN GET BLOOD

Even though the charity of donating blood is the responsibility of each and every one of our country it is not happening.

Only NGOs and CVOs can make a difference because of their nature, dedication, seriousness and continuous involvement

14.6% of very important work of the world is contributed by the NGOs only

#### STATUS OF NGOs

Total NGOs in India	1.2 million
Of which :	
Metro / Urban based	47%
Rural / Semi-Urban based	53%

#### CATEGORY OF NGOs

Religious	26.5%
Community/Social Service	22.4%
Health Sector	7.6%
Education	20.4%
Culture / Sports	17.6%
Others	5.5%

#### HOW NGOs CAN SUPPORT VBD

30% of NGOs are functioning in the area of community/social service & health which constitutes 0.4 million

Approach all 0.4 million NGOs

Targeted Voluntary Blood Donors for each NGO is – 25 only

If it is fully attempted then the achievement level will be  $0.4 \times 25 = 10$  million (i.e) India's Blood Need

#### FUNDING OF NGOs

Most of the NGOs function with self-generated funds which constitutes 51%

13% of the money spent by NGOs is from the Government of India

7% of the money spent by NGOs is from International agencies

For organising VBD programmes we need very minimum funds only

Hence, we can achieve our target

#### C.S.R.

Corporate Social Responsibility – this is one of a new concept started in I.T industries and now adopted by many of the existing industries and corporates

Under CSR besides blood donation camps they are extending financial support for this kind of life saving movements

#### STANDARDS OF BLOOD BANKS

No Uniform Standards for Blood Collection

No Central Blood Bank system in all states

Health being a state subject – policy varies from state to state

Cost of Blood and Blood products vary from place to place

Common centralised testing centres are not available

#### Need of the Hour

- Availability of blood & blood products
- Quality donors
- Safety of the product
- Accessibility to all patient
- Affordability by all

We have to achieve all these together

Let me conclude by presenting the statewise blood collection figures of the country of 2009

Sl.no.	Name of State/UT	Total Collection	Voluntary Blood Collection	% Voluntary Blood Collection
	All India	8009981	5572638	69.6
1	A&N Islands	5062	1694	33.5
2	Andra Pradesh	627219	492646	78.5
3	Arunachal Pradesh	3746	3484	93.0
4	Assam	143759	73925	51.4
5	Bihar	94332	25298	26.8
6	Chandigarh	75350	63961	84.9
7	Chattisgarh	45879	31837	69.4
8	D&N Haveli	4320	4320	100.0
9	Daman & Diu	770	711	92.3
10	Delhi	465871	227779	48.9
11	Goa	15991	10907	68.2
12	Gujarat	706954	551034	77.9
13	Haryana	186371	105936	56.0
14	Himachal Pradesh	21989	17101	77.8
15	J & K	52676	39765	75.5
16	Jharkhand	103836	57201	55.1
17	Karnataka	524232	319648	61.0
18	Kerala	398938	303572	76.1
19	Madhya Pradesh	272799	170257	62.4
20	Maharashtra	1133014	960325	84.8
21	Manipur	21802	4907	22.5
22	Meghalaya	6758	1746	25.8
23	Mizoram	19545	14765	75.5
24	Nagaland	6355	4953	77.9
25	Orissa	221328	145058	65.5
26	Pondicherry	22679	14925	65.8
27	Punjab	312814	129592	41.4
28	Rajasthan	421261	283130	67.2
29	Sikkim	3124	1841	58.9
30	Tamil Nadu	632341	580995	91.9
31	Tripura	22959	21885	95.3
32	Uttar Pradesh	602603	211146	35.0
33	Uttarakhand	61268	39065	63.8
34	West Bengal	772036	657319	85.1

January 23, 2010

# The Science of Blood Donation through Philately

Chairperson: Dr. Tajendra Singh, Delhi

## THE SCIENCE OF BLOOD & BLOOD DONATION THROUGH PHILATELY

Dr. Utpal Sanyal, West Bengal

Apart from various other modes and media, it is universally recognised that postage stamps can play an important role in motivating blood donors since philately (stamp collecting) is still considered as one of the most popular hobbies worldwide. For example in 1959 France issued a stamp on blood donation which became extremely popular. At that time there were only few (5) blood transfusion centers but after its issue, the number reached 122. In 1951, Finland became the first country to issue blood donation stamps followed by many other countries till date.

We have further demonstrated that the science of blood can be effectively described through philately. Thus in our novel approach, we have included in our presentations related stamps along with write-ups, tables, graphs and pictures covering several aspects of the respective fields to aware people. Our presentation

is divided in 14 sections as: Highlights of Blood Transfusion History, Components of Blood, Circulatory System in the Body, Hereditary Blood Disorders, Criteria for Blood Donation, Transfusion Transmitted Infection & precautions, Who needs Blood Transfusion, Impact of postage stamps in Blood Donation, Various Messages & Information, International Organisations, Blood Donation Movement in India, World Blood Donor Day etc. We have also published write-ups in widely circulated newspapers, magazines etc that have reached and accepted by the community. It is thus concluded that based on its success, the present approach may be adopted elsewhere.

In the 1st section of the presentation, the science of blood was described. This was further divided in 10 subsections as Highlights of transfusion medicine history, Earlier concept of blood circulation, Modern concept of blood circulation, Breakthroughs in 20th Century, Establishment of Blood Banks, Blood groups, Blood group distribution in India & elsewhere, Circulatory system in the body, Components of Blood

& Detailed Description, Hereditary Blood Disorders- Thalassemia, Hemophilia, Von Willebrand disease etc. Thus one finds that Various Stamps are available on 1] Galen (130-201 A.D.) Greatest Greek physician in his time. Who first tried to describe blood circulation system 2] William Harvey, the world famous English physician, who first correctly discovered the one circulation system of blood in 1616 3] Karl Landsteiner, the great Austrian physician & Nobel laureate (1930), who along with his colleagues, discovered the human blood groups in 1901 and the Rh blood group system (Rh+ or Rh-) in 1940. 4] Alexis Carrel, French Surgeon & Nobel Laureate (1912), who in 1908 devised a way to prevent clotting by sewing the vein of the recipient directly to the artery of the donor. However, the procedure later proved unfeasible for blood transfusion. 5] Dr. Albert Hustin, Famous Belgian physician, who successfully practiced non-direct blood transfusion with sodium citrate used as anticoagulant in 1914 5] Dr. Norman Bethune, Canadian surgeon, who established the first blood bank of the world at Madrid Spain on 10th December, 1936,

If was also found that in a British stamp, different types of blood cells have been described. In another stamp of Papua & New Guinea, components of blood plasma were found. Special post marks have been issued for awareness about Thalassaemia, Haemophilia. A stamp from Ireland issued in 1994 describes how Von Willebrand disease is transmitted from the parents to their offspring.

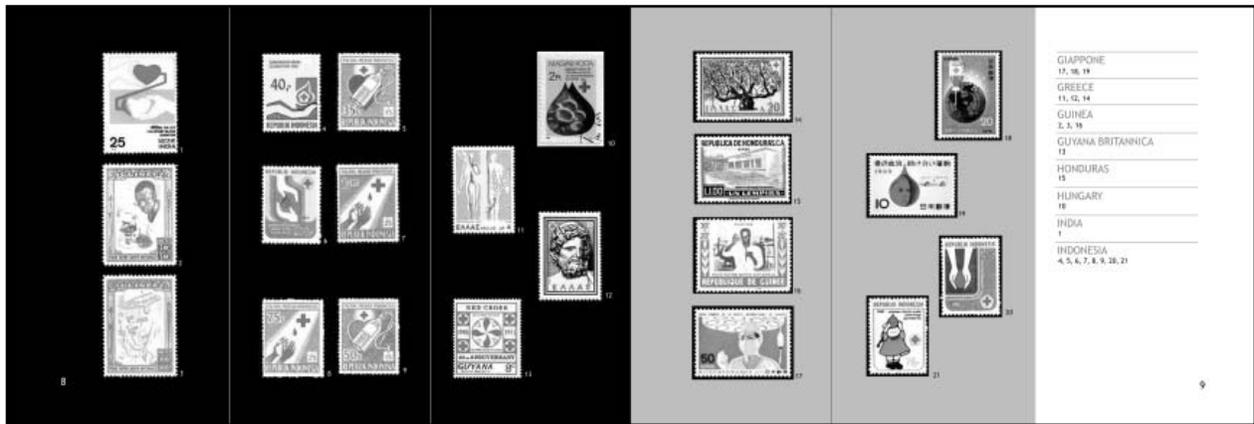
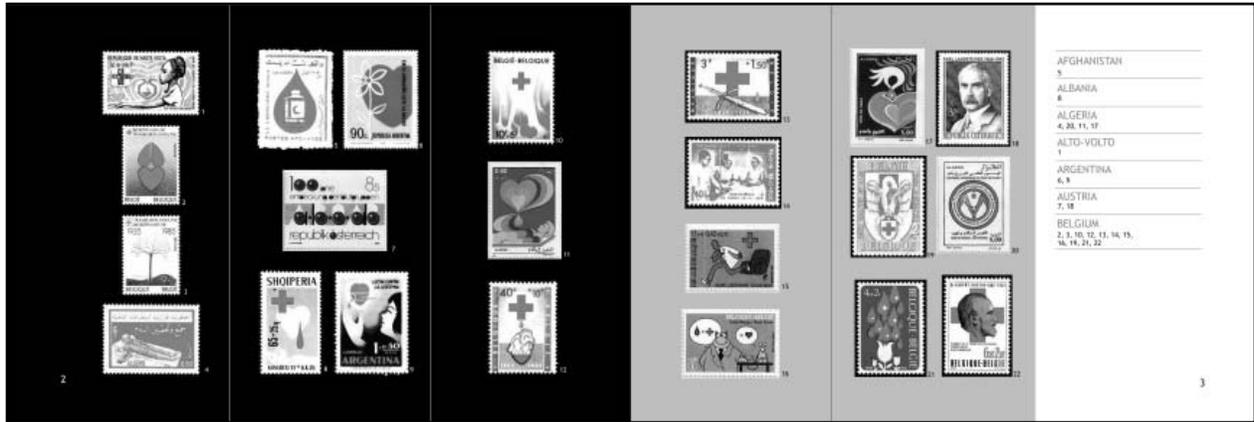
In the 2nd section of the presentation. Blood donation was described in detail. This was further divided in 20 subsections as Commemorative blood donation stamps: impact of postage stamps, Various messages & information, Various International & National Organisation, Postage Stamps & Materials issued on International Conferences Meetings etc. Some First Day Covers Meter franking & Special cancellations postcards of various countries Blood Donation in India Postal Cancellation issued on Special events National blood donor day of India World Blood Donor Day. Who needs blood transfusion Blood transfusion for the sick Transfusion Transmitted Infections. Who can donate Blood. Who cannot donate Blood, blood

Donation Centers Hospitals etc. Postcards (Meghdoot & Others) Recent statistics etc.

In 1956 Belgium sold- 13 million stamp considered as the 2nd stamp on this theme with the image of a pelican feeding her young with her own blood - the impact of postage stamps was beautifully exemplified by the fact that in 1959 France issued a stamp on blood donation which became extremely popular.

Philatelic materials have been published on Various International Organisations like International Federation of Red Cross & Red Crescent Societies World Health Organisation (WHO) Blood Donation Federation of many countries are present in the stamps of respective countries postage stamps & materials were released by several countries on International conferences meetings etc. In India postal cancellation have been issued on special events like LIONPEX 1978 at Calcutta, LUPEX 1998 at Ludhiana, Punjab, VADOPEX 2000 at Vadodara, Gujarat, National Workshops organised by AVBD, West Bengal at Kolkata in 2000 and 2005. The respective covers postcards etc have been displayed. From 2004, 14th June is observed every year as the World Blood Donor Day being the birthday of Karl Landsteiner. Sir Lanka and U. A. E. have issued commemorative stamps in 2004 and 2007 respectively to honor blood donors. In India 1st October is observed as National blood donation day. The beautiful first day cover of the India stamp released on 1st October 1976 and a postcard containing special cancellation issued at Calcutta have been presented.

It is also possible to describe who needs blood transfusion. Thus we find that stamps on leukemia (blood cancer) patients, patients undergoing surgery, persons met with accident, sick people receiving blood etc have been included. Another important aspect is safe blood transfusion. Some diseases like Malaria, Hepatitis B, Syphilis, HIV-1/11 are transmitted through blood. One of the most important facts is that 2% of HIV infections are due to infected blood. Hence AIDS awareness is very essential for safe blood transfusion. This has also been dealt with importance.



January 23, 2010

# Motivation and Recruitment

Chairperson: Dr. Ved Prakash Gupta, Rajasthan

## A NEW WAY OF MOTIVATION IN BLOOD DONATION IN DENMARK

Professor Henning Karlby, Denmark

The Danish Blood Donor Association is an Association of many small Voluntary Blood Donor Associations scattered all over Denmark. The first donation was done in 1932.

There are 63 independent Blood Donor Corps in Denmark.

There is a law in Denmark which regulates the Blood supply in the country. In that law the Voluntary body is mentioned as well. The rule is that the Voluntary body are entitled to supply the professional body (the hospitals) with the blood which are in need for the patients. The law also say that the hospitals have to pay the voluntary corps the cost of recruitment and retainment of the donors.

That is something the voluntary donors are negotiating with the hospital owners. At present time the amount are about €7 per donation.

The Voluntary Blood Donor Corps has decided to

form a national organisation with some professional people to support them from a central office in Copenhagen. The Voluntary body are paying about €1 from each donation to the central office. That money is used to buy small gifts which are used in connection with recruitment campaigns and to pay for Milestone rewards to regular donors. When I am talking about Voluntary Blood Donors in Denmark I mean always regular donors, we do not have any replacement donors or family donors in Denmark.

Regular donors are retained by their local corps. If the local corps wants to do something special for their donors they can do as they like.

Some of the corps's are inviting donors to reception for handing out the milestone rewards. Other corps may come to the bleeding session to give the rewards on the day where the 25 times, 50 times take place.

Some of the corps's does not use the pins for 25, 50 or 100 times, instead they give the donor a choice between some of the other gift we have in stock at the office in Copenhagen.

Other corps's are giving a bottle wine for every 10

times of donation. How the corps are going to retain their donors is their own decision.

When a donor has been doing something special that might be working many years for the association, the board may decide to give a special gift. That might be one of the gifts which the central organisation has in stock.

As I mentioned the first donation was in 1932, the first years the corps grew very slowly, in the beginning of 1960'ies the increase in donors really changed. From 1960 to 1970 the numbers of active donors increased from about 70.000 to about 225.000. At the end of 1990, we had about 280.000 active donors, that has decreased a little and it has now stabilised at about 230.000 donors; who gives about 354.000 donations per year.

The corps's are very different in size; some consists of a couple of hundred donors while others have many thousands of donors.

While we got a lot of donors in the 60s; which could lead to they would now be in the age; where they are not allowed to be donor anymore, we were thinking that we would get a problem these years. Our fifth biggest blood bank made a research on the distribution of the age of our present donors. It turned out that we have a very nice distribution of the age of the donors.

To get new donors we often try to get an article in the local newspaper. Every time the article comes out, we get new donors.

As I mentioned earlier, some of the hospitals are being closed during the last 10 years, to retain the donors in the small town we have now more buses which goes around to the established corps to get the blood from the donors.

As you may see here the inside of our bus is very nice. There are space for 5 donors who can give blood at one time.

Getting new donors is a job for the local donor associations; how they are doing that is entirely their own decision.

When the donor associations have been out to get new donors, it is important they get a feed back from the hospital. The donors may have spoken to many people who say they want to be donor. They might also have signed a paper that they would like to donate but that do not mean they also turn up at the blood bank to donate. Here it is very important that the hospitals are

cooperating with the donor associations, and telling how many new donors actually turns up at the blood bank, that is very important for the motivation of the donors who are out at the streets to get new donors.

At the end I am going to show you some jokes about blood donations.

First the mad American.

Then a more polite Danish one.

Does any of you have any question do not hesitate to ask.

**Most used rewards**

Two types; as a pin or as a pendant

<b>Bronze</b>	<b>First time</b>	<b>Gold</b>
		
<b>10 times</b>	<b>25 times</b>	<b>50 times</b>

**100 times**



**Honorary Diploma**

**150-times**

*Blod gave til*  
**Blooddonorernes Hæderdiplom**  
*gives til*  
**Hans Peter Larsen**  
*Thorsvej 111 1460, Østerås, 4181, København*

**Signed by**  
**His Majesty**  
**Crown Prince Frederik**  
**Patron for**  
**Danish Blooddonors**

*den har givet blod 150 gange - og dermed har opfyldt et meget stort socialt potentiale, som er helt udtryk for dens betydning som den eneste blodgiver.*

*Blod givet - som en gave til et medlem*  
**20000 Dronning Margrethe II**  
*medlemmerne for os alle værdifuldt udfoldet af sig selv og for os alle.*

*Rikke*  
**Rikke Agerskov**  
*Landmand, Rindomvej 1, Thisted*  
 2010

### Rewards are basically handed over in 3 ways

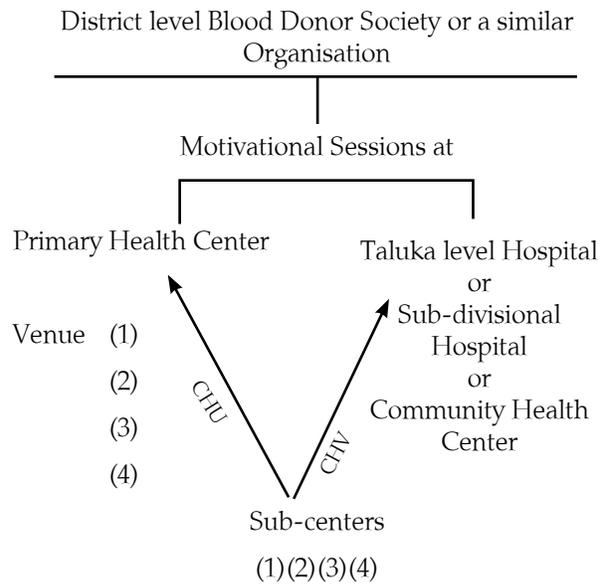
- by representatives from local donor organization
- by the staff at the blood bank after giving blood
- at receptions arranged by local donor organizations

### Community Participation in Donor Motivation at Grass Root Level

Dr. Sujit Kumar Chowdhury, Delhi

A viable blood transfusion cannot be sustained without a steady flow of regular voluntary non-remunerated donors, who decidedly are the safest and quality donors. Needless to say, such donors need to be motivated following a philosophy and principle of voluntarism, a human trait which needs to be inculcated. Donor motivation is an art based on scientific principles, community participation being a vital component of Primary Health Care, may be gainfully made use of in donor motivation. Every primary healthcare center has a number of satellite sub-centers. One community health volunteer (who is selected by the community), is working with one or two sub-centers depending on location and distance. He/She should be the master-motivator. He/She should be trained through the district-level Voluntary Blood Donor Society engaged in this task. A suitably structured curriculum is listener-friendly local language/dialect with more of verbal, pictorial and graphic inputs may be drawn up. Only willing CHV should be involved. A timetable may be prepared for starting such a training PHC/Sub-center-wise. The venue may either be the PHC or the taluka level hospital as convenient.

The Master-motivator should himself/herself be a donor. After successful completion of training, the master-motivator is expected to motivate a number of would-be donors. These donors, when ready to donate, will be taken to a Voluntary Camp at district/taluka level locations. These donors will be encouraged to become regular/repeat donors.



### CONCLUSION:

Needless to say, the CHV should maintain close contact with the medical officer-in-charge (who is the primary care-physician), nursing and para-medical staff of PHC/sub-center some of whom may be converted to potential/regular donors and later, master-motivators. The MO I/C may address a few motivational sessions stressing the need of timely availability of blood for a viable curative health service to lend credibility to a successful primary Health-Care Service. Cooperation / Coordination between the voluntary society and Govt. Health Set-up is desirable for successful operation of this programme.

### Who Benefits from Blood Donation

Dr. Tejinder Singh, New Delhi

**"If we did the things we are capable of doing we would literally astound ourselves."**

---Thomas Edison

### FREQUENCY OF BLOOD TYPES

- O+ 1 person in 3
- O- 1 person in 15
- A+ 1 person in 3
- A- 1 person in 16
- B+ 1 person in 12

- B- 1 person in 67
- AB+ 1 person in 29
- AB- 1 person in 167
- Those belonging to the O- blood group are called universal blood donors. The red blood cells of a universal blood donor may be transfused to anyone regardless of their blood type.
- The plasma of those belonging to the AB blood group may be transfused to anyone regardless of blood type.

#### AIM: NOBODY SHALL SUFFER FROM SHORTAGE OF BLOOD

- Indian population = 1.25 billion
- Blood units needed annually = 8.5 million
- Annual collection = 6.5 million
- SHORTAGE = 2.0 million

#### THERE IS NO SUBSTITUTE OF BLOOD

- Blood cannot be synthesised/manufactured
- From PLANTS
- From ANIMALS
- From CHEMICALS

#### HOW TO REDUCE THE GAP BETWEEN SUPPLY AND DEMAND OF BLOOD?

- What methods can be employed to increase the volume of blood?
- How can we overcome this shortage?----
- Is there a leakage area?

Every three seconds, someone needs blood.

- Blood fights against infection and helps heal wounds, keeping you healthy
- Anaemic patients need blood transfusions to increase their iron levels.
- Cancer, transplant and trauma patients and patients undergoing open-heart surgery require platelet transfusions to survive.
- People who have been in car accidents and suffered massive blood loss can need transfusions of 50 units or more of red blood cells
- The average bone marrow transplant requires 120 units of platelets and about 20 units of red blood cells
- Severe burn victims can need 20 units of platelets during their treatment.
- Children being treated for cancer, premature infants, and children having heart surgery need blood and platelets from donors of all types.

#### EXAMPLES OF BLOOD USE

Automobile Accident	50 units of blood
Heart Surgery	6 units of blood / 6 units of platelets
Organ Transplant	40 units of blood / 30 units of platelets
20 bags of cryoprecipitate	25 units of fresh frozen plasma
Bone Marrow Transplant	120 units of platelets/ 20 units of blood
Burn Victims	20 units of platelets

#### MAJOR BENEFICIARY OF BLOOD IN INDIA

- 18 lacs units of blood are required ANNUALLY for Thalassaemia Major in INDIA.
- Thalassaemia major require up to 2 Units of blood every 2 weeks for the rest of their lives
- 52 units each PERSON annually.

#### Prevalence of Thalassaemia

- 18% Maldives
- 16% Cyprus
- 3% India

#### CRUSADE AGAINST THALASSAEMIA MAJOR BLOOD RELATED COMPLICATIONS

- (Multiple transfusions can lead to the following complications)
- Shortage of blood
- Transfusion transmitted infections
- Blood is a foreign body-fatal transfusion allergic reactions
- Iron overload. Excess Iron must be removed from the body regularly through a process called chelation (an agent combines with the extra iron in the body and is excreted from the body ) by injecting needle in body lasting for 8-10 hours every other day for the rest of their lives.
- Financial burden.

#### CHELATION THERAPY

This is the removal of the excess iron in the body. Iron overload is the result of numerous regular blood transfusions. This iron overload must be removed from the body as the excess iron will start to store itself in the important organs of the body; liver, heart, spleen etc. and cause damage and ultimate failure to the affected organs and even lead to death.

## BONE MARROW TRANSPLANTATION

- This is the only cure for TM. By replacing the bone marrow by normal donor bone marrow.

### Problems:

- Non-availability of donor.
- High cost. Approx. 6 lacs rupees in India.
- Not always successful
- Sibling is the best donor as cross matching is best as Foreign body reactions are reduced drastically.

### Impact on Family

- The life of all the family members is affected drastically causing mental havoc. It is comparable to life living in hell. Lifelong supportive care is required.
- Financial burden.
- Psychological strain and for patient
- Sibling neglect

## THALASSAEMIA MAJOR

- Deadly genetic blood disorder causing severe Anemia
- 1/25 Thalassaemia carriers in India
- 10,000 babies born every year in India
- 18 lacs blood units needed every year in India.

## SIGNS AND SYMPTOMS OF THALASSAEMIA MAJOR:

- Symptoms are revealed early with paleness and an enlarged spleen or liver.
- BONE DEFORMITIES: In order to overcome the severe anemia more red blood cells need to be produced. The red blood cells are produced in the bone marrow of bones. So bones expand in the effort to produce more red blood cells thus causing softness of bones leading to osteoporosis and skeletal deformities. There are significant deformities to the FACE AND BODIES but shortening of the stature at the same time.
- Enlarged liver, spleen, and heart leading to diabetes and heart and liver problems
- Endocrine glands, growth hormone, thyroid and parathyroid glands affected leading to improper growth physically, mentally and pubertal delay.
- Kidney problems and failure

## THALASSAEMIA CARRIER:

- Thalassaemia carrier is passed on genetically but this is not life-threatening or dangerous to the individual in anyway.
- He/she leads a normal lifestyle without any significant signs or symptoms. Sometimes may be a little anemic which can be overcome with medication.
- Thalassaemia Minor is the same as Minor or Trait or Carrier.
- There are 3 crore Thalassaemia carriers/traits/Minors in India.
- Most Prevalent amongst Punjabis, Sindhis, Gujratis, Bengalis, and Parsis, and Lohanas

## CARRIER MARRIES NORMAL

- 50% Chance child will be thalassaemia carrier.
- 50% chance child will be normal

## No Thalassaemia major child

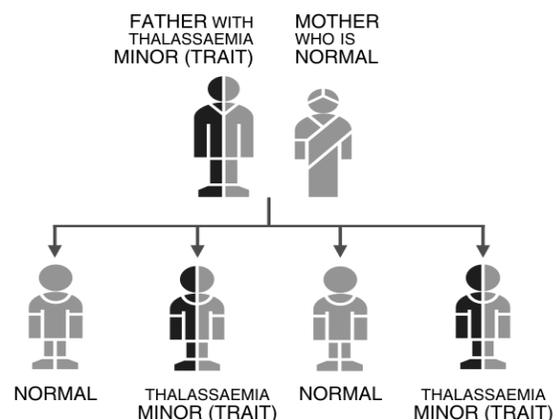
## Inheritance of Thalassaemia

## WHY IS IT IMPORTANT TO KNOW IF YOU ARE A CARRIER?

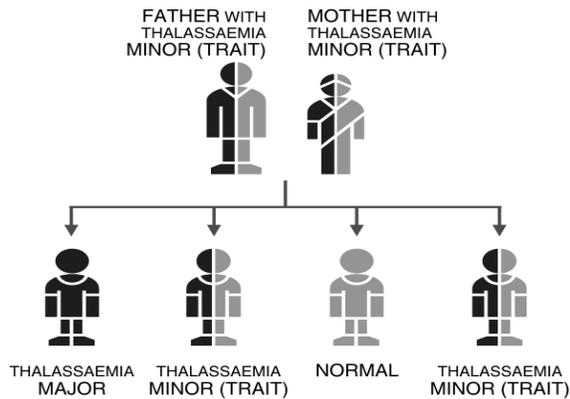
- Being carrier has no adverse ill-health effects.
- If a carrier marries another carrier then 25% chance that child will have Thalassaemia Major.
- 50% chance – Thalassaemia carrier.
- 25% chance – Normal.

## INHERITANCE OF THALASSEMIA

### Carrier weds Normal



## Carrier weds Carrier



## DIAGNOSTIC TEST

### 1. SCREENING TEST-

Complete Blood count (CBC).

Haemotogram

### 2. CONFIRMATORY TESTS

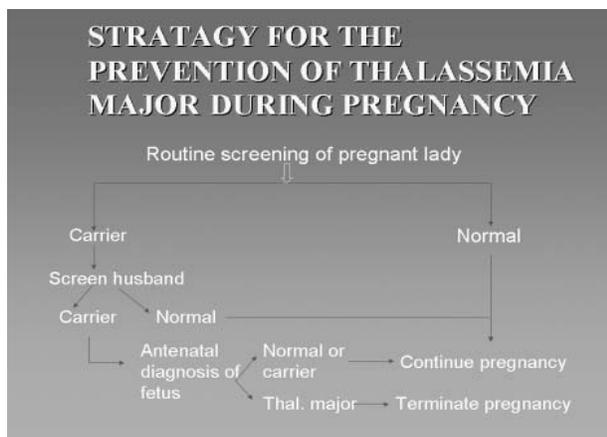
- Electrophoresis

Hemoglobin chromatography

## WHO SHOULD HAVE THE TEST DONE ?

- All individuals planning to get married and starting a family
- Once in a life-time test.
- It should be given equal importance as given to know our blood group and kundli before marriage.

## STRATEGY FOR THE PREVENTION OF THALASSAEMIA MAJOR DURING PREGNANCY



## PROGNOSIS OF THE LIFESPAN OF THALASSAEMIA MAJOR PATIENT

- 3-5 YEARS if left untreated/undiagnosed.
- 10-12 YEARS if given adequate and timely blood transfusions
- Approx 40 years or near normal if given blood transfusion and chelating regularly.

- How can we lend dignity of survival to Thalassaemia Major patients and their families?

## HOW CAN WE HELP?

- Lifelong supportive care is required.
- Become a regular blood donor.
- Motivate others to donate blood and organise blood donation camps.
- Help thalassaemia societies by raising funds to finance thalassaemic children for cost of treatment.
- Adopt a Thalassaemia Major patient.
- Spread the message of prevention and awareness amongst friends/relatives
- Organise Awareness talks in schools, colleges, work places, religious organisations etc
- Organise Screening tests in schools, colleges, work places, religious organisations etc.

## Rotary Clubs

Inner wheel. Interactors. Rotaractors

Seminars of voluntary blood donation organisations

- Skits and Short Plays.
- Songs and Jingles.
- Documentary Dramas

## LONG TERM GOAL

- Eradicate thalassaemia from India. This has been done in the Mediterranean countries so that the gap between the supply and demand of blood can be reduced This blood can be made available and utilised for other emergencies.
- Reduce and finally prevent Thalassaemia major from being born and stop life-long suffering to family and patient.

## Impact on Family

- The life of all the family members is affected drastically causing mental havoc. It is comparable to life living in hell. Lifelong supportive care is required.
- Financial burden.
- Psychological strain and for patient
- Sibling neglect

## IN CONCLUSION

- Voluntary Blood donors will come in flocks to Blood Donation Camps
- Its in OUR hands
- There is too much RISK for our children and our children's children.

Hum Hongay Kamyab Ek Din

Poora hai Vishwas

“No one Shall Die for the Want of Blood”

100% Voluntary blood Donation

Eradicate Thalassaemia Major from the Face of this Earth.

January 23, 2010

# Motivation and Recruitment

Chairperson: Mrs. Niti Satin, Chandigarh

## SELF HELP GROUP A RESOURCE SECTOR FOR VOLUNTARY BLOOD DONATION MOTIVATION

Professor Ashutosh Das, West Bengal

### INTRODUCTION

Human beings are the best and most valuable but fully unsorted wealth of a country. This wealth is lying dormant at different levels awaiting care and development necessary for the true and desired amelioration of a nation in its various spheres – economic, social, political, cultural, educational, religious and services, etc. Recently the Self-Help Groups have emerged as a very potential human resource with newly evolved strength, empowerment, ability and skill, which are now being tapped and put into action of development as a mighty work-force.

### CONCEPT OF A SELF HELP GROUP

From the nineties of the last century, the concept and importance of self help groups have been gaining momentum. The concept of the Self Help Group is based on the idea of community participation and

improvement of the quality of life through social mobilisation of the disadvantaged people, particularly poor women. The focus is to develop the ability, skill, status and power of these backward people and to organise them in such a way so that they may deal with their socio-economic and socio-political issues through community participation and sharing knowledge, common experience and problems. It is a project of the Central Government and is implemented by the states through three tier Panchayats and Municipalities and other corporate bodies like NABARD, Co-operative sectors, etc.

### FORMATION OF A SELF HELP GROUP

1. It is a group of men and women, particularly women of the same locality
2. It consists of 10-20 members
3. The members are known to one another
4. The age of a member is 15 – 60 years
5. The members are economically and socially disadvantaged and poor
6. The group is basically homogeneous in nature

7. Members discuss their ideas and discuss common issues and problems

8. They are regularly given knowledge-based and skill related training in

activity and Health-related issues

#### OBJECTIVES OF SELF HELP GROUPS

1. To tackle poverty and to enable the communities to improve the quality of life

2. To make the members Self-confident and economically self-dependent

3. To empower women

4. To provide emotional and practical support

5. To decentralise power and ensure equitable distribution of wealth

6. To provide knowledge, ability and skill to solve problems

7. To make the members aware of social development and obligations

8. To make them capable of taking part as a helpful instrument in the activities of social development and progress

#### TRAITS OF SELF HELP GROUPS

#### ROLE OF SELF HELP GROUP

Self-education & Emancipation

Mutual understanding and bonding

Social Obligations

Development and attaining Self-reliance

Self-Confidence & Empowerment

#### CUMULATIVE PROGRESS OF SELF-HELP GROUPS IN INDIA

Year	No. of SHG
1992-93	255
1993-94	620
1994-95	2122
1995-96	4757
1996-97	8598
1997-98	14317

1998-99	32995
1999-2000	94645
2000-2001	114775
2001-2002	263825
2002-2003	463478
2003-2004	717360
2004-2005	1079991
2005-2006	1618476
2006-2007	223865
2007-2008	2924973

#### NO. OF SELF HELP GROUPS IN WEST BENGAL (upto October, 2007)

Sector	No. of SHGs
Swarna Jayanti Rojgar Yojona	218773
NABARD Swarojgar	252157
Cooperative Sector	105493
Municipalities	67000
Total no. of SHGs	643423
Total no. of Leaders	643423
Total no. of SHG Members	7,000,000

(approx)

#### ELECTED PUBLIC REPRESENTATIVES

No of Zilla Parishad	18
No of Panchayat Samity	324
No of Gram Panchayat	3250
No of Municipality	126

#### SHGS – A POTENTIAL TARGET GROUP FOR BLOOD DONATION MOVEMENT

In India, there are 292473 Self Help Groups having over three crore of members and about 30 lakh leaders at present. The cumulative number of Physical SHG growth is increasing. If this huge human resource can be properly tapped and channelised toward Blood Donation Movement and can be duly utilised, a huge number of blood units can be collected from a single

target group and there will be no dearth of blood for transfusion in India.

Reasons for involving Self-Help Groups in Blood Donation Movement

1. Self-Help Groups are well organised and disciplined
2. The members belong mainly to villages and poor families
3. They are known to one another and bonded together
4. They are regularly given knowledge based and skill oriented training
5. They have already acquired some sort of knowledge, ability and skill of dealing with health related issues like Malaria, Thalassaemia and AIDS, etc.
6. They are easily accessible through Panchayats and Municipalities
7. Co-operation and help from local Administration and Panchayats are available
8. Govt. Fund may be obtained through persuasion
9. More than 90% of the members of the SHGs are women and women are more compassionate, loving with service-attitude than the male counterparts
10. Through women, their family members and neighbours will be educated and motivated
11. Through SHGs the mission of voluntary blood donation movement can be easily spread upto the grass-root level.

Role of SHGs in Blood Donation Movement as

1. Donors
2. Organisers of Blood Donation Camp
3. Organisers of Seminars, Workshops, etc.
4. Motivators and Educators
5. Catalysts between Blood Donation Movement and People

Objectives of Workshops for SHGs

- To create awareness of blood donation
- To recruit Donors and Motivators
- To Ensure Safe Blood Transfusion Services
- To meet the entire demand of blood
- Syllabus of the Workshops for SHGs
- Perspective of Blood Transfusion
- Primary Blood Science

- Need and Importance of blood donation
- Who can be a donor
- Blood Bank and its function
- Importance of Voluntary Donation
- Donor selection
- Principles and strategies of Recruitment of Donors and Motivators
- Organisation of a Blood Donation Camp

How to involve the Self-Help Groups

1. At the first phase, take up the Leaders – One leader from one group
2. Collect the number of leaders from the Panchayat Dept.
3. Divide the leaders into several groups
4. Arrange a workshop for each group of a manageable number
5. Have a project
6. Convince the Panchayats of the Project and ask for funding
7. Train up own faculty members to conduct the workshops
8. Prepare educational aids
9. Sitting arrangement, microphone, etc., will be provided by the local Panchayats
10. At the second phase, after the motivation of the leaders, start with the members.

As all health issues are the concerns of the Government and as Blood Transfusion is a major health issue, the State Government will render financial assistance if the Government can be properly approached and convinced with a definite plan and programme.

SHGs CAN MEET THE DEMAND OF BLOOD IN INDIA

Yearly demand of blood in India

80 Lakh Units (approx)

No. of SHGs in India (Number increasing)  
30 Lakh (approx)

No. of Members of each SHG  
10 – 20 Members

No. of Donors from one SHG (supposition)  
3 Donors

No. of Total Donors from 30 Lakh SHGs

90 Lakh Donors

Collection in Excess

10 Lakh Units

Encouraging experience of TVBDA

Our Tamluk Voluntary Blood Donors Association has started a pilot project with self-help groups in October last. We launched an extensive project of motivating the leaders of the self-help groups of our District named Purba Medinipur in West Bengal.

In our district, there are 14625 Self-Help Groups having 14625 leaders and more than 146250 members. At the first phase we have started with the leaders only. We have divided 14625 leaders into 125 groups, each group consisting of 125-150 participants. They are spread over 25 Blocks and at each Block we are holding 5 workshops, each consisting of 125-150 participants. What is interesting and optimistic as well, that all the participants, so far we have met, are women. We could so far complete eight blocks and we had already had more than 2700 participants in 23 workshops only. We have yet to complete 102 workshops by March 2010. We make them aware of Voluntary Blood Donation, Thalassaemia and AIDS. We give the participants each a booklet on the subjects, file, pen, etc. free of cost. The BDO offices provide refreshment for the participants. We have been able to receive some fund from State Rural Development and Panchayat Department.

Achievement of TVBDA (from October 18 to December 8, 2009)

Sub-division	Blocks	No of Workshops	No of Participants	No SHGs (passed Gr. - 1)	No. of Blocks yet to cover
Tamluk	Matangini	3	293	473	
	Tamluk		418	697	
	Moyna	3	227	1060	
	Panskura	3	270	787	NIL
	Chandipur		3	450	691
Contai	Kolaghat	3	198	408	
	Nandakumar	3	382	712	
	Ramnagar-II	3	177	680	8
Haldia	Mahishadal				
(Amritberia GP)		1	126	478	5
Egra					4

Our experience is amazing. Participants are found to be highly enthusiastic and eager to know things about blood donation, hitherto unknown to them. By this time, three leaders of the SHGs participating in our awareness camps have organised blood donation camps each contributing an average of 50 units of

blood. In our district, if we can collect at least one donor from 14625 Self-Help Groups, leaving aside the total number of members of SHGs, there will be no gap between the supply and demand of blood.

In our state there about 700,000 Self-Help Groups. If through motivation at least 2 persons come forward to donate blood, there will be 1,400,000 units of blood, which will be in excess by 6 lakh. Demand in West Bengal is 8 lakh a year. It means, that just from one Target Group we are able to meet the entire demand of blood in West Bengal. Here lies the importance of Self-Help Groups as a newly awakening Human Resource sector.

Realising this importance of Self-Help Groups, the Voluntary Blood Donors Organisations of our state are now engaged in implementing this project of motivating the Self-Help Groups to donate blood under the banner of the Federation of Voluntary Blood Donors Organisations, West Bengal, which has already met the concerned Minister and High Officials of the Department of Rural development and Panchayat, and they are convinced of the efficacy of the Project, and are likely to extend fund and other kind of assistance. We have to make the Government understand that we are just implementing as NGO, the health programme of the Government. We are quite hopeful that with the help and participations of the Self-Help Groups we shall be able to do away with the difference between the demand and supply of blood in our state in no time.

I request our friends of voluntary Blood Donors Organisations of other states and Union Territories to think over the importance of Self-Help Groups and to try to work with them by developing their skill and ability in Voluntary Blood Donation Movement.

## RECRUITMENT STRATEGIES OF DIFFERENT TARGET GROUPS

Mr. Ramakrishnan Rajkumar, Tamil Nadu

### SUMMARY

Aims and Objectives

Categories of Donors

Strength, Weakness, Quality, Attraction, Convincing Factors, Tools, Habits of Donors

Key points for the motivators

Tools required  
 Success of systematic approach  
 Aims & Objectives  
 To facilitate motivators in preparing talk  
 To adopt different strategies for different category of donors  
 To provide right information to right person at right place at right time to get right donor for right patient  
 To involve & attract all section of people  
 To make all the donors and prospective donors as fully aware donors  
 Key points for the motivators  
 Voice Modulation  
 Local Language  
 Pictorial explanation  
 Practical Demonstration  
 Dress Code  
 Mode of Transport  
 Slang  
 Key points for the motivators  
 Quoting of Examples  
 Selection of Motivators  
 Technical Approach  
 Limited Scientific information  
 Statistical Information  
 Thumb rule – 5 W and 1 H  
 Time Management  
 F.A.Q

#### CATEGORIES OF DONORS

Rural population  
 College students  
 School children  
 Male  
 Female

I.T.Sector  
 N.G.Os

Medical field

#### PRE MOTIVATION REQUIREMENTS

Thorough study of all category of donors  
 Thorough check list for each category  
 A- Z materials

Selection & training of suitable motivators  
 Dos and Don'ts  
 Preparation for thumb rule – why, what, where, when, who and How

#### Things Differ

RIGHT to one may be WRONG to other  
 STRENGTH of one sector may be the WEAKNESS of other sector  
 ACCEPTED by few may NOT BE ACCEPTED by all  
 POSSIBLE by one motivator may NOT BE POSSIBLE by all  
 Methodology of preparation  
 Rural Population  
 Rural Population  
 College Students  
 Religious Sector  
 Knowledge about the Religion  
 Important Functions  
 Joyful Occasion or Memorable one  
 Fasting or Feasting  
 Traditionally followed things  
 Culture and Civilisation  
 Quote from the same religion  
 Pictures of their spiritual leaders  
 Leader as First Donor  
 Direct appeal by the present leader

#### Drivers

Types of Drivers – Auto / Truck / Travel  
 Habits to be analysed  
 Sleeping hours – check & ensure  
 Behavioural attitude  
 Subsequent working hours  
 Previous donation details  
 Prone for accidents – value of blood  
 Follow up – some time difficult  
 Can be organised through travel agency

#### Factory / Company Workers

Chances of Blood loss during work  
 Attracted by telling their blood group  
 Approach through the union leaders  
 Views of the management  
 Facilities and Support extended  
 During lunch time or Union meeting  
 Unity / raising to the occasion is their strength  
 Will expect something in return  
 Camps – on May Day / Founder's Day / Leader's Birth

Day  
 Without affecting the production  
 I.T.SECTOR  
 Easy reach through internet  
 Every one will receive the message  
 More donors can be mobilised for emergency  
 Travel & Time sparing is difficult  
 Done to desk – more working hours  
 Mobile Blood Collection – welcomed  
 Nice attractive posters /information through mail  
 Expecting quality and hygienic blood collection  
 Night camps preferred  
 Continuous reminder by SMS / Mail is possible  
 No wastage of time in paper communication or  
 personal visit or one by one canvassing donors

School Children  
 Female

Blood – How to connect  
 College Students : Pepsi Bottle  
 Rural People : Compare Well  
 Positive People : More Patients  
 Negative People : Rare product  
 Strong / weight : Good Volume  
 Religious Sector : Change in mind  
 Factory Workers : Chances of Saving

co-workers

Blood – How to connect  
 Regular Donors : Success of earlier  
 Donation  
 Doctors : Their duty to save live  
 School children : Without donation you  
 can save a life  
 Top Management: Need not donate blood

#### TO CONCLUDE

INTERESTED people are INTERESTED in making  
 other people INTERESTED in which they are  
 INTERESTED

MOTIVATED people are MOTIVATED in making other  
 people MOTIVATED in which they are MOTIVATED  
 SUMMARY

Aims and Objectives  
 Categories of Donors  
 Strength, Weakness, Quality, Attraction, Convincing  
 Factors, Tools, Habits of Donors  
 Key points for the motivators

Tools required  
 Success of systematic approach  
 "The Best way to find yourself is to lose yourself in the  
 service of others" Mahatma Gandhi

## PHILANTHROPY VS PROFESSIONALISM

Dr. Yazdi Italia, Gujarat

Initially, blood banks were managed by Philanthropist  
 either from medical field or by Social Workers from  
 various fields. All these people have started their  
 activities voluntarily, or, in other words, they have  
 taken up a social responsibility with the aim of helping  
 needy people without any expectation of making an  
 earning out of these activities.

These philanthropic ideas have resulted in charitable  
 blood banks collecting blood from voluntary blood  
 donors and providing blood either free, or at a low  
 cost.

With the introduction of Diploma and Masters  
 Degree courses in Transfusion Medicine, a new  
 crop of Professionals came in management of blood  
 banks. To help these medical professionals, there are  
 ready candidates with Masters Degrees in Business  
 Management (MBA) to run the blood banks more  
 professionally.

That is the beginning of Philanthropists V/S  
 Professionalism.

With the introduction of HIV and the verdict of  
 the Supreme Court it has become clear that we need  
 professionals to run blood banks. Later on it became a  
 must that we need a professional approach to maintain  
 the quality of blood not only to manufacture different  
 components but also to make it safer in terms of  
 transfusion of transmitted diseases and also in terms  
 of low immunological consequences.

As such all blood Transfusions are Hazardous.  
 Hence judicial use of blood product is a must. To guide  
 our end users of blood, we also need well qualified  
 persons, who can guide them with appropriate use of  
 blood components and can assure them of better and  
 safer blood products (by testing like 4th generation  
 ELISA or NAT Testing or leuco-reduced blood product,  
 etc.)

But to achieve all these best qualities, we need THE  
 BEST raw material. And that is where the importance  
 of Voluntary Blood Donor comes in picture. The word

Voluntary is once again attached to Philanthropy.

The voluntary blood donation drive is proportionate to the philanthropic activities run by blood bank. The philanthropic activities are gauged by free blood units provided to needy poor patients and at what (low) cost it is provided to general public.

The ideas of philanthropist of low cost and free blood supply, might result in poor management of blood banks and inferior quality of blood products putting recipient into more trouble during the transfusion, or for future transfusion. While the so called better quality products may become out of reach of common persons. The cost of one blood unit ranges from Rs. 200/- at charitable blood banks to Rs. 4,500/- in corporate hospital blood banks. We need a balance in both. The Professionals should respect the ideas of philanthropists and their dedication to the noble cause and it is time for philanthropists to understand the need of a professional for better quality of blood and for better safety of the recipient.

## THE ROLE OF WOMEN IN VOLUNTARY BLOOD DONATION MOVEMENT

Mrs. Dipti Das, West Bengal

“If you can educate a man, you educate a person. If you can educate a woman, you educate a whole family.” – Mahatma Gandhi

“You give me great mothers I will give you a great nation.” – Napoleon Bonaparte

“Whatever beautiful thing is created on earth, half of it is created by men and half by women.”

– Kazi Nazrul Islam

Please look, what the great men like Mahatma Gandhi, Kazi Nazrul Islam and Napoleon Bonaparte had thought of women.

We cannot deny the truth of these great sayings. Women constitute half of the population and their development reflects the progress of society. The status of women in society is measured in terms of the level of income, employment, education, health, as well as the role played by them in family, community and society. They have attained all the prominence in all the spheres of social life, viz. agriculture, industries, professions like medical, engineering, science and technology, research, sports and games and the like.

Women may be a vital and productive work force in Blood Donation movement also. They can play their role in the following ways:

Role of women as:

1. A Donor
2. An Educator
3. A Motivator
4. An Organiser
5. An Office-worker
6. A Volunteer
7. A Writer
8. A Collector of Fund
9. A Researcher

Blood donation by women is not a problem. They possess all the qualifications for Blood donation as the men-folk except some physical bindings. Their blood volume per Kg. body weight falls shorter by 10 ml only than that of men. Women have 66 ml blood per Kg. body weight while men have 76 ml. Still women have 16 ml blood in excess out of which 8 ml per Kg. body weight can easily be donated. Only some physical discomfitures in respect of their periods, pregnancy, and childbirth stand in the way of their donating blood. Barring these temporary and periodical hazards they are all fit to donate blood. Women have to remember that in India they consume 60% of the collected blood while their contribution is only 5%. In West Bengal, the situation is slightly better. Here their contribution is 14%. If women are more aware of their role they can easily make the men-women ratio of donation 50:50. There are most inspiring instances of blood donation by women. Dr. Kanaka of Chennai, Tamil Nadu, donated blood more than 100 times, Ms. Veena Rani of Bengaluru (Bangalore), Karnataka, donated blood more than 76 times and Mrs. Ketaki Shah of Gujarat donated blood 108 times. There may be such other brave women in other states but unknown to me. In our Association we have some women social workers who have so far donated blood more than 25 times within a span of 10 years.

In playing their other roles as an educator, motivator, organiser, office-worker, etc. too, they may excel. How can we forget that the pioneer of voluntary blood donation movement in India was a woman? She was the most revered Leela Moolgaokar, a housewife of the Tata family. She organised a voluntary blood

donation camp in the then Bombay in 1954. In many states of India now women are heading the voluntary blood donor's organisations. Mrs. Kanta Saroop Krishen started the movement in Chandigarh and Mrs. Shanti Ranganathan, a housewife of the family of T.T. Krishnamachari, established in 1975, the Madras Voluntary Blood Bank and spread the message of voluntary blood donation throughout the state. The majority of active social workers of our Tamluk Voluntary Blood Donors Association are women.

Obviously there is a reason. Women are more affectionate, emotional, soft-hearted and loving than men, even their traditional role of a daughter, a sister, a housewife, and a mother. So they can bring about a radical sea-change in the Voluntary Blood Donation Movement. But of course they should follow some strategies.

Women can observe some National and International days associated with other women and on those days they may organise Women Blood Donation Camps or Seminars or Workshops. Some such important days are:

#### SPECIAL DAYS

February 2nd Sunday: World Marriage Day

February 12: International Girls Guide Day

February 14: Valentine's Day

March 8: International Women's Day

April 11: National Mothers' Day

May 2nd Sunday: Mothers' Day

May 12: Florence Nightingale Day

May 15: International Family Day

June 27: Helen Keller Day

September 24: Girl Child Day

September 29: Matangini Hazra Martyr's Day

October 28: Sister Nivedita Day

November 16: Rani Laxmi Bai of Jhansi Day

The women workers of our Tamluk Voluntary Blood Donors Association observe the International Women's Day every year by organising either a seminar or a workshop of women for generating awareness of Voluntary blood donation among women. Here is a picture of a seminar.

We observe every year Florence Nightingale Day by

organising a Voluntary Blood Donation Camp where only women donate blood. Average collection per camp is 50 units of blood.

For blood donation camp or for education and motivation women can make some target groups of women folk – such as:

#### Women Target Groups

1. Family
2. Friends Circle
3. Working Women
4. College / University Girl Students
5. Lady Teachers
6. Women wings of political Parties
7. NSS for Girls
8. NCC for Girls
9. Police Women' organisations
10. Women Colleges and School for Girls
11. Self Help Groups

The last named target group, i.e. the Self Help Groups have ushered in a new dawn in the Indian Horizon of Social Change particularly in the villages. Mainly women are the members of SHGs. They have become a most vital work force with their newly awakened, self-dependent and empowered sensibility, ability and skill for the voluntary blood donation movement also. In our East Midnapore district alone, there are more than 14625 self-help groups about two lakh members and in our state of West Bengal, they are comprising several lakhs. In the whole of India, the Self-Help Groups and their enrolled members will assume a fabulous number. If this mighty force of the newly conscious and promising Self-Help Groups can be properly tapped, motivated and utilized, it is possible, I strongly believe, to collect lakhs of blood units from this single sector.

## WHY SHOULD WE DONATE BLOOD?

**Mr. Arun Gokul Das, Tamil Nadu**

It is because there is a very big need for blood. Even though we have such a huge population of youth, we still have to beg for youngsters to donate blood

voluntarily. We in India pride ourselves by saying we have a rich cultural heritage and we (Indians) are large-hearted, and that is why we allowed so many religions to come and flourish in our country. But I am sorry to say as for as Voluntary Blood Donation (VBD) is concerned, we are really backward, in comparison to most countries in this world.

I have been abroad and visited several universities in the USA. A notice declaring the date of the arrival of the Blood Mobile is put on the notice board. Invariably, the Blood Bank staff have to restrict the number of donors they wish to take. This is not so (at least in Tamil Nadu where I hail from). Our youngsters ape the Westerners as for the fashion or motorbikes are concerned and dating but we should teach them the goodness of the western culture. There are several Bone Marrow Registry all over the west, but in our country we only have a handful and that too in the Metro's.

We must remember our Nation has produced World's greatest givers.

Starting with most revered Gautam Buddha, Swami Vivekananda, Pujya Bapu, i.e. Mahatma Gandhi and Mother Teresa. Yet even my Rotary Club, I am ashamed to admit we have less than 5% regular blood donors. I earnestly believe that the youth need to be advised and coaxed at regular intervals and use the mass media to create an awareness of the dire need for safe blood. Our blood donor motivators of West Bengal should share their techniques of educating the youth in creating the simple yet life-saving mantra, "Give Blood Give Life;" all of us possess but seldom remember. The myths of blood donation should be expelled and the Voluntary Blood Donors recognised so as to encourage more and more youth to join the life-saving service of Voluntary Blood Donation.

January 23, 2010

# Long Term Strategies

Chairperson: Mr. Ramakrishnan Rajkumar  
Tamil Nadu

## SCHOOL EDUCATION PROGRAMME

**Professor Kamala Bandyopadhyay, West Bengal**

It was 270 B.C. Carthage and Rome were at long drawn war.

Carthagian General Hamilcar Barca realised that he cannot win the war in his life time.

He started taking his nine year old son Hanibal to a temple daily morning where the boy was asked to touch the deity to vow to destroy Rome.

This indoctrination of young mind continued for several years, Hanibal continued the battle throughout his life after the death of Hamilcar Barca

“A little boy or girl’s mind is like a garden, the seeds you plant therein grow either into weeds or flowers, and both are hard to dig out.” Joseph H. Peck

All these lessons and messages prompted Association of Voluntary Blood Donors, West Bengal to introduce School Education Programme in its formative year in 1980 for School Children in their classroom situation to sensitise them to donate blood on attaining the age of 18 years.

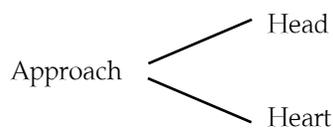
This is a classroom teaching programme with a structured academic syllabus administered by trained motivators in the role of teacher.

Entry Behaviour of School Students

Students of 13 plus age group reads about human blood in their Life Science Class.

School Education Programme is the extension of this Academic Lesson

Approach is through both Head and Heart



Vehicles of message of communication are stories from History, The Epic, Literature and Everyday Life.

Teaching Aids are:

- Black Board and Chalk
- Posters, Flip Charts
- Show Cards

At the End of the class take home materials like:

Distribution of the

- Class Routine
- Colourful Folders
- Booklets
- Sunsheds
- Paper Fans

All these with messages and science of blood donation with colourful visuals. Participants can see these materials upstairs in the Exhibition.

Requirement

A Large number of trained volunteers to conduct these classes in an attractive manner.

First the volunteers were trained through workshops.

Study materials were given to the volunteers

Teachers Guidebooks prepared in the Principles of Education are given to the Volunteers for uniformity of teaching.

**Caution:**

This Academic Programme should never be a part of the regular curriculum and should never be a passing head of any examination as this may lead to hatred

It should be an entertaining informative talk and should touch the heart and inculcate human values.

In fact it should be a value education.

Not more than two periods altogether which may be 60 to 90 minutes.

Within this time talk should be delivered including Question Answer.

The motivator teacher can ask a question at the end of the discourse. How, many of you would brave to donate blood on attaining the age of 18 years?

If the communication is well received then there would be spontaneous show of hands

Important for Motivator Teacher Volunteer

He or she must be a Blood Donor

At the end of the discourse any child may ask "Sir/ Madam, Have you ever Donated Blood?"

If the Answer is NO then all the communication of the class will fall flat and go in vain.

A further extension of this programme is possible which AVBDWB has not been able to do.

The children may be asked to sign a pledge card to donate blood on attaining the age of 18 years along with a post card with the date of birth and full mailing address of the child. This signed pledge card may be carried by the motivator teacher and preserved in the office of the blood bank or the office of the organisation. A few days before the nineteenth birth day he or she may be reminded about the pledge and invited to donate blood at a convenient camp or nearby blood bank by using the preserved post card.

Still difficult thing can be done. In each birthday a greetings card can be sent reminding the child how many years to go to fulfil the promise or pledge.

In some school where heads and teachers are interested, a blood donation camp can be organised subsequently where teacher, parents, ex-students and people of the locality can be blood donors and children are organisers. The children due to age cannot donate blood but they can be organiser easily.

AVBDWB West Bengal gives a badge to the child who can bring a member of the family to donate blood in his/her camp of the school.

The Badge contains the word:

I am Proud

There is a Blood Donor

In My Family

You can see these badge in the exhibition upstairs.



Blood donation camp should not be in the back of the mind of the motivator teacher. It should be considered as a bonus. Think about if all schools of the country having one camp in a year with 20 donors in each camp, the country could have hundred percent Voluntary Blood Programme.

Mechanism

The Volunteer visits the schools with a letter addressed to the head of the institution proposing to offer this programme. The letter contains a printed reply in perforated portion which the head of the institution signs and returns with date and time for the class if he/she agrees.

On the material day the Motivators Teacher must

reach the school carrying teaching aids and materials for distribution at least half an hour before the schedule offered time for the class and not like many blood bank arriving late in the blood collection camps.

The teacher motivator must finish the class within the stipulated time.

#### Home Work

The motivator teacher should do adequate home work before taking every class. He/she should remember that in class room a teacher can utter 450 words in five minutes. Preparation of the talk should be accordingly. The duration of the class may be different in different schools. It may vary from 45 minutes to 90 minutes. The lesson to be tailored according to the allotted time. This is an art. And one has to learn. This requires TIME MANAGEMENT.

The teacher motivators should be equipped to answer to anticipated questions. The teachers Guidebook contains some question with their answers faced by the teacher motivators in actual situation over the year. Very common question is asked by the school student:

“Why one is not allowed to donate blood before attaining the age of 18 years?”

Other questions are

“Whether may Blood Group will be the same as that of my father or mother?”

The teacher motivators should be equipped to answer all these questions.

There are difficult questions too as the student have read about 20 printed pages on Human Blood. The motivator teacher must have knowledge enough to answer to all such questions - simple or difficult for which adequate training or self study is essential.

Now what is the lesson plan of AVBDWB's on going programme.

#### Lesson Plan:

Title of the Lecture : Blood and Blood Donation.

2. **Entry Behaviour** : Students of 13 plus age group who are supposed to study 'Human Blood' in their Life Science class at Madhyamik level.

#### 3. Object:

1) To inspire students to donate blood on attaining the age of 18 years.

2) To explain the need of knowing one's own blood group.

3) To impress upon the students the danger of transfusing blood collected from professional blood sellers and of commercialisation of human blood.

4. **Teaching aids** : Chalk, duster, chalk board, flip chart, poster, model, bloodbag, audio and video cassette (according to available physical facilities with the choice of the teacher).

5. **Take home materials** : Folders, Booklet, Class Routines, Sun shed, Paper Fan.

6. **Duration**: Not exceeding 90 minutes' including Question and Answer.

7. **Method**: Lecture, Demonstration followed by Question and Answer.

8. **Concepts to be imparted in a single lecture/ talk/ interaction** :

Concept 1 - Importance and significance of the topic in the present society.

Concept 2 -Importance of blood transfusion in modern medical science.

Concept 3 - Who needs blood and when (Indications of blood transfusion).

Concept 4 - History of blood transfusion and blood banking.

Concept 5 - Demand Supply position of blood in the state.

Concept 6 -Reasons of shortage of blood for transfusion in the country (i.e. reasons for not donating blood).

Concept 7 - There is no substitute of human blood.

Concept 8- Blood volume, volume of donation and interval for recuperation - no special diet, rest or medicine necessary. Normal life of blood cells and shelf life of blood. Interval between two consecutive blood donations.

Concept 9 - Blood is collected from vein, pain experienced in venipuncture during blood donation.

Concept 10 - Who can donate blood and donor screening.

Concept 11 - What do voluntary blood donors get?

Concept 12 -Blood group and importance of knowing one's own blood group.

Concept 13 - Evils of commercialisation of human blood. Concept of safe blood transfusion in the days of blood communicable diseases.

Concept 14 - Why every eligible person should donate blood ?

Concept 15 - What school students can do ?

Concept 16 - Conclusion-one can donate blood on attaining the age of 18 years.

**9. Evaluation :** Question and Answer.

**10. Exit behaviour :** Students are motivated to donate blood on attaining the age of 18 years.

An attractive folder/class routine/ leaflet/ card/ folder/ sunshade/ paper fan is to be presented to every student at the end of the class to carry home the message of blood donation and to retain as memento.

### **Result of this Programme**

The programme was introduced in 1980 from 1985. We found the products of these classes in the blood donations camps. Today 47% Blood Donors of the states are 18-21 years age group. Many of them are product of this programme.

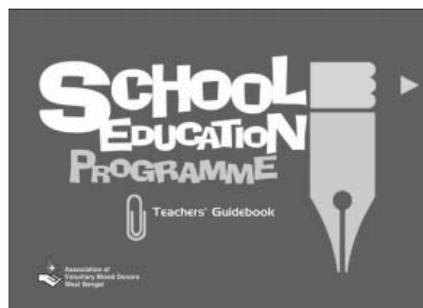
AVBDWB with its volunteers every year can conduct this programme in 125 to 150 schools for fixing up programme in a particular school 2/3 visits are needed.

The programme cannot be conducted through out the year. There are various vacations, examinations. Hardly three or four months in an academic session are available to hold this programme in school.

NSS students can be trained to conduct such programme to their near by school as their project.

### **Conclusion**

In the National Meet at Calcutta in 1985, 1995, 2000 and a couple of such meets in Bangalore, Mumbai, Chennai by creating a classroom in the conference hall the real full length programme was demonstrated by AVBDWB's Motivator Teachers. Some states have conducted workshop with resource person from AVBDWB's about running this programme. Any state may share this technology of recruiting the donor of tomorrow as this saying goes "Catch Them Young"



## **CATCH THEM YOUNG**

Mrs Vinita Sahini, Chandigarh



Why is there a SHORTAGE ?



A Child's Mind is like a Sponge



Good Response from Youth, BUT .....



**BLOOD DONATION CAMP  
IN YOUR CHILD'S SCHOOL**

ON ..... From 9.30 a.m. to 1.00 p.m.

Would you like to be a life saver ?  
There is tremendous demand for blood which has no substitute and cannot be manufactured. Blood can not be stored for too long. Therefore, there is a need for blood donors all the time. It is safe. The entire process is supervised and controlled by doctors and trained professionals. Giving blood does not weaken you.  
The first component of a blood donation is to ensure that there is no fear of the blood. It is simple. It takes about 2 minutes - less than the time of a average television slot. You are rewarded by some appreciation.  
You get to hear your name, address after donation.  
In the next 24 hours - if only 1% of the population donated blood there would be enough for all.

- Be Responsible
- Be a Blood Donor
- Help Save Lives

This camp will be conducted by the team from the Blood Centre, Sector 37 Chandigarh and will be open to the children of blood donors.

Child's Name: \_\_\_\_\_  
Class & Section: \_\_\_\_\_  
 YES I will be happy to donate  NO I will not be able to donate

(Signature of Parent)

BLOOD BANK SOCIETY, CHANDIGARH, PH: 0172-278484

Pre conditioned Fears cultivated over the years are not easy to do away with



Two-Fold Concept :

To Do Away with the Fear & Myths Of Voluntary Blood Donation

To cultivate future Voluntary Blood Donors



Blood Bank Society  
Chandigarh

Two techniques of addressing in schools are :

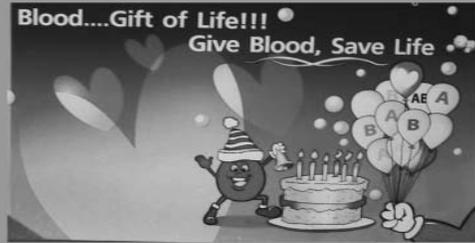
1. At the Morning Assembly
2. Going Class to Class

Going Class to Class :

Talks vary according to the Age Group

1. Nursery To Class I
2. Class II to Class V
3. Class VI onwards

Special Treats for the Child Motivators



Nursery to Class I:

Dramatizing Blood Donation



Four Fingers



YES echoes in the Classroom

How will they become superman or supergirl ?



Class II to V

Ask them to become our Young Ambassadors



By Saving Lives

WHOSE lives ?

WHO can Donate ?

WHERE can they Donate ?

WHEN can they Donate ?

Class II to V

“SAFE BLOOD”

Who Needs Blood ?  
Who can Donate Blood ?  
Why we need Safe Blood ?



**White cells** protect you from infection. They fight germs.

3

Age 18-65 years

You can give **Blood** 4 times in a year

You cannot get **AIDS** by donating

Donated **Blood** is made up in 24 hours.

**BLOOD DONOR**

**WANTED LIFE SAVERS**

**DONATE BLOOD**

BLOOD BANK SOCIETY, CHANDIGARH

**Red cells** carry oxygen to all parts of your body.

2

**MY DAD'S A BLOOD DONOR !**

**MY MOM'S A BLOOD DONOR !**

BLOOD BANK SOCIETY, CHANDIGARH

BLOOD BANK SOCIETY, CHANDIGARH

HOW FAST DOES MY BLOOD MOVE THROUGH MY ARTERIES?

You need to get up and get your blood going, Fred!

Too late... it's already left.

EVERY DROP OF BLOOD IN THE BODY PASSES THROUGH THE HEART ONCE PER MINUTE.

**PROUD TO BE A BLOOD DONOR**

BLOOD BANK SOCIETY, CHANDIGARH

Class II to V  
Parents to be Role Models :  
Actions speak more than words

**SAY YES TO VOLUNTARY BLOOD DONATION**

BLOOD BANK SOCIETY, CHANDIGARH



Awareness Campaigns like Cycle Rally & Chain of Life



Individual House Points to Child Motivators



Candle Light Walk



Individual House Points to Child Motivators



Stage Performances



The Child cannot Donate , but .....

They grow up with the fact that.....

We neutralize the fears of Blood Donation by...



Give away Trophies to the Top Three Classes with maximum Blood Donors



We ensure that these Young Motivators have become our future Blood Donors



## INTER SCHOOL QUIZ

Mr. Ashok Mukherjee, West Bengal

Association of Voluntary Blood Donors, West Bengal has regular School Education Programme since its inception in 1980. It is a long term programme to sensitise the school students, the blood donors of tomorrow. As an extension of the School Education Programme inter-school quiz competitions are conducted. The competition not only involves the school students but also the school teachers and the guardians of the students.

The first ever inter school quiz competition on blood and blood donation was organised in 1993. Participants were only from schools of Calcutta. There were preliminary rounds and final. In 2005 the programme was held throughout the state of West Bengal on Zonal basis. The state was divided into six zones. In each zone, there were preliminary rounds, semifinals and final. Teams from zones qualified, for the state level final pool at Calcutta. The quarter finals, semifinals and final were organised in Calcutta. In each stage each school team consisted of four members, selected after the school education programme. All the members of the school teams were given study materials, IEC materials at each stage the content becoming progressively harder as the team advanced. In the final, there were audiovisual rounds also.

The questions were on:

- a. History of blood transfusion and history of voluntary blood donation of the country and the state
- b. Science of blood and blood donation
- c. Blood components and fractionation
- d. Donor selection, blood safety and voluntary blood donation
- e. Blood banks of the state
- f. Estimation of blood needs and blood collection in the state
- g. Blood donors
- h. IEC materials
- i. Social work, social workers and social welfare organisations

The programme created tremendous enthusiasm

among the school students, their teachers and guardians alike.

In 2008, the programme was still broader. First, all the nineteen districts of the state had district championships which included 3 to 4 rounds depending on the number of entries and the final. In the preliminary rounds, teams from rooms advanced to the next round on the basis of marks obtained by the teams. Only from the semifinals the best of each room qualified for the final. There were multiple choice rounds, rapid fire rounds and in the final, individual rounds of ten questions to each member of the team proved interesting, and creating a lot of excitement. There were visual rounds too. There were district champions and runners ups. All participants were awarded Certificates of Participation. 28 teams from the district level qualified for the final pool at Calcutta. The participants along with their teachers came down to Calcutta. The quarter finals, semifinals and final were held on the same day.

In the final, the auditorium was packed to the capacity with guardians, teachers and blood bankers, educationist and also non qualifying participants.

Quiz questions of all rounds were prepared centrally. In the same rounds in different rooms concurrently same set of questions were asked. Quizmasters were oriented through workshops. Quiz questions were handed over to the quizmasters in a closed cover just before the start of the contest. Other than individual rounds and rapid fire rounds, 30 secs were allowed to answer each question asked. The preparation of school students was so good that most of the questions were answered before time. There were ties in many rounds needing tie-breaker questions. The elders and even the blood bankers were amazed by the knowledge level of the school students and their keenness and promptness to answer questions.

The programme necessitated contacting 1200 schools of the state. 656 schools submitted entry and 421 schools participated. 10,000 people including participants, their teachers and guardians were involved in this programme besides organisers and quizmasters numbering nearly 200 for the whole state. This massive exercise was actually the work of many people spread over a period of six months (July 2008 to December 2008). Arit Vivekananda Vidyamandir of East Medinipur District became the State Champion and Bethune Collegiate School, Kolkata was the Runners up.

# Quiz on Blood Donation

# Background



Background

**Today medical science is very much dependent on blood transfusion.**



Background

**For safe blood transfusion, blood should be collected from only non-remunerated voluntary blood donors.**



Association of Voluntary Blood Donors West Bengal

Background

**For recruiting and retaining voluntary blood donors, a social movement should be based on**

- Education**
- Motivation**
- Donation**

Background

**Out of these, Education is of utmost importance which can generate enough awareness in the community.**

**For different target groups programme should be of nature "Short Term" & "Long Term"**

Background

**To recruit "Donors of Tomorrow" under "Long Term" programme, AVBD, WB since inception launched "School Education Programme" for the 13 + age group students of Class IX to Class XII in a programmatic situation.**



Background

**The response was quite encouraging as most of the blood donors and workers in this state are of 18-22 yrs age group, many of whom are product of this exercise.**



Background

**Analysis and research works reveal that more serious and rigorous exercises ought to be taken up as an extension of this programme and QUIZ is an effective one as the competitors learn the subject deeply in more details.**



Background

**With this understanding, a "Quiz" on blood donation for the school students of the state was conducted in 2005 with limited resources.**

**The result was quite encouraging.**



Background

**Being encouraged, a "Quiz" in a bigger scale with extended resources was undertaken scientifically in 2008 and was decided to organise once in three years.**



**The Programme  
State Level  
Inter-School Quiz  
on  
Blood Donation**



**Designed Logo for this Quiz**



**Objective**

Objective

- To propagate and generate awareness about the importance & requirement of blood donation among the school students.
- To spread the message of blood donation to the Teachers, Parents & the Society through school students for involving everyone in this movement.



Objective

- To motivate the school students for participating in any form of social welfare activities.
- To motivate the school students so that they pledge to become "Donors of Tomorrow" on attaining the age of 18 years.
- To imbibe the sprit of "National Integrity".



**Participants**



School students of West Bengal forming a team of three students nominated by the school.

Only one team per school.

**Language**



**Only Bengali**  
(the language of the state)

**Organisers**



Organisers

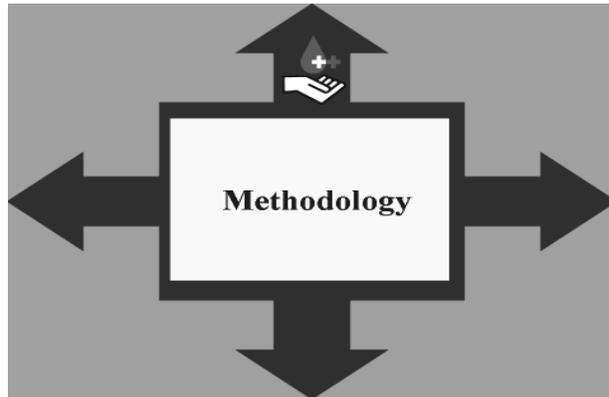
**Association of Voluntary Blood Donors West Bengal (AVBD,WB)**

**Blood Donors Organisations Samanwaya Committee, West Bengal**  
as the apex body of all the Blood Donors Organisations of the state was the collaborator.



Organisers

**Leading organisations of the districts undertook the responsibilities in their respective districts.**

Methodology

**Colorful Brochure with appeal letters & Participation Forms were reached to schools through responsible District Organisations**

Methodology

**Responsibilities of fixing Venue, Date & other arrangements for conducting the “Quiz” at district level were undertaken by the respective district organisations.**

Methodology

**The “Quiz” was planned in two phases :**

**Ph - I : District Championship with a minimum of 10 teams in the concerned districts**

**Ph - II : State Championship with teams qualified from Ph - I**

Methodology

**District Level Championships were held in three rounds :**

Preliminary Round  
Semifinal Round  
Final Round

Methodology

Out of each 20 teams participated in a district, one team in order of ranking

**District Champion**  
**1st Runner-up**  
**2nd Runner-up**  
and so on

Qualified for State Championship.

Methodology

**State Level Championship competition also consisted of three steps:**

**Quarterfinal Round**  
**Semifinal Round**  
**Final Round**

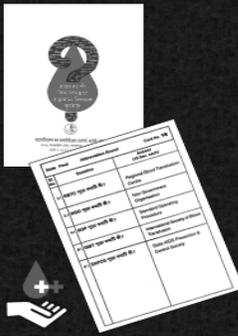
**Study Materials**

Study materials for preparation of the enrolled students of the districts were provided by AVBDWB and reached by the respective district organisations.

Subsequently more advanced study materials were given to the students qualified for State Championship in the same manner.

**Study Materials**

**One book on History of Blood Transfusion was published on the occasion & given to the participants for preparation**



Question Bank was developed centrally by AVBDWB & questions were segregated for use at different rounds during District Championship & State Championship. These were kept strictly confidential till the start of each round, hence all competitors could face similar pattern of questions.

For imparting variety and drawing more attraction, questions were spread over

- **Direct**
- **Rapid fire**
- **Buzzer round**
- **Slogan**
- **Audio-visual rounds**
- **Multiple Choice**
- **True-false**
- **Identification through animated picture and Poster**

## Team of pre-trained

- **Quiz Masters,**
- **Scorers,**
- **Time Keepers,**
- **Audio-visual Operators constituted centrally by AVBDWB conducted the competition at each & every center**

# Recognition

**Certificates for Participation were awarded to all the students at all levels on the spot.**

**Certificates of Honour were awarded to the students of Champion, 1st Runner-up, 2nd Runner-up teams at District as well as State level.**

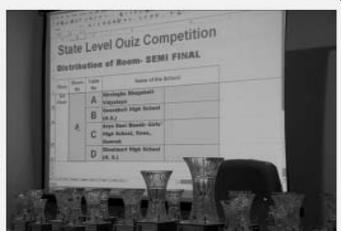
**Certificates for Participation were awarded to all the students at all levels on the spot.**

**Certificates of Honour were awarded to the students of Champion, 1st Runner-up, 2nd Runner-up teams at District as well as State level.**



**Recognition**

- **Trophies were awarded to Champion Schools & students at District & State Level.**
- **Trophies were awarded to 1st & 2nd Runner-up Schools & students at State Level.**



## Participation

- **Schools approached – 1200**
- **Schools visited for enrolment – 909**
- **Schools confirmed to participate – 656**
- **Schools participated - 421**
- **District Organisations as hosts – 15**
- **Members of conducting team - 455**



## Achievement



**All the 19 districts of the State could be successfully covered.**



**421 schools participated in District level**



**28 schools from all the districts qualified for State Championship**



### **Schools participated in State Championship:**

**Quarterfinal Round – 25 schools**

**Semifinal Round – 16 schools**

**Final Round – 4 schools**

**Students competed - 1295**



### **Spectators & Listeners:**

**District Championship – 16000 (app)**

**State Championship – 1000 (app)**

### **Time taken for execution:**

**All the 19 Districts within 11 weeks**

**State Championship after 3 weeks of district level**



### **Message spread out to:**

**School Students - 75000**

**Teachers, Staff of schools - 3000**

**Family members of students - 4200**

**Workers associated - 750**

**Spectators & Listeners -17000**

**Friends & Well wishers - 200**

**Media Personnel - 50**



A mass of about 100200 persons in Total could be reached through this programme.

## Conclusion

When a mass of more than one lakh people could be made aware within only three months' exercise, it may be assertively said that a Quiz, if properly planed, scheduled and executed, is sure to yield the desired result.

# We shall overcome

## HOW YOGA CAN HELP IN ACHIEVING 100% VOLUNTARY NON- REMUNERATED BLOOD DONATION (VNRBD)

Dr. TR Raina, Jammu & Kashmir

Blood is the most precious commodity in this world and in fact, it is the life force which sustains the human body. In spite of tremendous progress and achievements in the field of science and technology, nobody could manufacture artificial blood and human body is the only source of this precious gift of God.

India has 1020 millions of population and 9 to 9.5 millions of blood units are required every year, but only 5 to 5.5 millions of blood units are collected through blood donation and there is definitely shortage of blood. Out of total collection of blood in India, 60-63% blood units are collected from Voluntary Non-remunerated Donors (VNRBD) and rest is collected from replacement blood donors. Blood collected from Voluntary Non-remunerated Donation (VNRBD) is quite safe as compared to blood collected from Professional and replacement blood donors. Safety of blood is of paramount importance. Many types of infections can be transmitted through Blood Transfusion. Safe blood can save life but at the same time contaminated blood can take precious life.

As per the action plan of National Blood Policy, we should have achieved hundred percent Voluntary Blood Donation by December 2005 in India which unfortunately has not been achieved till date. Various modes and methods have been adopted for the promotion of Voluntary Blood Donation but more ways and means have to be innovated and YOGA is one of the innovative concepts in this direction. Yoga is an ancient Indian Philosophy of life based on scientific foundations. How adaptation of Yogic Techniques scientifically bring Physical, Mental, and Spiritual changes in a person which ultimately leads to the promotion of Voluntary Blood Donation and what is the science of blood donation shall be discussed in this presentation.

### INTRODUCTION

- Human blood ... Life force –liquid love
- Composition..... Very complicated
- Only source.... Human body
- Good medium for organisms to grow
- Large dose of HIV/AIDS transmission more than 95%....
- Window period facts about human blood
- Blood is life force ---cannot be manufactured artificially
- No single blood unit is 100% safe---only VNRBD can help
- Safe blood can save life but contaminated blood can take life
- Blood collected on VNRBD basis is the-- safest
- Blood from close relation can be fatal- GVHD
- There is no term like----- fresh blood
- Single blood unit transfusion is only of cosmetic purpose
- More than 40% blood is used irrationally

### Facts about human blood

- Action plan of national blood policy--- 100% VNRBD by Dec. 2005 — Not achieved yet
- Various modes/methods applied—target not achieved
- Half of population is fit to donate blood but only 4 in 1000 donate
- More innovative ideas needed—yoga is one of them

### Requirement of blood

- Indian population ----1020 millions
- Who criteria 05-11 blood units/ hospital bed
- Total requirement----9-9.5 Millions units/year
- Available -----around 5-5.5 Millions units/year
- Shortage-----more than 40%
- Replacement basis---63%
- Voluntary basis---- 37%

### LEGAL ASPECTS

- Safe Blood Transfusion comes under legal protection
- Indian Constitution (Article 21-iii)---No person shall be deprived of his life
- Consumer Protection Act 1986—Covers Blood as a Commodity
- Indian Panel Code Chapter 269 &270—Protection against spread of infectious diseases.
- Drug and Cosmetics Act of 1940---Regulates Blood Banking & Transfusions in India

### Myths about blood donation

- Weakness/fatigue
- Leads to weight gain/loss
- Disturbs balance of body
- Transmission of HIV/AIDS
- Fear of discovering diseases
- Unable to have children
- Dies before wife

### Types of blood donation

- Professional blood donation –banned
- Replacement/relation donation
- Directed blood donation
- Voluntary blood donation---safest & best
- Autologous blood donation

### Blood donation criteria

- Age ----- between 18-60 years
- Body weight -----45 kg and above
- Haemoglobin -----more than12.5 gms/dl
- Blood pressure and pulse --within normal limits
- Should be healthy and disease free

But

Most important is will power and

Will power comes from----yoga

### Yoga

Sanskrit word “YUJ” meaning a process of union of Soul with Spirit SOUL ? SPIRIT ?

- Ancient Indian philosophy of life based on scientific foundations
- Yoga is not a religion but most secular and universal system of brotherhood
- Harmonizes Physical, Mental and Spiritual well beings

### YOGA

- Brings out dormant potential of Human Being
- Brings positive change in attitude and behaviour and helps in interpersonal relationship
- Beneficial for Physical, Mental and Spiritual Health including Biochemical and Therapeutic aspects
- Helps in conceiving, nurturing and developing Altruistic and other Human Values ----- desire to donate blood.

### TYPES OF YOGA

1.HATHA YOGA- Physical exercise. Body absorbs greater cosmic energy. Eighty four basic postures. Erect spine allows free flow of Energy and Consciousness.

2. LAYA YOGA – Complete melting / absorption of mind in any concept of Divine.

3.MANTRA YOGA – Concentrating on Mantra (Root potent vibratory words) by Loud Chanting , Soft Chanting , Whisper Chanting , Mental or Super conscious Chanting.

4.BHAKTI YOGA - With full Devotion.

5.JNANA YOGA - Knowledge

6.RAJA / ROYAL YOGA – Best and most effective.

RAJA/ROYAL YOGA – PATANJALIS ASHTANG

### YOG ( 8 Steps)

1. YAMA

- Ahimsa
- Truth
- Non Stealing
- Celibacy,
- Possession

2. NIYAMA

- Cleanliness- Internal/ External
- Contentment
- Austerity
- Study of Scriptures.
- Surrender to GOD

Dictums

- Cleanliness- Internal/ External
- Contentment
- Austerity
- Study of Scriptures.
- Surrender to GOD

3. YOGASANS

Main purpose- makes the body flexible- sit easily for longer time with spine straight (steadfastness and feeling joy)

Physical exercise	yogasans
Body- stiff	body- elastic
Erratic breathing	rhythmic breathing
External muscle exercise	internal organs also

Less blood to diges. Sys. Equal blood

Physical body influenced astral body and mind

Unequal body development equal development

No intellectual dev. Yes

Fatigue no

No concentration concentration

Consumption of energy conservation of energy

Difficult for weak and old easy for all

Good space and gadgets no need  
 Not possible in journeys possible

#### 4. Pranayama

“The regulation of the incoming and outgoing flow of breath with retention”.

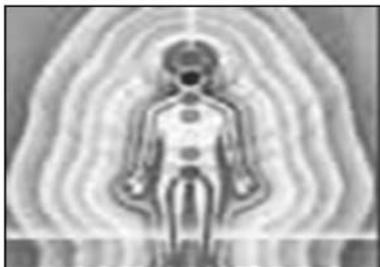
- Control of prana or subtle currents of life force
- Breathing process---always in present--vehicle for prana
- Also known as life force, life energy, cosmic energy, intelligent force, bio-plasmic energy, psychotronic force, chi, ki-- can be photographed by krillians camera (aura)
- Breathing is gross, prana is subtle (man = prani)
- Senses have limited power- orange -----no waves of electrons.
- Electricity, heat, magnetic force, light, sun, water, fire are all manifestations of prana.
- Prana and ether are the basis of creations.



### CHAKRAS



Photograph of Human Aura



“Some total of pranic shakti is constant” (regulated through chakras)

PRANA = COSMIC AND SPECIFIC (INDIVIDUALISED)

Five type of Currents (Prana)

- |                               |         |
|-------------------------------|---------|
| 1. Current of Crystallization | = Prana |
| 2. Current of Circulation     | = Vyan  |
| 3. Current of Assimilation    | = Saman |
| 4. Current of Metabolism      | = Udan  |
| 5. Current of Elimination     | = Apan  |

#### BENEFITS OF PRANAYAMA

1. Regulates vital energy and positive effects on all systems of body
2. Longevity –
 

Tortoise 4-5/ min. ---	200 Years.
Man 15-18/min	100 years
Horse 20-22/min	42 years
Dogs 28-30/min	15 years
3. Stimulates sushma nadi – good for intellectuals and thinkers
4. Expansion of dormant mental power
5. Switching of life force from sense telephones- calms down mind
5. Pratyhara – interiorization of mind- search lights inwards
6. Dharna - concentration of mind at one thought.
7. Dhayana (meditation) = conc. Of mind on god  
Average person cannot conceive GOD – Patanjali says “Meditate on AUM.”

Unlimited, Omnipresent and Omniscient, Cosmic Sound

Subtlest sound of vibrations of all matter

AUM, AMEN, AMIN and HUM (Tibetan)

Permeates all – flows from Spirit like oil from a barrel

8. SAMADHI = Merger with the absolute

Dr. Bruce Lipton (biologist ten years of research in the field of epigenetics) in book “biology of belief” says that brain doesn’t control our body and each cell of the body has its own intelligence.

Water Responds to our thought

Dr. Massaru Emato of Japan in his research has concluded that Water Responds to our thought

Experiment Subjected water samples to different types of music, prayer, talking to water and reading books.

Water samples were frozen and examined under microscope

Result- Beautiful / haphazard Crystals

Human Body = 70% of water

Earth planet = 70% of water

Real Incident in History

GANGA WATER

NEEL RIVER IN EGYPT 1000 Years Research

Studied the:-i) Flow of water , ii) Level of water, iii) Turbulence

And forecasted - i) Earthquake, ii) Volcano eruptions, iii) Tsunami

- Times of India dated 17/01/10 -- Tapping the immense power of thoughts
- 10-15 yrs Human being will contact Aliens not through radio waves but through thoughts ----Bulgarian Academy of Science
- Australian Health care Company invented a Thought –Powered Prosthetic Arm -- works by the brain waves of the bearer.

- Scientists at University of Saragoza Spain invented Wheel chair – works with power of thoughts
- A toy co has invented a toy game -- player has to put up a head set -- can play
- University of Southampton manufactured computers which can be commanded by just thinking
- Just think and he / she donates blood anywhere in the world???

## CONCLUSION

In fact yoga practitioner may not require blood transfusion because yoga helps in the development of physical, mental and spiritual health leading to physical fitness and increase in the will power.

Regular practice of yoga leads to development of altruism in the blood donors.

Yoga helps in the development of communication skills – needed for blood donor motivators.

All those institutions practising yoga should be approached for voluntary blood donation ----- easier to motivate yoga practitioner to donate blood than others.

If all practise yoga– 100% VNRBD can be achieved in India.

January 23, 2010

# Blood Bank

Chairperson: Dr. T. R. Raina  
Jammu & Kashmir

## ROLE OF BLOOD BANKS IN DONOR RECRUITMENT AND RETENTION

Dr. Madhusudan Mondal, West Bengal

Transfusion-multiple steps

Donor

Patient

Recruitment, collection

processing, transfusion

Recommendation of WHO and ISBT

- Each country should be self sufficient in blood from voluntary, anonymous non-remunerated donors.

World Health Assembly resolution 28.72:

- Development of National Blood Transfusion Services based on voluntary non remunerated blood donation.

GOAL: sufficient blood to all patients in all hospitals in the country

### DONOR RECRUITMENTS STRATEGIES

- Education
- Motivation
- Donation in camp

- Recognition

Methods for donor recruitments

Short term methods

- Propagation of message of particular blood collection drive through seminars , posters, radio, television and newspaper .

- Long term methods

- Recruiting donors of tomorrow—improving general awareness of the community through rally, hoarding, school education programme etc

Methods for donor recruitment

Direct methods

- Lectures, discussions, seminars, symposia and group meeting in industries and commercial establishments, clubs, schools and colleges, medical professionals and paramedicals.

- Indirect methods

Banners, display of hoardings, distribution of leaflets, puppet shows, drama and songs.

- Supplementary methods

Motivation of the blood users

### RECRUITMENT OF DONORS

Recruitment of donors entails identification, education

and motivation of potential donors in the community, training and motivation of blood donor organisers and recruiters as well as donor record maintenance and confidentiality

#### Principles of Donor Recruitment

- Highlighting the importance of voluntary non remunerated donation
- Continued motivation and education of potential donors
- Involving important public figures and community leaders in education programmes
- Retention of safe donors
- Organising donor recruitment campaigns on a continuous basis

#### Steps of Donor Recruitment

To initiate Knowledge, Attitude and Practice (KAP) studies among sample of donors and non-donors

#### Developing Messages

- A clear and simple message conveyed in a local language is most effective.

#### Target populations

- Youth – in schools and colleges
- People at work places i.e., factory workers, office workers, etc.
- General population
- Organisers of blood donation campaigns
- Religious and community leaders

#### Messages

- Highlight the Importance of voluntary blood donation by the general population
- Need for preventing transfusion-transmitted infections and risk associated with blood collected from paid blood donors
- Assuring harmlessness of blood donation, safety of blood donors through their pre-donation medical check up and use of disposable equipment for blood collection
- Community responsibility for blood donation
- Emotional appeals regarding haemotherapy required to manage blood related disorders
- Information about collection, processing and distribution of blood
- Ensuring Safety during Blood Donation
- Blood donation campaigns: ensure the safety of both the donors and the recipients
- Information and counselling :Donor awareness, perception, motivation, self deferral and recall.
- To assure absolute confidentiality of the donor.
- To make blood collection procedure completely safe

#### Donor Recruitment

- Selecting Safe Donors
- Counselling and Testing

#### Donor retention

Reasons affect the retention of the donors.

- Fear and anxiety
- General health consideration, leading to Short term deferral (medical disqualification)
- Confusion over regulations and deferrals
- Lack of time
- Unpleasant past experience
- Non-professional attitude of the blood bank personnel
- Reaction during donation (fainting, painful venipuncture, twice venipuncture etc)
- Non availability of blood at the time of need
- Lack of awareness
- Failure to convey information appropriately
- Total time for process – including waiting time
- Confidentiality of donor information

To make blood donors as regular donors

#### 1. Quality services at blood bank

- Good services of the Blood bank staff to the donor
- a friendly environment,
- donor friendly opening hours,
- pleasant rooms, modern beds and well equipped waiting rooms
- opening hours must be respected
- beverages and food must be OK,
- safety of the donor, medical help and insurance if needed
- donors should be recognised
- Thanks after each donation
- Recognition from the role model or head of the state.
- Altruism is good- but respect for the donor is even better, and it is best shown being efficient- no waiting

#### 2. Encourage young donors

- Make poster competitions
- Book on blood directed towards young people
- Leaflets + cards addressed directly to young people
- International cooperation
- Club 25.

#### 3. Maintain accurate and up to-date records

maintain the names of blood donors, blood groups

and their contact numbers which will help to meet the emergency needs

#### 4. Information to donors

- letters to be sent to the right addresses – with correct data etc.
- Use e-mail and websites for quick information update
- Home-page, constantly updated!
- Mail a donor magazine to all the donors:
- Regular newsletters to volunteers and the press.
- Information to donors
- leaflets, posters and questionnaires should be 100% correct
- Have a yearly national campaign
- World Blood Donor Day, 14 June Blood donor of the year

5. Organise and facilitate voluntary blood donation camps.

6. To honor and encourage the blood donation camp organisers.

Make A network

Youth club

- direct personal contact
- contact with other voluntary organisations (Scouts, Rotary, Church groups, Labor unions, Sports organisations, Large companies
- close cooperation of government, blood bank staff and volunteer associations cooperation

## UNETHICAL PRACTICES IN BLOOD BANKING

Dr. Jeroo Kurus Coyaji, Maharashtra

In the 1970s various individuals and groups of persons began to work to promote voluntary blood donation. With a lot of effort this movement began to take root and grew through the 1980s and upto the mid 1990s. Then a pernicious new trend started of commercialisation of blood banks.

What is wrong with commercialisation? Commercialisation means working for profit. Now in itself there is nothing wrong with that. Shopkeepers all over the world do just that whether they are selling rice or drugs and pharmaceuticals or shoes. But the commercialisation of blood banks has many implications which need to be addressed:

1. Blood cannot be made in a factory. It is a part of the human body and therefore commercialisation of blood products is akin to trafficking in human organs. This is the moral aspect.

2. Most blood banks sell blood products at approximately the same price. Those banks which do all the necessary tests can barely cover their variable (running) costs, leave alone capital costs, provision for obsolescence etc. how are commercial blood banks able to do all the tests, cover both fixed and variable costs, depreciation etc., and still make sufficient money to make it worthwhile to carry on business? This is the financial aspect.

3. What is the role of the regulatory bodies? Can they really be unaware of these issues? What can be done about this?

Raise awareness among public.

Push for legislation that makes it compulsory for every citizen to give blood once in his/her lifetime.

Invite suggestions as how to make regulatory bodies more sensitive to this issue.

In the late 1960's and early 1970's various individuals and groups began to work to promote voluntary blood donation. Most blood donation in the country was paid blood, i.e. blood given in exchange of money. In the early 1970's the sum paid to a donor was a paltry Rs.20. This was the situation when the KEM Hospital, Pune, started its blood bank in 1973. Most of the doctors the hospital wanted a 100% voluntary blood bank. But a few said that in the Indian scenario this can't be done. As fools rush in where angels fear to tread I volunteered to change the "Can't be done" to "Can be done."

The KEM Hospital is a 600-bedded multispeciality hospital. 35% of its beds are for private patients and 65% are for patients who are subsidised or treated free. I have been the Administrator of the bank since its inception in 1973 and has been working in this field of voluntary blood donation for 36 years. I speak about Pune, Maharashtra.

Collection	Year	Issue
5214	2006 – 07	13,557
6588	2007 – 08	17,105
5253	2008 – 09	15,069
17,055	2009 – 10	45,731

All those who have worked in this field know how difficult those early years were and how one struggled for every unit of blood. Indians, by and large, were not blood donors because they were unaware of its importance and afraid of its consequences. As awareness was created donors began to come forward. At first, it was a trickle then gradually the numbers rose to very encouraging levels.

From the late 1980s arose the commercial blood banks. Now commercial means working for profit. Everything is sold on a commercial basis – food, clothes, pharmaceuticals, bicycles. All blood sell blood for a service charge and all hope to cover their costs. So what is so special about commercial blood banks?

The important consideration is the safety angle. For many years I wondered how commercial blood banks can operate and make profits. Most blood banks sell their products at more or less the same prices. Large banks get discounts on the price of testing kits, bags, etc. we ourselves get good discounts on the prices we pay and Government very kindly sometimes gives us free testing kits as well. Even then we cover the variable costs and only a part of the fixed and overhead costs, forget depreciation.

Variable costs are the costs of the blood bags, testing of blood, refreshment costs for donors, transport costs, office expenses, cost of quality control. For example in 2008–09 quality control costs exceeded Rs.200,000 as 1% of all products issued have to be tested.

Fixed costs are salaries, rent, municipal rates, calibration of equipment twice a year, Annual Maintenance contracts for machines.

Overhead costs are electricity, costs of generator back-ups in view of the uncertain power situation, publicity.

Then there are capital costs of obsolescence for replacement of old machines i.e. depreciation.

While it is easy to calculate the cost of bags, testing and refreshment per donor, it is not possible to assign fixed and overhead costs per bag in a rational manner. Even some of the variable cost such as office expenses, quality control costs are difficult to impute per bag.

But in any case it is difficult to cover all costs – variable, fixed and overhead costs. To cover depreciation or provide for obsolescence is impossible.

The commercial banks should have the same costs. But their touts are continuously haunting the premises

of various hospitals and offering incentives to resident doctors to order blood from them which ranges between Rs.75 to Rs.150 per bag – an extra cost.

Donors also come to us and say XYZ blood bank gives a TV set for 25 donors and a computer for 100 donors what will you give us? On January 17th a few days ago, at Pune, one such blood bank was giving gifts worth Rs.500 to each donor. This is leading to an increasing acquisitive trend among some blood donors as well.

When you consider all costs of operation plus gifts to donors and kickbacks to doctors and may be some boxes of mithai to the regulatory authorities how can commercial banks make profit? The idea that came to my mind was that perhaps these banks are taking short cuts in the testing procedures – serious short cuts. When we suggested this to the regulatory authority we were curtly brushed off.

In 2006 a doctor working in one such commercial blood bank gave documentary proof with photographs to show that no testing was being done in this bank. Forced to act the FDA closed it down for some few weeks. They were back in operation soon enough. Are they testing now? Only the bank and the FDA and God knows!

Let me share with you some stories from this murky world of commercial blood banks.

1. The first is about a Platelet Apheresis machine.

When a person donates blood it is separated into 3 components. A. Packed (Red) Cells, B. FFP, C. Platelets. These platelets are called RDP and contain approximately 10,000 platelets.

Sometimes a patient requires a very large amount of platelets when it is preferable to give him 10 units of platelets in a single bag, taken from a single donor, called SDP, it would contain approximately 3000,000 to 400,000 Platelets.

This product can only be obtained with the use of a platelet Apheresis Machine which costs upto 25 lakhs and the product i.e. the SDP costs for Rs.8,500 – Rs.10,000. The product cannot be bought in the market and it had a shelf life of less than 3 days, now for 5 days. Nobody keeps its stocked some years ago when only 3 – 4 blood banks were producing this product we heard that a commercial blood bank had purchased a defunct Platelet Apheresis machine for Rs.120,000. The dealers also told me that the machine could not be repaired. Why would anyone buy such a machine? Some

months later the mystery was solved. A doctor friend asked if we would make this product for his sister-in-law who was a patient in another hospital. We said we would and I explained that after the donor arrived in the blood bank it would take 2 and half hrs. for the product to be ready. Half an hour to test the donor and 2 hours for the procedure. Half an hour later the doctor friend called back to say that the commercial bank with the non-functioning defunct machine could make the product in 15 mins. Nobody can make this product in 15 minutes and a defunct machine cannot produce it even in 15 hours. So what were they selling at Rs.9,000 – 10,000? Were they selling the ordinary RDP platelets and passing them off as SDP apheresis platelets?

2. At one time 3 – 4 years ago we would go to great trouble to organise blood camps but 4 – 5 camps were cancelled at the last minute, the night before with some excuse that someone had died and the drive was postponed; or the workers were not willing etc. But we found that on the promised day the camps did take place with a commercial bank. A respected colleague who runs another blood bank told me of 2 similar instances happening to him. So I went to 2 of the institutions one of them the MSEB who had cancelled our camps and asked them why. In both cases I was told that they had not cancelled the drive but we had. It turned out that this commercial bank would call up the institution and say “The KEM Hospital Blood Bank can’t come tomorrow but we are their associates and we have been sent in their place.” Then they would ring us up and say, “We’re calling from the HR Dept of XYZ Company. Don’t come tomorrow as the blood camp is postponed because of the factory inspector is coming.” A very senior official from the Drug Controller of India’s office told me that in his opinion the maximum number of thefts of blood donation camps takes place in Pune.

3. Blood banks are supposed to have a long mandatory list of equipment. There are rumors that commercial blood banks do not have all of this and they borrow equipment from each other only for purposes of inspection. So in the normal course of events they work without such mandatory equipment.

4. These commercial banks are also not above the occasional acts of sabotage and intimidation of our blood bank staff – especially female staff. At a camp at Jalaram Mandir we nearly had to call the police. There are other more sinister harassments as well.

5. A technician from a reputable bank went as a

donor to a blood camp of a commercial bank. They did not test his haemoglobin. When he said, “I was told my haemoglobin has to be tested,” they said, “We do not need to test. We can tell by looking at donors.”

When you complain to the regulatory authorities the response is, “You bring us proof and we will take strong action.” Ladies and gentlemen, if there are persistent rumors of foul play it is upto the regulatory bodies to find proof. If you inform the police that you suspect that your neighbour is a terrorist it is not for you to provide that proof. That is the job of the police.

There are many, many, good and decent people working in these regulatory bodies. Sadly, they are themselves intimidated by some of their colleagues. One FDA inspector completed a 9-hour inspection of our bank and had only good things to say. When he was writing his report he put in several minor quibbles: Dustbins should be here and not there; blankets should be under the donors’ beds not in a cupboard 4 feet away etc. he was actually sitting there and thinking hard of negative things to write. When asked why he was doing that when he had expressed his satisfaction all day, even praise, before writing the report, the astounding reply was, “If I do not write criticisms people will think I have received considerations.” So good and honest officers feel threatened and have to defend themselves. What does this say about the regulators?

Every year NACO, the National Aids Control Organisation gives very generous funding to the State Blood Transfusion Councils, the SBTC. Since October 13, 2008 I have been chasing Rs.136,200 due to us from the SBTC Mumbai – a paltry sum. But the SBTC has money to give us high tech, expensive vans worth between Rs.15-18 lakhs to chosen blood banks. What are the considerations on which some banks are chosen for this largesse?

Can we improve this miasma of greed and corruption. Yes we can. These are some suggestions:

1. Look closely at stand-alone blood banks, usually registered as Trusts, but not always functioning as such. There are some good, stand-alone blood banks, notably the RSS run Jankalyan Blood Banks and some others. Their integrity and commitment cannot be doubted. There are few others as well. But – scrutinise all these rusts of stand-alone blood banks and you will find some where the beneficiaries are.

2. NACO should put on its website how much money has been given to the SBTCs. They, the SBTCs in turn must put on the site in the basis on which it will

be disbursed. At the end of the year they must state how much money each blood bank has received.

3. We must push for legislation to make every Indian donate at least once in his / her lifetime, health permitting of course. Today the population of India is 1,114 million. Of this, 360 million are aged under 14. They are ruled out; 52 million are over 65 years. They are ruled out that leaves 702 million in the age group 15 – 64. If 1/3 of these are under 18 or over 60 that still leaves 468m. We suffer many shortages, shortage of sugar, dal, electricity, water but surely we should not suffer from shortage of blood.

4. Public awareness must be created by NACO about these unsafe blood banks. NACO has the financial and intellectual resources for this. For e.g. it can spread messages like taking money or any substantial gift for donating blood is not right. Accepting kickbacks for using blood from a particular blood bank is wrong and is a prostitution of the art and science of medicine.

5. All over India any official working in any regulatory body, not just in blood banking, should be compelled to declare their assets under the RTI Act when required.

Ladies & Gentlemen, many commercial banks are making huge amounts of money unscrupulously; many blood donors are becoming greedy; medical & paramedical personnel are being corrupted. But most dangerous of all, there is a lot of unsafe blood in the country's blood transfusion system – blood which has been insufficiently tested or not tested at all.

The question is, are we going to stand by and watch or are we going to stand up to protest and do something positive?

### **DONOR RECRUITMENT -In Subdivision Level Blood Bank of West Bengal-A longitudinal study for -a decade (2005-2009) at Bishnupur Sub-divisional Hospital**

**Dr. Subrata Biswas, West Bengal**

With the rising mean age of population and aggressive medical management the exploration for more and safer blood donor is a challenging concern globally. As every beat in this direction should work in harmony, a systematic and professional approach is to

be implored everywhere, be it international, national or a subdivision. This presentation aims to share a decade of longitudinal study about the status of the Donor Recruitment in Bishnupur Sub-divisional Hospital with a near total Voluntary Donor Recruitment to its BTS. When human knowledge learned, that, by pouring ones blood to another person it can save one's life, the search continues to collect the life saver, to preserve, process and to make use of it. With the phenomenon advancement in transfusion technology, till date, we are reliant to human resource as the primary source. And it is not near that a suitable substitute of Human blood would be available. Naturally the word recruitment and retention is relevant to talk about today.

Moreover, the demand for blood and blood products in most countries continues to increase because of the rise in human life expectancy and the implementation of new and aggressive surgical and therapeutic methods requiring large quantities of blood and blood products.

The fragile balance between blood supply and demand forces blood banks to constantly search for more efficient ways to recruit blood donors (Ferguson, 1996, Transfusion Medicine, Oxford England).

Simply opening a Blood Bank does not mean that donors will just come in. What is needed is a professional and systematic approach to donor education, recruitment and retention. (Health Watch: Voluntary Blood by Dr SS Agarwal August 09, 2009)

Evidence from around the world shows that the risk of transmission of HIV, hepatitis B and other blood-borne infections through unsafe transfusions is invariably lowest among voluntary, non-remunerated donors who give blood purely for altruistic reasons.

In India an estimated 1.17 billion people are living and generating one of the biggest challenges to meet the demand of adequate and safe blood. In our country we are at only 62.2 % voluntary donor nationally. There is no time to overlook every pocket of resources and it is to be explored by minute to minute search.

Let's have a look at Sub-divisional hospitals of this state of West Bengal where there is a rich heritage of voluntary donations (89%). Though the data sheet does not depict house to house "need of blood units at every sub divisional hospital", an in- exhaustive figures is projected. (Table-1)

Sub Divisional Blood Banks West Bengal-The recruitment Status (Voluntary Donor) -2008			
S.D. Hospital			
Blood Bank	Number of Camps/ Donor recruited S.D. Hospital		
Blood Bank	Number of Camps/ Donor recruited		
Ghatal SDH	129/7090	Islampur SDH	27/877
Jhargram SDH	39/1996	Jangipur SDH	28/1316
Kharagpur SDH	120/5367	Kandi SDH.	32/1412
Bishnupur SDH	90/4014	Lalbag SDH.	53/2441
Asansol SDH.	216/5912	Ranaghat SDH.	47/1686
Durgapur SDH.	128/4588	Basirhat SDH	67/3883
Katwa SD H	82/2604	Uluberia S.DH.	88/2640
Kalna SD H	102/3967	Arambagh SDH.	127/6271
Rampurhat SD H	10/1103	Chandannagar SDH	65/3354
Bolpur SDH.	34/1129	Srirampur SDH	104/4789
Kurseong SD H.	28/753	Diamond H. SDH	119/7034
Kalimpong SDH	10/1133	Contai SDH	168/9322
Siliguri SDH	74/2485	Haldia SDH	129/5709
Alipurduar SDH.	70/3841	*The list is not exhaustive Source- SBSTCWB	

“For successful donor recruitment & retention –ability to understand the psychology of non-donors is essential”

A range of socio-demographic, organisational, physiological, and psychological factors influences people's willingness to donate blood. So we should build:

- Knowledge of the land and the people,
- Knowledge of blood
- Knowledge of blood banking practice

The land: Bishnupur: Former capital of Malla Dynasty with a rich heritage of crafts and music is a subdivision of Bankura District of Southern part of Bengal (23.080N & 87.32 0E, Area elevation-0.59mts.) having 6 CD blocks & 2 Municipalities. Total land Area - 18700.05 sq km and 210 km from State Capital Kolkata. A relatively drier climate with a temp. ranges in between 8°C and 20 °C. Average literacy rate is 69% .Among many fairs and festivals Snake festival in August, Ultorath and Bishnupur Festival at December is worth to mention..

The people: Dependent Projected Population& Medical facilities in Bishnupur -2009(34)

Community blocks	Development Projected population 2009
Kotulpur	184245
Patrasayer	162684
Joypur	158027
Bishnupur	162802
Sonamukhi	155799
Indas	172396

Sl. No.	Name of CD Block/ Municipality	Hospitals	No. of Beds	No. of Doctors
1	Bishnupur	4	19	33
2	Bishnupur Municipality	1		8
230	31			
3	Joypur	5	24	47
4	Kotulpur 1	6	31	110
5	Sonamukhi		4	24
5				22
6	Sonamukhi Municipality	1	1	7
30	6			
7	Patrasayer	4	27	37
8	Indus	4	27	27
9	Total	3	28	167
				536
				76

### Hospital Admissions: Utilisation Statistics with Morbidity Analysis of Inpatients

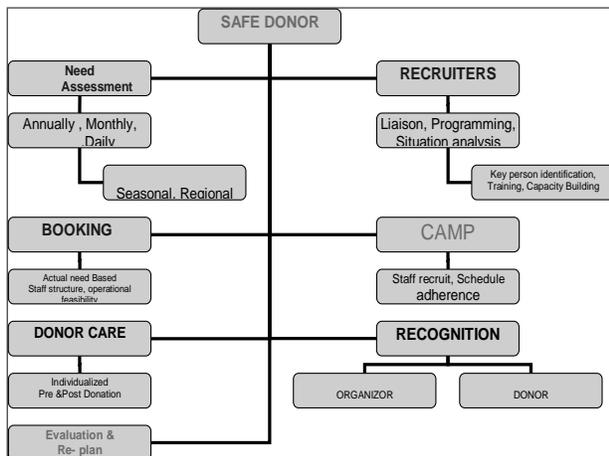
Total in patients adm-31220/yr. Admission/day-87/ Daily operating Case load-9

Basic goals for Recruitment:

Encompass both donor motivation and education campaign:

- To promote changes in the public's knowledge, attitudes and beliefs so that they understand why blood donation is a vital, life saving service to the community.
- To promote changes in people's behavior so that they become willing to donate blood on a regular, voluntary basis, without payment.
- To ensure potential donors to understand the importance of safe blood so that they do not donate blood if they are in poor health or at risk for transfusion transmissible infections.

IN INDIA: Total voluntary blood donation, self-deferral and other strategies appear as distant goals: Retention of old donors is as important as recruitment of new donors. These pools of eligible donors have already overcome superstitions, taboos and fear complex for donating blood and, therefore, their dropping out weakens the donor base. The entire work of donor motivators or organisers is lost if a donor donates blood once and then does not return for future donation. Dropping out of donors because they are not taken care of, they may in the long run adversely affect the donor recruitment drives. Donors must feel wanted and appreciated if they are to return for future donating acts.



### Working Together....

It is stated that, in India recruitment donors becomes easier in the hands of one or more well organised voluntary organisations rather than on the transfusion service itself. Organisations may have separate identity with mutual respect for each other as an essential component of the campaign.

Every year organisers varies in number but their role is always appreciated as true donor recruiter and valued all the time.

### Female Donor Recruitment

National Male:Female ratio at (15-64 yrs age) = 1.06 :1.

**Repeat Donor:** It is believed that,

Year Total Vol. Donor Repeat Donor % of repeat Donor

2008	3859	2099	56%
2009	3649	2189	59.9%

Retention should preferably be started at the time of recruitment.

Phasing out Replacement Donation [2005 to 2009]:  
 "...It is inappropriate, from an ethical point of view, that relatives of a patient in need of blood should, under emotional pressure, be obliged to search for people willing to donate blood for their relative's transfusion needs".

Replacement Donation	2005	2006	2007	2008	2009
Actual Number	104	134	163	134	65
% out of Total collection	8	6	4	4	1.72

Among (n=65) replacement donor 21 % (n=14) were in need of Negative groups- stock adequacy for a

sub divisional blood bank for rare groups is virtually unachievable. Our observation is that, Replacement donations are mostly voluntary. The method often practiced here is Tele-recruiting for replacement, which is mostly voluntary and repeat donor. It is difficult to sustain this achievement as it depends on infinite factors.

### Monitoring and evaluation Indicators of effectiveness

- Increase in the total number of voluntary non-paid donors
- Decrease in the number of permanently excluded donors
- Increase in the number of regular donors
- Increase in the number of organisations and/or communities involved in motivating voluntary blood donation.

"NEED vs SUPPLY" Assessment - Essential for Planning of Donor Recruitment

Donor recruitment by organisers-2009: It is assessed to evaluate and justify training approach:

Why people donate? – The Psychology of Gift-Giving DONOR PSYCHOLOGY-

- Societies have long struggled with contradictions between the ideals of philanthropy and the real motives of philanthropists. Societies especially admire philanthropists who give anonymously, without expectation of repayment. But contrary to these ideals, donors often use philanthropy to obtain personal rewards, such as the wealthy patrons of ancient Greece whose opulent (affluent) displays of benefactions were aimed at social status and political dominance. Offering incentives taint (spoil) the authenticity of the donor's intent.

### The Role of Volunteer:

Ascertain the need. Urging lawmakers to enact legislation.. /Enhancing donors' experience by greeting, guiding and accompanying them Training seminars for new volunteers. /Helping educate about the crucial service they can provide by avoiding high-risk behavior. /Urging other voluntary organisations – to support and participate. /Forming partnerships with curriculum coordinators of schools and training colleges so blood donor information becomes part of educational programmes. /To establish a comprehensive local database. The production of press packets to target media and regular newsletters /The purchase / create on-line campaign materials and recruitment tools. /The development of a logo, T-shirts and other recruitment material geared toward new donors. To build newer strategies to encourage repeated blood donation. /Donors must be treated as individuals. The manner in which thanks, rewards and recognitions

are applied. / Donors must be educated about the need of blood, as the knowledge that blood donation is essential to prevent deaths is a strong motivation. Jargon-free written communication can be used to inform and educate. Giving more bedside care to first-time donors

Why does emotional messaging work better than rational messaging? -The study attributes: our brain's more powerful recording of emotional stimuli.

The role of emotional regulation (anticipated anxiety and vasovagal reactions) is central to both the behavioral and the social science approaches to enhancing donor motivation, yet although intentions are the best predictor of donor behavior,.....

Psychological structure of personality and motivation in blood donors-

1. Emotionally stable structures of personality and in persons with neurotic potentials-Altruism is the most common motive for blood donation

2. Persons with different psychic personality structure there are differences in the percentage of some of primary motives for blood donation.

The altruism is the most common motive for blood donation found in 85% of repeated blood donors. Successful programs are multifaceted: customer relations, advertising, public relation and, marketing, innovation and hard work/Donor recognition: Recognition means acknowledging donors altruistic contribution at each donation/Incentives- Evidence that incentives discourage long-term repeat donations. A focus group research confirmed that donors do not want incentives – just recognition/Future plans: CEO campaigns, e-mail recruiting, minority focus groups, advanced recruiter training, web site redesign, etc. Donor education belongs in the school – as early as possible TAPS (Teens Are People Savers) program –the program encourages blood donations by high school students and awards grants to participating high schools (for projects and scholarships) – 177% increase in donations since the 1st year /A “thank you” culture: a staff permeated with a caring and encouraging attitude — they focus on behaviors which will maintain the regular blood donor.

Why the donors you are contacting say no to your appeal?

Unhappy Experience: Blunt needle, painful venipuncture, double puncture, dizziness and fainting; bad handling /Lack of time; lack of communication from blood banks, NGOs and donor motivators ‘unfavorable location or time of the camp/Non-availability of blood in time of his/her need/Wastage/improper utilisation of blood.

### **Community volunteerism and blood donation:**

More blood donors feel a responsibility to help others, regardless of personal connection to those receiving the assistance. /More blood donors than non-donors have parents who are or were volunteers. /Blood donors are in greater numbers as having volunteered during their school years too.

Offer flexible scheduling and work arrangements / Individualise approaches to rewards and recognition /Strengthen the performance focus /Use creative recruiting techniques/Find the right people first through up front screening/Use creative sourcing strategies, such as high school and college monitoring programs /Provide growth and development opportunities/ Structure jobs to be challenging/Intensify leadership training/Increase performance feedback Provide flexible reward and recognition programs/Decentralise reward systems/Train managers to continually promote the plan engagement/Enhance work/family programs/ Strengthen management skills.

Analysis and study of donation behaviour, donor attitude and donor deferral and drop-out, implement the responses and effectiveness. Monitor the active donor pools and eligible donors of population with reference to the international and local changes in the socio-economic environment and the safety requirement. Reminder to invite donors to donate at a predefined interval if the interval is lapsed. You must be sure your tele-recruiters are knowledgeable and prepared to educate potential donors as needed. Public awareness and commitment focusing to expand the current school programme is an important element to revisit and enhance.

Donor recognition increases come back. Assess their drop-out rate, effectiveness of various strategies. Every bit works and contributes to the success.

### **Problems in donor recruitment and retention:**

Donor satisfaction and loyalty are frequently overlooked. A bad personal experience or that learnt from peer is usually an excuse not to donate. Recruitment of new donors serves two important purposes: (1) to compensate drop out or deferred donors and (2) to keep the pool expanding. Stringent donor selection criteria employed in developed countries have resulted in a significant reduced proportion of eligible donors. (10% or more deferral in prospective donors are often seen in developed countries). The longer the time lapsed from the last donation, the more likely this group of donors will not come back for donation..

The challenge is ever present. The easiest way to recruit and retain donor

“Play, learn and grow together.”

Bishnupur S.D. Hospital Bishnupur Bankura Blood Bank

Sl No	Item	2009	2008	2007	2006	2005
1	No of Camps	79	90	89	86	59
2	Average camps / month	6.5	7.5	7.4	7.1	5
3	Women donor (%)	[16.39]598	11.02[410]	11.4.04%(418)	9.84%	7.22%
4	Numer of Organisations	22	26	19	14	26
5	Camps/ units collected at Bisp.	24[968]	8[972]	25[987]	18[678]	12
6	Toal units collected	3715	3859[96%]	3875[96%]	3884	3138
	Voluntary at Camp	3652	3719	3697	3659	2905
	Voluntary at Clinic	1	6	15	91	129
	Replacement at Clinic	64	134	163	134	104
7	Average donor/camp	46.2	41	42	42	49
8	Requisitions received	2278	2586	2609	2518	2091
	B.S.D. Hospital	1926	2249	2250	2218	1884
	NH and other pvt Ins.	352	337	359	300	207
9	Requisitions served	2276	2579	2602	2497	2071
	B.S.D. Hospital	1924	2242	2243	2198	1867
	NH and other pvt Ins.	352	337	359	299	204
10	Nos. of Units requisitioned	3242	3687	4000	4060	3422
	B.S.D. Hospital	2658	3127	3404	3555	3058
	NH and other pvt Ins.	584	560	596	505	364
11	Number of Units supplied	3106	3503	3547	3517	2943
	B.S.D. Hospital	2535	2970	3009	3073	2608
	NH and other pvt Ins.	571	533	538	444	335
12	Requisition referred to other BB	2	7	7	21	20
13	Units received from other BB	0	70	0	152	105
14	Units supplied to Other BB	341	299	245	388	212
15	Number of testes conducted	18617	15232	15156	17650	16222
16	No of Reactive cases	37	23	23	33[0.8%]	20[0.64%]
	HIV	2	2	1	8	0
	HCV	6	0	7	5	0
	HBs Ag	28	19	13	18	18
	VDRL	1	1	3	2	2
	MP	0	1	0	0	0

January 23, 2010

# Country Presentation

Chairperson: Dr. Yazdi Italia, Gujarat

## STATUS OF BLOOD DONOR RECRUITMENT AND FUTURE DIRECTION IN VIETNAM

Dr. Tuyen-Nguyen-Chi, Vietnam

### I. BACK GROUND

Vietnam is a country in South East Asia with total land area of 334,280 square kilometers and population of 86,000,000.

The estimated total requirement of whole blood is about 688 liters per year. (1,720,000 blood Units). Unit = 250 ml

Application of the WHO estimated of blood requirement at 2% population for a developing Country.

There are 175,000 patient beds. Comparing with this standard, blood collection in Vietnam met only 32.8%. Blood requirement (2008:564,401 units). Year 2009 plan is to collect 610,000 units of which blood donors recruitment programme are to supply 75% (460,000 units).

On February 26th, 2008, the Prime Minister has decided to the establishment of voluntary, Non-Remunerated

blood donor steering committee.

This organisation framework that clearly assigns roles and responsibilities for VNRBD recruitment to relevant players as part of the National Blood Service (e.g. VNRC)

VNRC and Ministry of Health (MoH) together to ensure an adequate supply of safe blood for use by all hospitals in Vietnam.

### II. CURRENT BLOOD DONOR RECRUITMENT MOTIVATION STATUS IN VIETNAM

Each National Government has the responsibility to ensure a safe and adequate supply of blood and blood products for its citizens. However there are many parts of the world where the safety and adequate of the blood supply are sadly lacking.

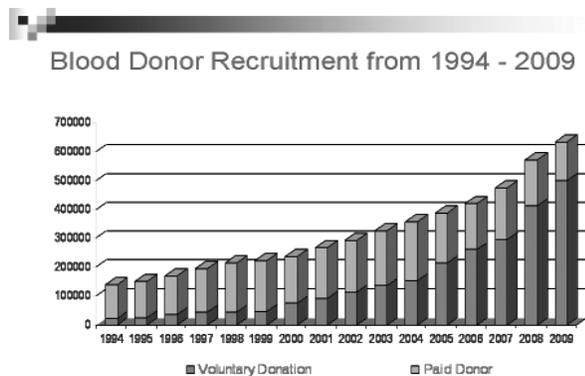
1. The main problems in Vietnam are:

- Lack of National Blood Programme and policy of blood transfusion service
- Lack of law for voluntary non-remunerated blood donation
- Lack of overall coordination and control
- Final plans not agreed until a few days: before

collection

- Too Many very late calculations
- Too many collection events with over estimation of number of donations
- Lack of blood and Blood products
- VNRC operation capacity is weak us tern of available budget, staff experience, organisational arrangement and quality activities
- Lack of integration of VNRBD a network structure linking VNRBD and blood service management at national, regional and provincial levels

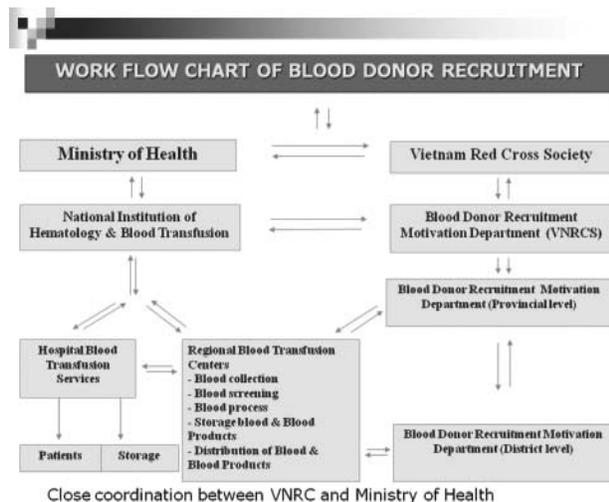
2. Blood collection levels



III. BLOOD DONOR RECRUITMENT – MOTIVATION PROGRAMME IN THE FUTURE DIRECTION

Blood transfusion system in Vietnam:

Close coordination between VNRC and Ministry of



Health

1. Purpose

The purpose of programme blood donor recruitment recommitment-motivation is to contribute to the safety and security of the blood and blood products supply for citizens of the country by developing and maintaining the efficient network of national blood services within the country.

2. Objective

2.1 – Overall objective

To improve people’s knowledge of VNBD and bloods transfusion safety so that the number of voluntary unpaid blood donors would become greater to regularly increase capacity of blood supply for treatment. The target is to reach 100% collected volume from VUBD and 0% from paid donors.

2.2 – Specific objective

- Enhance capacity and management of VNRBD steering committees at different levels to develop nationwide VNRBD activities
- Retain sustainable VN blood donor resource in the whole country, propaganda and encourage repeat donors to collect high – safe blood volume meeting demand of treatment, emergency and security
- Improve knowledge awareness to volunteer, students, women, VNRC member of good deep of VUBD Club for blood volume reserve, 25 Club, recruitment groups and volunteer master of propaganda skills
- Arrange fixed and mobile blood collection sites, care and consult to donors

3. Target of the programme in the period of 2010-2015 and orientation to 2020

3.1 – Result in 2008

Total of blood volume: 564,401 units us which:

- Unpaid donors: 441,817 blood units (77.97%)
- Paid donors: 112,687 blood units (19.97%)
- Family donors: 36, 270 blood units (6.43%)
- Antilogous blood donation: 2,275 blood units (0.40%)
- Blood donors / Total of population: 0.65%

3.2 – Result in 2009

Total of blood volume: 632,902 units us which:

- Unpaid donors: 500, 375 Blood units (79.06%)
- Paid donors: 112, 687 blood units (19.97%)

- Family donors: 41,205 blood units (6.51%)
- Antilogous blood donation: 1,380 blood units (0.40%)
- Blood donors / Total of population: 0.73%

### 3.3 Target in the period of 2010 – 2015 orientation 2020

Under is instruction of the national steering committee of VNRBD, the target is to encourage people to support VUBD programme and improve donor resource to 100% unpaid donor the rate of VU blood donors should be accounted for 1% of population in 2015 and 2% in 2020.

## VIETNAM VNBDR PROGRESS REPORT 2009

### BLOOD SERVICE

- Population: 86 millions

From the central to district level have: a total 82 blood centers and blood based hospital banks including 4 centers managed by VNRC.

63/63 provinces have establish its network and Steering Committee for blood donor recruitment for VNRBD

### TARGET IN THE PERIOD OF 2010 - 2015 ORIENTATION 2020

#### TARGET IN THE PERIOD OF 2010 - 2015 ORIENTATION 2020

	2009	2010	2011	2012	2015	2020
<sup>1</sup> Total of collected volume (unit)	610.000 units	710.000 units	810.000 units	910.000 units	1.000.000 units	2.100.000 units
<sup>2</sup> The rate of VU blood donors (%)	75%	80%	85%	90%	100%	100%
<sup>3</sup> The rate of repeated blood donors (%)	35%	40%	45%	50%	60%	65%
<sup>4</sup> The rate of blood donors/population (%)	0,70%	0,75%	0,80%	0,85%	1%	2%

### 4. RECOMMENDATION TO REACH TARGET

#### A. A Policy

#### 4. Recommendation to reach target

#### A. Policy and organizations.

1. More support from Government to VNRBD Programme.

1-1. Support from Government: VNRBD programme

should become medico- social activity programme supported by government yearly budget for the programme will be approved and reported by people's council.

1-2. Strengthen instruction from steering committee at different levels. There should be yearly assessment and supervision which in comparison with targets.

2. Solutions to interdisciplinary cooperation and public mobilization.

3. Solution to legal documents and policy

4. Strength then organization of steering committee of VNRBD at different levels according to instruction of the national steering committee.

#### B. Processional solutions

1. Improve people's KAP to VUBD via mass media.

2. Improve and diversify blood collection (according to blood transfusion regulation No 06/QD-BYT dated Jan 19th, 2007 by MoH).

3. Improve care to donors, honor to VUBD recruiters and donors, who make great contribution to VNRBD programme.

4. Carry out scientific research supervise and evaluated VUBD programme and select the best effective method.

C. Solution to HR, finance and international cooperation.

#### Conclusion

-Increase capacity of blood supply which is regarded special medicine in treatment, In time supply for emergency which can causes death to patient due to blood shortage, reduce fatality rate to patients.

-Limit TTI diseases, especial HIV, HBV, HCV, etc... to effectively save public health.

-Sufficiently supply blood and blood products to treatment demand, emergency, disaster, and security.

-Reduce negative activities in purchasing blood in facilities, strengthen peoples believe in humanity.

#### Donor Recruitment & Retention Activities

-Organised 4 major events for acknowledgement of voluntary blood donors and blood donation campaigns.

-Organised the national day on voluntary blood donation in April 7

- Organised an event for World Voluntary Blood Donor day in June 14

#### Report on WBDD 2009

- Organised events in 63/63 provinces.
- Organised official award ceremony for 100 outstanding VNBD at national level.
- Handed award certificate for blood donors
- Meeting with leaders of government to report progress

Report on Youth Donor club 25 in 2009

Plan of Action

Achievement (2009)

Establishment of club 25 in provinces

- 80 clubs established

Establishment of donor clubs for rare blood types

- 3 clubs formed (North, Center and South around 600 peoples)

Training for club 25 members

- 800 trained (8 classes x 100 people) (Advanced Management training for 63 provinces)

Issues and challenges

- Lack of financial resources, inefficient training
- No law on blood donation
- Needs for raising awareness of public on VNBD
- Activities in 2010
- IEC raising awareness on VNBD
- Counseling and organisation of blood donor recruitment/donation events.
- Development and implementation of new donor recruitment.
- Further recruitment of rare blood types donors
- Training, capacity building for educators
- Capacity building for steering committees
- M&E
- Awarding blood donor
- International cooperation

## BLOOD DONOR RECRUITMENT IN BHUTAN

Dr Mahrukh Getshen, Bhutan

- A land locked country, between two giants India and China
- Asia's smallest nation
- Land Area : 38,394 sq km, forest cover 72.5%
- Population(2005 census): 6,34,982,
- 111 males to 100 females
- Projected population in 2008: 6,71,083
- Religion : Buddhism, language: dzongkha
- Capital: Thimphu, height 2000m
- 21 districts called dzongkhags

- Hospitals:30, hospital beds:1,500 (2008)
- Doctors:250 (2008),

History of BTS

- Blood service existed as a part of laboratory service since 1980s
- Govt support at national level not adequate
- No trained manpower
- Very basic equipment
- Blood donors mainly family and friends
- Grouping & XM done by slide method
- No national standards /guidelines

Progress

- 2003- Doctor trained in transfusion medicine and blood banking
- 2004-World Bank funded HIV/STI Prevention & Control Project introduced (5 year duration)
- Blood safety recognised as one of the sub-components
- Budget of USD 1,54,500/- provided from WB
- Project Implemn Plan developed(2004 to 2009)
- Annual work plans prepared, baseline indicators and targets set
- Progress analysed six monthly by experts from WB Important milestones
- National Transfusion Committee developed
- National blood policy (NBP) formulated in 2007 with TA from WHO
- Annual work plan prepared based on the strategies of NBP
- Organisational structure of the NBTS formed
- HRD given a priority, doctors and MLTs provided ex-country and in-country trainings
- Initiatives taken to increase voluntary blood donors
- Procurement of equipment for NBB and 2 RBB
- Quality system developed national guidelines and SOPs on donor Mx & CUB developed
  - documentation ,supervision and monitoring strengthened
  - EQAS: participant of REQAS in BGS and TTIs
  - NEQAS in BGS introduced in 8 major bbs
  - NEQAS in TTIs (HIV ) in all bbs
  - standardisation in procurement process for equipment and consumables

- Organisation & Management
- Administratively blood service under DMS, MoH headed by a Director General
- Consists of 31 hospital based blood banks
- No NGO or private blood banks
- NBB-key coordinating center for all activities, headed by a transfusion specialist.
- 1 RBB is headed by a pathologist
- Rest of the BB manned by MLTs

- Organisational structure of NBTS  
Blood banks
- Part of the laboratory service
- Each BB functions as a blood center:  
blood donor recruitment, selection  
blood collection and pre and post donation  
care hospital transfusion laboratory  
blood storage and blood issue

#### Blood donors & Blood collection

- No national blood donor program & no separate budget
- Blood donations- at blood banks and at mobile camps
- Donors- students, civil servants, business people, monks, housewives, general population and royalties
- National guidelines and SOPs followed –  
-donor recruitment & selection criteria  
-blood collection ,donor care  
- records maintained in form of worksheets, registers, forms as per the SOPs
- All units tested for serological markers for HIV, hepatitis B, C and syphilis.
- Counseling and treatment provided by trained staff
- IEC materials available for general population
- Advocacy done through media-print, TV, radios, sms
- WBDD celebrated each year

#### National data on blood donors

18 centers (2008)

- Total blood donors =6090
- Total voluntary donors=2002=33%
- Temp deferrals=911  
(mainly low Hb and medical conditions)
- Permanent deferrals =57

#### National data on blood collection 2008

- Total units collected =6590
- Voluntary donations=2602=40%
- Donations: vol donor ratio=1.3
- Donations from males=68%
- TTIs:  
-HIV marker=2=0.03%  
- Hep B marker=61=0.9%  
-Hep C marker=7=0.1%  
-Syp marker=59=0.9%

#### NBB data 2008

- NBB collected 3049 units of 6950  
(44% of total donations)
  - Voluntary donations= 63 %
- Comparative data of blood donations  
BHT : NBB

#### Voluntary blood donations

BHT: NBB

Vol : Rep donations (national data 2008)

Reactive TTIs

Constraints and challenges

- Financial & Administrative
- Inadequate Infrastructure
- Inadequate technical capacity
- Lack of national screening strategy for TTIs
- Fragmentation of services
- Lack of regulatory mechanism

#### Financial & Administrative

- The total decision making process- department of medical services, MoH
- The NBTS part of the laboratory services and hospital based with no independent administrative control.
- No separate budget allocated for the transfusion activities presently.

#### Lack of adequate infrastructure

- Financial constraints- blood banks lack the basic blood collection equipment, appropriate storage and transportation facilities.
- Trained man power for maintenance and repair of equipment also needs strengthening.

#### Constraints in technical capacity building

- Shortage of trained and competent staff .
- Major blood banks require trained medical officers to manage them effectively.
- Availability of man power with specific job descriptions such as donor recruitment personnel, blood donor organizer, public relations officer, nursing staff/phlebotomists is lacking.
- Lack of national screening strategy for TTIs
- Screening is decentralized, performed by all the blood banks rather than in strategically located dedicated blood centers.  
• Use of rapid test kits due to lack of infrastructure, low blood inventory and blood transfusions done for emergency conditions in many small blood banks.
- Reagents for testing are in short supply and erratic at times due to lengthy procurement process.

#### Fragmentation of services

Difficult terrain- the health care facilities are widespread

Hence there is fragmentation of the blood services making adherence to uniform standards difficult.

- Duplication of activities everywhere leading to less cost efficiency.

#### Lack of regulatory mechanism

- A regulatory body that legislates and overviews the operation and activities of the NBTS is not available.
- A formalised, regular effective monitoring and supervision system to assess the adherence to the national standards needs strengthening.

New Hospital  
New Blood Bank

Blood donation drive  
Donor screening/Interview  
Hon. Sec. of Health donating blood

Blood donation in process

WBDD celebration with the TV media personnel  
With the FM radio  
National Blood Logo  
IEC materials –pamphlets  
IEC materials-poster  
Student’s opinion expressed  
Blood Donor badge  
JAAB blood donation camp  
2008, the year of the 5th King’s coronation and 100 years of monarchy

## **VOLUNTARY BLOOD DONATION PROGRAMME IN NIGERIA**

**Mr. Okereke Benson Chimezie**, Nigeria

Nigeria is the 10th largest Country in the World and the most populous in Africa. The estimated population is 140 million. with a growth rate of 2.83%. There are more than 350 ethnic / linguistic groups. About 36% of the population live in Urban areas. Nigeria is the 6th largest exporter of oil among OPEC members.

### **NNBTS AT A GLANCE**

- NBTS was established by the Government of Nigeria in response to the poor blood safety practices in the country.
- It began operation in 2004.
- A National blood policy was approved and launched in the year 2006.
- Operational guidelines for Blood transfusion practice in Nigeria has also been launched in 2007.

### **NBTS VISION AND MISSION STATEMENTS**

- Vision: To have a quality National Blood Service that would comply with international standards and be acknowledged as one of the best in Africa.
- Mission: To provide safe, quality and adequate blood in an equitable and cost-effective manner to all people resident in Nigeria.

- One of the policy objectives of the Nigerian National Blood Transfusion Service is to “develop a system of blood donor mobilization and motivation, based entirely on a voluntary, non-remunerated donation of blood.”

The GON has in place at the moment

- 17 established centers with 12 of these centers fully operational with support from PEPFAR
- The centers are striving to have the capacity (human and infrastructural) to attain international blood safety standards
- Even though the centers are unable to meet the country’s blood demands, they are still presently under utilized whereas the need for safe blood exist in their environs

The Nigerian situation

Where we are

- Fragmented blood transfusion services
- Use of paid donors and family replacement
- Screening of transfused blood with rapid test kits – mainly HIV only
- Poorly regulated and coordinated system

Where we hope to be

- Nationally coordinated blood transfusion service
- Acceptance of the concept of voluntary blood donation as entrenched in the National Blood Policy
- Screening of transfused blood for four mandatory TTIs by WHO minimum standards
- Well regulated and coordinated system with proper documentation

### **RECRUITMENT - A PROCESS OF BLOOD DONATION**

A donor recruiter has to recruit donors for the purpose of safe blood availability in the country.

### **SENSITISATION-AN ESSENTIAL FOR DONOR RECRUITMENT**

Sensitisation is amongst the responsibility of NBTS.

Asking everyone.

A cross section of the Nigerian Prisons Officers listening as potential donors on the need to become a life saver.

Twenty minutes later the officers donating their blood to save lives

We deal with youths, we add excitement to our blood drives.

Making it fun.

Club 25 members having at the Oguta lake resort in a

donor picnic.  
Recognition.  
Raising public awareness and motivation for blood donation.

#### ACTIVE CLUBS IN BLOOD DONATION

Youth participation in blood donation activities, LEO Club, Imo State University championing Voluntary Blood Donation in the South East Zone (Owerri Zonal Centre

Donation is an approved act of god for all faiths.  
Donation has no religion barrier.  
A young donor aspirant

The muslim community are willing to join the train of lifesavers and this is being demonstrated by a member of the youth group of the ahmadiyya Muslim jama't .  
Methods used to achieve our goals

Building a positive image of the blood donor among university students was our goal.  
Promoting young people by their friends who donated before proved to be the best donor recruiters.  
Using the technologies that impact on lives of young Nigerian's, SMS, phone call or instant messages.

Continuous presence of mobile teams during youth club activities in university campuses.  
Radio messages are frequently used especially youth programs and sport programs.  
T.V. spots are occasionally used to introduced only new things about blood donations and its benefits.

#### Success Stories

A centralised NBTS now in operation after 4 decades.  
A revised National Blood Policy in operation now.  
Operational centres in Abuja, Kaduna and Owerri Ibadan, Port-Harcourt, Jos, Maiduguri and Benin-City and others.  
Developed crop of young-volunteer, non-remunerated blood donors.  
Donor Clubs being organised Nationwide.  
Developed awareness of healthy lifestyle among donors.

Organised local training for all categories of staff including policy makers.  
Developed concept of safe and best laboratory practices

#### CHALLENGES

Migration from Hospital based to centralised blood collection and distribution system.

- Creating National Awareness on voluntary Donations.
- Scaling up and recruitment of VNRBD.
- Donor Retention.
- Migration of FRD to VNRBD

#### Challenges contd.

- What is in it for me?" (Expectations of a financial or health benefit from donating blood)
- Reinforcing community blood drives and retention.
- Conversion of family replacement donors to VNRBDs
- Ethnic and religious beliefs
- Problems of illiteracy.
- Shortage of skilled professionals particularly in donor recruitment.

#### Future Plans

- Stronger advocacy and sensitisation of policy-makers at all levels 'to buy' into the programme
- Intensify drive for volunteer blood donations
- Mount aggressive campaigns for development of donor clubs Nationwide
- Continuing staff training and capacity building
- Improve on performance of the 17 Centres

We are sufficiently encouraged by the Nigerian spirit which when it ignites, fires on and on and on and on.....

- We will do better after the knowledge from this conference.

January 23, 2010

# IFBDO

Chairperson: Dr. Tuyen Nguyen Chi, Vietnam

## WHO WE ARE

**Mr. Neils Mikkelsen,**

President IFBDO, Denmark

INTERNATIONAL Federation of Blood Donor Organisations popularly known in French as Federation Internationale des Donneurs de Sang (FIODS) was established on December 4, 1955 at Luxemburg with Dr. Roger Guonin, the President of the French Blood Donors Federation as its Founder President.

The idea of forming such an organisation was first thought of in Turin in 1948, at the Congress of The International Society of Blood Transfusion and later taken up at the Congress of ISBT at Lisbon in 1951 by Dr. Vittorio Forementano (Italy). Its final initiation was, however, in May 27, 1955 at Nancy, France by the International Commission of the French Federation.

The Federation was founded to promote universal and voluntary blood donation to fight against all forms of commercialisation and profit from products of human organ and to contribute towards a true

solidarity among all people. Its objectives as defined in its statutes are :

To promote in all countries of the world voluntary, anonymous and regular donation of blood.

To contribute to each country in co-operation with competent organs to obtain the necessary blood and quality products.

To watch over the application and the means that guarantee the security of the donor and the receiver of the blood

To fight against all forms of commercialisation and profit related to blood and products of human origin, as per the inalienable principles of the human body.

To participate in all studies, actions, debates or manifestations that are related to the organisation of the blood transfusion and the associations of blood donor, with the knowledge and research related to transfusion techniques.

To participate jointly with representative group of any country and concordance with national and international governmental requirements as well as of these public opinions for the promotion of the

voluntary donation of blood and the maintenance of respect for the ethics and altruism of the blood donor.

The Federation is the representative of the voluntary blood donors of all countries and owing to international accords, it is the partner of the International Federation of Red Cross and Red Crescent Societies and International Society of Blood transfusion as well as World Health Organisations.

The Federation is one of the four international organisations to initiate the observance on the World Blood Donor Day on June 14 from 2004. The day being the birthday of Nobel laureate Dr. Karl Landsteiner, the discoverer of ABO and Rh blood group systems was chosen as the World Blood Donor Day. Previously the Federation used to observe November 24 as the International Voluntary Blood Donors Day subsequently for the convenience of the European member countries the day was changed to May 23.

Only the National Organisation of Blood Donors or Regional Organisations of blood donors of bigger countries where there is no real national organisation of the country can become member of the Federation by observing certain protocol. There cannot be more than one member for the country represented by national organisation. Federation having regional members can have not more than one member in the Federation from the region.

Every active member country represented by its national or regional organisation designates its representative in the general assembly which is a sovereign organ that determines the general policy of the federation defining its objectives and activities.

The general assembly elects for a period of three years the members of the Executive Council regarding administration and promotion. The Executive Council is entrusted with the responsibility of realising the decisions of the general assembly and taking all the necessary measures for the improved functions of the organisation. One of the member countries organises a World Congress every three years in which many important figures participate.

Its executive council has a permanent mission to represent blood donors everywhere and to protect their interests.

On December 4, 1995 at the meeting of Luxemburg Dr. Roger Guonin was elected as the founder president. Guonin handed over the charge to Dr. Vittorio Forementano of Italy in 1958 at the Congress

of Brussels, which is considered as the fourth Congress of IFBDO (FIODS). In October 1960, the 2nd Congress was held at Milan and San Marino (Italy). The 3rd Congress was held in November 1962 at Monaco.

The 4th Congress was held in Paris (France) in June 1964.

Twelve years after the creation of IFBDO, (FIODS) the first trimester magazine called "The Universal Blood Donation" at the beginning of 1967 was published that subsequently became FIODS REVUE. First, it became bilingual and then became trilingual.

5th Congress was held at Caracas, Venezuela in January 1967 and the 6th Congress was held at Madrid, Spain in November, 1967.

Dr. Vittorio Forementano recommended his presidency at Madrid Congress and Dr. Louis Paute of Monaco who had been the secretary general since 1960 and Vice President since 1967 took over but withdrew from his voluntary function in 1970 for health reasons and Dr. Roger Guonin, founder president once again took over.

The 7th Congress was held in October 1971 at Monaco having elected Dr. Pierre Grange France as President. Dr. Grange has been functioning as the Secretary General since Madrid Congress in 1968. Subsequently Dr. Laurent Dalamas and Dr. Leonardo Santi had jointly occupied the position. Unfortunately, Dr. Pierre Grange and his wife Denese died in a plane accident on December 23, 1973 as they were flying to Morocco to organise the 8th Congress.

The 8th Congress was held in Maroakech (Morocco) in 1974, where Anne Croesi (Morocco) was elected President. Anne had been the General Secretary and was substituted by Pierre Pelletier.

In 1977, the two great losses were suffered when Vittorio Forementano passed away on September 3, followed by the loss of Roger Guonin on October 23. The former was the founder of Italian Voluntary Association of Blood Donors (A.V.I.S.) in 1927 having the honor to personally commemorate the 50th anniversary of foundation. Roger Guonin was not a medical doctor but is the best example that can be made for people who are not doctors, but who have the objective of placating the pain of their fellow human beings, although to take this to the end it is necessary to have a combination of many qualities, among them the energy of a fighter. Dr. Vittorio Forementano was a competent hematologist with

respect to all the scientific social and humanitarian aspects of blood transfusion.

The 9th Congress was held in April 1978 in Liege, Belgium, and the 10th Congress again in Madrid in 1981 where Juan Picasso (Spain) became the President. The 11th Congress was held in Rio de Janeiro in 1984 where Leonora Carlota Osorio (Brazil) was elected President and Vico Fresia (Italy) Secretary General.

In 1987 for the first time, the Congress was held in Asia at Djakarta (Indonesia) when Indonesia was the only member of the IFBDO from Asia.

Dr. Djilis Tahir of Indonesia became the President, but he passed away a year later and Mrs. Siti Hardiyanti Indra Rukmani (Indonesia) assumed the Presidency until the following Congress of 1990.

At the 13th World Congress held at Porto (Portugal) Mrs. Siti Hardiyanti Indra Rukmani was elected President. In 1991, the Annual Assembly was held at Bali (Indonesia) where India (AVBDWB) was invited to participate and with a minor modification of statutes, AVBDWB was taken as a member from India in 1992 and Prof. Debabrata Ray became the Vice President of the organisation.

In 1993 at the 14th World Congress held at Lorgrono (Spain) Mrs. Rukmani was re-elected as President and Prof. Debabrata Ray (India) Vice President and Madam Nicol Petton (France) Secretary General. Between 1993 and 1995, meetings were held at Paris, Monaco, Brussels, Belgium, Warsaw, Poland, and Senegal.

In 1995, the new statutes were approved at Netherlands and in November 1995 autumn meeting was held in Luxemburg to commemorate the 40th anniversary of the creation of the organisation in the city where it began.

In 1996, the 15th Congress was held in Paris (France) where Madam Nicol Petton was elected as the

President and Mario Belrtami of Italy as the Secretary General. In 1997 Executive Meeting was held in Patras (Greece) and the General Assembly in Palma De Mallorca (Spain) and 1998 General Assembly met at Tunis (Tunisia) and Executive Meetings were held at Tunis (Tunisia) and Monaco.

At the 16th World Congress held in Motovo of Italy in 1999 Dr. Martin Maricenendro Fuertes (Spain) was elected President and Niels Mikkelsen, Denmark as Secretary General. The meeting of the Executive Committee of the year was held at Patras (Greece) and General Assembly met in April at Sao Paulo, Brazil.

At the 17th World Congress held in Quebec, Canada in May 2002, Dr. Pasaqualle Colomartino (Italy) was elected President and Mr. Neils Mikkelsen (Denmark) was re-elected as the Secretary General. The Executive Council met at Malta in October 2002 and General Assembly met at Rabat, Morocco in May 2003. IFBDO contingent participated at a seminary of the Third Social Forum at Sao Paulo, Brazil on blood is not for sale but to donate in January 2003.

At the 18th Congress held at Milan, Italy in 2005, Mr. Neils Mikkelsen was elected President and Secretariat of the Federation was re-established at Paris, France.

In 1990 at the International Meet organised by AVBDWB, a contingent from IFBDO led by the then Secretary General Mr. Vicco Fresia attended. In 2005 at the National Meet organised by AVBDWB became the first member from India in 1991, Mr. Neils Mikkelsen participated as Secretary General and presented two papers.

First Asian Meet of IFBDO (FIODS) was organised at Chennai, Tamil Nadu on January 5, 6, and 7, 2007. AVBDTN is the Second Regional Member from India to IFBDO. Second Asian Meet of IFBDO is scheduled tomorrow on January 24, 2010 in the Seminar Room of this building at 2 p.m.

January 24, 2010

# Communication

Chairperson: Mr. Arunabha Chattopadhyay, West Bengal

## ORAL COMMUNICATION AS A TOOL FOR BLOOD DONOR RECRUITMENT

Prof. Arabinda Chatterjee, West Bengal

All living organisms communicate. Starting from the uni-cellular amoeba to the highly sophisticated human being, all living creatures communicate their feelings in one way or another. In modern era the following are the common modes of communication :

- Sign communication
- Oral communication
- Written communication
- Audio-visual communication.

Human beings communicate by any of the above methods. In our society, because of our complex mental nature, such communication may often be deceptive and difficult to explain.

### Sign Communication

Much of our communication is through signs,— the

show of fists, the look of the eyes, the shaking of the head (the North Indian's "no" and the South Indian's "no" are just the opposite here), the clapping of hands (here too, slow clapping means just the opposite of the clapping for applause) or even a silent yawn are some of the many forms of sign communications, which, though not vocal, are often very much understandable. The communicator should remember the significance of all such signs, particularly when he/she addresses the public for getting his/her message through.

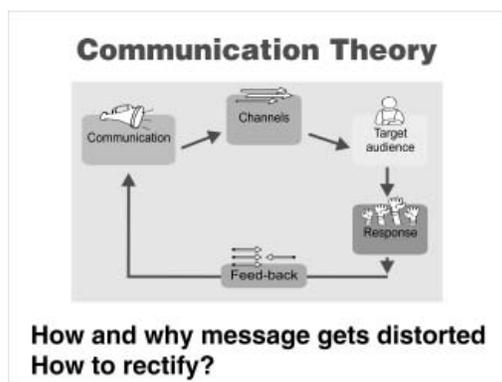
### Oral Communication

The spoken word, though short lived, has immense power of influencing. In fact, it can draw hearts near or tear them as under, it can lull a mob or move an army. But the success of the spoken word depends entirely on how effectively the speaker uses it. All leaders, generals and motivators have succeeded on account of their excellence in verbal communication.

Such communication has an important advantage of the speaker noting audience reaction all the time he speaks and he can thus modify his address according to the needs of the situation.

## Basic Communication Theory

But, whatever be the method of communication, the theory of communication to be effective, is always the same and can be represented in the simple diagram as shown below:



It will be seen that the communicator encodes a message and sends it through different media at his command to reach the target audience. The message is decoded by the target audience which generates a response, which, again serves as a feedback to the communicator for revised action as necessary.

The important factors in this programme obviously are not only the design of the message but also the study of the feedback. If the message is not decoded in the manner the communicator desires it to be, the response will be different from the intended one and the communicator will have to redesign or revise his message. This is of particular importance to any speaker whose action must be instantaneous to the response.

### Communication Effectiveness: The Design and Delivery of Message

Wilbur Schramm has laid down some excellent points to make communication effective. He states :

- The message must be designed and delivered in a manner so that it attracts the attention of the target listener.
- It must employ signs which refer to experiences common to the target listener and match his value system.
- The message must arouse a sense of needs in the listener and suggest ways to satisfy them.
- It must reach at a time after the listener may be

moved to make the desired response and be allowed to do so.

The postulates of Schramm, however simple they may seem, should be remembered at all times by motivating speaker. They speak about the manner and the theme of the message have to be designed, employing experience and analogies that are common to the listening public and also about the time to be chosen for delivering it so as to make an effective impact. The occasion, the time, the facilities, the mood and the inclination of the listeners must be keenly observed before and during the process of communication. The message will have to be modified, pruned or enlarged as the situation may demand. The time planning, i.e., duration of speech or talk is the key to success and must be according to the situation.

While delivering the message, its contents must not be made too technical or stuffed with statistics. It should contain a promise and must lead to a personal ego-satisfaction of the listener only then he will be motivated. A blood donor or blood recipient in the role of donor motivator will succeed much more in motivating his fellow-workers towards blood donation than a doctor who is much more knowledgeable and may even be a better speaker.

In verbal communication, the qualities of a speaker are very important. He/she should know his subject well, and should have a good bearing, appropriate dress and proper manners. He should have a loud clear voice with good articulation. He/she should also be able to make friends with the audience, earn trust and be in a position to persuade them. Thus, he/she should be a person with versatile knowledge and taste. Finally, he/she must be tenacious enough to drive his/her point home.

The talk he/she delivers should have the following desirable qualities:

- Appropriate for the audience
- Concise, informative and appealing
- Suiting the time and attitude of the listeners
- Clear, lucid language
- Correctly pronounced without mannerism or unnecessary repetition of words and phrases
- Should be delivered by the speaker who should look to each section of audience by rotation and not vaguely or to one section of it only

- Contain a sense of humour. Properly chosen moments of lightness, even in a serious topic, make a speaker impressive and make a talk interesting.

#### The 'X' factor

And yet, even by possessing all the above qualities perfectly, a speaker might fail and without consciously following them, while another may succeed. This is due to what is called the unknown factor or "X" factor. This factor is truth and the speaker's firm conviction about it. If the speaker believes in what he/she says and can say it well, it has a magic influence on the audience. Truth itself has an inherent strength that gives any speech a sound foundation. So, if the speaker is himself/herself truly convinced of his/her mission, words that flow out of him/her are spontaneous. He/she can electrify and touch the hearts of his/her audience and move them in the manner he/she desires. Any campaigner would do well to remember it. Donation of blood on a voluntary basis is a social necessity and for a noble cause. If the campaigner sincerely believes in it and can voice his/her conviction well, it should not be difficult for him/her to win his/her audience, even if partially. Conviction to convincing is only one step away.

In Indian context oral communication backed by display materials and distribution of take-home printed materials are found to be most effective.

In the oral communication for motivation of blood donors the following should be focused:

- Need of blood for transfusion
- No substitute of human blood
- Need and importance of voluntary blood donation to ensure safe blood transfusion
  - Statistics of deficit in supply of blood
  - Blood volume, surplus quantity, amount of donation, recuperation period, shelf-life of blood
  - Eligibility of donors and donor education for self exclusion
  - Blood donation is a social and moral responsibility.

#### Ten Commandments of Good Oral Communication

- Clarify ideas before attempting to communicate.
- Examine the purpose of communication.
- Understand the physical and human environment while communicating.
- In planning communication, consult with others to obtain their suggestions as well as the facts.
- Consider the content and the overtone of the

message.

- Whenever possible, communicate something that helps or is valued by the receiver.
- Communication to be effective requires follow-up.
- Communicate messages that is short-run and long-run importance.
- Actions must be congruent with communication.

#### Written Communication

Though effective, the limitation of the written form of communication is that it can influence literate persons only. Poets, authors and editors have used the written word to make communication charming and even memorable. Even today, speeches before august gatherings are read out from written material. It has the unique advantage of being precise, concise and unambiguous. It, however, has one shortcoming that the communicator cannot project his personality and give the finer touches of emphasis which he/she can do with the spoken word.

#### Ten commandments of Good Written Communication

- Use simple and familiar words.
- Use personal pronouns (such as 'you') wherever appropriate.
- Give illustration and examples; use charts.
- Use short sentences and paragraphs.
- Use active verbs such as "The organisation plans".
- Economy on adjectives.
- Express thoughts logically and in a direct way.
- Avoid unnecessary words.
- Use simple words and phrases.
- Avoid printing or typographical errors.

#### The audio-visual communication

A combination of speech and sight, this form of communication is perhaps the best because it incorporates the best features of the written word, the painted picture and the spoken word. Appealing to the senses of sight and hearing, its imprint on the mind is most. It can also motivate an illiterate audience.

Lord Mahabir, born in 599 BC, in his sermon preached that carefulness in speech (Bhashasamiti) consists in avoiding slanderous, ridiculous, harsh, critical, boastful and meaningless talk. These bring

good neither to oneself nor to others. He emphatically preached that a wise ascetic should speak what he has seen; his speech should be brief, free from ambiguity and clearly expressed. His speech should neither be deceptive nor cause anxiety to any one.

## VALUE COMMUNICATION FOR BLOOD DONOR RECRUITMENT

Acharya Soumendra Nath Brahmachary, Jharkhand

Please accept my respectful salutations.

I am sandwiched between two outstanding speakers. Prof Aurobindo Chatterjee has already spoken and Prof Debabrata Ray will come immediately after me. You can well imagine my tension and I am afraid I may have to share a part thereof with you.

Communication is a term when translated into Hindi or Bengali could be read as 'yogayog' i.e. yoja+ayoya). Yoga connects and Ayoga creates disconnect. Therefore, communication is a two edged sword which needs to be handled carefully.

Communication (Yoga + Ayoga)		
Mode	Situation	Objective / Purpose
Oral	One to One	Information & Value
Written	One to Many	
Sign	Many to One	
Audio Visual	One to Self	

In the slide no 1

we should read only vertically and there is no horizontal relationship. May I draw your attention in a situation when communication is to be done from 'One to Self'. All our ----- of past thoughts and future planning belong to this type of communication. I believe a person who can communicate efficiently. My cardiologist friend is telling me to go for morning-walk everyday over the last 5 or 7 years and I had decided to start 'tomorrow'. That day has not come as yet because

I could not communicate effectively to myself. Similar is the situation to my smoker friends who had been deciding to give up smoking from the next day which has not come about over several years.

The objective/purpose of communication may be summarized as 'Information' and 'Value'.

Voluntary Blood Donation Movement is essentially a movement about transformation and/or a change in the value system of the society.

Now that we have talked about 'society', we need to identify the interpersonal relationship and communication process within our society.

**Inter-personal Relationship  
&  
Communication**

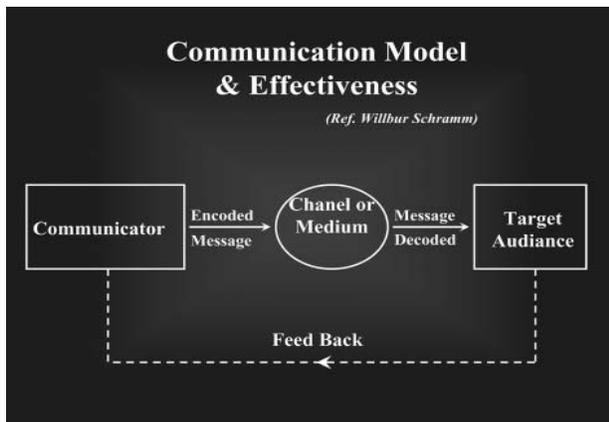
$$\text{We} = \text{I} + \begin{matrix} \text{Others (Dissimilar)} \\ \text{Like Me (Similar)} \end{matrix}$$

$$\text{Humlog} = \begin{matrix} \text{Main} \\ \text{(Amra)} \end{matrix} + \begin{matrix} \text{Mere Layak (Amar Mato)} \\ \text{Dusre Log (Anyera)} \end{matrix}$$

Slide No 2

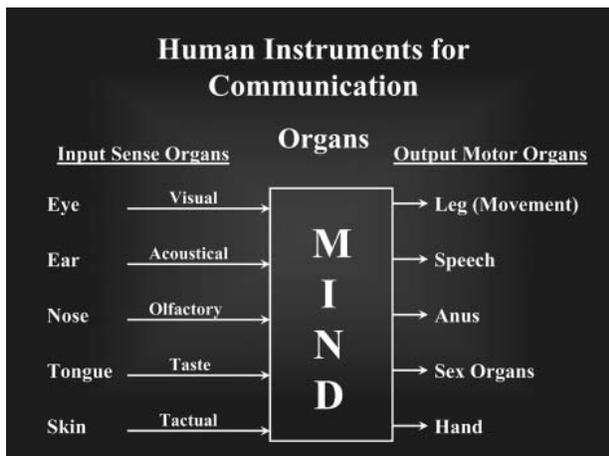
shows the nature of my society consisting of people who are similar to me on some count and dissimilar from me on others. During communication, I need to address both these two aspects. You will also note that communication is necessary because of dissimilarity but communication is possible because of similarity. In mathematical term, this could be called necessary and sufficient conditions for communication.

Permit me to digress for a moment. Language is the expression of the inner psyche of the society or community. The first equation of slide no 2 in English shows dissimilarity first, similarity next. This possibly is an expression of the English speaking mind-set. But if we express the same equation in an Indian language say, in Hindi or Bengali, similarity features first, dissimilarity flows next. This, to my mind, means that Indians can build bridges with others more easily than their Western counterparts. Ours is essentially an inclusive society and political attempt to unite us forcefully will give rise to irreparable disintegration in not too distant future. I will be happiest if any apprehensions turn out to be totally wrong.



slide 3

Let us come to slide number 3 which shows the basic communication model. Since this has been dealt nicely by my previous speaker Prof Arobindo Chatterjee, I need not spend any extra time in elaborating the contents. The only comment I would like to make is that feedback is an important as the original communication and therefore, where we do not have a live audience as in radio or TV talk, communication becomes definitely more difficult.



slide 4

Mind is the central processing unit which can take one or multiple inputs and send out signals through any one or more output organs. But the horizontal relationship between the input and output channels are no less important. Let us take one or two examples. If I desire to hear sweet words through my 'Ear', then I need to speak sweetly through my 'Speech' organ. Similarly my output channel 'Leg' symbolically represents movement. Whenever I go physically or psychologically my visual perception through my 'Eye' will be determined accordingly. For paucity of time we may not elaborate any further about other organs.

Slide number 5 exhibits some of the attributes of human 'Mind'.

### Mind

- is always oscillating.
- moves from one anchor to another. *(Ref. Chand. Up.)*
- is used to linear derivative logic.
- is a bundle of sound
- may cause value & communication problems.

**What is Value?**

slide 5

We will concentrate on Value and Communication problems which human mind may create. When I told the story of the shepherd boy taking the herd grazing from the field from Eishop fables to a young boy in Calcutta to communicate the value of speaking the truth and the danger of telling lies, the young boy responded when I sought of the moral of the story from him he said there is problem in the very beginning. The shepherd boy shouldn't have taken the herd for grazing at all since United Nations have banned child labour!

I shared this communication failure experience in a seminar on Voluntary Blood Donation at Pune in Maharashtra. A young teacher from Punjab village school came upto me immediately after the presentation and told me that he had slightly different experience from his village-school student about the same story. The teacher told me that when he sought the moral of the story from the little boy in his school, the boy said every time the shepherd boy lied crying for help, people came running to help him. But when the wolf really came and out of compulsion he cried hoarse, nobody came! He asked his teacher that should he the truth or only tell lies in his life.

There may be innumerable stories and anecdotes to elaborate value and communication problems created by human minds.

Let us now look at value in slide no 6 more closely.

### Value

**Value – Basis for making Decision**

- Individual &
- Eternal

**Decision – Choice amongst Alternatives**

Slide 6

You may kindly note that value comes into play when there is need for decision. Decision is necessary when alternatives are available. Therefore, where are no alternatives, there is no scope for decision and therefore, no scope for value to come into play.

**How to Communicate Value ?**

- *Acharan* – Faith i.e. Conviction based Behaviour
- *Upakhyan* – Examples & Stories.

slide 7

A volunteer who aspires to bring about a change in values amongst his audience should have a personal life style consistent with the message he is preaching. We should remember Mahatma Gandhi when he said – My life is my message.

Story telling or presenting examples is an art which is gradually disappearing from our society probably because of invasion from electronic media or computer communication technologies. But still, heart to heart communication in a human society will always remain extremely relevant for all time to come.

Now we need to look at individual value as presented in slide 8.

**Individual Value**  
(Material &/or Spiritual)

<b>Matter</b>	<b>Spirit</b>
Avidya (Specialised worldly knowledge)	Vidya (Generalised Wisdom)
<b>Rishi Culture</b>	<b>vs Sanyasi Culture</b>
<b>HCl + NaOH → NaCl + H<sub>2</sub>O</b>	

slide 8

Material or spiritual pursuit in isolation will give rise to problem. But the Rishis of Ishopanishads said that a harmonious mixture of both will be safe and enriching for human life.

The eternal value of man has been shown in slide no 9.



slide 9

Man is born selfish and therefore, any advice to give up selfishness is anti-human nature. The Rishis of Upanishads understood this human nature very well and so they recommended growth in selfishness rather than shrinkage. Swami Vivekananda has once said – Expansion is life, contraction is death. When our feeling of self keeps growing beyond our physical body to our family, society, country, world and universe at large others perceive us as unselfish. This takes me to a take home I got in a seminar on pollution. The cardinal message I received was – the solution of all problems of pollution is dilution. When selfishness expands, self love emerges which finally manifests as selfless love and then 'PURE BLISS'.

Slide no 10 will exhibit the condition of a man who has attained the same level of 'PURE BLISS'.

**PURE BLISS**

- **Within** – Unconditional Love
- **Without** – Service to ONE SELF

slide 10

Please note such a person never serves others because he has grown and engulfed everything that exists.

In conclusion as shown in slide no 11,

## Conclusion

All Communication and Value Communication  
should lead to the ultimate goal of  
**PURE BLISS**

Where are the torch bearers ?

If not **WE**, then **WHO?**

If not **NOW**, then **WHEN?**

slide 11

we as volunteers in the business of communication and value communication should aspire to reach 'the inevitable' destiny of man' i.e. 'PURE BLISS' AS INDICATED BY SHRI AUROBINDO.

Following the footsteps of Nani Palikiwala, let us ask the final question – where are the torch bearer? The answer is we, and the time is NOW.

## STORIES AS VEHICLES OF MESSAGE COMMUNICATION

Prof. Debabrata Ray, West Bengal

Since the prehistoric days stories have been used for passing around the message

In the days of Upanishads the stories were used by teachers for Moral Education.

Religious leaders used stories to preach their messages

Jatak's stores of Lord Buddha

Parables of Jesus Christ

Stories of Panchatantra of Bishnusharma to teach Royal Princes.

Stories of Ramakrishna and Vivekananda

In the Parliament of Religious in the Second Speech on September 15, 1893 Swami Vivekananda used the story of two frogs beautifully in his short speech of two and half minutes to drive home the message 'Why we disagree?'

Association of Voluntary Blood Donors West Bengal in its Motivational talks both for short term and long term (School Education Programme) has been using stories to communicate the messages Blood Donation with great success.

Reasons of Success:

- Stories built on the impact of spoken words are more powerful than written words.
- Everyone is interested in stories; they can identify

themselves with characters of the stories.

- While some educated people might have been trained to think in a logical, organised way, the story format is closer to the way most people think, including the educated community.

- People remember information better when it is presented in a story format than in a mere formal talk or lecture.

- Stories can make truth concrete or absolute – abstract ideas can be expressed in everyday terms.

- Stories begin with things people understand most.

- Stories can help people to discover action plan/values/principles for themselves or develop an attitude towards life.

The human values might constitute main ingredients of the story with the hints of blood donation on the sidelines.

Another approach is to have the main story dealing with topics having a high universal appeal with characters real or imaginary and donation of blood as derived sub-theme.

Well developed story will provoke a response if listeners find it to be relevant to their life.

The stories should be presented in an interesting way. If people believe in the stories and identify themselves with the characters they are more likely to remember the message and take action.

It has been observed that long after, the people remember the story and the message even if they forget the story teller

Where from Donor Motivators would get the stories:

- From the History
- From the Epics
- Parables, Fables and the like
- Literature
- Biographies
- Every Day Life.
- News paper

### Caution

- Stories should not miss wood for the trees.
- Too many stories without appropriate linkage with the theme may spoil the presentation

Not to repeat the same story to the same group of people

But often people want to listen to the same story again.

Many of you have heard from us the story of sinking of the great ship TITANIC from our motivators in demonstration School Education. You will find the story in our class time table given to the school students as take home material at the end of the School Education Programme.

You can get a copy from the Exhibition upstairs

January 24, 2010

# Public Relations

Chairperson: Dr. Samir Kumar Saha, West Bengal

## PUBLIC RELATIONS IN BLOOD BANKING

Mr. Gopinath Ghosh, West Bengal

It may be interesting to look back to the historical background of public relations. Emperor Ashoka used to inscribe his edicts on pillars and hills to inform his subjects. There is also ample evidence in records to show that early Roman and Greek emperors took great care and attention to influence public opinion.

The American revolution was initiated by a small group of men including Thomas Paine, Benjamin Franklin, Hamilton and Thomas Jefferson — all of whom utilised public relations to influence public opinion in favour of the struggle for independence.

In England too, pamphleteers of the eighteenth century like Jonathan Swift and Daniel Defoe were using methods to propagate their ideas which resembled the present day PR practice.

The phrase “Public Relations” was first coined by President Thomas Jefferson when he scratched out the

words “State of thought” and replaced those with the word “Public Relations” as early as 1807 when he was writing his address for the seventh Congress.

Modern profession of Public Relations can however be traced back to 1923. Dr Edward L Bernays wrote a book “Crystallising Public Opinion” — a full length treatise on Public Relations.

At every stage of transfusion service Public Relations is the tools and implements based on both oral and written communication to ensure safe blood transfusion.

But mere publicity is not public relations. Publicity is mostly non-personal stimulation of demand for a product or business unit by planting commercially significant news about it in published media or obtaining favourable presentation of it through print or electronic media.

Public Relations practice is the planned and sustained effort to establish and maintain goodwill and understanding between an organisation and its publics.

Publics is a part of jargon of public relations. It is

an invented word not to be found in any orthodox dictionary. It shows that public relations is rarely concerned with the 'General Public'.

An ideal blood bank has five basic functions, as stated and explained earlier:

- Blood donor recruitment
- Blood collection
- Blood processing and storage
- Blood distribution
- Post transfusion follow-up and research.

Therefore, basic Publics of blood banks would be:

- Blood donor motivators and donor organisations
- Blood donors and intending blood donors
- Community
- Blood bank personnel
- Patients' relatives in quest of blood
- Blood users
- Media personnel.

Advertisement is not public relations. The difference between advertisement and public relations is:

Advertising Media	Public Relations Media
Display of Classified Advertisements	Feature Articles, News Stories
Outdoor advertisement Posters	Educational Visual Aids and Posters
Sales Promotion Scheme	Educational Literature

Sales Literature Seminars, Meetings. Modern marketing is also not public relations. Marketing deals with market and public relations deals with publics.

The Public Relations is a transfer process. Public Relations is NOT –

- A barrier between the truth and the public.
- Propaganda to impose a point of view regardless of truth, ethics and public good.
- Publicity aimed directly at achieving sales although public relations activities can be very helpful to sales and marketing efforts.

- Composed of stunts or gimmicks.
- Unpaid advertisement.

Therefore Public Relations practice includes:

- Everything that is calculated to improve mutual understanding between an organisation and all with whom it comes into contact, both within and outside the organisation.
- Action to discover and eliminate source of misunderstanding.
- Action to broaden the sphere of influence of an organisation by appropriate publicity, advertisement, exhibitions, films, etc.
- Everything directed towards improving communication between people and organisations.

International Public Relations Association (IPRA) defines Public Relations as:

“Public Relations practice is an art and science of analysing the trends, predicting their consequences, counselling organisations, leaders and implanting plans and programmes of action which will serve both the organisation and the public”.

The national body, Institute of Public Relations (IPR) has adopted more direct definition as:

“Public Relations practice is a deliberate, planned and sustained effort to establish and maintain mutual understanding between the organisation and the public.”

### What is Public Relations?

Public Relations is an organisation's effort to win the co-operation of group of people.

Public Relations help the organisations effectively interact and communicate with the key publics.

### Who are the Publics of PR?

Publics of PR are these persons or organisations who are directly or indirectly relevant to the organisation.

- Who are the Publics of Blood Banking?
- Blood Donor
- Intending Blood Donor
- Blood Bank Personnel
- Blood Donor Motivators and Donor Organisations
- Community at Large

- Patients' Relatives in Quest of Blood
- Blood Users
- Government
- Media
- Sponsors
- Opinion Leaders

Is PR Essential?

PR is essential because it is inseparably associated with an individual or organisation one cannot avoid it. In every stage of Blood Banking therefore PR is the tool and implement based on both oral and written communication to ensure safe Blood Transfusion.

### How does PR help?

It can improve mutual understanding between the organisation and the public.

It can discover and eliminate source of misunderstanding.

It can broaden the sphere of influence to mobilise opinion in favour of Blood Donation and to overcome apathy and transform 'I will' to 'Good will'.

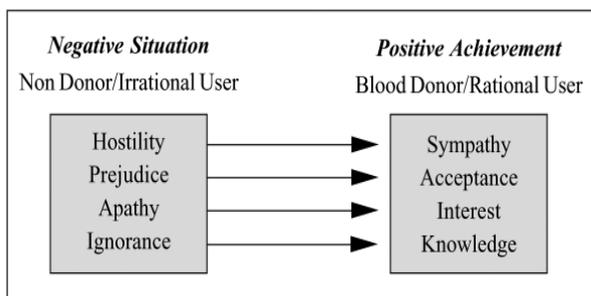
It can improve communication between people and organisation

It can build trust and confidence

It stimulates discussion and encourage attitudes, behaviour and public perception.

It can create awareness

Public Relations in Blood Banking is an activity to change the behavioural pattern from a negative situation to positive achievement



### Basic Elements of Public Relations

1. Information
2. Communication
3. Persuasion
4. Mutuality of Interest of the organisation and its publics
5. Public Acceptance

### What are the tools of Communication?

1. Print Media
2. TV
3. Radio
4. Poster
5. Banner
6. Leaflet
7. Workshop
8. Face to face discourse
9. Group Meetings/ Discussion
10. Internet

Blood Donor Motivators are the 'Face' of Blood Donation Movement

Motivators should have the following qualities

1. Politeness and polished behaviour
2. Communication skill
3. Responsibility
4. Attitude and promptness to provide service
5. Comprehensive knowledge about the Movement
6. Honestly
7. Genuine faith and belief in the movement
8. Interest to listen improve to execute
9. No tendency to offer excuse
10. Ability to work hard

Public Relations is

Performance Recognition

P stands for Performance

R stands for Recognition

PR is the summation of

- Reputation
- Performance
- Communication
- Understanding
- Image

January 24, 2010

# IEC Materials

Chairperson: Mr. Nandan Bhattacharya, West Bengal

## IEC MATERIALS FOR DONOR RECRUITMENT

Mr. Ashok Mukherjee, West Bengal

Although oral communication, both for short term and long term strategies to recruit voluntary blood donors in the Indian context has been found to be useful and has been strongly recommended, supporting information, education and communication materials in print would be needed as complementary tools and implements.

Most important IEC material is poster. The message of posters should be short, simple and easy to understand. Message may be emotional, statistical or scientific. The visuals should be easy to understand and must appeal to the value system of people of the land or region. The language should be always local. The trained motivators would be able to write the copy of such posters and an artist having knowledge or experience in blood donation may be able to design visuals. Type of printing would depend on the quantity required and fund available.

Printing may be lithography, letterpress, silk screen, offset or even xerox offset. The quality of paper may be selected depending on the design and purpose of the poster. The paper may be art paper, chromo art paper, maplitho, white printing, bond or even news print. Posters for permanent display or for using over and over again may be laminated and or mounted on board or wood. A number of posters covering all aspects of blood and blood donation may constitute a set and may be used for blood collection drive. For outdoor camps, announcement posters with date, time and location may be necessary in bulk. So blank posters with provision to fill in the blanks according to requirement may be useful.

Advertising agencies may help in designing posters. From poster competition or sit-and-draw contests, many new ideas may crop up. Loud thinking of motivators in workshops on development of IEC materials and poster exhibitions may stimulate newer ideas.

In long term campaigns, particularly in school education programme, a flip chart properly designed sequentially with same size of colourful posters can be used. Flip charts with appropriate posters or in

the form of stories can be used in short term donor recruitment sessions.

Folders with visuals containing basics of blood donation can be distributed as take-home materials in various motivational sessions. Properly designed school time table with visuals, slogans and basic information on blood and blood donation can also be used as a material for distribution at the end of school education programme.

Books, booklets, folders, stickers, sunshades, calendars, paper weights, paper handfans, key rings and badges with appropriate message and design or content can be supportive IEC materials for blood donor recruitment.

Postal stamps of many countries on blood donation give ideas of visuals which may be adopted for IEC material. AVIS, Italy has coloured pictorial booklet with all stamps on blood donation so far published by different countries.

Slides, transparencies, film, filmstrips, video and audio cassettes, can be used as IEC materials. In motivation sessions in India it would be difficult to organise hardware and curtains. Furthermore, by making the room dark the motivator may lose eye contact with the audience. Eye contact with audience is an essential ingredient of successful direct oral communication.

But motivators should learn the technology to produce such materials with the help of others and they should be able to use those when the situation so demands.

The motivators should be careful while designing messages for IEC materials. The message must be clear and if possible indicate some benefit to the donor or to the society. The message must be tested with donors and non-donors. The messages developed and tested should be used as frequently as possible because repetition is a key element in communication process. In addition to creating the messages, graphic elements to accompany the messages sometimes may be useful.

Motivators should appreciate that IEC materials are supportive to their oral communication and not a substitute or replacement of human beings in flesh and blood in front of the audience.

## IEC Materials Used in Different States of India

1. Poster
  - Emotional
  - Message
  - Statistics
  - Science
  - Announcement
2. Flip chart
  - Science
  - History
  - Statistics
  - Story
3. Sticker
  - Message
  - Announcement
  - Watch Sticker
4. Badge
  - Message
  - Symbol
5. Hoarding
  - Message
  - Announcement
6. Novelties with Message
  - Key-ring
  - Carry-bag
  - Purse
  - Bust
7. Paper Article with Message
  - Class time-table
  - Sun guard
  - Fan
8. Visual
  - Slides
  - Transparencies
9. Cards
  - Greetings
  - Announcement
10. Books & Periodical
  - Book
  - Folder
  - Pamphlet
  - News Letter
  - Journal
  - Bulletin
11. Advertisement
  - Radio spot
  - TV spot
  - News paper Ad
  - Ad in Periodicals
12. Print & Electronic Media
  - Feature
  - Appropriate slot
  - Special article
  - Special programme

# Campaign Design

## Major Steps to be followed

- **Back Ground**  
Know the back ground of the organisation.
- **Object & Requirement**  
Understand the need & object of the campaign.

Major Steps Contd.

- **Budget**
- **Selection of Target Group**
- **Theme**
  - Short Term
  - Long Term

Major Steps Contd.

- **Selection of Manpower**
  - Agency**
  - Individual**
- **Title of the Campaign**

## Execution of Campaign

- ◀ **Concept based on Theme**
- ◀ **Creative**
- ◀ **Selection of Media**
  - Print**
  - Jingle**
  - AV**
- **Design**
  - Copy**
  - Visual**
- **Layout**

## Creative

- **Theme**
- **Message / Copy**
- **Headline / Slogan**
- **Visual**
- **Logo**

# Example

Thank You Blood Donors

World Blood Donor Day, June 14, 2006

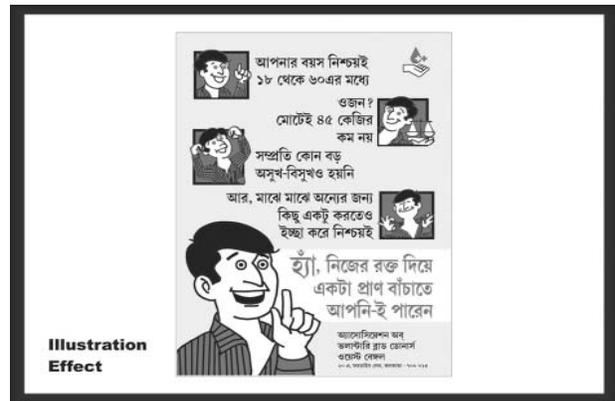
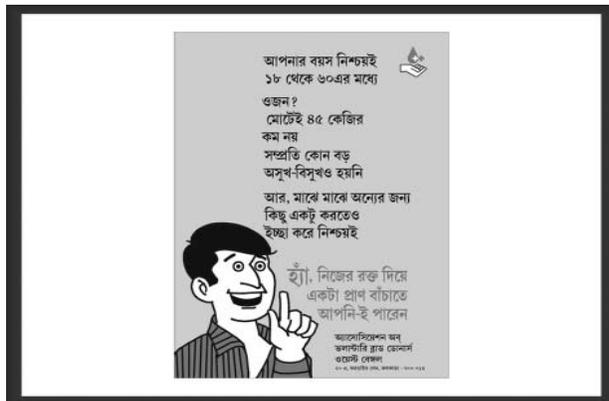
8.8 Crore Blood Donors of the World

50 Lakh Blood Donors of India

5 Lakh Blood Donors of West Bengal

 Association of Voluntary Blood Donors  
West Bengal





## I E C Materials

I E C stands for

- Information
- Education
- Communication

## Media

- Printed Materials
  - Poster
  - Sticker
  - Dangler
  - Chain
  - Wobbler
  - Sun guard
  - Brochure
  - Other materials

Media contd...

- **Press**
  - News paper (Daily / Weekly)
  - Magazine (Weekly / Fortnightly / Monthly)
- **Wall Painting**
- **Hoarding**

Media contd...

- **Radio**
  - Station / Channel
  - Duration (Time)
  - Programme Slot
- **Television**
  - Station / Channel
  - Duration (Time)
  - Programme Slot

### Different Type of IEC Materials

- ❖ **Poster**

**Emotional**

“My son is back home  
because  
you donated blood”

Association of  
Voluntary Blood Donors,  
West Bengal  
2nd Floor, 1st Lane,  
Park Street, Calcutta

### Different Type of IEC Materials

- ❖ **Poster**

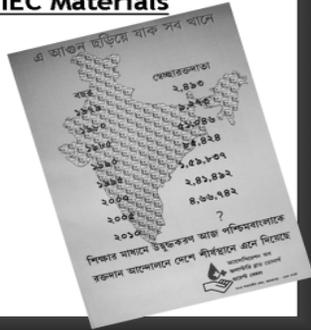
**Message**

BLOOD  
OWNERS  
SHOULD BE  
BLOOD  
DONORS

Association of  
Voluntary  
Blood Donors,  
West Bengal  
2nd Floor, 1st Lane,  
Park Street, Calcutta

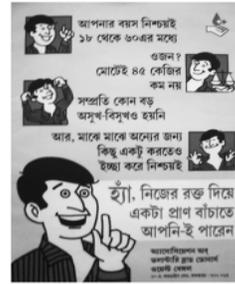
**Different Type of IEC Materials**

❖ **Poster**  
**Statistics**



**Different Type of IEC Materials**

❖ **Poster**  
**Science**



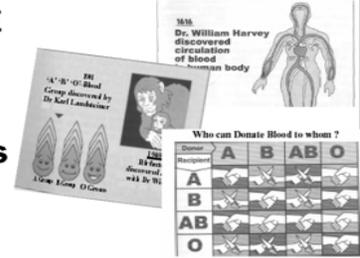
**Different Type of IEC Materials**

❖ **Poster**  
**Announcement**



**Different Type of IEC Materials**

❖ **Flip Chart**  
**History**  
**Science**  
**Statistics**  
**Story**



**Different Type of IEC Materials**

➤ **Sticker**  
**Message**  
**Announcement**  
**Watch sticker**



**Different Type of IEC Materials**

➤ **Badge**  
**Message**  
**Symbol**



**Different Type of IEC Materials**

➤ **Hoarding**  
**Message**  
**Announcement**



**Different Type of IEC Materials**

❑ **Novelties with Message**  
**Key-ring**  
**Carry-bag**  
**Purse**  
**Bust**  
**Hat**  
**T-shirt**  
**Tie & Tie-pin**



Different Type of IEC Materials

❑ Paper Article with Message

- Class time-table**
- Sun guard**
- Fan**



Different Type of IEC Materials

- ❖ **Visual**
  - Slides**
  - Transparencies**
  - Power Point Projection**

Different Type of IEC Materials

❑ Cards

- Greetings**
- Announcement**



Different Type of IEC Materials

# Books & Periodicals

- Book**
- Folder**
- Pamphlet**
- News Letter**
- Journal**
- Bulletin**



Schedule

- **Launching Schedule**
- **Time Schedule**
- **Job Schedule**
- **Distribution Schedule**
- **Internal Communication Schedule**

- **Feedback**
  - Collection of data
  - Analysis of data
- **Evaluation**



# AN EFFECTIVE USE OF IEC MATERIALS FOR PROMOTION OF BLOOD DONATION

Mr. A. David Arokiadurai, Tamil Nadu

Poster On Anaemia Preventive Education for Adolescent Girls

## CONTENT OF THE POSTER

What is Anaemia?

Signs/Symptoms of Anaemia?

How does Anaemia occur?

Ill effects of Anaemia?

Do you know?

How to prevent Anaemia?

## OBJECTIVE

The girls in the adolescent age group should know about Anaemia and its prevention

Poster On Types of Blood components & Transfusion Service

Name of Component Quantity to be available in Blood Who Requires

Plasma 55% 6000-9000/mm<sup>3</sup> Person with liver disease

Person with burnt injuries

WBCs & PLATELETS <1% 1.5 to 4.5 Lacks.

Person with dengue fever, cancer patient, person who have developed drug toxicity in the body.

RBC 45% 4-6 Million Anaemic persons, Thalassemia and hemophilic patients.

Whole Blood \_To compensate the lose of blood during accident and delivery.

Dialysis and major surgery.

Poster On RBC Level/Quantity Found in a Normal and Anaemic Person

Poster On Know About Hemoglobin/RBC - A Contest for the Students

## WHAT DO YOU SEE IN THIS PICTURE?

See this picture and collect details from the reference materials. Then submit your entries to the school HM/ College Principal. Prizes will be awarded for correct entries.

Objectives:-

Encourage the students to know more about Hemoglobin/RBC and its function in the blood

circulation.

Poster On Service charges to be collected for Blood Transfusion services in all blood banks (As per the order of NACO, MoHFW, GOI & Dept. H&FW, Gov of TN)

One Unit full Blood = Rs 850/-

Packed cell (RBC) =Rs 850/- (Per One Unit)

Fresh Frozen Plasma (FFP) =Rs 400/- (Per One Unit)

Platelets Concentrate =RS 400/- (Per One Unit)

Cryoprecipitate =Rs 200/- (Per One Unit)

This is the fixed service charge to be collected by all the blood banks and the patients need not pay more than this amount.

Patients of Thalassemia and Hemophilia can get blood at free of cost from any blood bank.

For further details and assistance Deputy Director Blood Safety (CAPACS) may be contacted

Pamphlet on Blood Donation Awareness

Contents in the Pamphlets

General information about Blood Donation.

Who can donate blood?

Who Can not donate blood?

Benefits to a donor in donation blood

Who said Angels are living in heaven? They also walk among us every day (Slogan).

## SCHOOLS / COLLEGES COVERED

65 Municipal Corporation Schools and 43 Science and Arts Colleges and 5 Engineering Colleges in Chennai.

Strategy Adopted

Display the above IEC Materials in the schools and Colleges.

Conducting Quiz program among students.

Conducting IPC and Group discussion among students.

Encouraging and Motivating the students to conduct blood Donation camps in the schools through child – to- Parent Education concept.

Expected Out Come

The students in the Schools / Colleges are equipped with the knowledge about:

- Prevention of Anemia, Blood Components, Transfusion Service, need and importance of Blood Safety etc.

- The Knowledge gained by the students on various

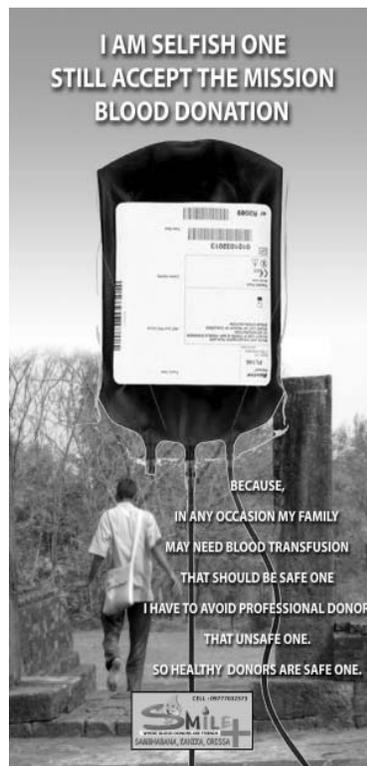
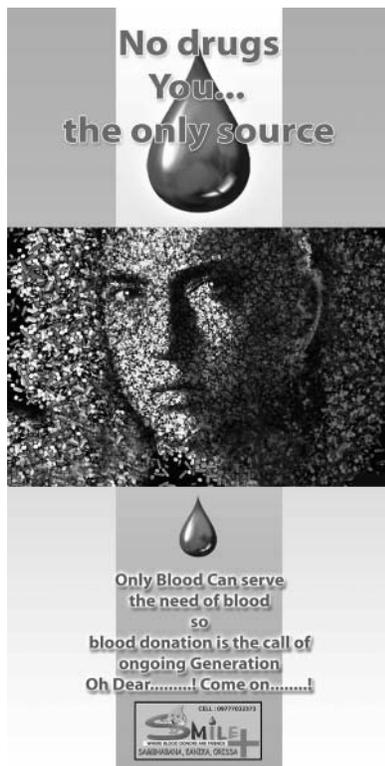
aspects Blood Safety will persuade them to be a regular donor and also an educator, motivator, facilitator and organiser in the field of Voluntary Blood Donation.

- Blood Donor's Club / Blood Donation information centres are established in the schools / colleges.
- List of Students who are willing to donate blood to the needy persons during emergency is prepared.
- Students are expected to talk with their parents and relatives at home on child – to – parent education concept on various aspects of Blood Donation / Transfusion in order to get rid of their myths and misconception and motivate them towards Blood Donation.

## DEVELOPING IEC MATERIALS USING CATCHY SLOGANS

Mr. Srikanta Nayak, Orissa

Mr. Srikanta Nayak demonstrated a few flex banner using catchy slogans



January 24, 2010

# Blood Science & Challenges in Recruitment

Chairperson: Dr. Sujit Datta, West Bengal

Dr. Sujit Datta, Chairperson explained the subject. He said for donor recruitment intending or non-donors should be approached through both head & heart. Science of blood donation should be communicated in donor-friendly language and invited speakers to present their topic keeping the allotted time.

## BLOOD SCIENCE FOR DONORS AND MOTIVATORS

Dr. Arunagshu Sarkar, West Bengal



### GOOD NEWS

**THIS IS NOT GOING TO BE A DRY SCIENCE LECTURE !!!**

### Approaches to Donor Motivation & Recruitment

▲ PUBLICITY  
▲ PROPAGANDA  
▲ ENTICEMENT

*Uses the principles of advertising. Useful for blood donation drives to meet short term needs.*

▲ EDUCATION  
▲ MOTIVATION  
▲ DONATION  
▲ RECOGNITION

*Aimed at creation of a large donor base. No instant results but efforts give long term results.*

### Approaches to Donor Motivation & Recruitment

#### Common Features of any Approach

Sharing of Information

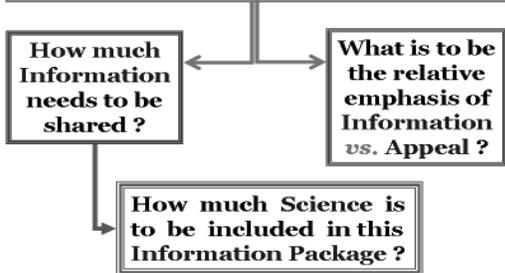
Emotional Appeal

Extent of information & relative emphasis varies, depending on the relative importance attributed to each of the above components

Motivation strategy and techniques are designed accordingly.

Approaches to Donor Motivation & Recruitment

Two Questions have to be Answered



Approaches to Donor Motivation & Recruitment



Approaches to Donor Motivation & Recruitment



Approaches to Donor Motivation & Recruitment

A rational approach should begin with a thorough analysis regarding what information is essential and relevant for effective motivation.

Designing of an effective strategy based on the conclusions of this analysis.

Analysis should include :-

- ◆ Understanding the reasons for non-donation
- ◆ Knowing the common objections to donation

Approaches to Donor Motivation & Recruitment  
Reasons for not donating blood :-

- ◆ Fear of pain
- ◆ Fear of needle
- ◆ Fear of future weakness
- ◆ Fear of sight of blood
- ◆ Existing illness
- ◆ Fear of possible ill effects
- ◆ Indifference
- ◆ Never been asked
- ◆ Social & religious taboo
- ◆ Possible wastage of blood
- ◆ Inconvenience & lack of time

Ignorance, Misinformation & Apathy

Approaches to Donor Motivation & Recruitment  
Common objections justifying non-donation of blood :-

- ◆ I do not have enough blood myself. How can I donate? Better I am given blood. ▶
- ◆ I am very weak. I will fall ill if I donate blood.
- ◆ I had typhoid/malaria/jaundice/operation/ in my childhood and cannot donate blood. ▶
- ◆ No way can this deficit be made up with the food I can afford.
- ◆ I have a hectic and stressful schedule. I cannot take the required few days rest. ▶

**SCIENCE IN DONOR RECRUITMENT**

**BLOOD VOLUME**

- How much blood do we have?
- How much is utilized by the body?
- How much can be safely given?
- How much is actually taken?
- What if blood is given to a normal person? ▶

**PRE-DONATION SCREENING**

- Donor screening questionnaire
- Check up by blood bank medical officer
- Hemoglobin testing ▶

**SCIENCE IN DONOR RECRUITMENT**

**COMPOSITION, LIFE SPAN & FORMATION OF BLOOD**

- ❖ What is blood actually made up of?
- ❖ How long blood cells survive in the body?
- ❖ Where are new cells formed?
- ❖ What exactly do we give in one donation?

**RECUPERATION OF LOSS**

- Is physical activity hampered by donation?
- How much time is required to recuperate the loss?
- Is any special diet / medication required to make up the loss?
- Is there any residual weakness?

## Approaches to Donor Motivation & Recruitment

- ◆ I am afraid of contracting AIDS. I know the blood banks re-use sets. ▶
- ◆ I know the blood banks throw away blood. I do not want my blood to be wasted. ▶
- ◆ Blood should be given only when actually needed. I will give only when my near and dear ones require blood. ▶
- ◆ I do not need to give blood. If I need blood I can get it easily as I am willing to pay good money for it. ▶

## SCIENCE IN DONOR RECRUITMENT

### BLOOD BANK PRACTICES

- What sets are used?
- Is there any possibility of re-use of sets?
- Is there any chance of communicable diseases?

### WASTAGE OF BLOOD

- What is the demand and supply position?
- Is some wastage inevitable?
- What is done with blood found unfit in tests?
- Is blood also wasted inside the body?

## SCIENCE IN DONOR RECRUITMENT

### REPLACEMENT & DIRECTED DONATION

- ❖ Why is voluntary source the safest?
- ❖ Is it a good idea to receive blood from blood relatives?
- ❖ How much time is taken in proper testing?
- ❖ What about emergencies requiring blood immediately? ◀

### COMMERCIAL SOURCE OF BLOOD

- Does paying more money guarantee quality?
- What are TTIs and which source is unsafe?
- Do commercial blood shops adhere to all norms or do they cut corners to maximize profits?

## SCIENCE IN DONOR RECRUITMENT

### COMMON ADDITIONAL QUERIES FROM DONORS

#### Blood Groups

- Can my blood group change?
- How is blood group inherited?
- Is marriage possible between Rh +ve & Rh -ve?
- What is Bombay Group?

#### Blood Donation

- Do some persons faint after blood donation?
- How often can blood be safely donated?
- Why is there an age limit to donation ?
- What is the liquid inside the bag?

## SCIENCE IN DONOR RECRUITMENT

### COMMON ADDITIONAL QUERIES FROM DONORS

#### Blood Diseases

- What is Thalassemia?
- Can this disease be cured?
- What is Haemophilia?
- How are these diseases inherited?

#### Blood Transfusion Therapy

- What is autologous transfusion?
- What is apheresis?
- What is cord blood banking
- What is stem cell therapy ?

## SCIENCE IN DONOR RECRUITMENT

### COMMON ADDITIONAL QUERIES FROM DONORS

#### Transfusion Transmitted Infections

- What is AIDS?
- What is the risk of AIDS from blood transfusion?
- What tests are carried out in the blood bank ?
- How dependable are these tests

Many other queries may be raised by prospective donors

Points to be kept in mind :

- Donor has a right to correct information.
- Donor expects satisfactory answers to all queries.

## SCIENCE FOR DONOR MOTIVATOR

### A thorough understanding of relevant Blood Science

#### CIRCULATORY SYSTEM

- ✓ Overall Organization & Function
- ✓ Artery, Vein & Capillary
- ✓ Why Blood collected from Vein
- ✓ Heart – Cardiac Cycle & Output
- ✓ Blood Pressure
- ✓ Adjustment to Blood Loss
- ✓ Excessive Blood Loss – Circulatory Failure
- ✓ Circulatory Overload

## SCIENCE FOR DONOR MOTIVATOR

### BLOOD

- ✓ Composition & Functions
- ✓ Blood Volume
- ✓ RBC – Life Span, Formation, Destruction, Hb
- ✓ WBC & Platelets
- ✓ Plasma – Composition, Proteins, Clotting Factors
- ✓ Response to Loss – Clotting, Enhanced Formation
- ✓ Blood Groups – Basis, Systems (ABO, Rh, Others)
- ✓ Blood Groups – Inheritance, Rare Groups
- ✓ Diseases of Blood
  - Anemia, Thalassemia, Sickle Cell Disease
  - Hemophilia, Purpura, Other Disorders
- ✓ Hemolytic Disease of the Newborn

**SCIENCE FOR DONOR MOTIVATOR**

**BLOOD BANKING**

- ✓ Donor Screening
- ✓ Donor Deferral
- ✓ Bleeding a Donor
- ✓ Complications of Donation
- ✓ Storage of Blood
- ✓ Component Separation
- ✓ Apheresis Donation
- ✓ Grouping & Cross Matching
- ✓ Screening for Infections
- ✓ Transportation of Blood for Transfusion
- ✓ Proper Disposal of Unused/Unusable Blood

**SCIENCE FOR DONOR MOTIVATOR**

**BLOOD TRANSFUSION**

- ✓ Indications of Transfusion
- ✓ Component Transfusion
- ✓ Bleeding a Donor
- ✓ Autologous Transfusion
- ✓ Exchange Transfusion
- ✓ Stem Cell Therapy
- ✓ Complications of Transfusion – Acute Reactions
- ✓ Complications of Transfusion – TTIs  
AIDS, Viral Hepatitis, Other Infections
- ✓ Complications of Transfusion – TAGVHD
- ✓ Rational Use of Blood

**SCIENCE FOR DONOR MOTIVATOR**

Regular up-gradation of knowledge

Consistency & Accuracy

All motivators should provide identical information

Resisting the temptation to show off knowledge

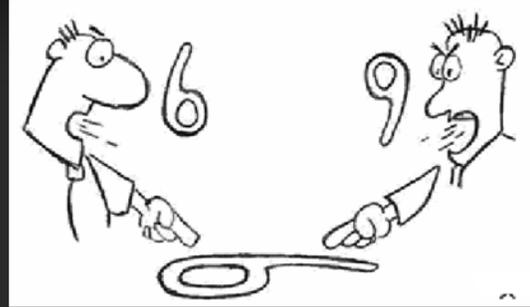
Communication in easily understandable language

**TALER DU DANSK ?**

UNDSKYLD!

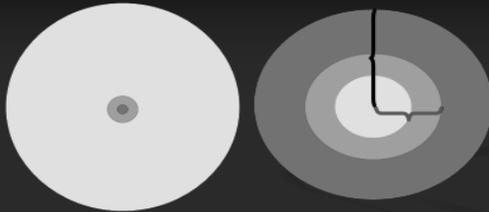
**SCIENCE FOR DONOR MOTIVATOR**

Appreciating the other person's point of view



**Population Size**

**Knowledge Level**



General Population

Educators / Motivators

Trainers of Motivators

**OF SUCCESS =**  
*Proper Knowledge*  
**THANK YOU**

# CHALLENGES IN RECRUITING BLOOD DONORS FOR FOURTEEN YEARS

Dr. P Srinivasan, Tamil Nadu

About Jeevan

- 24 September 1995
- 85,000 blood donations / 160,000 components
- Managed by an active Board of Trustees
- Ethical committee involving stake holders
- International advisory committee
- Near 100 % Components
- Training centre for Govt and not-for-profit blood banks
- Cost recovery + Public donations
- “Make Blood Free” programme

Collection of Blood from altruistic (voluntary) blood donors is the single most important step to enhance blood safety.

Blood Banks in India

- Managed by Government – State and Central
- Managed by Private hospitals
- Managed by Family Trusts
- Managed by Public Trusts

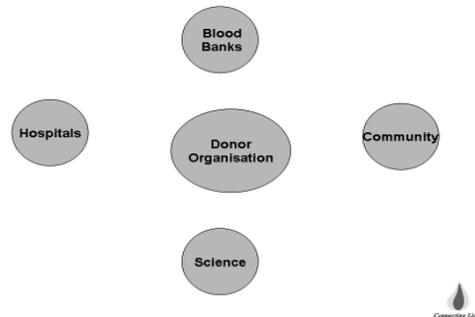
Challenges

- Competition among blood banks
- Failure to “work together”. Failed Dream
- Attitude towards blood donation
- Social Marketing
- Attitude of Government
- Only Govt Attitude
- Public Private Partnership
- Blood banks charge for blood
- Education on economics
- Role of Donor Organisations

Challenges will be Constant

Solutions have to be Contemporary

## Overcoming Challenges



26 January, 2020

- **Hello Pharmacy?**
- **Yes Sir. How Can I help?**
- **Please supply 10 units of RBCs and 5 units of Platelets to room 12345 at 11 pm**



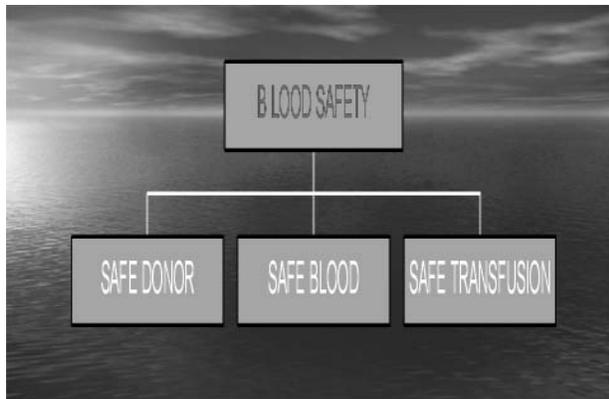
## Till Then Education is the Key

- Education on Blood Donation
- Education on operations of blood banks
- Education on Operation costs
- Education on Public Private Partnership



# WHAT'S NEW IN BLOOD SAFETY

Dr. C. Shivaram, Karnataka



### Blood Safety before and after 2000

- 1980s :Evolution of the AIDS epidemic -Vastly improved transfusion practice.
- Emphasis shifted from compatibility testing and component manufacture to reducing the risk of infectious disease transmission.
- Before 2000; Blood testing strategies
- Whole blood donation- Blood components-Apheresis
- After 2000;Blood processing technologies.
- Focus on reducing viral transmission
- NAT testing/Leukoreduction/Pathogen inactivation techniques.
- Current estimates for the risk of hepatitis C virus infection from a single blood component in the era of nucleic acid testing are on the order of 1:900,000 and are less than 1in a million for HIV-1.



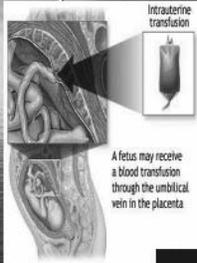
### Multiplex Assay-HIV-1/HBV/HCV: Detection by Agarose Gel electrophoresis

### Applications of Gel Technology

- Testing for ABO grouping/Rh typing
- Antibody screening and Identification
- Antenatal antibody screening
- Test for FMH



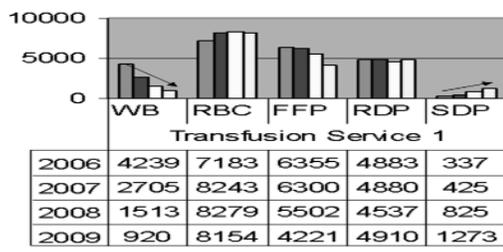
## IUT: Technologically -Scope for Improvement



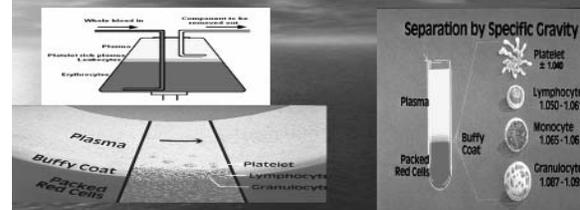
- Diagnosis:**
- Middle Cerebral artery blood Flow (Doppler)
  - Rising antibody titres.
- Management:**
- Transfusion with RBC (Hct 90%)
  - Sickle cell Negative
  - Leukofiltered to remove CMV
  - Irradiated with 25Gy to destroy T-lymphocytes which can cause GVHD.

## Blood Component Separation

## Changing Patterns of Blood Usage

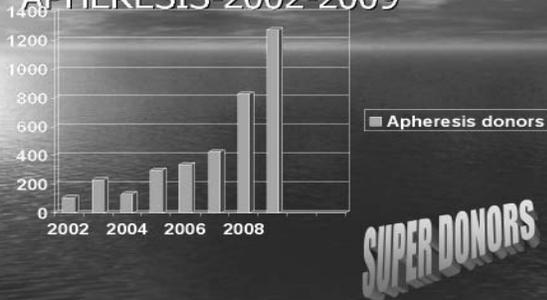


## APHERESIS Technology



- Developed by Edwin Cohn for deglycerolizing red cells.
- APHERESIS="Take Away"
- Selective removal of desired component(s).
- Apheresis for donation
- Therapeutic Apheresis.

## APHERESIS-2002-2009



## SDP Vs RDP

- Random donor platelets (RDP), manufactured from whole blood donations and
- **single donor platelets (SDP)**, manufactured on apheresis devices.
- The reasons for the disproportionate increase in the use of SDP
  - supply logistics
  - perceptions of quality
  - lack of price sensitivity
- minimizing donor exposures in an era of uncertainty and litigation surrounding the allogeneic blood supply.
- Critical analysis - conclusion that preferential use of RDP is the more logical strategy.
- **Pooled platelet concentrates: maybe not fancy, but fiscally sound and effective**

## Types of Apheresis

- Plateletpheresis: Therapeutic to prevent complications of bleeding and thrombosis.
- Plasmapheresis: Removal of antibodies/toxins
- Leukapheresis: Ex In leukemia to prevent thrombo embolic episodes.
- Erythropheresis
- Neocytophoresis
- Stem cell pheresis
- LDL apheresis

## Engineered Products

Erythropoietin  
Thrombopoietin  
Growth Factors

## Indications for RHuEPO

- RHuEPO has dramatically changed the therapeutic approach to the anemia of chronic renal failure.
- RHuEPO is effectiveness in various non-uremic conditions
  - anemia associated with onco-hematological disorders
  - Anemia of prematurity
- Low plasma levels of erythropoietin (EPO) in preterm infants provide a rationale for the use of EPO to prevent or treat anemia.
- Helps to reduce the exposure to allogeneic blood in surgical patients.
- Recent data have shown that red blood cell transfusions in critically ill patients can be decreased with RHuEPO.
- Also useful in Jehovah's witnesses to correct Hb without transfusion.
- EXPENSIVE
- THROMBOPEITIN /Other Growth factors

## PATHOGEN ACTIVATION

Need for Pathogen Activation  
Techniques Available  
SD-Plasma Vs FFP

## Pathogen-reduction systems for blood components

- Currently there is a multilayered approach to blood safety
- Vol Blood donation-ELISA Testing-NAT testing- Risk of infection
- Current worries:
  - Residual risk of bacterial contamination
  - Unexpected appearance of some other emerging pathogens ( Dengue/chikungunya/ H1N1 )
- Use of human blood as a raw biological source is inherently unsafe, and screening/testing alone cannot exclude all the potential human pathogens
- Mechanical methods such as cell washing and leukofiltration have been implemented as additional preventative safety measures
- The most promising approaches, so far, are methods that target pathogen nucleic acids (Methylene blue; Psoralen and Riboflavin UV light treatment).
- Extremely high safety margins in terms of toxicity to the cells or to the recipients.
- Tran apheresis science Dec 2006; 35:3

## Pathogen Inactivation Techniques

- Technologies that might be compatible with plasma may be incompatible with platelets or red blood cell units.
- Solvent detergent and methylene blue treatments are designed to inactivate plasma components.
- psoralens (S-59--amotosalen) designed to pathogen-reduce units of platelets; and
- Two products aimed at red blood cells, S-303 (a Fralé-frangible anchor-linker effector compound) and Inactine (a binary edyleneimine).
- The sites of action of the amotosalen (S-59), the S-303 Fralé, Inactine, and riboflavin are all localized in the nucleic acid part of the pathogen.
- INTERCEPT SYSTEMS:
  - Helinx technology prevents replication of DNA or RNA in pathogens without affecting blood components being treated (e.g. platelets and plasma).
  - Riboflavin a natural compound may be useful for all.
  - Light activated riboflavin oxidizes guanine in nucleic acids, preventing replication of the pathogen's genome
  - Gambro is developing processes using riboflavin and light to inactivate pathogens in plasma, platelet, and red cells called PET

## Pathogen reduction is a work in progress.

- Solvent detergent materials act by dissolving the plasma envelope, thus compromising the integrity of the pathogen membrane and rendering it non-infectious.
- The degree to which bacteria and viruses are affected by a particular pathogen-reducing technology relates to
  - its Gram-positive or Gram-negative status,
  - to the sporulation characteristics for bacteria, and
  - the presence of lipid or protein envelopes for viruses.
- Concerns related to photoproducts and other breakdown products of these technologies remain,
- SD-treatment Plasma Vs FFP
  - Approximately 10% reduction in coagulation factor concentrates in SD-plasma.
  - 50% reduction in protein S levels in SD-plasma
  - FV levels in SD-plasma were 31% lower than in FFP
  - FVIII levels were reduced by 28%.
  - Mechanism remains unclear.
- Toxicology of pathogen-reduction treatments is a major ongoing area of investigation.

## Pathogen Reduction-Target Viral RNA/DNA

- What's NOT known : Potential impacts of the metabolites and photo-adducts generated and log<sub>10</sub> reductions in culture infective studies.
- Any strategy that involves addition of an extraneous agent or physicochemical manipulation of blood must balance the benefits of pathogen reduction against the
  - loss or alteration to the cells and plasma functional integrity
  - short and long term toxicity to the cells and to the recipients
  - as well as the risk to the personnel involved and the community at large.
- Each method will have a different profile of adverse reactions
- Each method has a differing risk profiles for different vulnerable groups of patients.
- Storage stability of products that have undergone pathogen inactivation.
- Currently emphasis is on Pathogen reduction for platelets and plasma.

## ARTIFICIAL RED CELLS

The diagram shows various components of artificial blood products. On the left, under 'NON-HB SOLUTIONS', there is a cluster of spheres labeled 'CaF<sub>12</sub>Br'. Below this is 'ARTIFICIAL PLASMA' with a DNA double helix icon. On the right, under 'HB SOLUTIONS', there is a cluster of irregular, cell-like shapes. Below this is 'ARTIFICIAL PLATELETS' with a cluster of small, disc-shaped cells. At the bottom, 'RED PLASMA PROTEINS' is shown with several vials and a large circular structure.

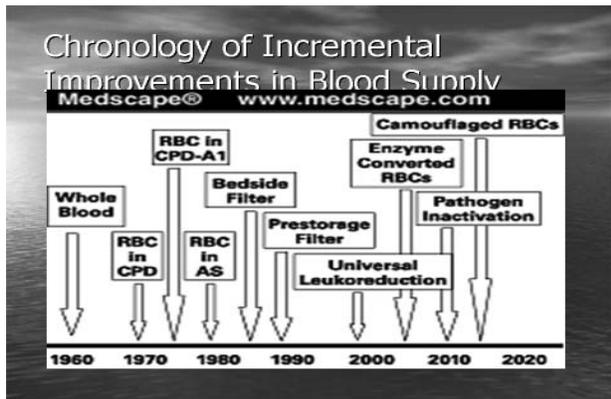
## Enzyme Treated Red cells

The diagram illustrates the process of enzyme treatment on red cells. It shows a grid of circles representing blood group substances: 'H Substance', 'A Substance', 'B Substance', and 'Galactose'. Above the grid, 'N-Acetyl Galactosaminidase' is indicated as the enzyme used. To the right, a list of findings is provided: Goldstone transfused human volunteers, 120 day survival, Unroasted coffee bean extracts converts B cells to O cells, Potential to convert A cells to O cells, and Work under progress to convert Rh+ve to Rh-ve cells.

# BACTERIAL REDUCTION STRATEGIES

## GAMMA IRRADIATION

### Bacterial Detection System



### SAFE TRANSFUSION PLANNER 2007

Harshad Hospital Transfusion Services

January	February	March	April	May	June	July	August	September	October	November	December
1-31	1-28	1-31	1-30	1-31	1-30	1-31	1-31	1-30	1-31	1-30	1-31

Appt. Post. Bangalore - 90 07 106, www.harshadhospital.com, Phone - (082) 424 200 4307, Fax - (082) 4305, e-mail: alivive@harshadhospital.org

## SWAMI VIVEKANANDA

- THEY ALONE LIVE , WHO LIVE FOR OTHERS
- LIVE FOR OTHERS, DONATE BLOOD

## NETAJI SUBASH CHANDRA BOSE

**WE SALUTE HIM AND REITERATE HIS STATEMENT:**

- GIVE US YOUR BLOOD, WE WILL GIVE YOU FREEDOM
- FREEDOM FROM DISEASE.

# THANK YOU

January 24, 2010

# Training of Motivators

Chairperson: Mr. Arjun Singh, West Bengal

## TRAINING OF MOTIVATORS

Mr. Dipak Bose, West Bengal

Respected Chairman and Fellow Travellers,

Without voluntary blood donors, no blood transfusion service can serve its purpose. But blood donors are few all over the world. This is because,

- Nobody is born as a blood donor.
- There are several myths, misconceptions and fear complex around blood & blood donation.
- People are generally not self-motivated to donate blood.

So motivating people to donate blood voluntarily is not only essential but also a demanding task even today in any blood transfusion service. For motivation motivators will be required.

Blood donor motivation is an art based on science.

To do the work of motivation effectively, donor motivators will need

- Information
- Skill

- Knowledge
- Attitude

which can be developed through education and training.

Still one question evolves round the world and is often debated

“Do Motivators really need any training and education?”

One can develop himself or herself by self study, observation and deep thinking. They are genius. But that is not possible for everybody. So some sort of formal academic programme is necessary. Of course people like Richard Titmus, the author of the book “Gift Relationship” left school at the age of 14 years, had no university education but still he became Professor of School of Economics, London in Public Administration and wrote the said book through a study of seven years on voluntary altruistic blood donation. They are genius and are few. But average common people would need training.

Motivators may be part and parcel of the transfusion service or may serve from outside as a part of any reputed voluntary organisation working to assist the

transfusion service. There may be a combination of the two also.

In a vast and highly populated country (like India), a couple of motivators in each blood bank will not meet the requirement of the country. Recruiting a large number of professional motivators in each blood bank will be costly and unbearable for a developing country where finance is always a perennial problem. Therefore, support from outside by way of voluntary service may also be necessary.

Whether the professionals attached to blood transfusion service or volunteers from outside are entrusted with the task of donor motivation, both will require training.

Appropriate training module is therefore required to be designed and implemented in an organised, scientific and systematic manner. But unless they are designed properly following the principles of curriculum design and development, which is of course a subject of speciality, the training programme may not be useful.

Attempts were made by WHO and NACO to conduct a few training programmes for motivators. In absence of properly designed curriculum, all these programmes have resulted in delivery of disjointed and non-cohesive lectures which often carried contradictory messages or information ultimately leading to a futile exercise.

It is therefore, necessary that all training packages shall be designed properly and implemented carefully after close interaction among the course designers, course administrators and the faculty members through comprehensive workshops or orientation programme.

Association of Voluntary Blood Donors, West Bengal has been conducting a number of training programmes for motivators since 1981 ranging from :

Short duration District level and University Level Certificate course to full Length Diploma Course on Blood Donor Motivation and Recruitment.

These programmes have been developed following the principles of curriculum design and development and are being subjected to continuous modification and improvement through regular evaluation based on experience and feed back to suit the need of the hour. Appropriate teachers' guide books have also been developed to maintain uniformity and cohesiveness. Faculty were developed through teachers' training workshops.

I would recommend one short module for the country. Let us have a quick look at the module.

A TRAINING MODULE FOR BLOOD DONOR

MOTIVATORS FOR THE COUNTRY :

TITLE OF THE COURSE: Social Service – Blood Donor Motivation

STATUS: Certificate Course

TARGET GROUPS:

- Social Workers / volunteers of any organisation either working or intending to work in the field of blood donation / blood donor motivation.
- Blood Bank Personnel

AIMS & OBJECTIVES:

- To train field workers and intending volunteers in the art of blood donor motivation recruitment and retention.
- To build up an army of voluntary blood donor motivators in the society.

NO. OF PARTICIPANTS: Between 30 and 50 in a batch. There may be concurrent batches also.

LANGUAGE: Local / Regional

COURSE DURATION: 12 Hours in 3 Days @ 4 hours a day plus tutorials

DURATION OF EACH SESSION: 60 Minutes including discussion and question-answer.

MINIMUM KNOWLEDGE LEVEL:

After completion of the training, the trainees shall acquire minimum knowledge and skill to:

- Create general awareness among common people.
- Motivate common people to donate blood voluntarily.
- Motivate donors of tomorrow.
- Organise blood donation camps.
- Help in selection, counselling and care of donors.
- Encourage common people to participate in voluntary social work.
- Guide relatives of patients in quest of blood for transfusion.

In other words, they will be able to perform the basic functions of a motivator.

ENTRY BEHAVIOUR:

- A pass in School Leaving Examination
- Interest in blood donation movement and desire to serve.
- Fairly good communication skill in the regional language.

NO. OF FACULTY MEMBERS: Four for each group/

batch of trainees. For concurrent groups, one additional faculty member for each additional group may be inducted.

#### TEACHING METHOD :

Theory:

- Class lecture followed by question and answer.
- Close interaction of the faculty members with the trainees beyond formal sessions.
- Distribution of booklets on synopsis of the lectures at the end of the course to each participant.

Practice: Project and field work.

#### COURSE CONTENT

##### 1. Broad Perspective :

Importance and indications of blood transfusion in modern medical science. History of evolution and development of blood transfusion service and establishment of blood banks. Land, people and culture of the state / region vis-à-vis population, area, districts and sub-divisions, language, festivals, literacy, birth rate, death rate, historical background, socio-economic conditions and culture. No of blood banks in the State / Region. Demand and supply of blood in the state / region, country and the world. Myths, misconceptions and truth around blood and blood donation. Need of motivating common people and need of blood donor motivators. Professional motivators and voluntary motivators – advantages, disadvantages and limitations. Functions of blood donor motivators. Need of structured training programme for donor motivators. Object and utility of such a training programme.

##### 2. Blood Bank :

Need of a blood bank. Definition of blood bank and blood storage centre. Blood preservation techniques and shelf life of blood. Functions of an ideal blood bank. Sources of supply of blood – voluntary, replacement – their relative advantages, disadvantages and limitations. Evils of paid / professional blood selling. Safe blood - Supreme Court directives and WHO recommendations. Types of blood banks functioning in the state / region – Government, Commercial and Non-profit making private blood banks – their relative advantages, disadvantages and limitations. Evils of commercialisation of blood. Licensing of blood banks – Supreme Court Directives. National Blood Policy. Formation of Blood Transfusion Councils. Scenario of blood banks in the country, region, state, district. Method of procuring blood for patient from blood banks. Advantage of credit card and its use. Concept

of 24 hours blood bank and their locations in the state / district. Duties when blood is not available in government blood banks.

##### 3. Basic Blood Science:

Blood – major functions and composition. Types, functions, life span, origin and destruction of cells. Meaning of serum – difference between plasma and serum. Functions of heart, lungs, vein and artery in human blood circulation system. Venous blood and arterial blood. Systolic pressure and diastolic pressure. Reason for collecting blood from vein. Blood volume in human body – total volume, amount of surplus, amount of donation, recuperation of donated blood. Donation interval. Time consumed in donating blood and in blood transfusion. Advantage of using blood components and blood products in stead of whole blood. ABO and Rh system of blood grouping. Significance of blood group in blood transfusion. Concept of universal donor and universal recipient. Cross matching and its importance.

##### 4. Inheritance of blood group.

Concept of chromosome in body cells. Responsibility of gene in determining one's blood group. Geno type and pheno type. Principles of inheriting ABO and Rh system of blood group from both the parents – explanations with examples.

##### 5. Principles of Blood Donor Recruitment :

Basic human needs and its relevance to blood donor recruitment. Psychology of donor, non-donor and one time donor – their implication on donor recruitment strategy. Need of recruiting new blood donors and retaining old blood donors. Four basic principles or stages of blood donor recruitment – Education, Motivation, Blood Donation & Recognition. Method of approach – individual approach, group approach and mass approach - their relative advantages, limitations and suitability. Need of both short term and long term programmes.

##### 6. Safe Blood Transfusion:

Meaning of safe blood transfusion. Common transfusion transmitted infections. Methods of ensuring blood safety : (i) Depending on genuine voluntary blood donation in camps, (ii) Scientific donor screening, (iii) Donor counselling for self exclusion, (iv) Confidential unit exclusion of donated blood, (v) Quality assurance at all levels (vi) Rational use of blood (vii) Post donation mandatory laboratory tests of collected blood – role, applicability and limitations of each in ensuring safe blood transfusion. Laid down national standard for selection of blood donor and

precautions before donation of blood. Temporary deferral and permanent deferral – prudence in handling of such deferred intending donors. Need of female social workers in blood donor selection. Need of uniform donor screening standard throughout the state / region.

#### **7. Donor Motivation Techniques:**

Definition of motivation. Difference between motivation and manipulation / persuasion. Different target groups in the society for motivation – way of contacting and approaching each target group. Importance of motivating women. Limitations of depending on limited number of target groups to meet the blood need throughout the year. Short term motivation techniques in vogue – Seminar, campaign materials, media campaign – explanation and utility. Long term motivation techniques in vogue – School education programme, motivators' training programme, observing days of importance as days of blood donation, mass blood donation camp, exhibition, fair, debate, quiz, media campaign, articles in periodicals etc. with explanation and utility. Supplementary methods: Motivation and training of blood bankers and blood users and their importance. Demerits of collecting blood for specific type of patients. Need of continuous motivation. Need of evolving new motivation techniques and modifying existing techniques through periodic evaluation. Disadvantage of blindly duplicating motivation techniques followed in other countries without modification.

#### **8. Blood disorder - Thalassemia and Haemophilia.**

Thalassemia – physical symptoms, cause, nature of blood transfusion required. Inheritance of thalassemia. Prevention and counseling – reducing blood need. Mechanism of blood coagulation. Haemophilia – physical symptoms, cause, nature of blood transfusion required. Inheritance of haemophilia. Prevention and counseling – reducing blood need. Method of meeting blood need for thalassaemic and haemophilic patients.

#### **9. Blood Donation Camp:**

Donation of blood in camp and in clinic – advantage, disadvantage, statistics of donation in camp and in clinic. Importance and role of camp donation in donor motivation. Planning and setting up a blood donation camp – selection of site, arrangement of blood bank team, motivation and campaign, camp decoration, selection briefing, job distribution and posting of volunteers. Planning various activities and their steps in a camp. Cleanliness, discipline, consent, comfort,

entertainment and efficient handling of donors from start to send off. Care of donor and importance of giving company to the donor in camp. Need and important of talking with donors at bed side. Arrangement of water and refreshment for donors and its significance. Donor recognition & its significance. Handling cases of adverse reactions. Motivating on lookers in a camp. Record keeping in camp. Winding up of a camp and follow up action. Need of maintaining contact with donors.

#### **10. Public Relations and Communication**

General meaning of the term Public Relations. Origination of the words “Public Relations”. Definition of Public Relations. Objectives and utility of public relations. Works / activities in public relations. Need and importance of public relations in donor motivation. Target publics for public relations in the field of blood donor motivation. Role of communication in Public Relations and motivation. Types of communications – oral, written and sign - applications and limitations of each type. Principles of oral communication. Communication error and need of avoiding / minimising communication error for effective communication and public relations. Importance of oral communication in short term and long term donor motivation techniques. Difference in class room teaching and public speaking. Need and principles of planning a lecture in advance. Content development for a donor motivation session. Selection of teaching aids. Role of story, poem, song, quotations etc. as a vehicle of communication. Need of self-evaluation of each lecture for improvement. Qualities of a good speaker & good speech.

#### **11. AIDS and Blood Transfusion.**

Meaning of the term HIV & AIDS. Sources of HIV contraction, danger, prevention, precaution. Tests available & their limitations. HIV contraction through blood transfusion & its effects. Myths and misconceptions about HIV and AIDS prevailing in the society. Counselling & education for self exclusion of intending donors for prevention of AIDS through blood transfusion. Role of blood bank in case of HIV positive blood.

#### **12. Voluntary Organisation:**

Role of an individual and an organisation in social service oriented activities. Need and advantage of a voluntary organisation in the field of blood donor recruitment in the form of blood donor society, club, association etc. Concept of various sectors of work – public sector, private sector, social or third sector. NGO

and CVO. Definition of real voluntary organisation. Advantage of voluntary organisations. Method of formation, registration, running, office work, administration and management of such organisation. Constitution, books of accounts, meeting procedures. Leadership in voluntary organisation. Recruitment, training, development and retention of volunteers.

#### PROJECT AND FIELD WORK:

- To visit a blood bank.
- To survey a blood bank.
- To visit a blood donation camp.
- Survey of donors, non donors and one time donors.
- Report writing on above project works.

#### EVALUATION:

- End-on written examination
- Continuous assessment through tutorial, question answer etc.
- Assessment of report on project and fieldwork.

This is one sample module. There may be a number of modules.

These education and training programmes are not merely for academic purposes but positive, effective, measurable results are desired. Sufficient care should therefore, be taken while planning such programme.

The success of any education and training programme, prima-facie depends on the following factors:

- Design and development of proper curriculum.
- Selection of suitable learners / trainees
- Induction of appropriate faculty members.
- Effectiveness of teaching methods employed.
- Evaluation, modification and updation of training programmes and course contents depending on feedback and experience.
- Effective design and use of teachers guide book / manual.

#### FACULTY:

Selection of appropriate faculty plays an important role in this particular programme. For this particular programme no tailor made faculty member will be available. Successful teachers or persons having teaching skill from various fields such as education, bio-science, social science, management science, public relation, journalism psychology, philosophy, medical science, arts, literature etc. having dedication and conviction to the cause coupled with communication skill may be inducted as faculty member of this education programme through a short orientation

teachers' training programme.

#### TEACHERS' QUALITIES MUST INCLUDE

- Dedication and conviction towards the cause.
- Qualities of inspirational instructor
- Desire to teach
- Knowledge on the subject (part or whole)
- Communication skill

Some of you in this auditorium might be teachers. It will be interesting for you to learn that :

- The mediocre teacher tells.
- The good teacher explains.
- The superior teacher demonstrates.
- The great teacher inspires.

All of you may ask yourself which category you belong to. However, in case of motivators training, great teachers are needed to inspire trainees to actively participate in the field of donor motivation.

#### STUDENTS' QUALIFICATION MUST INCLUDE :

- Ability to learn
- The desire to learn.

#### TEACHING METHODS:

The success of such non-conventional education or in service training programme will obviously depend on the teaching method. The method employed should be such that:

- Lectures should be delivered in listener-friendly language.
- Too much technical jargon should be carefully avoided.
- Dictation of notes should be avoided totally.
- Do not put much new concepts / materials in one lecture / session which may lead to indigestion of the trainees. The objective should be not to cover a subject but to uncover a part of it. In other words, teach less but do it profoundly.
- Well planned board work is desired.
- Lecture may be supplemented by distribution of synopsis of lectures.
- Lectures may be supplemented by demonstration, wherever possible.
- Lectures may be coupled with tutorials at regular intervals to involve the trainees actively in the learning process.
- Appropriate teaching aids may be used.

#### TEACHING AIDS :

Chalk, duster, chalk board, charts, posters, flip charts, certificates, badges, blood – group –cum- credit card, blood-bag, requisition form, cross match slip, models, power point, transparencies, video and audio cassettes. However, chalk, duster and chalk board is the best teaching aids in such training programme.

TEACHERS' GUIDEBOOK / MANUAL :

To be prepared for:

- Maintaining uniformity in teaching / training
- Giving the faculty members a clear idea about the detailed course curriculum
- Indicate the extent and depth of teaching required on each unit.

TECHNIQUE OF DESIGNING COURSE CONTENT :While designing course content, one should :

- Move from known to unknown
- From simple to complex
- A moderate amount of varied repetition of important points or repetition to maintain co-relation is desirable

DURATION

Duration of a single unit / topic should be fixed such that it includes

- Communication time
- Assimilation time
- Sum-up time
- Interaction time

Duration however, should not be guided or influenced by

- Administrative balance of convenience
- Convenience of the faculty members

EVALUATION:

No education and training programme can be an 'ideal' one. There is always scope of improvement and betterment. Suitable periodical as well as end-on assessment and evaluation of the training programme is therefore essential. While devising suitable evaluation method, both qualitative and quantitative evaluation should be done.

From the feed-back of the evaluation process, necessary improvements in methodology of teachings etc. should be done and all corrective measures shall be ensured to make the programme effective and useful.

Short intermediate tests, tutorials, question answer session, quiz, project, end-on subjective and objective

tests, viva-voce may be the basis of evaluation.

The evaluation system should be carefully planned and validity of the system should also be evaluated periodically.

The principles of curriculum design is represented pictorially in the following curriculum cycle :

Designing a training module or curriculum may be a subject of speciality but it is not the monopoly of academicians or educationists. People having knowledge in the field and interest in the subject may develop their own module.

CAUTION :

A training programme should not be static but must be responsive to changing values and expectations if it is to remain useful.

Wholesale import of ready made curricula or training packages from outside may not suit the purpose.

User-specific, highly relevant, home grown training modules should rather be designed to meet and suit the local circumstances, resources, need of learners and the community.

Initial help from other organisations, states, countries having expertise and experience in the field may be taken to initiate such training programme. But in course of time all shall have to develop their own module to make the training effective and successful.

## SELF STUDY

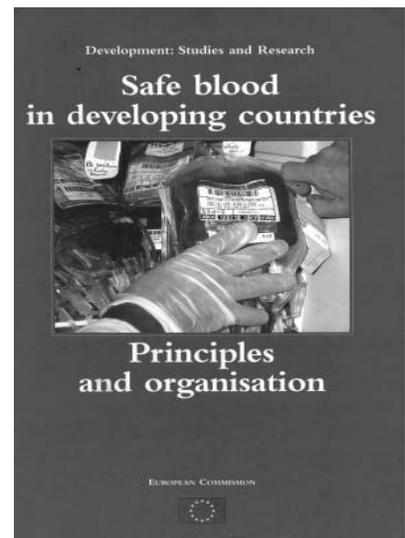
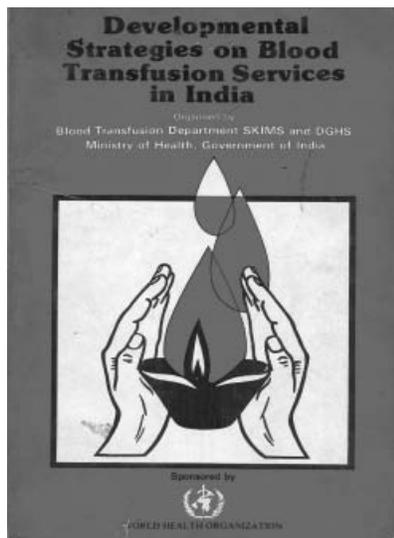
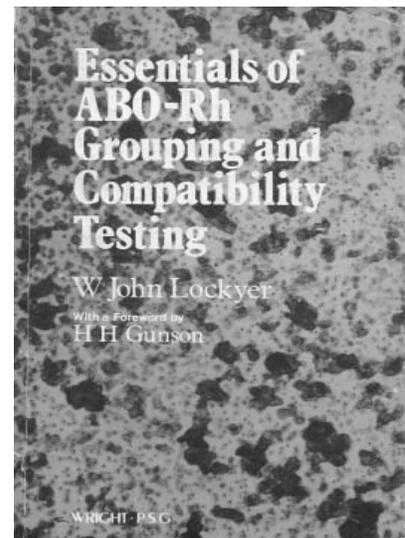
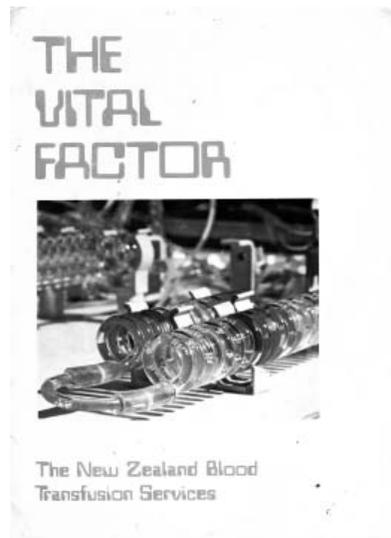
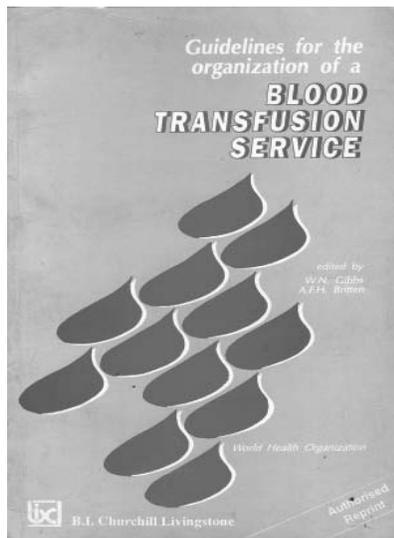
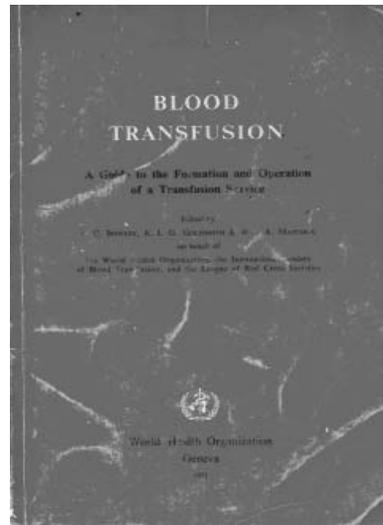
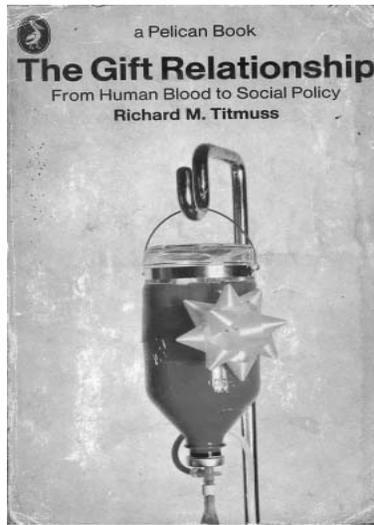
Professor Debabrata Ray, West Bengal

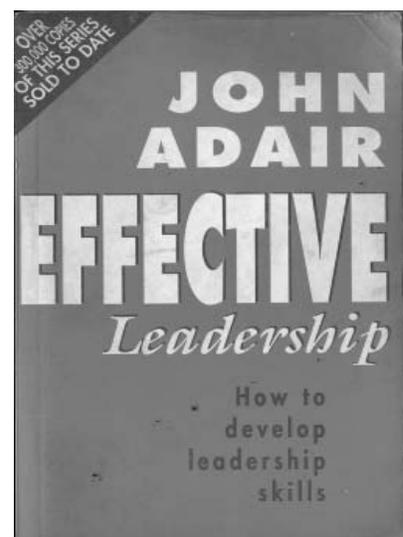
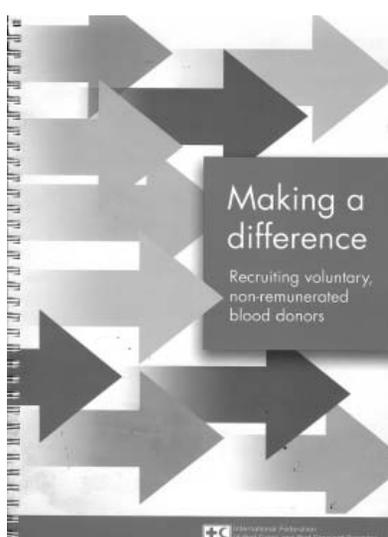
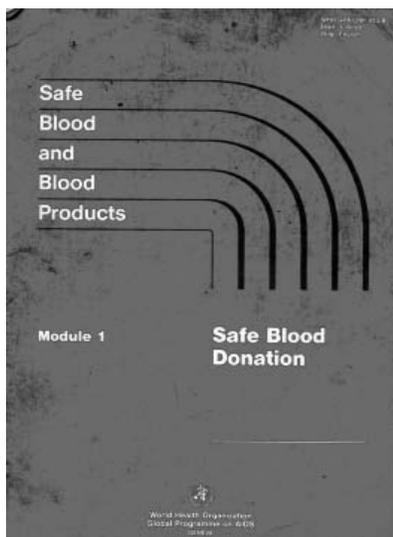
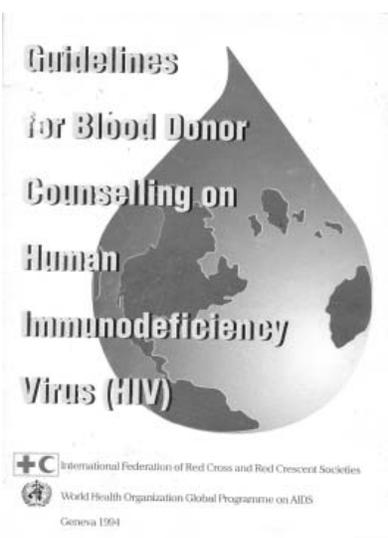
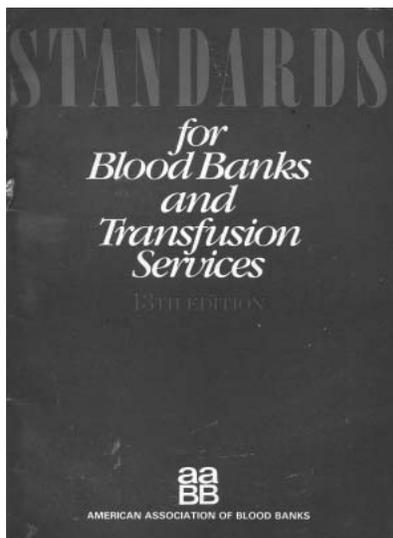
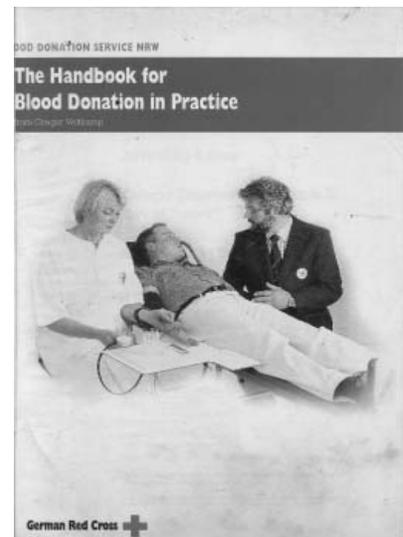
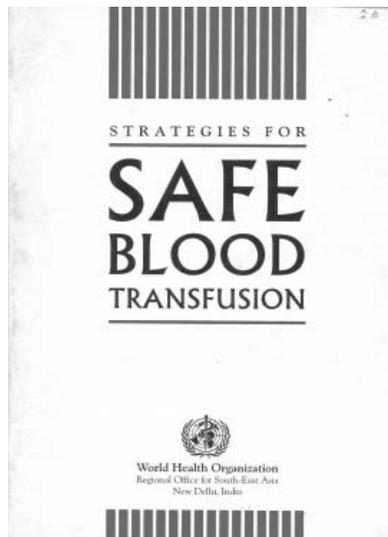
In the Mahabharata we find the following advice:

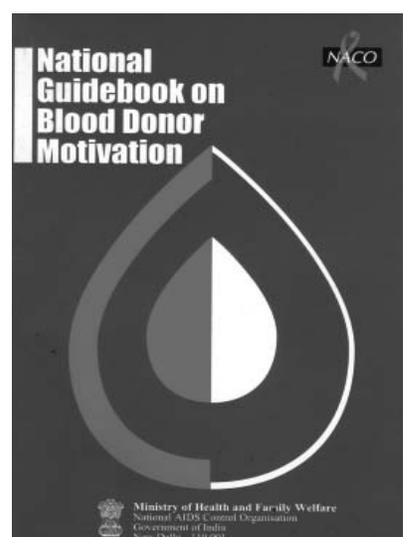
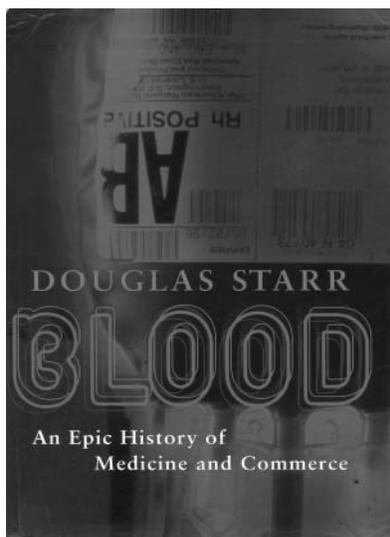
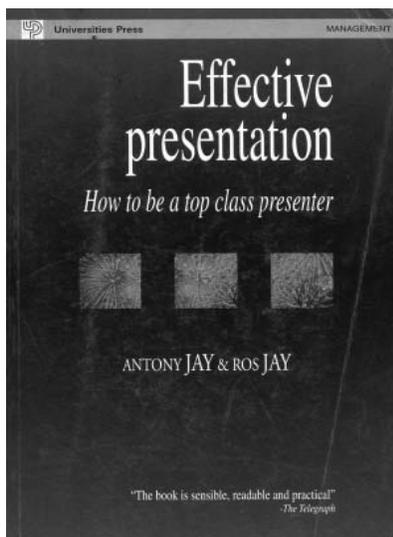
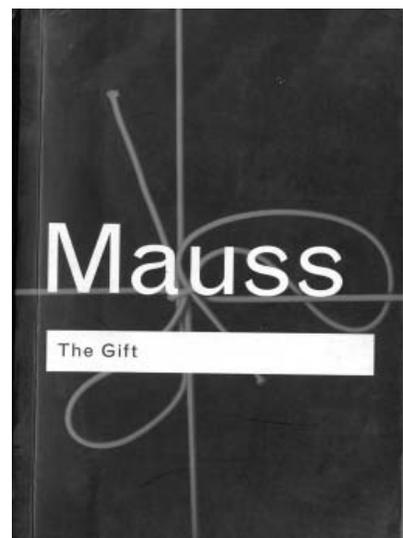
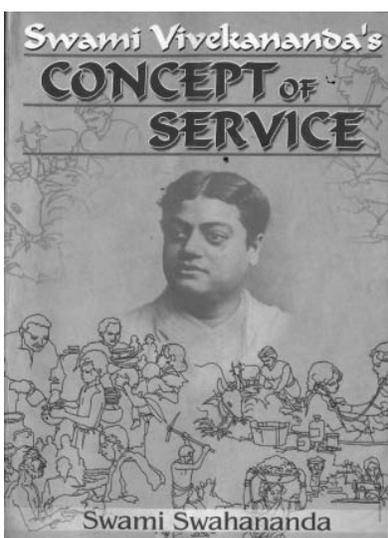
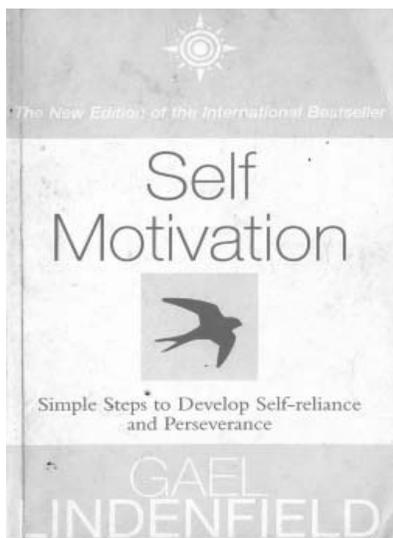
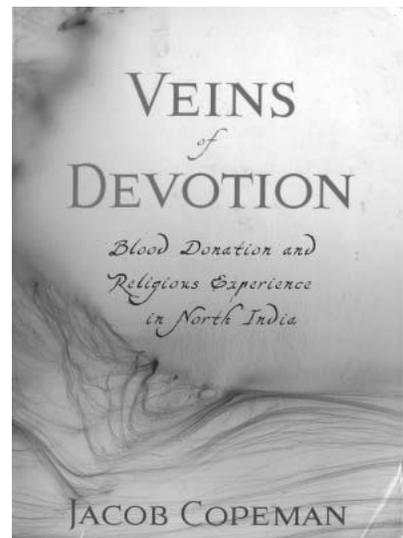
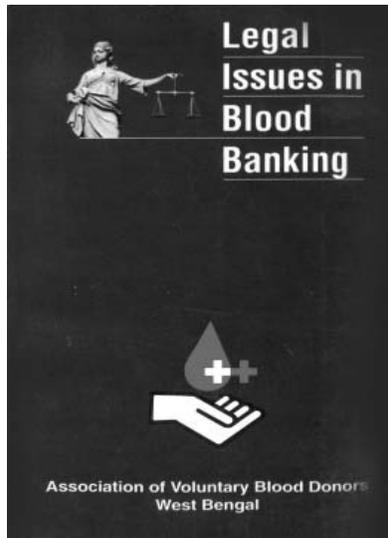
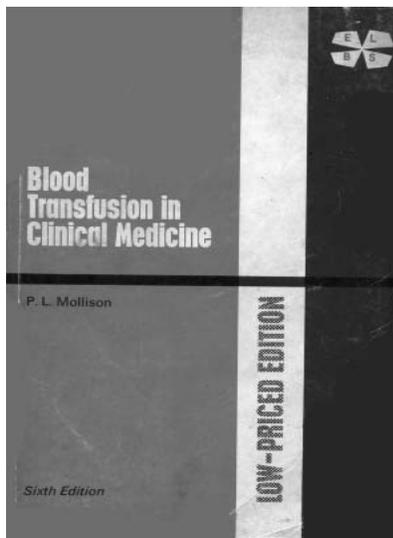
A student acquires a quarter of his knowledge from his teacher, another quarter from his own intelligence, the third quarter from his co-students and the last quarter in course of time from experience.

The people like Eklabya after being refused by his guru Dronacharyya to teach learnt by self study. The donor motivators may develop themselves without going through the structured training programme by self study, library work, deep thinking and observation those who have not much time for self development can be trained by structured training programme.

Let me introduce the self study materials:







January 24, 2010

# Donor and Safety

Chairperson: Mr. Sunil Mukherjee, Jharkhand

The chairperson explained the need of Safety of Donor and Safety of Recipient for ensuring Safe Blood Transfusion and invited the speakers to present their papers within the stipulated time.

## **DONOR AND SAFE BLOOD- ACHIEVING THE 100% MARK**

**Mrs Niti Sarin**, Chandigarh

Blood donation for the uninitiated connotes a very boring dry subject. It is not a tear wrenching, sympathy evoking cause, unlike some others.

To get the attention of the public and to have them participate in this movement we need to come up with some unconventional motivation techniques.

How to make the donor feel important and stressing on the fact thalassaemic and hemophilic children and new born Rh babies are helped by their donation is important.

It is as important to address the apprehensions associated with blood donation with emphasis on

the fact that no harm comes to the donor helps to rationalise away the fear of the needle etc.

More emphasis needs to be paid to replacement donors to convert this vast reservoir of one time donors to regular voluntary donors.

Demotivating factors to watch out for, such as multiple pricks, indifferent staff attitude, handling the situation in time of shortages, variable testing charges are discussed. Methods of handling such situations have also been taken up.

Selection of donors, retention of donors through various initiatives, bringing in the donors as well as the role of the Industry and Govt. organisations through their corporate social responsibility programme are also discussed

Blood donation for the un-initiated, connotes a very boring and dry subject.

It is not a tear wrenching or sympathy evoking cause, unlike other causes associated with old age, children or cancer etc.

To get the attention and sympathy of the public and to have them participate in this movement we need

to come up with some unconventional motivational techniques.

The challenge is to eke out emotion arousing stories and highlight them – situations people can identify with. For example, in Chandigarh we have the Shruti Memorial Camp – A little 3-year-old child was killed in a landslide induced house collapse and each year her family holds a blood donation camp in her memory. Friends and family come forward in large number to donate.

In another incident we had a lady come and donate blood, who insisted she did not want a thank you letter or blood group card. On probing it turned out her infant son, who was on his death bed had been saved by some unknown donor. Yet her family refused to let her donate blood, so she came quietly, to be the guardian angel for someone, some where, just as somebody had done for her son. She believes it is the prayers of thanks she receives that have saved her son and kept him well!

Like this there are many other touching examples that can be highlighted. IEC material should be touching and show children

Another important factor that we must not forget is that blood donation involves some degree of personal discomfort and pain, something that is unpleasant, unlike donating time or money, which provided instant gratification.

To combat this, it is important to understand the psyche of a blood donor—why does somebody leave what they are doing to come to a blood bank, a needle stuck into them and undergo physical discomfort when there is no monetary benefit? It is for the ‘feel good factor’ that comes from doing something; a good deed; something that elevates the spirit and boosts one’s self esteem and makes one feel good about oneself.

The donor must be made to feel important and indispensable. It is important that this experience, specially the 1st time, must be a very pleasant and satisfying one, if we want the donor committed for life to the cause.

We must underline the role they play in changing the gloomy scenario, and the critical contribution they, as voluntary blood donors, make to the National Health system. Everybody needs a good old pat on the back to polish the ego!

Stress that thalassaemic children are being given a lease of life by their blood donation. Ideally take along

a thalassaemic child when addressing a group of prospective donors. Seeing a child who is alive thanks to their contribution makes the cause all the more real and arouses a desire to be associated with it. Getting thalassaemic children to send ‘thank you’ letters to donors would be quite moving.

### **Handling Apprehensions:**

It is important to address the fears associated with blood donation.

Since we work in this field, we tend to take a lot of things but for a lay person, it is important to spell out some basic facts to put them at ease.

Emphasis has to be laid on the fact no harm comes to the donor from donating blood.

Living examples of prominent people in the community, who the target audience can identify with, and who have made multiple donations can be highlighted.

Since the whole procedure is done by doctors, it is safe. It really would not make sense for a doctor to harm a healthy person to cure a sick one!

In fact, it is quite the opposite – it has been proved that regular male donors have reduced chances of heart attacks as the iron content in the blood – the substance that hardens arteries and causes heart attacks – stays under control. This must be advertised widely. Give the whole campaign a different twist e.g. “Save a life plus do yourself a favour – donate blood and prevent heart attacks” or something to that effect! They now say donating blood encourages the production of juvenile red cells, that give your face a glow!

“Donating blood makes you beautiful!”

Taking a blood bag along while educating the public greatly helps to allay the fear of getting infections from the ‘needle’ seeing it is not like a disposable syringe, where the needle can be removed and reused is very reassuring.

### **Fear of the Needle:**

This is a very real fear and 80 % of people who have never donated blood, admit to it. Unbelievably, even a technician, who was drawing blood from me for a routine test asked when he found out I was a regular blood donor ‘doesn’t donating blood hurt?’ couldn’t stop laughing at the irony of the situation!

Keep the needle in its plastic cover for often the sight of the long, thick needle can be quite off putting and frightening and try not to use the words ‘poke or prick’

while talking. Phrases like “when the skin is broken” when the needle is inserted be used instead.

#### **Reassure the donor:**

However giving a realistic picture helps. Do the ‘pinch on the arm’ test to show the pain involved.

Explain how many other everyday mishaps pain much more e.g. A pin prick, a thorn poke, a cut, scrape, a burn, but we don’t think twice about them, and they don’t even save a life!

Do the mental exercise of balancing a baby’s life on one hand and the fear of a little pinch on the other. It is quite effective in bringing one down to earth!

This fear can be rationalized away.

#### **Demotivating factors:**

##### **Multiple pricks**

In our eagerness to get that bag filled, donors are pricked on both sides until the blood starts flowing. Multiple pricks must be avoided, especially in a 1st experience. It is better to defer the donor than prick twice which can be a great demotivating factor and discouraging for repeat donations. Most people are afraid of the needle and dread the prick (including me!)

##### **Staff Attitude:**

The Public Relation skills of the staff interacting with donors need to be honed. The staff must be trained to be courteous, smiling and friendly. The success of a blood service depends on the donors. This must be drilled into the staff and voluntary workers who come into contact with the donor. Donors are the real VIPs. WE NEED THEM –not the other way round!

##### **Handling shortages:**

When donors themselves need blood special efforts must be made to ensure that they get it. Nothing is more de-motivating than being refused blood. In fact if handled tactfully and sensitively the realisation of the shortage can actually make a donor more committed to the cause, because it makes them realise their important role in the programme.

##### **Long waiting period:**

In a study done in Delhi it was astonishing to learn that repeat donors were more reluctant to come back only because of the long time taken for the whole procedure of blood donation.

This aspect needs to be looked into.

#### **Variable testing charges:**

Another point which creates great confusion and suspicion are the testing charges levied on a bag of blood, which vary greatly from blood bank to blood bank. This creates suspicion in the donor’s mind, who feels cheated since his donation is free.

#### **The Cost Factor**

Processing charges should be laid down uniformly and realistically taking into account actual costs involved in getting the product on the shelf according to the category of the blood bank e. g. Govt. run, Govt. aided, NGO run, stand alone etc.

While Govt. aided blood banks can charge as little as Rs.150 for a unit of blood, others cannot match this low price unless the govt. subsidises the cost.

The State Blood Transfusion Council, NACO and Govt. should be asked to subsidise testing charges to standardise the cost of safe tested blood for the user in all licensed blood banks.

Testing charges should be prominently displayed at Blood Banks to avoid misconceptions and malpractices.

Transparency in all monetary dealings is of utmost importance, since blood is being donated voluntarily without any remuneration. There should never be a doubt in the mind of the donor that his blood is being ‘SOLD’

Of course our ultimate aim should be the realisation of the slogan coined by ‘Jeevan’ Blood Bank in Chennai ‘Let blood be Free – as it was meant to be’

#### **Getting in the Donors**

##### **Youth Outreach:**

Over the years we have devised a multifaceted strategy to cover different segments of the society.

At present the main source of blood are the students, so motivation has to be aimed at what appeals to them.

Youth Motivation Workshops are held with the 18-25 years old where the importance of blood donation is stressed and the apprehensions associated with blood donation are addressed.

These are youth oriented sessions, which are informative and educative while being friendly and

interactive.

This is followed by a blood donation camp in the institution and the results are very encouraging indeed.

Social networking sites are the fad, Facebook, Twitter Orkut, My Space and other such site, frequented by the youngsters should be used to promote and give information about voluntary blood donation.

FM Radio announcements have proved very effective as you have a captive audience who listen to the radio as they drive to work!

SMS messages are a terrific way to communicate with the youth. Cell phones have reached across the length and breadth of the country! The telecom subscriber base has crossed the 500 million mark. We must use this medium to get our message to the masses.

Involve the youth in awareness creating programmes on June 14, Oct. 1, etc.

Make a big deal about the 18th birthday and how they can now drive and also save lives!

Targeting this age group means preparing long term donors – they have at least 30 to 40 years ahead of them to continue donating blood.

#### **Rural awareness:**

We have sensitization programmes for the rural areas as well, though our main experience is in the urban area. Sunset camps in villages where the camp is set up in the evening so that the villagers returning after work can participate. A fair or mela type atmosphere needs to be created. Since a large percent of males migrate to the urban areas in search of work, motivation must be targeted at the women.

#### **Catch them young**

To let the idea of voluntary blood donation incubate within young children, we have the 'Catch Them Young' programme. Since there is a whole paper on this topic I will let my colleague elaborate on it.

#### **Social corporate Responsibility:**

Involving of the Industry and Govt. organisations is equally important.

Blood donation camps are organised in various offices on a regular basis.

Help in the form of sponsorships are sought for donor retention and creating public awareness e.g.:

At an award ceremony for regular donors this year, we had 14 companies sponsor the event.

Companies sponsor tokens to be distributed at public places on special days – things like Key Chains, Stickers, Bookmarks etc. – happy reminders of blood donation!

Sponsoring poster designing and slogan writing competitions.

Tokens of appreciation for donors at blood donation camps are sponsored by different organisations.

The print media helps by providing space in the newspapers for accounts of blood related activities during the year.

Candle light walks, cycle rallies, umbrella marches and other awareness programmes are organised, sponsored by different companies.

#### **Retention of Donors:**

Even repeat donors need to be motivated from time to time.

To keep Voluntary Donors interested and involved we organise:

Free Cinema shows are each year for blood donors on June 14, Blood Donor Day. This is an event that is eagerly awaited.

VIPs are invited to interact with blood donors and encourage them.

Birthday greeting are sent to blood donors.

Cricket matches are organised for blood donors.

Blood donor clubs need to be formed.

Newsletters are published, highlighting names of star donors and camp organisers.

Special facilities like free Hepatitis B vaccines for 5+ donors and infection disease status along with the blood group cards should be offered as incentives.

#### **Selection of donors**

Equally important is the selection of donors.

Since we have the handicap of the window period of T.T.I's and cannot offer 100% safe blood, we have to ensure that the SOURCE of blood is safe – i.e. from voluntary donors only.

Meticulous care must be taken in donor selection to ensure good quality and safe blood.

### **Replacement Donors:**

More attention needs to be paid to replacement donors as statistics reveal that upto 40% blood comes from Replacement Donors who are by and large 1st time donors and full of apprehensions. They are there out on compulsion.

This vast reservoir of one-time donors can be a precious resource for increasing the donor base, by converting them into voluntary donors; donating blood at least 3 times in a year.

This is quite easy as they have already overcome the major hurdle – i.e. fear of pain and weakness – having had to donate blood, and seeing how simple it is they can very easily be converted into repeat donors by sensitive handling.

### **Facilitating Motivation:**

The motivation wing has a pivotal role to play in bringing in the donors, to pamper the donor and add the human face to blood donation.

Recognising and balancing the importance of both the motivation and medical aspect of blood donation is important since one cannot survive without the other.

The authorities must recognise blood donation motivation as an essential part of the transfusion service in India. At present efforts put in for motivation are not considered at par with the medical aspect of the programme.

Motivation must be handled by experts in that field just as the medical aspects by doctors and technician.

Blood banking is multi dimensional and multi faceted. We can't get along without each other! Equal weight needs to be given to all issues and aspects. We need to emphasise equal partnership and mutual respect for these two completely separate sides of the proverbial coin.

The response of the public is far higher in places where motivational societies exist than in other areas. Trained social workers with adequate infrastructure of office, transport, telephone and funds are the urgent need of the day.

There lies a mammoth task before us of filling the gap between demand and supply.

With concerted efforts, co-operation and working in an atmosphere of mutual respect and trust, we can surely find more donors from a population of over a billion people and have a 100% voluntary blood donation programme for the country.

## **DONORS IN VOLUNTARY BLOOD DONATION PROGRAMME IN INDIA**

**Mr. T. Sampath**, Tamil Nadu

### **Introduction**

Blood transfusion has become a one of the major therapy to save the life of people in modern scientific medical care service in the country and also, it becomes an integral part of the health care system. Human Blood is the main source for blood transfusion service. It is like raw material for the blood products. Blood is very essential for patients those are admitted in hospital for their surgery and emergency medical care. The need of blood is vital for all the departments such as Obstetrics and Gynecology, Burns and Plastic Surgery, Nephrology, Urology, Orthopaedic Cardiology, Gastric and Surgical, General Medical and General Surgical Department. The requirements of blood units are increasing in every day in everywhere in the country. Presently the 60 percent of blood needs are fulfilled by voluntary donors and remaining 40 percent of blood units requirement are fulfilled by relative donors in the country.

### **Meaning of Professional Worker**

Professional Social worker is a person who completed Master Degree in Social Work Subject, recognised by University.

### **Meaning of Safe Blood:**

The safe blood is blood that does no harm to the person who receives it or otherwise it may say that infection free blood. Such as HIV, Venereal disease, Hepatitis-B Virus, Hepatitis-C virus, Malaria and other communicable diseases.

The non remunerated voluntary blood donors are safe blood donors. Among non remunerated voluntary blood donors, the Regular Repeated voluntary blood donors are safest donors because they are not hiding any information (health status and social behaviors) to doctor. These donors are playing crucial role in emergency and also helping in maintaining quality blood stock in the blood banks throughout the year and of also they are helping in minimising the discarding infected blood after the TTI screening of the blood. The Regular Repeated Voluntary Blood Donors in percentage are very less in the country, approximately it will be 5 percent. It could be increased further if blood bank personal, blood donation camp organiser and blood donation camp coordinator jointly create comfort and pleasant experiences to blood donors

while their blood donation. Presently, blood bank personal, blood donation camp organiser and blood donation camp coordinator after counting the quantity leading to inadequate donor care and counseling and create obstacle for getting more number of repeated voluntary blood donors.

### Care and counseling donors

Donors care should be given from donor's entry point to exit point in blood bank or camp premises by blood bank personals and camp organiser as like VVIP. The pre and post donation counseling should be given by trained and qualified persons with proper privacy. Donors are expecting care with dignity from blood bank personal in areas of reception and registration, Hemoglobin & medical checkup area, blood donation area and donors refreshment & certificate distribution area.

### Conclusion:

The blood transfusion service growth is unpredictable. The blood need is increasing in very day. The safe blood can be obtained only from non remunerated voluntary blood donors, if all blood bank personals and camp organisers give VVIP treatment, proper care and counseling to donors. India will achieve 100 percent voluntary blood donation and all patient will get safe blood

## CAN DIRECT RELATIVES OF PATIENTS BE DEFINED AS VOLUNTARY BLOOD DONORS

Dr. Usha Kandaswamy, Kerala

Voluntary Blood Donation has always been defined as blood donation by "one's own freewill." Voluntary unpaid donation shall mean the donation of blood or blood components by a person of his/her free will and without receiving payment in cash or in kind in return which could be considered a substitute for money and would also mean that there is no other coercion / pressure to donate blood. The voluntary blood donor programmes get their impetus from the spirit and concept of volunteerism.

WHO has rightly categorised blood donors into different categories as a guide line and for clear understanding of blood donor recruiters the world over. Direct relatives of patients had been categorised under family replacement category. Moreover the type of blood donor system and its definition often reflects the values and culture of social interaction of any given population and symbolises the very ideals that people of that region stands for.

Voluntary Blood Donor Recruiters have always considered providing of blood donors needed for transfusion as a moral and ethical responsibility of the society and not that of a patient requiring transfusion. Steps so far has also been along these lines. Strangely a recent guideline by NBTC directs BTS to consider FAMILY BLOOD DONORS as voluntary blood donors and to include them in the VBD category

A study conducted at SCTIMST attempts to examine the advantages and disadvantages the direct relatives as VBD. It also attempts to throw light on the psycho social aspects of this issue, trying to explain pros and cons of the phenomenon and how it can deter our efforts to make health care user friendly and least burdensome for a patient and his or her family.

### Definition of voluntary blood donors

Persons who donate blood of ones' own freewill without any coercion or pressure of any sort

The NBTC on 13/01 2009 has given a directive to broaden the definition of VBD and include

'Direct relatives who donate blood for their own family members' to the VBD list .....

For reporting of blood collection data from respective blood banks!!

Altered definition – what for ???

-Is it for better standards in blood safety?

-Does it set better standards to VBD programme?

-Can the BTS claim to set a better model

-Who are these stipulated direct relatives

- Father
- Mother

- Husband
- Wife
  
- Brother
- Sister
  
- Son
- Daughter

-Results of study at scimst

- 3 Month study
- -1472 Donors donated (total pts 496)
- -Only 137 were direct relatives (less than 10%)
- 83 Were female donors
- 74 Were from blood donor camps (vol)
- Only 9 females were from replacement category

Practical situations matrix eligibility of 'dr' as blood donors gender wise

Male	female
Father	mother
Husband	wife
Brother	sister
Son	daughter

Practical situation matrix eligibility of 'dr' as blood donors (considering the age of patients they represent)

**PRACTICAL SITUATIONS MATRIX  
ELIGIBILITY OF "DR" AS BLOOD DONORS  
- ( CONSIDERING THE AGE OF PATIENTS  
THEY REPRESENT )**

AGE	F	M	H	W	B	S	S	D
<2	■	✗	✗	✗	✗	✗	✗	✗
3-12	■	D	✗	✗	✗	✗	✗	✗
13-25	■	D	■	D	■	D	D	D
25-50	D	D	■	D	■	D	■	D
>50	✗	✗	D	D	D	D	■	D

Problems faced by blood banks to recruit 'dr' as VBD

- Very often their physical health is not at its best
- Very often their mental state is at its lowest ebb
- That specific 'dr' is at that specific time is burdened with so many other problems

Interaction with direct relatives

Results of interview with 137 direct relatives

- 91 of them 'experienced inconvenience' if given an option would have donated on a another occasion (67%)
- 27 Did not mind donating (19%)
- 29 Were not happy but donating

Strength and opportunities of direct relatives as donors

- An easy target group
- Future voluntary blood donors

Weakness and threats

- Questions the very moral and ethics of a VBD programme

- Responsibility being transferred to the patient
- Diluting the definition and scope of VBD motivation

- Blood safety ?

Psychological aspects of bystanders of patients neglected

Conclusion

As an advocate of better services and better patient care

It would be ideal that we strive for a 100% VBD programme in the real sense of the word instead of opting for short cut ways to obtain the objective

# IMPORTANCE OF QUALITY MANAGEMENT OF BLOOD DONATION

Dr. Snehalata C. Gupte, Gujarat

The blood bank is responsible for providing Safe, Healthy and Quality Blood to recipients. Donation must be accomplished in such a way that the safety of both the donor and the potential recipient is assured. Voluntary non-remunerated blood donation is the safest for recipient but the Blood Bank is concerned about the safety of the blood collected in the Blood Donation Camp as following factors can make the blood unsafe for transfusion.

- Camp organised in dirty, unhygienic atmosphere
- Donor selection criteria are not observed stringently
- Proper aseptic precautions are not followed while collecting blood
- Exact amount of blood is not collected in the blood bag because of non-availability of blood collection monitor or blood bag weighing scale in the camp
- Improper shortage of blood during the camp
- Improper transport of collected blood
- Long duration of blood donation camp affecting the quality of blood components prepared from the blood collected in the camp

Thus the quality management of Blood Donation Camp is essential. Following activities of Blood Donation Camp need Quality Management:

## 1. Campaign prior to Blood Donation Camp

It is essential to have publicity campaign prior to camp. It could be done by giving motivational talk, distributing IEC materials, displaying posters with motivational messages, communication through mass media, etc. it is important that the information given in the publicity materials is correct. Volunteers should be able to answer all queries raised by the public during campaign or at the time of blood donation camp. Blood Donation Campaign should also circulate the information regarding Donor Selection Criteria and Confidential self exclusion, so that the donors who are not eligible to donate their blood will not visit the camp.

## 2. Camp Venue

The surrounding of blood donation camp should be safe, pleasant and convenient. Camp should not be

conducted in the area where high risk population resides.

As per Drugs and Cosmetics rules, donors' blood is collected in an air-conditioned blood donation complex. Blood bank will not get the license if Donor registration / medical examination room, the tapping room and the donor refreshment room are not air-conditioned and having recommended equipment. In the blood bank there is a privacy to conduct medical interview and counseling of the donor. Blood bank tapping room has the equipment like donor couches, automatic blood collection monitors, tube sealer, needle burner etc. same regulations have to be followed for blood donation in the camp also. However, it is difficult to create same facilities and atmosphere like blood bank in the camp.

Blood donation camp organiser is usually a grass root worker and does not know about legal requirements for blood donation camp. He/She should visit the blood bank and watch the donor room activities to understand the requirements. Blood bank in-charge should conduct training programme for the camp organisers and their volunteers to educate them about camp requirements. It is responsibility of the blood bank medical officer to inspect the camp site, give suggestions and approve it. Premises should be clean, hygienic, and must have adequate light. Air conditioner is desirable but if it is not available, then a properly ventilated hall should be used. Atmosphere should be dust free and cool. If it is too hot, then there is a risk of vasovagal reactions. Overcrowding of the blood donation room should be prohibited.

## 3. Camp Facilities

- IEC materials and banners should be displayed. In addition to motivational messages there should also be information on donor selection criteria and self deferral.
- Pre-donation, donation and post donation areas should be as per standards.
- If it is not possible to use couches in the camp then organisers can arrange for clean beds having height suitable for blood collection.
- Electricity points should be there for electronic blood collection monitor, tube sealers, needle burner, etc.
- Cordial reception, Attention and Guidance to donors attending camp by a helpful and well trained staff.
- There should be provision for donor refreshments and proper sitting arrangements.

- There should be adequate facilities for disposal of biomedical waste. Blood bank staff must carry colour coded bio-hazard bags for collection of used cotton swabs, blood bag tubing, etc. Sodium hypochlorite solution container must be used for discarding disposable lancets used for hemoglobin (Hb) estimation and blood bag needles. Needle tips should be destroyed before putting them in the solution.
- Adequate facilities and emergency medicines should be available for management of adverse donor reactions.

#### 4. Camp Materials

Donor couches should be preferably used. Portable donor couches are available in the market. Blood bank staff can carry them to the camp site. In an ideal set up air-conditioned Mobile Blood Donation Van having 2 to 4 couches is used. Blood bank is responsible for Quality control of all consumables used for the collection process in the camp, e.g. Blood bags, Disinfectant, Sterile, Swabs, Plasters, etc. Blood bags must be within prescribed expiry date and there should not be any visible leaks. Blood bank must send appropriate numbers of each type of bag.

#### 5. Hemoglobin Screening

Hb screening test is performed to prevent taking blood from anemic donors. Often the camp organisers are in a hurry to finish the camps and hence are not happy about Hb screening. The blood donors waiting to donate blood are also reluctant for Hb screening. Hence often the Medical Officer in-charge of the camp is pressurised to take decision about anemia in the donor by conducting physical examination only. Every donor must be screened for Hb level and those having Hb below 12.5 g/dl should be deferred. Deferred donor should be advised to consume iron rich diet to improve Hb concentration. He/She may be given iron and folic acid tablets if iron deficiency is suspected.

#### 6. Blood Donor Selection

The process of blood donor selection is designed to provide the blood bank with the answers of two important questions: 1. Will the donation of 350 or 450 ml of be harmful for a donor? 2. Could the blood drawn from this donor at this time transmit disease to the recipient? Questioning of donor and medical examination should be conducted in privacy. Donor should be informed about transmission transmissible infections, window period infection association with the high risk behaviour. This information would help

the donor in self deferral process. Medical officer should ask all the questions recorded in the donor registration card and properly record the correct answers. He/She should sign the donor registration card declaring the fitness of donor to donate the blood. He/She should also get the signature of donor. Medical officer should advice donor to drink a glass of water prior to blood donation. To prevent the risk of "Window period" transfusion low risk donors should be encouraged to attend in the camp.

#### 7. Preparation of the Venepuncture Site

A strict standardised and validated procedure for the preparation of the venepuncture site should be in operation to achieve surgical cleanliness and thus to provide maximum possible assurance of a sterile product. Prior to phlebotomy, technical staff should wash their hands. Donor arm must be thoroughly cleaned with sterile cotton and aseptic solutions to prevent bacterial contamination of blood bags. The antiseptic solution used must be allowed to dry completely after application to the donor's skin or the skin wiped dry with sterile gauze before venepuncture. The prepared area must not be touché with fingers before the needle is inserted.

#### 8. Phlebotomy and Blood Collection

The Blood Bank should be concerned about the safety of the staff assigned the duty of Phlebotomy and Blood Collection. Staff must be provided with apron and gloves. They must follow all Universal safety precautions and maintain safe and healthy working environment. Those who receive needle injuries must get appropriate care to prevent infections. Safe techniques should be used to minimize needle stick injuries.

The venepuncture should only be undertaken by authorised and trained personnel to prevent multiple pricks. Blood must be drawn from a suitable vein in the antecubital fossa in an area that is free from skin lesions. The veins can be made more prominent by using appropriate means of venous occlusion. Venepuncture must be clean, smooth and un-traumatised so that there is free flow of blood.

Generally in a camp, one phlebotomist would manage 3 to 4 beds. When instead of blood collection monitor, weighing scale is used, then there is a need to shake blood bag frequently and often technicians are too busy to do that. Such blood may have small clots and the quality of blood components, particularly FFP and Platelets will also be poor.

Donor should be allowed to lie down for 5 to 10 minutes after completion of bleeding.

After collection, the pressure cuff must be deflated and the needle then removed from the arm. Immediate pressure must then be applied to the venepuncture site through a suitable clean dressing.

### **9. Blood Flow**

Blood flow should be constantly observed to ensure that the flow is uninterrupted. Blood should be mixed regularly during the period of donation which should not exceed 7–10 minutes, preferably within 6 minutes for best clotting factor achievement.

### **10. Blood Volume Monitoring**

Generally it is not possible to carry as many blood collection monitors as the number of available beds. Hence it is necessary to have blood bag weighing scales. The required volume of collected blood must be determined on the basis of weight. Collection of less amount of blood in the blood bag would cause citrate toxicity and more blood collection can cause clot formation as then the amount of CPD would not be enough.

### **11. Donor Refreshment**

Donor is offered refreshments so that he/she is under observation for 10 to 15 minutes after blood donation and the staff has opportunity to manage adverse reaction if any. Therefore do not allow any donor to leave the premises without taking refreshments.

### **12. Cold Storage of Collected Blood Units**

- Ice boxes should be used to keep collected blood units

- Do not put ice cubes in the ice box directly on top of blood units. Preferably frozen gel packs should be used for this purpose.

- Precautions must be taken that water drops do not come in direct contact with blood bags. Blood bag should be wrapped with polythene bag, before keeping inside the ice box.

- Blood should not be kept in the ice box for more than two hours.

- Ideally, arrangements should be made to transfer blood units collected in the camps to the blood center within two hours. Then the blood center staff will get enough time for separation of blood components within six to eight hours.

- If the camp site is far away from the blood center, then the blood units may be stored inside the domestic refrigerator available on the camp site.

#### **General Instructions**

The camp organiser should not insist on doing donors blood group on a camp site. Blood grouping carried out by a slide method is unreliable and there is a risk of issuing wrong report.

Every voluntary donor has right to get the voluntary blood donation card. Blood bank officer must send to cards to the donors within a week after the camp.

The low-risk donors should be educated and motivated to donate blood regularly.

January 24, 2010

# Donor Retention and Recognition

Chairperson: Dr. C. Shivaram, Karnataka

Chairman Dr. C. Shivram explained the need of Donor Retention to ensure safe transfusion and stated the need of Donor Recognition for Donor Retention and invited the speakers to present their paper within the allotted time for 15 minutes for each speakers.

## **DONOR RETENTION IS ESSENCIAL TO ACHIEVE HUNDRED PERCENT VOLUNTARY BLOOD PROGRAMME**

**Mr. Sibnath Banerjee**, West Bengal

Blood Transfusion Service is the pre-requisite for development of medical science. A good donor base is required to have a proper, smooth & effective transfusion service everywhere, globally or locally, to meet the entire blood need. Donor base should be solely on voluntary blood donors, as advocated by WHO (World Health Organisation).

A solid donor base needs recruitment of new donors through efficient & skilled motivation continuously.

Populous countries like India, China (1/3rd of global numbers together) should have no problem in recruiting donors, target in our country being 0.8%, but donors are not born & they are to be made. Stark reality though that they are strikingly minority anywhere. Education alone cannot do much headway for any donor recruiter and thus retention comes in the picture Donors should be either voluntary or replacement/relative. But paid sellers, more so often, sneak in the guise of replacement donation. Hence retention of donors is of paramount importance or else efficient running of transfusion service may limp. 57 out of 193 countries, so far, under WHO have achieved 100% mark in running transfusion service through voluntary blood donation programme. So to run an almost foolproof transfusion service, retention plays a major role in reaching the goal, but it is not an easy task & may be more asking alike recruitment and rather much more difficult.

Probable donors are motivated & guided to donation overcoming fear, taboo, superstition etc. among other factors. If after 1 or 2 times donation someone drop out, for various reasons, despondency looms large over the devotion of donor recruiter's time & effort. The great

loss occurs to the movement and transfusion service as well. Regular/repeat donors, at least 3 times, are preferable to 1 or 2 times donor for the simple reason that they get rid of fear complex, the vital impediment, and thus retention gains relevance. Dropouts should be avoided and if at all occurs, reasons are to be identified to make it minimum, taking minute care or else the exaggerated & magnified whispering campaign communicated to probable/non-donors will certainly tell on the voluntary blood donation movement in the long run and may refrain them from donation, forever even. The impeding factors of non-remunerated voluntary blood donation may be - a) Illness/weakness/general health considerations, b) lack of time, c) lack of communication/ information, d) unfavourable time & location of camp, e) unhappy past experiences, f) inept handling by blood bank staff, g) post-donation negative reactions, h) non-availability of blood in time of need of donor, i) wastage/ improper utilisation of blood etc. and all of us are well acquainted with these types of experiences & happenings giving rise to consequential uneasy situations. So these serious but seemingly flimsy factors must be heeded to by the concerned through proper application of wit supported by academic exercises. Task of recruiting new donor is tougher & time consuming than retaining old donor but still donor retention should be emphasised in these days of fatal blood communicable diseases not because of significantly easing out a donor recruiter's task but to the bare fact that regular/repeat donors are safer than new donors and in the ambit of voluntary blood donation these will remain ever true being the safest source. The reason being these donations are tested and transfused safely with pre-existent records kept either with the transfusion service/blood bank or with the organisation responsible for helping out recipient and donor both philanthropically.

Practice is true manifestation of what preaching is all about and thus to wipe out or minimise dropout, an active programme is required and for retention as well. Care and handling of donors are the most important as they are healthy, rational human being with a certain bit of emotion to save others lives graciously. Donation process should be pleasant. Should have rational selection of donors through scientific screening & pre-donation testing in uniquely adopted standard to instill confidence upon donors. Sincere personal attention with smiling faces from phlebotomy staff & volunteers, clean blood collection site, cheerful refreshment corner, a festive ambience etc. can win half the battle over new donors and can pave the way for retention

of the same as well. Pinning of donor badge, handing over group- cum- credit cards to the donor with correct blood group neatly written or to be informed properly later on speak highly of the effectiveness for retention. Small acts have great impacts to make a donor retained and then to become an organiser to an ambassador of the service further. Public relations is the tool to show donors that they are precious & most sought for.

Careful avoidance of post & during donation traumas like haematoma, bruises, double venepuncture with pain tells of competence of blood collecting personnel. A single incident of fainting can be a big damper and subsequently losing blood donors obviously for the day with a few in the queue and may be for future too. Thus donors of less than three times must be enthused specially to make them return again. The other thing to be borne in mind is of handing temporary deferred otherwise regular/repeat donors on medical ground with utmost care and a very distinctive cheer-up to have them back, when fit to donate, in the transfusion service and in the altruistic service of the society as well.

To make the donors return, blood banks and voluntary organisations have a role. And the strategies are - a) Recognition of donors as an important means e.g. letters of appreciation(1200 - 1500 for any occasion by AVBD), greeting cards(@1000 per occasion by AVBD), reminders(1800-2000 for fixed day/date camps by AVBD with 40% resultant turn out) to the individual and/or institutions devoted to donation of blood, invitations to donate blood or organise camps to the respective individual/organisation concerned, inter-organisation competition on blood donation and award of trophies (AVBD gives away in 24 categories, organisations having held 10 & 25 camps so far awarded to 23 & 22 organisations respectively) thereto as incentive for healthy annual blood collection drive resulting greater turnout of new and old donors, multiple donation badge/certificates/medals of 5 /10 /25 /50 /100 /150 donations in annual convocation with wide publicity, donors meet, panel donors conference of rare blood groups, 'at home' parties of donors, organisers, blood bankers for sustenance of enthusiasms of all concerned.

b) Activities :- Observing days of importance, joys, sorrows by different groups help in accepting blood donation drive as a part of annual activity of the organisation, outdoor blood collection drives at the same place on a fixed day every year help in retaining old donors, donors may be encouraged to

become voluntary donor organisers through training programmes/workshops, formation of blood donors, club, society, pledge 25 groups, association, friends of blood bank society or group and guiding them with due recognition of their service also help in retaining old donors.

The best motivational efforts may go in vain if collecting team treats donors indifferently. On reverse they can convert one time donors to regular repeat donors. Retention of old donors becomes easier in the hands of well organised voluntary organisations rather than transfusion service itself and it should be in a coordinated manner with mutual respect as a team.

c) Obligatory duties: - Donor retention is a global problem. Motivators should keep in mind the followings –

i) Maintain accurate records- intimate change of address

ii) Treat donor courteously- blood bank staff & volunteers, through any mode of correspondence, at point of contact, can make or break relationship

iii) Not to keep donor waiting- pre-donation waiting to be minimised

iv) Listen to complaints- valid for manufactured even, merits swift & polite response after necessary investigations

v) Recognise the donors- at each contact/visit & offer thanks with a smile

vi) Inform the donors of their valuable role and use of their gift of love, invite them on occasions

vii) Encourage donors to bring others- satisfied & committed ones become ambassadors.

All motivational efforts to achieve 100% mark may fail or succeed, as the case may be, subject to attitudinal approach of blood bank team and voluntary organisation to be coordinated in a well-organised manner in retaining donors.

No blood bank should be complacent of donors support, not taken for granted; transfusion service must be attentive, encouraging and informative to the donors for vital and unique support they are extending for services to the community.

## RETENTION OF DONOR AT THE CENTRAL BLOOD BANK

Dr. Ratan Lal Ganguly, West Bengal

### B.T.SERVICE OBJECTIVE

Transfusion of blood and blood products are an integral and essential part of patient management. Its aim is to provide timely and equitable access to safe blood & blood products for all patients whose lives depend on this treatment modality.

### B.T SERVICES A MULTIPLE STEP PROCESS ORGANISATIONAL STRUCTURE

Donor Organisation

Blood Donor

Screening

Recruitment

Organise camp

### BLOOD BANK

Collection

Testing

Storage

Cross Matches with donated blood Issuing

### HOSPITAL

Patient Admission

Prescription

Sample Collection

Sending to Blood Bank

Receive issued blood

Confirm blood group / CM slip etc.

Transfusion

Report Back to Blood Bank if any Transfusion related reaction

### WHO STRATEGY FOR NATIONAL BLOOD PROGRAMME

- Recruitment of safe voluntary unpaid donor
- Testing of All donated blood.
- Safe and rational use of blood.

We work in all this area's of B.T Service. VOLUNTARY BLOOD DONOR RECRUITMENT & RETENTION

An urgent task

WHO ARE BLOOD DONORS ???

- In House Donors-Usually replacement Donor
- Outside (Camp) Donor-VNRBD (Usually through Organisations)

## CAMP RECORDS

### BLOOD COLLECTION RECORD

#### RETAINING DONORS - MAKING THEM REGULAR

##### Face Sheet

- Each year 37-6 million units of blood are collected from regular (atleast 2 donation per year) voluntary, non-remunerated blood donors
- Of those 89% are collected in high income group
- 71 countries report that they have no regular, voluntary non-remunerated blood donor.

## 3 TYPES OF DONORS

- Family member or Family replacement donors
- Paid Commercial or Professional donors
- Voluntary, non-remunerated donors
- Our stake holders in blood donation
- Categories of organisation involved
- Educational Institutions
- Industrial and Commercial Organisation
- Social and Cultural Organisation
- Religious Orders
- Political Organisations
- Trade Unions
- Govt. Organisations
- Sports and Recreational Clubs & Organisation
- Women's Organisations
- Medical Organisation/Institute
- Uniformed Service

Different strategies & activities for social communication are followed for different groups

Recruitment & retention strategy for young people

## DONOR RETENTION STRATEGIES

- Promotion of health among general population, Health Education and
- Information programmes
- Programme to safe guard donor health.
- Promoting safe, healthy life style, behaviour.
- Awareness generation for the need of blood donation.
- Management of reaction
- Post donation services like -cards, certificates, money, blood group records

## DONOR RECRUITMENT TRAINING

Participants Trained in:-

- Basic principal of Education, motivation recruitment and refuntion

- Equipped with knowledge, skills and strategies to develop their blood donor programmes based on 100 percent VNRBD

## ADVOCACY TRAINING

- Advocacy training for community stake holders, including the media, community leaders, NGO's, Service Organisation, Youth Organisation.

RETENTION STRATEGIES OF REPEAT DONOR:- It is given highest priority as safety of blood in more as they are repeatedly screened.

We try to minimise reasons for dropping out by:-

- Our best possible organisation of camps
- Management of reaction
- Post donation services like -cards, certificates, money, blood group records

## RECOGNITION OF BLOOD DONOR/ ORGANISATION

- Observing days of importance with blood donation camp – we try to cater to their request in camp booking
- Outdoor collection drive at some place on a fixed day-- we have given high priority in camp booking.
- Donors are encouraged to become voluntary donation organiser through training programme/ Workshop.
- Offering certificates, badges etc. for remarkable service.
- Special preference to donor regarding supply of blood at our blood bank.

Well Organisation of Camp

Technical Staff

Motivator

Medico-Social Worker

Post Camp Service -

- We try to supply whole blood and Blood products at the time of need to blood donors.
- We have technological lead for last 60 years and capable to service donors with various blood products.
- Our stock of blood is also highest.

Endeavour to keep different blood donor organisation in our fold.

- Keep contact with them-try to help them in organising camp as per their requirement.
- Organize 3 to 4 meeting in a year to take feed back and take corrective measures.
- Endeavour to keep different blood donor organisation in our fold.

INVITE THEM IN PROGRAMMES ORGANISED

BY US LIKE..

- i) Blood Donation programme
- ii) Observation of different special day

Endeavour to keep different blood donor organization in our fold.

- ii) Attend their programmes & facilitate as per their request

Endeavour to keep different blood donor organization in our fold

Train volunteers for their organisation

Endeavour to keep different blood donor organization in our fold

Help them in organising training by providing

- i) Trainers,
- ii) Training materials

Endeavour to keep different blood donor organization in our fold.

Always remain alert & sympathetic to there need.

Endeavour to keep different blood donor organization in our fold.

Develop different special strategies to cater to special groups like I.T. Sector, Police, Armed Services, Sports Organisation, Religious organisation etc.

Endeavour to keep different blood donor organisation in our fold.

Help them in organising camps even as large as 1000 donors.

Assessment of the efficacy of recruitment & retention strategies

We regularly assess our strategies by different evaluation methods

- Donor lifetime value model from published data
- Data collected related to blood donors
- Participation of different stake holder (percentage).

DONOR RETENTION STRATEGIES

Distribution of camps organisation wise 2009

- Total number of camp organised is 1512

Distribution of camps area wise 2009

Distribution of donors- according to type 2009

Certificate, Badge etc are no longer attractive to a section of young people and new initiatives are being introduced World wide.

DONOR RETENTION STRATEGIES

New initiatives

Pledge - 25 ..... School going or Out of school children pledge to donate blood 25 times in their life time

Club-25 .....Group of young adults form a club to donate blood 25 times in their life time in addition to their other club activities

Red ribbon club- New initiative by Govt.

Pediatric transfusion campaign- Supported by Pediatric orgn.

We actively support all such initiatives.

You can also make a difference by :-

1. volunteering to assists with the training in all fields of blood transfusion.

2. Identifying logistics and resources that can be utilised in Govt. Blood Banks in an economic manner to serve the poor.

In spite of best possible donor recruitment and retention strategies if the camps are not organised in an efficiency manner with active involvement of blood bank team, local organiser and motivators at every stage, donors will not return. So at every stage care must be taken so that the donor can leave the area with a good impression with a resolution to come back again.

# FACTORS ASSOCIATED WITH DROPOUT AMONG VOLUNTARY DONORS IN SHIMLA BLOOD BANK

Dr. Omesh Kumar Bharti, Himachal Pradesh

## Background:

India, a country of 1.2 Billion, a bed strength of over 0.90 million and blood requirement of 8.5 million units annually, the availability of blood in India is only 4.4 million units, leaving a shortfall of 4.1 million units, signaling an urgent need to increase the donor population from 0.4% to 2% to meet the shortfall. There is no study to know about the factors associated with the high dropout of donors in the country.

## Methods:

A comparative study of dropout voluntary donors (n=80) and regular voluntary donors (n=80), donating blood during reference period of 2006, was undertaken to identify the reasons for high dropout of voluntary blood donors. We calculated frequencies of all possible factors identified on literature review and did univariate and multivariate analysis using Epi-info software version 3.3.2

## Results:

Multiple logistic regression show that three significant factors associated with dropout of voluntary donors as <25 years age,  $p=0.008$ , no knowledge of age one can donate blood,  $p=0.023$  and no opportunity to know about blood donation,  $p=0.026$ .

On Univariate analysis, other significant factors were, not ever called to donate blood by the blood bank,  $\chi^2 = 14.4$ ,  $p=0.0001$ , not given blood preferentially to donor when required,  $\chi^2 = 9.1$ ,  $p=0.0002$ , and donor reaction, Yates corrected  $\chi^2 = 7.83$ , Fisher exact 1 tailed  $p=0.0001$ .

## Conclusion:

Our study clearly demonstrates that being young, less educated and having less knowledge of blood donation process are major factors for dropout of voluntary blood donors. Provider issues from blood bank side, like not calling the donors to donate blood, donor not helped to get when they require it and donor reaction are also important factors for dropout.

## Recommendations:

On the basis of this study, we recommend to initiate a "National Donor Retention Programme" by the national and state blood transfusion councils, incorporating the factors identified in this study. It is important to create donor-clubs on the lines of successful model of pledge 25 clubs (Zimbabwe). Informative and knowledge based IEC material need to be developed. There needs to be a donor helpline or toll free number and participatory involvement of more voluntary agencies.

## Background

### Globally

- 75 million units of blood are donated each year\*.
- Voluntary donation is only 31% in countries with low Human Development Index\*.

### South East Asia

- Most blood donors donate once in lifetime
- Only 5-10 % repeat donors (Bharucha\*\*, 2005)
- No emphasis on donor retention
- Emphasis always on recruiting new donors
- Blood availability in India (NACO, 2009)
- Needed 8.5 vs. Available 4.4 million units per year
- No reference/ study available on dropout among voluntary blood donors in the country.

### Himachal Pradesh:

- No information on prevalence and factors associated with dropouts among voluntary blood donors.

In Jharkhand and Orissa, anemia was a key underlying factor in 35% of maternal deaths\*.

Nearly 4,000 mothers die every year mostly in want of safe blood in Jharkhand. The State is able to meet only one-third of the requirement against the backdrop of the fact that 97,000 units are collected against the requirement of 2,72,000.

Up to 1,50,000 pregnancy-related deaths could be avoided in the world each year through access to safe blood\*\*\*

\*Barnet S, Nair N, Tripathi P, Borghi Jo, Rath S and Costello A, A prospective key informant surveillance system to measure maternal mortality- findings from indigenous populations Jharkhand and Orissa-India, BMC Pregnancy and child birth, 2008,8:6.

\*\* NACO News April 2008, Vol 4(2),p 16

\*\*\* Blood safety and voluntary donation, WHO Factsheet, WP/FS/HQ ,10 June 2004.

## Objectives

- Estimate prevalence of dropout among blood donors
- Identify factors associated with drop outs among voluntary blood donors from the perspective of donors and stakeholders
- Suggest interventions to reduce drop out
- Methods
- Study setting
  - State blood bank Shimla, H.P
- Study design
  - Cross sectional study of voluntary blood donors
- Study population
  - 763 voluntary blood donors (Jan-Dec, 2006)
  - 2 doctors; 3 technicians; 18 NGOs
- Sampling frame
  - All voluntary donors during 2006
- Sample size for factors for drop outs
  - All traceable dropouts and equal number of regular donors between May–July 2008
  - all the doctors(2), technicians(3) and (6) NGO coordinators were included in the study.

## Operational definitions (NACO, 2007)

- Regular voluntary non-remunerated blood donor (regular donor)
    - Donated at least three times, the last donation being within the previous year, and continues to donate regularly at least once per year
  - Drop out donor (Lapsed voluntary donor)
    - Voluntary donor who has given blood in the past but does not fulfill the criteria for a regular donor
- Voluntary blood donation programme, operational guidelines, NACO, Ministry of health, GOI, 2007, p 37
- Results- prevalence of dropout donor
- Identified 557 dropouts out of 763 voluntary blood donors
  - Prevalence of dropout among voluntary blood donors was estimated to be:
    - 73% (95% CI: 70-76%)

## Profile of study subjects

- Included 80 dropouts and 80 regular donors
- Majority of donors from high economic group
  - Mean family monthly income Rs. 15,307 (SD 21,838)

- Dropouts (n=80)
  - 71% males
  - 43% aged <25 years
  - 22% educated below 10+2
- Regular donors (n=80)
  - 84% males
  - 80% above 25 years of age
  - 88% graduates/post graduates

## Results - prevalence of dropout donor

Factors	DROPOUT (n=80)		REGULAR (n=80)		Prevalence Odds Ratio	95% CI
	#	%	#	%		
No opportunity to know about blood donation	24	30	6	7.5	5.3	1.9-15.5
Did not know right age for donation	31	39	10	12	4.4	1.8-10.7
Not called to donate Blood by the blood bank	49	61	51	13	5.8	1.6-22.9
Not given blood preferentially as donor	14*	48	5+	13	5.8	1.6-22.8

## Results - donor related factors

factors	DROPOUT (n=80)		REGULAR (n=80)		Prevalence Odds Ratio	95% CI
	#	%	#	%		
Distance of blood bank > 10 km*	28	35	12	15	3.1	1.3-7.1
Age< 25 yrs	34	43	16	20	3.0	1.4-6.4
Education less than 10+2	18	23	9	11	2.6	1.1-6.8
Perception if blood donation is beneficial	55	69	63	79	0.6	0.3-1.3

With increasing distance proportion of dropout increased, 2 for trend is 8.6 p value is 0.004

\*\* 9 (11%) of the dropouts experienced adverse donor reaction and dropped forever.

Results of comparative study						
Factor for dropout of donor	Regular (n)= 80		Dropout (n)=80		$\chi^2$	p
Age <25 Yrs	16	20%	34	43%	14.8	0.002
Education less than graduation	35	44%	49	61%	4.9	0.02
Distance of BB>10KM	12	15%	28	35%	8.8	0.01
Opportunity to know about blood donation	74	93%	56	70%	13.3	0.0002
Knowledge about the age one can donate blood	70	88%	49	61%	14.4	0.0001
Perception if blood donation is beneficial	63	79%	55	69%	8.2	0.01
Delay from eligible age and age of first blood donation >1 Year	52	65%	64	80%	4.5	0.03
Not called to donate by the blood bank	25	31%	49	61%	14.4	0.0001
Donor reaction	0	0%	9	11%	7.83	0.001
					Yates corrected	Fisher exact

#### Qualitative analysis-Fears of donors regarding blood donation

Fears of donors	DROPOUT (N=80) N (%)	REGULAR (N=80) N (%)
No fear	41 (51)	47 (59)
Fear of Weakness	27 (34)	23 (29)
Fear of needle/Prick	7 (9)	6 (8)
Fear of unsafe donation process	2 (3)	3 (4)
Wastage of blood or blood not given to Needy	3 (4)	1 (1)

#### Qualitative analysis-Expectations from the blood bank

Expectations from the blood bank	DROPOUT (N=80) N (%)	REGULAR (N=80) N (%)
No Expectations	25 (31)	20 (25)
Good behavior of staff so that donor could share his apprehensions	26 (33)	27 (34)
Blood be not wasted and given to poor	12 (15)	16 (20)
Hygiene and aseptic procedure	4 (5)	7 (9)
I should get blood in need	6 (8)	4 (5)
Make donor comfortable	0	2 (3)

Provide better refreshment	0	2 (3)
Respect the donor	5 (6)	1 (1)
Keep in touch with donor	1 (1)	1 (1)
People in high offices should donate	1 (1)	0

#### Age heard about blood donation

Age in Years	Regular (n=80)	Dropout (n=80)	
0-18	48(60%)	48(60%)	96(60%)
19-25	26(32.5%)	26(32.5%)	52(32.5%)
26-35	5(6.3%)	6(7.5%)	11(6.9%)
>35	1(1.3%)	0(0%)	1(0.6%)

$\chi^2 = 1, Df = 3,$

$P = >0.05$

25% of the donors said that behavior of the blood bank staff was indifferent or hostile.

- Only five of 180 donors heard about donation from TV, one each from radio and newspapers, 96% of them heard about blood donation from friend or relative and majority from the organizer of the blood donation camp.
  - 26% of the donors did not like any of the blood donation slogans they have heard, 53% of them were dropout donors.
  - 90% could remember/ recall only one slogan,
  - "Raktdan- Mahadan"
  - 8.8% of the donors said that they were not given refreshment after donation in the blood bank or camp.
9. 18% dropout donors said that they have to spend more than 3 hours to donate. Limitation of the study
- We may have overestimated the prevalence of dropout among voluntary blood donors as they may have donated elsewhere, though we did not find any such donor who was a dropout in our list but had donated elsewhere.
  - This may be considered a pilot study and factors associated with dropout donors may be studied further in other blood banks based on the factors identified in this study.
  - We had difficulty in tracing the donors both dropouts and regular ones as records of the donors were incomplete for contact details. Therefore we were able to recruit only 80 in each study group.
  - However post study sample size estimations indicated that the required sample was 77.

## Conclusions

- Dropout among voluntary blood donors is very high
- Being young, less educated and having less knowledge of blood donation process are major factors for dropout of voluntary blood donors
- Provider issues from the blood bank side include
  - Donors not called to donate blood, donor not helped to get blood when they required it and donor reaction are important factors for dropout.
  - IEC material is outdated and monotonous.

## Recommendation-1

- On the basis of this study we recommend to initiate a “National Donor Retention Programme” by the national and state blood transfusion councils, incorporating the factors identified in this study
- Better and knowledge based IEC material that addresses the issue of age of donation and the process of donation, need to be developed
- Address the fears of donors and expectations for better compliance
- For the pre donation and post donation counseling to the donors at the very first contact with the blood bank, one counselor and one donor recruitment officer need to be provided as per NACO guidelines

## Recommendation-2

- Create donor-clubs to remain in touch for calling them to donate, on the lines of successful model of pledge 25 clubs (Zimbabwe) Through “red ribbon clubs” & “Life Savers Clubs” in all colleges.
- A toll free number for information of the donors can be of help
- Meticulous record keeping of donors to keep in touch with them and give them special attention like a call or a greeting message will be helpful
- To integrate the AIDS toll free number (1298) with knowledge of blood donation.

## Action taken

- We shared our finding with the health authorities and the following actions were initiated:
- Post of a counsellor in each blood bank have been assured.
- HP SACS have agreed to incorporate the provision of asking questions related to donation process on the existing helpline for HIV/AIDS toll free number 1298 and to discuss blood donation in red ribbon clubs.
- A poster of the thesis was developed to be distributed to all blood bank officers in the state for their appraisal of the factors for dropout, so that they can take corrective measures at their end.

January 25, 2010

# Organisation

Chairperson: Dr. Anandadeb Mukherjee, West Bengal

## HOW AND WHY TO ESTABLISH BLOOD DONOR ORGANISATION

Mr. Niels Mikkelsen, Denmark

How to start a voluntary blood donor organisation!

Why and how can a volunteer association help to ensure full sufficiency in safe blood?

- The WHO, the ISBT and the Red Cross all recommend that each country should be self-sufficient in blood from voluntary, anonymous non-remunerated donors:
- World Health Assembly resolution 28.72: urging all Member States to promote the development of national blood transfusion services based on voluntary non-remunerated blood donation!

WHO aide memoire states: "It is the responsibility of governments to ensure a safe and adequate supply of blood!"

Why start a voluntary donor organisation?

The goal or mission of your organisation could be that there shall always be sufficient blood to all patients in all hospitals in your town/region/country

Your town/region/country shall be self sufficient in all

blood and plasma products at any time.

Your blood services should use only regular, non-remunerated, voluntary and anonymous blood donors.

A national donor organisation can also benefit from international cooperation – and represent the donors (and hence the patients) towards the government etc. Any donor association should be funded by government sources, as all Ministers of Health have voted for these goals, and not by private sponsors.

There shall be no profit in blood. And all donation should be voluntary and non-remunerated – by law ! (No, this is not from a Supermarket!):

Replications of an efficient donor organisation

- When self-sufficient in blood, the patients will benefit from safer and cheaper treatment
- Donors and volunteers will get higher self-esteem and respect,
- Young people get a possibility to contribute to their society and train participation in their society (democracy).
- You develop a culture of cooperation and solidarity

- Volunteers bring resources from outside the hospitals and blood-banks

Legal differences between paid blood and non-remunerated donation of blood:

Paid blood is covered by the right of property, rules for free trade, rights to equal market access and WTO-rules.

A right to sell blood (incl. plasma) implies that any reason for donor deferral has to be interpreted narrowly. Non-remuneration can be an effective barrier to avoid unethical trade, dumping of products and market forces.

A gift is exempt from general rules governing market access!

#### Voluntary donation

- If blood donation is not voluntary, it is a clear breach of the right of “respect of person”, (e.g.: prisoners, soldiers, medical staff, family donations, replacement donations.)

- The donor has the right to an explanation – so all deferral should be made on a scientific basis – also to avoid undue discrimination.

Evidence based deferrals are a must.

(Sorry, but most conscripted soldiers are not really volunteering to become donors!)

#### Sustainability

Well functioning donor associations makes it possible to sustain a constant inflow of donors.

With strong networks, more donors continue.

New donors are found by direct personal contact.

Present donors are the best to recruit new donors.

Voluntary organisations are low cost = economical sustainability.

But recruitment and retention cost some money!

And it may take years - and much patience!!!

Essential to have full support of your government (Ministry of Health)

The president of Malta supporting the local donor organisation

All health ministers have subscribed to the Resolutions of the World Health Assembly.

Health ministries have direct contact to and influence on national blood supplies.

They can spread the message about the need for voluntary donor organisations.

Blood banks must be up-to-date to attract voluntary donors (necessary funding).

Legislation outlawing paid blood is necessary.

You will also have to contact central lawmakers to outlaw paid blood

Good quality and efficiency in blood services is a must, if you will develop voluntary donor organisations

So you must work with the blood bank staff to guarantee good service to the donors.

#### Efficient service

- a friendly environment,
- donor friendly opening hours,
- pleasant rooms, modern beds and well equipped waiting rooms
- taxi-pickups arrive in time,
- opening hours must be respected,
- parking-spaces reserved for the donors,
- beverages and food must be OK,
- letters were sent to the right addresses – with correct data etc.
- And the most important: NO WAITING !!!!

There must be no waste of blood, and minimal outdateding

Safety of the donor, proper medical help with accidents - and insurance if needed

#### Costs:

Donor recruitment costs money!!

Blood services can either pay the donors, pay for marketing or give the money for volunteer recruitment and retention.

Donor payment is unethical, gives the blood system a bad reputation and is not good for blood safety.

Marketing is not cost-effective.

Volunteers work for free and bring expertise to the blood banks from the outside society!

Only direct costs need to be covered.

Use local donor organisations!

Let volunteers help! They work for free, but of course: donor recruitment and retention does cost money.

Each blood center should have a local donor association, run by volunteers. All donors should belong to the local donor association. NO fee!

The local donor organisation should receive a (small) payment for each bag collected by the center and/or a payment for each donor recruited.

Donors should be well informed

- leaflets, posters and questionnaires should be 100% correct
- Use e-mail and web-sites for quick information update
- Have a comprehensive media approach (blood service and donor association!)

Information to donors is the key!

Be visible!!!!

- Choose your name carefully!
- Act offensively in the media
- Easy phone-numbers & e-mails
- Home-page, constantly updated!
- Streamline lay-out of leaflets etc.
- Mail a donor magazine to all the donors: Relevant information, they pass it to others, picks up any moves, feeling of belonging to the blood supply
- Regular newsletters to volunteers and the press.
- Have a yearly national campaign World Blood Donor Day, 14 June
- Recruitment cards, distributed at election days, local markets, marathons, rail-stations, rock-festivals, sports-events, national scout-camps etc. etc.

Donors should be recognised continuously !!!

- Use directed press-coverage at donor jubilees to higher the self-esteem of the donors
- Say thanks after each donation
- Send recognitions from your Head of State or other well-known role model

Donors are thinking human beings !!

Altruism is good – but respect for the donor is even better, and it is best shown by being efficient!

A donor organisation should be modern, respected and well run!

You will also need professional staff!!!

Campaign towards young people:

- Young ambassadors group, trained young volunteers - presence in schools, at festivals etc
- Advertise in school calendars, football books, study-books etc.
- Make poster competitions
- Book on blood directed towards young people

- Leaflets + cards addressed directly to young people
- International cooperation
- Club 25.
- Young people at the national office,
- Training sessions for young volunteers

Local and national networks !

You can not do it alone, so you must have contact with other voluntary organisations (scouts, Rotary, church groups, labor unions, sports organisations, large companies etc.)

They can have blood donation as a good side-activity to their main work.

Two out of three donors are recruited by direct personal contact.

So networks are essential!!

Why use volunteers in blood donor recruitment and retention?

- Volunteers have their own ways, unpaid, less control, BUT
- 1. networks to scout-groups, sports-organizations, trade-unions, Rotary, staff of large companies etc.
- 2. bring in fellow volunteers – different prospect of society (doctors do not know everything!)
- 3. (often paid recruiters are underpaid (!), and tend not to remain)
- 4. (You can not recruit by telephone !!)
- 5. You need direct personal contact = need many people (e.g. young ambassadors), who can contact directly. 2 out of 3 donors are recruited this way!

The “easy” way out is to pay the donors!

- - but paid donation gives the act of blood donation LOW status.
- - paid blood is unsafe
- - blood is not a commodity to be traded
- The act of blood donation should be respected, and praised by role-models, queens, kings and presidents.

Volunteers do work !!

Efficient work and close cooperation of government, blood bank staff and volunteer associations is the key to success in blood donor recruitment and retention! (and if you can not give blood, you can give sweat !)

International partners:

- Contact with volunteers in other countries can be helpful
- WHO has developed donor manuals
- The Red Cross organise donor recruitment colloquiums
- FIODS organise regional training conferences
- FIODS Solidarity Foundation co-finance projects
- ISBT Foundation may also help with projects
- We all work together on World Blood Donor Day

At the stage Professor Mukherjee had to leave for an urgent work and Dr. Arunanshu Sarkar took the chair.

## VOLUNTARY ORGANISATION - AVBDWB MODEL

Professor Debabrata Ray, West Bengal

First Sector (Private Sector)

Second Sector (Public Sector)

Third Sector (Social Sector)

- NGO
- CVO

Association of Voluntary Blood Donors, West Bengal is not a NGO. It is a CVO.

Community Based Voluntary Organisation

Philosophy

Involving people from all walks of life to spare their free time with skill and expertise for a cause

The organisation can function full time with time sharing of a large number of individuals sparing their free time in a coordinated manner.

Although the volunteers are honorary but the organisation runs in a professional manner with a clear

- Mission
- Object
- Strategy and
- Technique with
- Specific
- Measurable
- Action oriented
- Realistic and
- Time Resource based approach to the goal.

There are • Planning • Organising • Directing • Coordinating and • Controlling in the Organisation

The essential technique of running this organisation is the blending of the best of formal and informal structures honouring the classical definition of organisation, i.e. and organisation is the systematic arrangement of people working together towards a common objective, goal and purpose

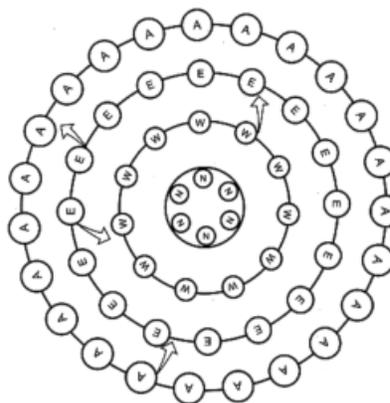
There are 4 fundamental requirement of this type of organisation:

1. Work: Product of careful thinking and planning based on objectives.
2. People: Who will carry out the activities. They must be well qualified and trained and motivated.
3. Organisation Structure: Functional set up with coordination from the nucleus.
4. Working Place: Coordinating office and the whole region.

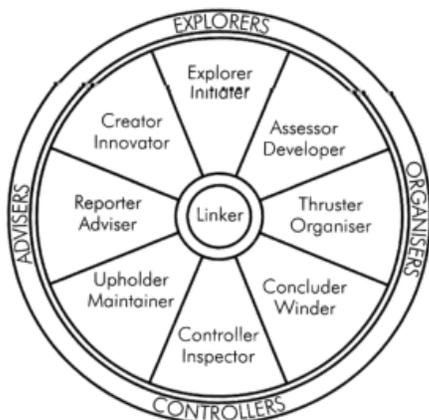
The volunteers get the authority from the following sources:

1. Authority given by the Executive Committee or the volunteers monthly meeting
2. By virtue of position in the organisation according to the constitution, rules and regulations.
3. By acceptance as innovator or job doer.
4. By recognition of skill, knowledge or leadership qualities.

Organisational Model



Rings of volunteers from Nuclear to Ambassadors in between experts and regular volunteers.



Everybody has a place in the organisation. So there are a large number of people of different walks of life sparing their free time for their labour of love to run the organisation round the clock in a professional manner. Community involvement resulted in people's movement.

## FEDERATION OF VOLUNTARY BLOOD DONORS ORGANISATIONS, WEST BENGAL

Mr. Deb Krishna Bhattacharya, West Bengal

A Unique Organisation Established in 2008

Backdrop

Scenario of Blood

Year	Govt. Blood Banks	Organisations Working	Demand of Blood in lakhs	Blood Donors in lakhs	% Vol. Donors
1979	35	Nil	1.50	0.09	28.6
1980	35	1	1.50	0.17	52.4
1985	48	6	1.80	0.82	62.2
1990	57	16	1.80	1.16	73.9
1995	58	29	2.00	1.93	82.8
1998	58	30	3.00	2.62	88.0

1980 – Formation of AVBDWB

1987 – First State Conference of Social Workers associated with Voluntary Blood Donation movement in West Bengal (by AVBDWB) with seventeen organisations of which 5 were movement leaders in the state

1998 – Formation of Voluntary Blood Donor Organisations Samanwaya Committee, West Bengal.

12 leading organisations which organised State Conferences were members for coordinating with other 18 organisations working in this movement

2008 - Formation of Federation of Voluntary Blood Donors Organisations, West Bengal with all the organisations working in this movement in the state as members, numbering 42

Mission Statement

Mission - eradicating the gap between demand and supply of blood by real voluntary donation of blood  
 Object - to undertake whatever necessary to achieve the cherished goal

Strategy - as the situations demand

Technique - ever-innovative, based on land and

people around

#### Structure & Characteristics

Structure

Member Organisations – 42

Executive (Samanwaya) Committee Members – 9

(elected by member organisations)

- Chairman -1
- Secretary -1
- Asst. Secretary -2
- Members -5

#### Characteristics

Federative in character

Not registered under Societies of Registration Act (not felt necessary)

Bound by own Constitution

No permanent Office (works from Secretary's office)

No Financial Transaction (expenses shared by Samanwaya Committee Member Organisations)

#### Aims

1. To liaise among various organisations engaged in voluntary blood donation movement in the state.
2. To help setting up new organisations for furtherance of the blood donation movement in the state.
3. To communicate with Government, appropriate authorities, corporate bodies and individuals for improvement of state blood transfusion services.
4. To assist and guide organisation(s) in smooth and effective conduction of Meetings, Seminars, Workshops, Conferences and the like on theme(s) related to blood donation movement in the state.
5. To promote educational and training programme for generating awareness about the movement at all levels in the districts and or sub-divisions of the state.
6. To do all such other things complementary and or supplementary to the objects of the Federation or are identical or conducive to the attainment of the objects.

#### Achievements

##### BENEFITS DERIVED

Closer coordination between organisations

New organisations coming up

District / Sub-division / Zonal Conferences being organised

Pooled knowledge & Experiences enriched

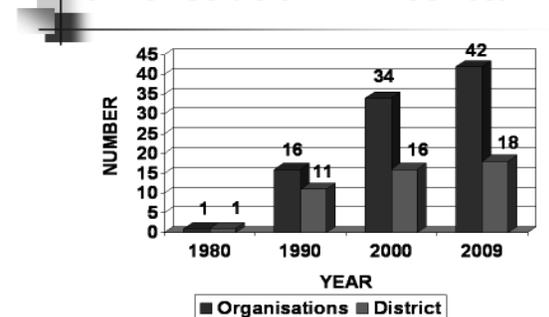
Rational & Pragmatic Resolutions taken

Acknowledgement by Authorities (SBTC, RBTC, SAPCS, Ministry etc.)

Media friendly association

Formation of Organisations & Penetration in Districts  
Total Blood Donor & Voluntary Blood Donor vis-à-vis Demand

### Formation of Organisations & Penetration in Districts



#### Tasks ahead

- Out of 19 districts, 16 could be so far involved in the movement in some form or other. Organisations are to be set up in the remaining 3.
- For districts where movement is less active, efforts to be extended to make those stronger in respect of fixation of priority, clarity & parity in implementation etc.
- Co-ordination between all the organisations to be improved by extending necessary support.
- Education & Training, Workshops, Seminars, Conferences, Meets etc. to be conducted at Zonal / Sub-division / District / State level on a regular basis (formal and or non-formal) to develop skill & knowledge of workers.
- To update the workers about the facilities / services available from Blood Transfusion Service at any point of time, viz., Component Separation, Fractionation, use of multi bag, Plasmapheresis / Apheresis etc.
- To create awareness for achieving 100% Voluntary Donation of Blood in the interest of Safe Blood Transfusion.
- To eradicate the system of offering GIFTS to

Blood Donors by creating awareness amongst the Organisers, Blood Donors & community.

- To persuade the inadequately functioning Blood Banks to function properly with due attention.
- To persuade Blood Users for practicing Rational Use of Blood avoiding Cosmetic Therapy (Single unit Transfusion), Whole Blood, Fresh Blood, Improper and or Last Minute Requisition etc.
- To establish appropriate liaison with Authorities of Blood Transfusion Service like SBTC, RBTC, SAPCS, Blood Banks, Ministry for proper implementation of Policy, Action Plan, Standard Operating Procedure (SOP), Up-gradation & Up-keep of Systems & Methods for providing meaningful service to the society.
- To propagate the message of Voluntary Donation of Blood deep into the community by involving friends of Media.

## LEADERSHIP IN VOLUNTARY ORGANISATION

Mr. Subir Chakraborty, West Bengal

### 1) Background structure of such organisation

In a voluntary organisation which usually has a floating & apparently horizontal structure, the organisation has three different human spaces, as given below: -

- a) Leaders b) Members c) Beneficiaries

Each of the above, functions or gets motivation to function based on their respective perception of the benefits that they may derive out of the organisation or its process of activity. Since such perceived benefits in most of the times, are not well defined structurally, there is an inherent degree of attrition from all the three groups in course of time, may be due to failed leadership, loss of interest, getting better opportunity including white collar jobs elsewhere, acquired benefits not matching with initial perception / expectation & clash of ego. This attrition, which may happen silently also, is the biggest challenge of such organisation, so as to, how to sustain the continuity of keeping the flock together including the End-users & maintaining the quality of the planned activity.

### 2) Variation with organised sector

Voluntary Sector has several inherent factors which are listed below :-

Parameter	Organised Sector
Voluntary Sector	
Task:	Defined
Floating	
People:	Selected
Voluntary	
Direction Flow:	From Top
Multilevel	
Promotion/ Incentive:	Must
Rarely	
Accessibility / Feedback :	Less
More	

An organisation is basically a sum-total of group-activities. In a group-activity in our organised sector, the result is derived out of the following group sequence where rules and regulations are already laid down :-

- Forming (through designated people)
- Norming (established rules & regulations)
- Storming (thrashing out differences, mostly unidirectional, from top to down)
- Performing (reaching goal / target)

But the above sequence may be disputed in voluntary organisation without any clear structure of hierarchy where the ideal sequence for the group activity should be as follows :-

- Forming
  - Storming (Better to thrash out personal differences which mostly affect group activity, right in the beginning, - to be effectively handled)
  - Norming
  - Performing
- 3) Features of Beneficiaries

In majority of situations in a Social Welfare Organisation, the beneficiaries exhibit the following features:

- Socially Under-privileged
- Not articulated enough
- Lack of Awareness
- Priority need-Financial

There should be a very delicate, caring and sensible

approach & handling of the above issues by the organisation & the task should be well-known to the organisation people on a continuous basis.

#### 4) Features of Members

The members of the organisation should have the followings: -

- i) Desire / Dream
- ii) Awareness of the Organisational goal
- iii) Understanding of the task
- iv) Commitment

Sometimes, a member of a voluntary organisation may be employed elsewhere and he may be struggling to fit in the above features. The leader should exhibit sensitiveness to ensure continuity of such members. The leader should also be able to identify & negotiate with fair-weather friends among the members & should try for their early exit from the organisation without disturbing the focus of the organisation.

#### 5) Leader or Facilitator?

In a voluntary social organisation, a leader should have the best role function as Facilitator which the organisation members should be able to understand. Following points establish the role of a good facilitator:

- i) Leader is not a designation
- ii) He is – Relationship Builder – connecting people.
- iii) Should have an unambiguous knowledge/ experience about the Group & the Task
- iv) He must have a proper balance between Group Goal & Self Goal
- v) In such organisation, he carries the fulcrum of Social balance, skillfully monitoring & balancing various overlapping situations that the Society & Political System may present sometimes.

#### 6) Functional Priorities of an effective Facilitator (Leader)

- i) To Inspire / Motivate
- ii) To Listen

- iii) To be able to create Ownership
- iv) Learning from others
- v) Making others involved
- vi) To allow free flow of interaction
- vii) To have patience
- viii) Unbiased
- ix) Keeping Flock together
- x) Conflict Management
- xi) Accepting others' decisions
- xii) Accepting Feedback
- xiii) Knowing members' resources
- xiv) Sustaining interest

#### 7) Effective Leadership Style

- i. He should use his role as a Special Purpose Vehicle for moderation & giving direction.
- ii. He should have confidence & faith in practicing delegation.
- iii. He should be flexible – should be able to change priorities depending on the situational needs.
- iv. In such organisation, he should function with Maintenance Orientation. Too much of task – orientation will be resisted. Too much of self-orientation (satisfying personal needs) will be presented.
- v. His style should be collaborative (win-win situation) & not competitive.
- vi. He should be able to catch the intensity with which a statement is made.
- vii. In any decision-making process, he should follow consensus process if it is not unanimous. Unilateral & majority decisions should not be upon the organisation. Every majority decision creates a resentful minority. And consensus should not only be consensus of ideas, but should achieve also, consensus of feelings among the members.

#### Conclusion:

Leadership in such organisation, needs tight rope walking most of the times, balancing and balancing and – balancing. The leader has to keep his personal likes / dislikes behind & should work to be perceived as Invisible Leadership.

# LEADERSHIP IN BLOOD DONATION MOVEMENT

Mr. R. Rajkumar, Tamil Nadu

## LEADERSHIP

- ▶ The success of any organization depends on
  - ▶ effective
  - ▶ pragmatic and
  - ▶ collective leadership

## LEADERS SHOULD HAVE

- ▶ The ability to
  - ▶ plan
  - ▶ organize
  - ▶ direct
  - ▶ co-ordinate
  - ▶ control

## PRE REQUISITES OF LEADERSHIP.

- ▶ ability to assess the work done
- ▶ ability to evaluate the merits and demerits of volunteers of different field.

## LEADERSHIP STYLES

- DIRECTING
- COACHING
- DELEGATING
- SUPPORTING

## LEADERSHIP STYLES

- ▶ DIRECTING – Giving specific instructions and closely supervising
- ▶ DIRECTING – Just direct everything and keeping quite
- ▶ COACHING – not only directing but also explaining the way, give suggestions and see the progress
- ▶ COACHING – just do the proto type work or follow the syllabus or robo type work

## LEADERSHIP STYLES

- ▶ DELEGATING – Turns over the responsibilities for others and solving the problems
- ▶ DELEGATING – Just call every one – read out the job – relate the same with the people around
- ▶ SUPPORTING – any thing and everything, facilitates & supports, share with all and working together
- ▶ SUPPORTING – the close ones, blind followers, unnecessary things, creating group

## RESPONSIBILITIES OF LEADER

- ▶ TO ORGANISATION
- ▶ TO CO-VOLUNTEER
- ▶ TO THE WORK
- ▶ TO THE COMMUNITY

## FUNCTIONS OF LEADERS

- Selecting the right man for the right job
- Punishing the bad, rewarding the good.
- Winning the goodwill of those under them.
- Attracting allies and helps
- Keeping what they have gained.
- Being strenuous and industrious in their own work.
- ▶ SOCRATES

## Steps to ensure Good Leadership

- ▶ Discard Conventional, Fixed ideas about performing the work
- ▶ Think about how to do it, rather than why it cannot be done
- ▶ Start by analysing the current practices
- ▶ Try to make improvements immediately, if necessary
- ▶ Correct mistakes then and there

## Leaders should have

- ▶ Knowledge of the area chosen
- ▶ Understanding the objectives
- ▶ Attitude
- ▶ Dedication
- ▶ Commitment
- ▶ Required Skill
- ▶ How to Apply

## TRIPLE 'E'

- ▶ ENVIRONMENT – cultural, social, religious, political, tradition and beliefs – influences the leader
- ▶ EXPERIENCE- positive / negative – leads to behavioral changes
- ▶ EDUCATION- formal / informal

## SETTING UP STRATEGY

- ▶ Leaders of any voluntary organization should be totally involved in the setting of MOST elements at a common platform viz. volunteer's meet, organiser's meet and co-coordinator's meet etc.

## WHAT IS "MOST"

- ▶ M – MISSION – Single track purpose and direction
- ▶ O – OBJECTIVES - Are the organization's goals in stages.
- ▶ S - STRATEGIES - Are the plans to achieve the Mission and Objectives.
- ▶ T – TACTICS - Are the techniques for implementation of the Strategies.

## Who is a Leader

- ↳ Leaders are not born
- ↳ Leaders are not developed
- ↳ Leaders are not created
- ↳ Leaders are one who takes the lead
- ↳ Involves him selves in that activity
- ↳ Always moves forward
- ↳ No look back

## ROLE OF A LEADER

- ↳ Plans the work
- ↳ Maintain record
- ↳ Recruit volunteers
- ↳ Trains volunteers
- ↳ Deals with volunteers
- ↳ Ensure self respect
- ↳ Maintain good relations with the committee
- ↳ Liaison with the sub-committee

## ROLE OF A LEADER

- ↳ Self Development
- ↳ Ensures quality of work
- ↳ Runs office
- ↳ Communicates
- ↳ Enhance public relations
- ↳ Build up morale
- ↳ Face the consequences

## HOW TO IMPROVE LEADERSHIP

- ↳ Build awareness of opportunities
- ↳ Set goals for improvement
- ↳ Organise – to reach the goals
- ↳ Get trained and provide training
- ↳ Carry out projects to solve problems

## HOW TO IMPROVE LEADERSHIP

- ↳ Get the reports of progress made
- ↳ Recognise the fellow workers / volunteers
- ↳ Keep communicating the results
- ↳ Follow proper systems and procedures
- ↳ Maintain momentum by making annual improvement.

## GOOD LEADERSHIP

- ↳ Listen more and talk less
- ↳ Work and make others to work
- ↳ Give importance to others
- ↳ Inspire and motivate others
- ↳ Find the aptitudes of volunteers
- ↳ Assign according to ability
- ↳ Discipline – essential
- ↳ Maintain self discipline
- ↳ Evolve code of ethics
- ↳ Good human relations
- ↳ Does not seek reward
- ↳ Shares the award

## Famous Leaders

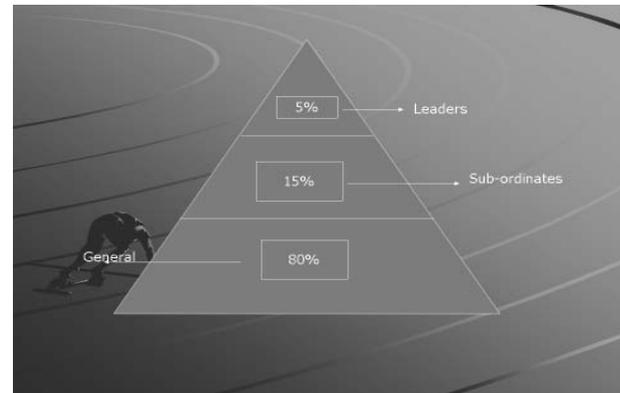
- ↳ Abraham lincoln
- ↳ Napoleon
- ↳ Mahatma Gandhi
- ↳ Swami Vivekananda
- ↳ Mother Terasa

## 80 / 20 rules

- ↳ The 80/20 rule is also called the Pareto Principle, named after an Italian Economist and Sociologist of the 19<sup>th</sup> century.
- ↳ In simple terms, it means that out of 10 items to be done, doing just two of them will yield 80% of the value.

## 80 / 20 rules

- ◆ 80% sales 20% customers
- ◆ 80% telephone calls 20% customers
- ◆ 80% monthly expense 20% heads
- ◆ Supposing you plan to do 10 activities in a day, possibly doing just 2 of them may produce 80% of the results.



Are  
You  
A  
Leader



January 25, 2010

# Modern Technology & Application

Chairperson: Dr. Arunangshu Sarkar, West Bengal

## SMS FOR PUBLIC BLOOD INFORMATION SYSTEM TALK WITH ACTUAL DEMONSTRATION

Mr. Debasis Sengupta, West Bengal

**Abstract :** Status of blood availability in the Government Blood banks are not readily accessible to the general public. As a result, when in need, the patients' relatives have to go from blood bank to blood bank to find out the availability of blood which is time consuming and very frustrating and at times it could be life threatening. This is true for Calcutta blood banks as well as blood banks in the districts of West Bengal.

This paper discusses two very simple electronic mechanisms (use of SMS and Interactive Voice Response System) which can be implemented very easily and at a very low cost in Kolkata where there are multiple blood banks and also in the districts where there is possibly only one blood bank.

A simple fully functional SMS based software was developed and demonstrated during the conference to establish the ease and versatility of the system. The conference participants used SMS to obtain the blood availability by actually sending SMS to a service

number.

The software was developed as labour of love and is available for implementation through Association of Voluntary Blood Donors, West Bengal.

**Background :** There are multiple Government and Non Government blood banks in Kolkata - all of them operate as individual islands without any central coordinating facility for public dissemination of information. Even though ideally the Government hospitals are supposed to provide the required blood to the patients in need – more often than not the patients relatives are asked to obtain the required quantity and type to augment/replace the blood provided by the hospitals. Due to lack of coordination among the blood banks both private and government – it becomes a harrowing and time consuming exercise for the relatives of the patients to obtain the required quantity and type of the blood. They have to physically visit the blood banks which are at different part of the city.

Due to past experience of vandalism by public – most blood banks refuse to provide the blood availability information over the telephone.

In order to alleviate the difficulties faced by the general

public The Association of Voluntary Blood Donors, West Bengal had requested the author to research and provide a prototype of a working system which could be implemented easily and at a low cost in West Bengal as well as in other third world countries facing the similar difficulties.

Objectives and constraints as Identified for a Third World country.

To develop a system for Public dissemination of Blood availability in Blood banks in a developing / third world country environment.

Required Characteristics :

- Universally usable in most countries – with specific emphasis on Third World countries with low availability of technology.
- Easily adaptable
- Minimum Technology footprint
- Robust functionality
- Low Initial Cost & Low Running cost
- Light weight system & Easily Transportable

System complexity :

If we look at the issue from Systems point of view – it is a very simple basic system almost on the verge of being a Trivial System in the context of a developed country.

In a developed country environment with very high penetration of Internet/ web/ Third generation of cell phones such system will be trivial

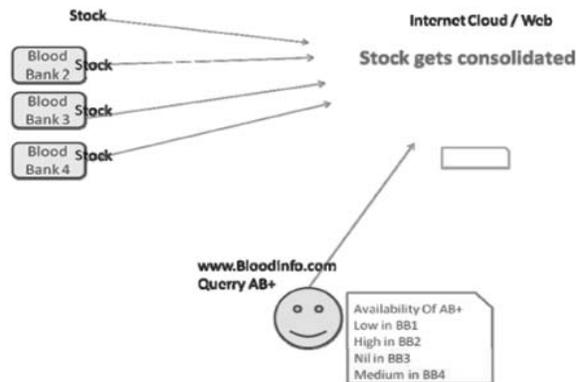
- A very simple Web based system will do the job.

- In an integrated system Blood banks will upload their stock positions periodically as part of their business process to a central / Hosted server on the web. As and when a blood bank receives or issues an unit of blood their stock position will get updated in their own system. At a periodic interval the stock position will be uploaded to a website which will be accessible by the general public for viewing the stock .

- When in need of blood information - Users could look up a web site regarding availability of Blood groups in a near by blood bank in the city very easily on their cell phones or using a public internet facilities .

- It is important to note that it is NOT a stock accounting system and hence the exact quantity need not be uploaded to the central database. In order to avoid vandalism by the public if exact quantities are published it is suggested that qualitative values like Very low, low, medium or High is used. Each blood banks are allowed to define what will be the Units

which will correspond to Low, Medium etc. Actually these limits will depend on the rate of consumption of blood which are likely to differ from hospital to hospital and from blood group to blood group.



When we examined the technical environment in Kolkata and the districts we felt the Web based system may not function here and in other third world countries due to

- Lack of infrastructure / Internet connectivity at the blood banks in remote cities
- Lack of Internet penetration will not serve the users who are unlikely to have public Internet access or 3rd Generation cell phone with internet connectivity

This led us to search for an alternate route for information update by Blood banks and dissemination to public which is within the reach of most people in Kolkata and in the districts and even in other developing countries.

While searching for other mediums of information collection and distribution we found that one single device which has penetrated the third world countries the most is the Mobile phone.

Any system based on either voice telephony or SMS is likely to have maximum acceptability and usability.

Hence Possible Options Are :

SMS based system

and/or

Interactive Voice response system (IVR)

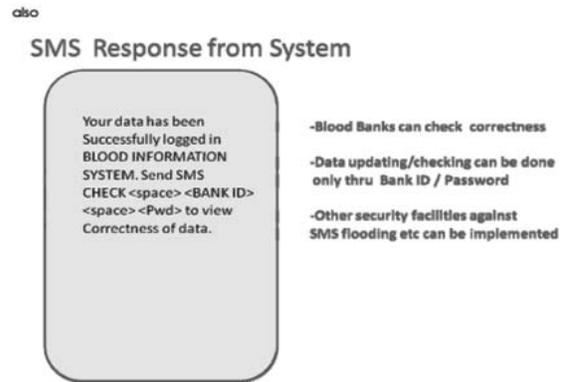
Both these methods are available almost everywhere and people are accustomed to use these facilities even in 3rd world countries

SMS Based System Outline :

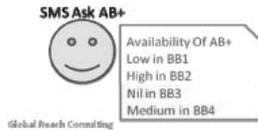
- Blood banks will send their stock positions on periodic basis (say every hour depending on the consumption pattern) by SMS to a public number
- System will hold and update the stock position of individual blood banks
- General public will send an SMS with a key word to know the stock by Blood Group to a public number
- System will respond by a return SMS with the stock position



Step 2: Response from the system to the Blood bank. Once the data has been sent the Blood bank and send a subsequent SMS to check the correctness of the data also

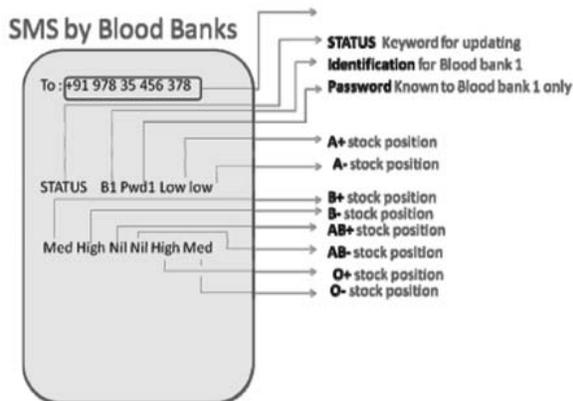
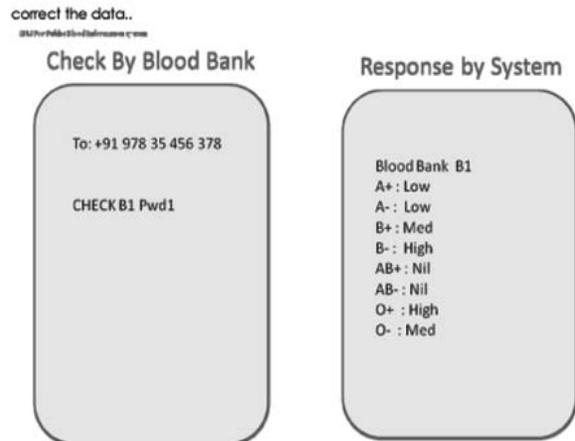


Step 3: Correctness of data can be checked by the individual Blood banks by a SMS as follows. System response is also shown. Only owner of the data can check or

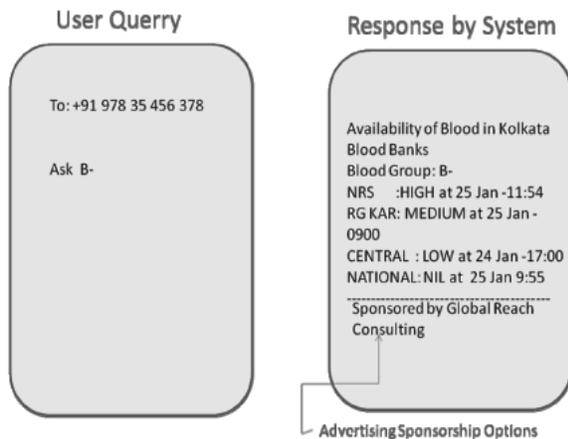


Step 3: Correctness of data can be checked by the individual Blood banks by a SMS as follows. System response is also shown. Only owner of the data can check or correct the data..

Step 1: Blood banks will send a SMS with the details as follows to a Public Number with the details as indicated . Typically each blood bank will be provided with ID and password and other standard security feature to avoid any one else updating the data . Standard anti flooding mechanisms are standard security feature. Please note that only the last stock position need be supplied. System does not perform any computation and reports back the status sent by the blood banks.



Step 4 : User Query : Any user can send a request to a known public number (to be publicized by TV/Newspaper ad) with a specific status of blood and will be provided the response from the system



The response back from the system will indicate the date and time when the info was updated by the individual blood banks. User will have clear idea of the how updated the information is and they can take appropriate action.

#### Conclusion:

In our opinion such a system can be implemented in a city with multiple blood banks. It is even applicable in rural areas where people from a distance can find out where the availability of blood is and go to that center without having to run from pillar to post.

In our opinion it is possible to implement the system using Private-public partnership and even the private blood banks can be brought under one umbrella to provide a comprehensive public service.

Being in the public domain, this will also indicate which public hospitals are prompt in updating the information and which hospitals are negligent in updating the information. Availability of such information will allow the responsible officers in charge of blood banking in West Bengal to persuade negligent hospitals in updating their information.

In order to defray the cost of operation there is a provision made for single line Advertising info for sponsorship.

#### Software & Hardware Requirement :

The software was developed based on a public domain software product (Mobile Data now) developed by Nick Bolton with interfaces developed on Microsoft SQL server 2005.

The software can be implemented on a standard laptop with SMS data card.

#### Interactive Voice response System (IVR)

- A bit more expensive with slightly more technology foot print.
- Can be set up using Public domain free software.
- Not limited to English only .
- Multiple language response possible.
- Very easy for any one to use.

There are many IVR system In the market . A public domain IVR system is Voicent which can be used for similar query response system. Since this is a known mechanism we have not gone into details .

#### Acknowledgement :

Author gratefully acknowledges the contribution and intellectual encouragement provided by Dr Subrata Ray and Mr Debabrata Ray while developing the system. Mr Arunava Dutta and his team had assisted in developing some of the interfaces in SQL.

Author is grateful to Dr ( Mrs) Sumita Sengupta for her support during testing and providing valuable suggestions during the software development.

## STEM CELL TRANSPLANT- REDUCING BLOOD NEED

Dr. C. Shivaram, Karnataka

Hemotherapy-Emerging trends..

I Generation of Blood Components

II Generation Apheresis Components

III Generation New Therapeutic blood products (Stem Cells) Growth factors+cytokines

#### STEM CELLS

- Human Body develops from a single cell-the fertilized egg.
- The cells are originally undifferentiated –Emryonic stem cell with no specific function.
- These have the ability to give rise to specialised cells/Tissue-Liver/Heart/Brain/Bone/entire human body.
- Stem cells also exist in adults and help in tissue renewal.

#### Why do we need stem cells?

- Treatment of diseases like cancers with aggressive chemotherapy (Drugs) and or radiotherapy wipes out all stem cells, thereby endangering life.
- Stem cells resident in tissues are responsible for

self renewal.

- Source of organs

#### STEM CELL PROPERTIES

- Primitive
- Immortal ( Eternal)
- Undifferentiated cells.
- Varying potential for differentiation.
- Can differentiate into various types of blood stem cells or other tissues.

#### STEM CELL PLASTICITY

- TOTIPOTENTIAL- Embryonic& Extra embryonic tissues
- PLEURIPOTENT -Embryonic Stem cells (Form embryonic tissues only)
- MULTIPOTENTIAL- Adult stem cells.
- OLIGOPOTENT- Limited differentiation
- UNIPOTENT- Form only one type of tissue

#### Sources of Stem cell

##### Bone Marrow (BMSC)

- Peripheral Blood (PBSC)
- Embryonic Stem cells (ESC)
- Cord Blood Stem cells (CBSC)

##### Cord Blood –To Bank or Not to Bank

- Lifetime probability of using stem cells for transplant in the US
- Using your own stem cells is 1 in 435.
- Allogeneic transplant from a matched donor (a sibling) is 1 in 400
- Net likelihood of any stem cell transplant is 1 in 217.
- Banking Autologous cord blood is controversial.

#### Recommendations:

- Private cord blood banking is generally not recommended unless there is a family history of specific genetic diseases.
- ? Future potential-Unknown.

#### Traditional uses of Stem cells

- Cancers:
- Leukemias
- Hodgkins disease
- Neuroblastomas
- Refractory anemias
- Genetic:
- Fanconi's anemia
- Aplastic anemia
- Sickle cell anemia
- Thalassaemia.

#### Blood Centres

##### Moving From Support to Therapeutics

- HLA typing of stem cell donors
- Blood Bank HLA Lab.
- Mobilization of Stem cells-Oncology
- Collection of PBSC-Blood Bank
- Cryopreservation of Stem cells -Blood Bank
- Transfusion/Transplantation of stem cells post CT/RT : Blood Bank +Oncology.
- Transfusion support till engraftment –Blood Bank

- BM Aspiration-Oncologist.
- Transfusion/Transplantation of stem cells –Oncology
- Blood bank role :
- Processing of Bone marrow (Red cell depletion)
- Transfusion Support.

#### PBSCT

##### Autotransplant

- Second line of treatment for cancers like Lymphoma, Myeloma.
- Stem cells are collected by apheresis- stored in Liquid N2.
- Patient receives myeloablative -High dose CT+/- RT.
- Stored stem cells are reinfused .
- Auto-PBSCT: Engraftment is fast and the period of immune recovery is short reducing chances of infection.

##### Allotransplant

- Involves two people-Healthy donor and the patient.
- HLA types of donor and patient must match.
- Race and Ethnic origin places an important role in getting a HLA matched donor.
- Donors- Siblings/ HLA registries and Cord blood banks.
- Chances of GVHD is higher.

#### Steps in PBSCT

- Mobilization of stem cells
- Collection & cryopreservation of pbosc
- High Dose CT/RT followed by Transplantation

#### Collection of Stem cells

- Microprocessor controls addition of Anticoagulant and the centrifuge speed based on blood flow (40-80 ml/min).
- Cell separation depends on the centrifugal force and the dwell time
- Traditional procedure involves : 2-3 blood volumes(10-15 litres) of blood over 3-4 hours.

### Monitoring Stem Cell Collection

- CRF of Stem Cells
- BM/Stem cells have a shelf life of just 24 hours at 4 C.
- Freezing is done using a controlled rate deep freezer @1-2C/min.
- Stored frozen in liquid Nitrogen at -196 C.
- Stable for decades
- 10% DMSO is used as a cryo protectant.
- Thawing is done rapidly at 37C in a water bath.

### RAPID FREEZING THAWING

- Transplantation of Stem cells by Blood Centre/ Oncology team in BMT unit

### Factors affecting Speed of Engraftment

- NEUTROPHIL Engraftment >500/uL
- PLATELET RECOVERY >20,000/uL
- Normal: 9-11 days( upto 15 days)
- Mismatched transplants:
- 16-33 days.
- Durable recovery demonstrated by cytogenetics/ molecular markers
- DOSE OF CD34+ CELLS (+)
- EXTENT OF PREVIOUS CT/RT(-)
- Use of mobilised PBSC(+)
- Use of post transplantation Growth Factors(+)

### PBSCT 2004-09

#### Clinical Trials with HSCT

- Heart -MI
- Use of stem cell for neuronal regeneration- Stroke
- Vascular regeneration-Healing of ulcers/Saving of limb amputations .
- Treatment of Parkinson's disease.
- Treatment of osteoarthritis.
- Treatment of Chronic renal failure

#### Granulocyte Support –Post Transplant

- ? Indicated in Severely neutropenic septicemic patients.
- Donor is often –Friend/Relative.

- Donor is given a SINGLE dose of Steroids+G-CSF : Granulocytes collected by apheresis 12 hour later.

### PRETRANSPLANT REQUIREMENTS

- Minimise the no. of pretransplant transfusions.
- FILTERED BLOOD - essential to prevent CMV infection
- Irradiated cells help prevent ANTIBODY formation.
- Single donor platelets preferred to random donor platelets.

### POST TRANSPLANT

#### TRANSFUSION REQUIREMENTS

- Duration of transfusion therapy post transplant is 2-6 weeks.
- Platelets-Few SDPs(1-3) Threshold 20,000/uL
- Red cells(6-10 units) ;Trigger -Hb less than 9g/dL.
- FFP and cryo needed only if complications develop.
- PT-GVHD prevented by avoiding 1st degree donors.

#### PBSCT-Conclusion

- Stem cell use as an approved therapeutic modality is limited.
- PBSCT are replacing bone marrow to a large extent.
- Appropriate Stem cells dose coupled with transfusion support is vital for success of all transplants.
- Cautious optimism is needed while using stem cells for NON TRADITIONAL applications.
- Banking your baby's cord blood stem cells is not harmful but neither is it very useful.
- Long term cure with SCT is a distinct possibility which will eliminate the need for blood transfusions.
- If you wish to be a cord blood banking motivator-Promote allogenic (PUBLIC) banking; not autologous (PRIVATE).

January 25, 2010

# Blood Donation

Chairperson: Swami Divyananda, West Bengal

## BLOOD DONATION IN SPORTS FIELD

Mr. Sanjib Chowdhury, West Bengal

The first occasion was in the National Club, the Mohun Bagan, where a small number of football loving people donated blood in a camp organised by the club in 1980 with the initiative of Indian Footballer of the Millennium Sri Sainen Manna of course with AVBDWB.

The next occasion was on the foundation day of the Cricket Association of Bengal (CAB) in 1981. In 1962, the Indian skipper Nariman Jamshedji Contractor was hit by a bouncer from West Indian fast bowler Charlie Griffith resulting in a very serious head injury. Blood was needed. Led by the opponent skipper Sir Frank Worrell, members of both the teams lined up to donate blood for airman. The life was saved. In 1981, when the CAB was celebrating its Golden Jubilee by 36 days' programme and the voluntary blood donation movement was in an embryonic stage, the AVBD approached the CAB to set aside a day of the programme to be dedicated to the memory of Sir

Frank Worrell for his humanitarian act when a blood donation camp may be arranged and the day be called Frank Worrell Day. Nari inaugurated the camp not by delivering a lecture, but by donating blood himself. He also signed the certificates of honours awarded to the donors. In those days, a camp of 100 donors was considered as a very big camp. On the day, the donors outnumbered the arrangement and the camp was extended by a day. On the first day, 313 donors donated the camp was extended by a day when 133 more donors donated and the media hailed this donation camp as the best programme of the Jubilee Celebration. The campaign was launched by print and electronic media, posters, hoardings, and mailing of letters. Thereafter in this annual camp, donors' certificates were signed by eminent international cricketers like Sir Don Bradman, Sir Garfield Sobers, Sir Clyde Walcott, Mushtaq Ali, Sunil Gavaskar, Steve Waugh, Sourav Ganguly and the like.

In 1980, while two premier football teams of the country, East Bengal and Mohun Bagan were playing their league football match on August 16 at Eden Gardens, 16 young footballers lost their lives in a frenzy. The football league was called off for the year.

Gloom cast its spell over the sports field. When the football season was about to start in Calcutta next year, AVBD proposed to the Indian Football Association (IFA) to have a blood donation camp at Netaji Indoor Stadium adjacent to the spot of the tragedy in memory of the deceased football lovers. The call was 'No more blood shed, let there be blood donation.' The IFA agreed. The campaign was launched through letters, posters, leaflets, hoardings, print and electronic media (especially radio). The day was named Football Lovers' Day. The football lovers of the state accepted the programme with palpable enthusiasm. 1208 football lovers offered their gift of love in a single day that year within ten hours. Among the donors were the spectators of the fateful match, family members of bereaved families, football coaches, eminent footballers, sports officials, and government officials including the Home Secretary of state, Ex-footballers, ministers, journalists, poets, Vice-Chancellors, and educationists were also present at the camp who encouraged the donors. There were no newspapers on 16th August as 15th August being the Independence Day and a holiday for the press. There were intermittent showers. Still the donors came throughout the day. All India Radio Kolkata announced about the camp all the day announcing the number of donors minute-by-minute, number-by-number and called people to donate blood in the camp. Thereafter, this camp also is an annual feature. In these camps, donors' certificates were signed by former Indian Olympian and Footballer of the millennium Sri Sailen Manna, Sahoo Mewalal, Syed Naimuddin, Chuni Goswami, PK Banerjee and the like, signed the certificates of the donors.

The said two successful camps related to playground are fondly known as "Mass Blood Donation Camps." These camps are pitched at a central place and on a fixed day, where donors come individually or in small groups, mostly by availing of public transport and travel a considerable distance with a desire to donate blood in these particular camps. Besides large scale of awareness campaign, a large number of blood bank teams work side by side under the same roof. Donors' screening, registration, and donors' refreshment corner are arranged centrally.

At present concurrent camps are organised in the districts of West Bengal on the same day to celebrate "Football Lovers' Day" and "Frank Worrell Day".

From these two camps, many smaller camps are being organised by the blood donors of these camps, in their place of work or at their locality and blood

donation has become a people's movement. Inspired by the success of blood donation, in the field of cricket and football, the sports organisations of Basketball, Hockey and Table Tennis of West Bengal have also taken up the programme.

Not only in our country, but West Indies is also taking this cue. The University of West Indies (UWI), Mona Annual March Blood Drive has been renamed The Frank Worrell Commemorative Blood Drive in honour of the legendary cricketer. To commemorate the 40th anniversary of his death, the drive took place on March 27-28, 2009 in the Assembly Hall of the University under the theme, "It's a habit of life." Nari Contractor was invited to inaugurate the camp.

By these types of innovative ideas, techniques, motivation and resources – the voluntary blood donor recruitment programme of today and tomorrow, the state of West Bengal has reached near hundred percent voluntary blood donation programme. When out of 193 member countries of WHO by the turn of 2009, 57 countries have hundred percent voluntary blood donation programme, we are not sure when the entire country of India will achieve this desired goal.

Yet, as the experience with the sports-field is quite encouraging in West Bengal, other states also may venture to involve this community as far as practicable.

## **THALASSAEMIA AWARENESS FOR REDUCING BLOOD NEED**

**Mr. Vinay Shetty, Maharashtra**

Bridging the gap between the demand for blood units and its supply will involve effort in two directions:

- a. Increasing the supply of safe blood
- b. Reducing the need for blood

Voluntary blood donation drives and components separation facilities are all aimed at increasing the supply of blood. It is important to look at ways and means of reducing the need for blood. This can be effected by:

- a. Ensuring rational use of blood and its components
- b. Supporting programmes that prevent genetic

disorders which need lifelong blood transfusions

Thalassaemia Major is a serious genetic disorder which affect more than 1 lakh children in the country. A very significant portion of the blood that is collected by blood banks goes to these children.

The child is born a Thalassaemia Major only if both parents are Thalassaemia Minor. The parents do not know that they are Thalassaemia Minor because there is nothing wrong with them. The birth of their Thalassaemia Major child comes as a rude shock to them. Behind every Thalassaemia Major child, there are two healthy youngsters (the parents) who did not know that they were Thalassaemia Minor.

An awareness and detection programme for Thalassaemia Minor can easily prevent the birth of a Thalassaemia Major child. The programme will involve:

- a. Awareness through mass media and IEC material
- b. Awareness and detection programme in schools / colleges / corporates / high risk communities /
- c. Sensitisation of Laboratories / Gynaecologists

This programme can play a major role in reducing the need for blood, not to mention the relief to the child, parents and society.

## **EVERY TOMORROW NEEDS A BLOOD DONOR TODAY LET EVERYDAY BE A BLOOD DONATION DAY**

**Dr. Sankarnath Ghosh**, West Bengal

The need of Blood for Transfusion is throughout the year.

Nobody knows who will need blood when and where

So Blood Bank shelves should be kept full all the time

Shelf life of Blood is 35 days

There should not be any lean or flush season for Blood Banks

Everyday should be a day for Blood collection drive

If you have to get blood from Voluntary Blood Donors take the donors bed as close to the donors as

possible on their convenient day without expecting the donors to come to the Blood Bank.

Organising Blood Donation Camps daily are needed

Association of Voluntary Blood Donors, West Bengal has spread the idea of organising camps by different organisation on significant days.

Days may be International, National, Regional, Local or Significant for the Organisation or the Individual

Days of joys and sorrows are being observed as days for Blood Donation Camps

Birthday

Marriage Anniversary

Sradha

Religious Day

are observed by individuals as

the Day of Blood Donation

India attained Independence on August 15, 1947. But nobody thought of organising Blood Donation camp before August 15, 1964. It was the motivators who gave the idea to some organisations to hold Blood Donation Camp on Independence Day. Idea caught the wind.

So also Birthday of Netaji Subhas Bose who was born on January 23, 1897. But the first Blood Donation Camp on his birthday was organised on January 23, 1965.

On January 23, 2010 is day before yesterday nearly 60 Blood Donation Camps were organised in West Bengal.

Frank Worrell Day on February 3 and Football Lovers Day on August 16 are creation of Association of Voluntary Blood Donors, West Bengal. Nearly 30 years these two Mass Blood Donation Camps are been organised. Thousand people donate blood every year.

Repeat donors are more in such camps.

Sentiment, Love, Respect of the Football Lovers & Cricket Lovers were utilised by the motivators to organise these camps.

It was midnight of December 31, 1999.

End of the year

End of the Decade

End of the Century

End of the Millennium

This day will not come back in your life.

Many midnight camps were organised by donor motivators on the occasion with the above slogan. People responded enthusiastically.

Ideas are more powerful than weapons. To recruit donors Ideas, People and Resource are three ingredients.

Now every year the Association publishes a pocket book indicating that everyday is significant for some group or the other. According to Lunar Calendar Days changes. So every year new year books are necessary.

The year book is being published every year since 2004 for donor motivators.

Some extracts from the pocketbook

Here are some such days

January: Birthday of Guru Govind Singh

February: Valentine Day

March: International Women's Day

April: Palm Sunday (Sunday preceding

Good Friday

May: Florence Nightingale Day

June: Longest Day

July: Doctors Day

August: Rakhi Day

September: Teachers Day

October: All India Voluntary Blood Donation Day

November: Children's Day

December: Human Rights Day

Can the present company tell me the exact date of these days?

It needed research work of motivators to prepare this pocket book. It is state specific.

You can prepare a pocket book for your state and use it for donor recruitment.

You can collect a copy from the exhibition upstairs.

Motivators should always remember:

Every tomorrow needs

Blood Donor today.

## IS SOCIAL MARKETING NECESSARY FOR VOLUNTARY BLOOD DONATION

Prof. Vidya Deshpande & Mr. Rabindra Kulkarni

Social marketing is effectively used for

- AIDS
- Polio vaccination
- Swine flu awareness
- Family of planning
- Use of helmet
- Immunization
- Social forestations
- It is also used in voluntary blood donation

What is social marketing?

Social marketing is the designed implementation and control of programmes to increase the acceptability of a social idea or practice in a target group.

What is the goal of social marketing?

To meet consumer's needs and wants. The need can be a tangible product or an idea or both.

Techniques used to advance a social cause

- Mass media
  - News papers
  - Radio
  - Audio visual means
- Posters, Leaflet, Quiz contest, (a reference to a quiz contest for students organised at Aurangabad which had a good response Informative booklets)
- Lectures, talks, Pre-camp meetings
- E-communication
  - E- mail
  - Bulk SMS
  - Use of internet & Web sites

- Poster
- Informative Booklets
- Pre Camp Meeting

Swine flu crisis

• Swine flu gripped the city, all educational institutes closed, panic and fear clouded all the social events

- Caused acute shortage in all the blood banks
- The stock was sufficient just for two days

#### Crisis management

- Brain storming session of all the staff members organised, decided to focus on the outskirts of the city
  - Contacted all the small towns and villages in the districts

- Also used the occasion of the Ganapati festival as an effective means

#### Some other means

- All the leading news papers briefed, requested to help in reaching the large section of the society
- Used telephone to reach voluntary blood donors in person and also bulk SMS

- Used our social net work to reach the Ganapati mandals for small drives

#### Increase in collection

#### Some innovative methods suitable for the event

- Street plays used effectively in Aurangabad to explain the need and importance of blood donation.

- Customers at a weekly market contractor and explained the importance of Voluntary Blood Donation.

- Use of postcard as a birthday greeting (Janakalyan blood bank witnessed growth of 54.87% in the second half of the last year)

#### IT sector goes E- way

- Key persons are located using our social network

- E-mail to introduce our blood bank
- Every information related to VBD is mailed
- A visit is arranged. A meeting is organised to discuss all the aspects of the event.

- A doctor and a motivator attend the meeting to explain all the medical and social aspects of VBD

#### The yield

- The contribution of the IT sector in our yearly collection

#### Suggestions

- High school teacher's in service training could have one session on VBD

- Organising a drive once a year can be made mandatory to all the colleges

- Blood donation be accepted as a criterion for credit points

- Visit and work experience in a blood bank be accepted as a summer project for college students

- Blood donation drives be accepted as a CSR activity.

#### JANAKALYAN CHAIN OF BLOOD BANKS

The JKRP is one of the leading banks of the voluntary blood Donor movement in Maharashtra. It is the spearhead of the Janakalyan Chain of Blood Bank that consists of 16 Blood Banks in Maharashtra, 2 in Tamilnadu, 1 in Karnataka, and 1 in Madhya Pradesh. We are one of the largest NGO chains of Blood Banks in India.

- JKRP is a pioneer in Voluntary Blood Donation Movement. Blood is Collected from Voluntary blood donors only.

It is considered as a dependable and reliable Institution .

- Every year more than 100 renowned hospitals & more than 20,000 patients from all the stratas of society are benefited.

## SUCCESS STORIES OF TRIPURA

**Mr. Nibir Sen and Mr. Chandan Sarkar, Tripura**

#### Tripura at a glance

Tripura is one of the seven states in the north eastern part of India, called Seven Sisters. It is bounded on the north, west, south and south-east by Bangladesh whereas in the east it has a common boundary with Assam and Mizoram.

Land: Total area 10.492 Sq Km., 84% international Border with Bangladesh(839 Km.),60% Hilly Terrain, 60% Forest, 52.76% Forest cover,39% Reserve Forest, 25% Net Shown Area, 30% Operational Holding, Average Holding 1.02 Hect., Irrigation 13% of Cropped area.

Literacy:60.44% (S.T. 40.37%).

Major Language: Bengali and Kakborak.

#### History

- The former princely state of Tripura was ruled by Maharajas of Manikya dynasty.
- After independence of India, an agreement of merger of Tripura with the Indian Union was signed by the Regent Maharani on September 9, 1947 and the administration of the state was actually taken over by the Govt. of India on October 15, 1949.

- Tripura became a Union Territory without legislature with effect from November 1, 1956 and a popular ministry was installed in Tripura on July 1, 1963.
- On January 21, 1972 Tripura attained statehood.

#### First Blood Bank

- In 1964 first blood bank was established in G. B. Hospital.

#### Tripura State Blood Transfusion Council

- Tripura State Blood Transfusion Council was formed on 4th July, 1996.
- Now there are 6 licensed Blood Banks in Tripura.
- Now there are 7 Blood Storage Centres functional in Tripura.
- There is only one Blood Component Separation Unit in Agartala.

#### Activities

- Making available high quality blood and blood components in adequate quantity to all users.
- Increasing public awareness.
- Promoting rational use of blood.
- Counseling and retention of blood donors.
- Providing technical services for raising the standard of blood bank operations and assistance for administrative, motivational and technical problems encountered.
- Making available high quality blood and blood components in adequate quantity to all users.
- Increasing public awareness.
- Promoting rational use of blood.
- Counseling and retention of blood donors.
- Providing technical services for raising the standard of blood bank operations and assistance for administrative, motivational and technical problems encountered.

#### Formation of Voluntary Organisations and their activities

- On 25th March, 1993 Voluntary Blood Donors Association was formed in Agartala but it did not survive for long.
- On 30th May, 1993 Voluntary Blood Donors Association, Dharmanagar [in North Tripura was formed.
- On 11th March, 1995 Kailasahar Blood Donors

Association in North Tripura was formed in Kailasahar.

- On 1st May, 2000 Society of Voluntary Blood Donors, Tripura was formed in Agartala.
- On 15th August, 2008 Sigma Voluntary Blood Donors Club was formed in Udaipur, South Tripura as a wing of Sigma Science and Social Centre.

#### Year Planner

- One major activity of all the organisations is bringing out one calendar of proposed blood donation camps at the beginning of every year.
- Society of Voluntary Blood Donors, Tripura brings out the calendar for West Tripura District, Sigma VBDC brings out the calendar for South Tripura District. Similarly VBDA Dharmanagar and Kailasahar BDA brings out the calendar for North and Dhalai district.

#### Awareness and Motivation strategies

- IEC publication in different languages
- Personal level motivation
- Spontaneous presence in blood donation camps
- Motivation of political and religious organisations
- Involvement of Chief Minister himself in the camps
- Spreading the message in the hilly areas
- School level motivation
- Social issue and prestigious competition among clubs, Govt. departments and other organizations
- Involvement of NSS
- Inclusion of social festivals like Birthday, Marriage, Sradh etc. in blood donation

#### Success Story in some pictures

#### Future plan

- Bringing out one Website.
- Bringing all the organisations under one common umbrella.
- Organising National Level Seminar on Motivation Strategies and Donor Recruitment.

#### Present Status

Tripura is now one of the leading states of the country in the field of recruitment of voluntary blood donors.

January 25, 2010

# Valedictory Session

Chairperson: Professor Kamala Bandyopadhyay, Vice President  
Association of Voluntary Blood Donors, West Bengal

The Chairperson asked Mr R Rajkumar to place the Recommendations of the Conference and the Workshop.

Mr. R. Rajkumar: I have collected recommendation from the participants which I am now placing in collated form for adoption (Text of Resolution may please be seen in Annexure 1. The house then adopted the recommendations.

Chairperson invited Professor Ranjan Mitter to deliver the Valedictory Address:

## VALEDICTORY ADDRESS

**Professor Ranjan Mitter**, West Bengal

You have been deliberating for three days on blood donor motivation, recruitment and retention. My valedictory address will be on MOTIVATION:

The words motivation, innovation and communication have Latin origins.

Motivation comes from the word motive, which in turn derives from the Latin verb 'movere', meaning 'to

move'. So a motive, quite simply, is something that moves one to action.

Characteristically the words 'motive' and 'motivation' suggest that something within one is at work impelling or driving the person. It may be a need, desire or emotion. Any single action can be driven forward by more than one motive. In other words, motives are often mixed.

People are identical in-as-much as they share the same general physical and mental characteristics. At the same time, each individual is a unique product of genetics and environmental influences. We are all born with individual sets of characteristics and are then continuously influenced for the rest of our lives through contacts with other persons ranging from parents, relatives, friends, teachers, colleagues, political and religious leaders by education, training, books, films and jobs coupled with a variety of experiences.

Life is a process of continual learning, modification and change. Depending on factors such as intelligence, background, schooling and sensitivity, some people are more disposed to learn or help others. No human being, however, can avoid the influence that comes from the external environment. The effects of these influences on behaviours are not always perceived

at the conscious level. Individuals may change their behaviour without being aware that other person or experience has initiated the change. The external influence might shape values, attitudes, perceptions, motivations, judgements and decisions. Values and attitudes developed through motivation are important determiners of behaviour.

Motivation is the impetus that drives people to behave in various ways and seeks to fulfil a variety of needs. We all have needs.

In the age of the great Epic the Mahabharata, Lord Krishna in the battlefield of Kurushetra (circa fifteenth century B.C.) delivered a lecture consisting of 700 verses in eighteen chapters to motivate the great warrior Arjuna to fight for a cause. This book, the Bhagabad Gita, is an algorithm of motivation for decision-making.

Maslow, Herzberg and Vroom among the social scientists have earned universal fame for their studies on human motivation. The theories of motivation studies as produced, vary in their emphasis and conclusions, but there is a general consensus:

- Motivation is a force that drives people to satisfy needs.
- Needs that people seek to satisfy are universal.
- The motivational force has a direction towards specific goal.
- The intensity of motivation depends on desire.
- The motivational force may be short or long lasting.
- With the satisfaction of need, motivation terminates and may be transferred to a new goal.
- Motivation is the result of individual's perception of personal value system.
- Two great movers of the human mind are the desire of good and fear of evil.

In the field of blood donor motivation, the oldest theory on earth the "carrot and stick" principles of man management – never motivates real altruistic blood donors. Similarly, money cannot ensure good quality of blood for transfusion.

No theory of motivation has been so influential as Abraham Maslow's hierarchy of needs enumerated in the U.S.A in 1943 in his paper 'A Theory of Motivation.' In essence, it suggests that a person is not motivated by mere external motive such as rewards or punishment

but by an inner programme of human needs. These needs are arranged in sets of steps. When one set is satisfied, another set comes into play. A satisfied need ceases to motivate. Maslow organised human needs into a hierarchy of relative prepotency.



Professor Maslow, in 1950 explained his concept of the "Self Actualising Man" further in his paper Self Actualising People: A study of Psychological Health. "Even, if all these needs are satisfied", wrote Prof. Maslow "We may still often (if not always) expect that a new discontent and restlessness will soon develop, unless the individual is doing what he is fitted for. A musician must compose music, an artist must paint, a poet must write, if he is to be ultimately in peace with himself. What a man can be, he must be. This need we may call "self actualisation". Maslow defined self actualisation as "man's desire for self-fulfillment, namely to tend for him to become actualised in what he is potentially the desire to become more and more what one is, to become every thing that one is capable of becoming. The clear emergence of these needs usually rests upon prior satisfaction of the physiological, safety, love and esteem needs".

This is exactly where blood donor motivator should decide :

- Who of motivation?
- What of motivation?
- Why of motivation?
- When of motivation?
- Where of motivation?

but at the same time by keeping things simple.

The blood donor motivators have to bear in mind that there is a driving force as well as a restoring force as according to Newton's Law, all bodies tend to remain in a state of rest or of uniform motion in a straight line unless acted upon by a force. The force can promote

a change but again according to Newton's Law: for every action there is an equal and opposite reaction. There will always be factors which will resist change and need to be neutralised according to the land, people and culture.

In 1959, Fredrick Herzberg, an American Professor of Psychology published his research work in a book "The Motivation to Work". Herzberg established two separate sets of factors which influence motivation. Prior to this, people assumed that motivation and lack of motivation were opposite of one factor on a continuum. Herzberg upset the traditional view by stating that certain job factors primarily dissatisfy people when the conditions are absent. But their presence brings people to a satisfied neutral state. The presence of these factors does not motivate automatically but absence acts in demotivation. He called these potent dissatisfactory factors as Hygiene Factors or Maintenance Factors because they are necessary to maintain a reasonable level of satisfaction in people. Herzberg identified some components of job satisfaction which motivates people. He labelled these factors as Motivation Factors.

Examples of Maintenance Factors are :

- Policies of organisation
- Quality of supervision
- Working condition
- Status and inter personal relationship.

Examples of Motivation Factors are :

- Achievement
- Recognition
- Advancement
- Work itself
- Responsibilities.

This theory is known as Herzberg's Two Factor Theory.

Donor motivators have to find out the factors promoting people to donate or not to donate blood or dropping out after the maiden donation.

Another widely accepted approach of motivation is the "Expectancy Theory" developed by Prof. Victor H Vroom.

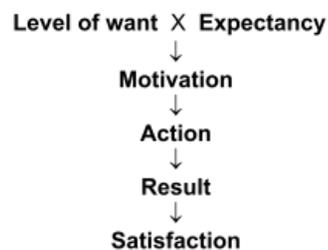
Vroom explained that motivation is a product of how much one wants something and one's estimate of probability that a certain action will lead to it.

He used the formula:

$$\begin{array}{lcl} \text{Valence X} & \text{Expectancy} & = \text{Motivation} \\ \text{(Strength of} & \text{(Probability of} & \text{(Strength of desire} \\ \text{one's desire for} & \text{getting it with a} & \text{towards action)} \\ \text{something)} & \text{certain action)} & \end{array}$$

In short, all want is aimed at satisfaction of some order. This satisfaction may be extrinsic or intrinsic. This motivation often springs from the want. The want may be for love or recognition to derive satisfaction.

This theory was further expanded on the assumption that WE ALL HAVE WANT.



McGregor's Theory Y

- The expenditure of physical and mental effort in work is as natural as play or rest.
- People can exercise self-direction and self-control in the service of objectives to which they are committed.
- The average human being learns, under proper conditions, not only to accept but to seek responsibility.

McGregor's Theory X

- People inherently dislike work and will avoid it if they can.
- People must be coerced, controlled, directed, and threatened in order to make them work.
- The average human being prefers to be directed, wishes to avoid responsibility, and has relatively little ambition.

From these premises, blood donor motivation can be defined as a force or a process which causes non-donors to donate blood on their own desire without any compulsion.

Thus blood donor motivation means:

- Encourage, inspire and stimulate people to donate blood
- Provide reason and logic to donate blood
- Develop desire to solve a social problem

- Instill pride for blood donation.

It has to be accepted that 50% of such motivation comes from within and 50% from the environment.

There may be two types of motivation:

- Attitude Motivation
- Incentive Motivation.

Blood donor motivation essentially aims at attitude motivation; incentive motivation would not ensure good quality of blood.

Laws of Motivation can be summed up as:

- Only the motivated can motivate
- Motivation requires goal, recognition, challenge, participation and group belongings.
- Motivation once achieved may not last for ever.
- Motivation is an ongoing process
- Progressing motivates
- Everybody can be motivated.

Thus, motivation to donate blood involves several distinct steps or processes. It requires first an awareness of the need for blood. This requires education. Awareness about the need is an external part of donor motivation but awareness alone is not sufficient to cause people actually to donate blood.

The motivation requires interest in the idea of donating blood voluntarily to save a life. Interest is an outgrowth of awareness. It develops over time, with the family or among friends, in school or in work place through discussion and reconsideration over and over again. It is a small group function and not totally a function of the public or mass.

Interest alone does not lead people to donate blood. It is however an essential step in the process of motivation towards commitment to donate blood voluntarily without coercion whatsoever.

Motivation implies that the person has a desire to donate blood. This desire is found only in people who have already been made aware and interested.

The role of the blood transfusion service is to harness the strength of networks of donor groups or donor organisations in the country.

The desire to donate blood may also come in a disorganised fashion through a family crisis or national calamity or disaster or even battle or war. This is a normal human instinct and reaction. The donor motivators and blood transfusion service can utilise this human reaction in a constructive manner.

However, it is not sufficient to rely upon such causes to meet the daily need.

Even the desire to donate blood will not lead to blood donation without necessary organisation to channel the desire into action. This needs motivation of the blood transfusion service as a whole to achieve total voluntary blood programme for the country.

The essential point is that blood donor motivation is a continuous process needing education, organisation with good planning, perfect transparencies and credibility of blood transfusion service.

All these will not happen without continuous effort of blood donor motivators and transfusion service in an organised form as the saying goes 'Together Every One Achieves More' (TEAM) to build awareness and creation of interest and desire to act.

Prof. Kamala Bandyopadhyay thanked Prof. Ranjan Mitter for the Valedictory Address and thanked all participants, delegates and resource persons from far and near.

Then the Anthem of the Association was sung.

#### ANTHEM OF AVBDWB (ENGLISH VERSION)

Let the bond of friendship unite us all,  
Let the bond of compassion unite us all,  
Let the bond of blood unite us all.

With an ocean of love at heart  
Let us sing the triumphant march of life.

Let peace reign on this earth forever,  
Let petty differences and follies disappear,  
Let the dream of a sunny bright future,  
Remain untarnished forever.

Let all life on this earth live in unison,  
Let the children of man live in glorious succession,  
Let fragrant flowers with joyous pride,  
Sing the triumphant march of life.

Chairperson Professor Kamala Bandyapadhyay declared National Conference and Workshop on Strategies for Blood Donor Recruitment and Total Voluntary Blood Programme 2010 closed and invited the delegates to see the Exhibition upstairs and enjoy the fireworks display and join the dinner.

# Recommendations of National Conference & Workshop 2010

National Conference and Workshop on Strategies for Blood Donor Recruitment and Total Voluntary Blood Programme held at Kolkata, India on January 23, 24 and 25, 2010:

In reverence to the National Goal of achieving total voluntary blood programme for the country by phasing out replacement donation.;

In Recognition of the fact that there are large number of organisations and individuals working silently in the different corners of the country to motivate, recruit and retain voluntary blood donors;

In appreciation of the fact that blood donor motivation, recruitment and retention is a science based on arts and can be practiced with conviction and dedication based on knowledge and attitude of the motivators of voluntary organisations to be developed around blood banks of the country;

In acknowledging the fact that this great country has the heritage of rendering voluntary service for this suffering humanity without expecting anything in return;

Recognising that safe blood and blood products and

their transfusion is a critical aspect of health care and public health that save millions of lives and improve the health and quality of life of many more patients;

Recognising the importance of protecting the welfare of blood donors and appreciating their generous donations of the gift of love;

Acknowledging that the realisation of the health-related Millennium Development Goals to reduce child mortality (Goal 4), to improve maternal health (Goal 5) and to combat HIV/AIDS, malaria and other diseases (Goal 6) are dependent on universal access to safe blood transfusion;

Recognising that evidence shows that regular voluntary, non-remunerated blood donors are the cornerstones of safe and sustainable national supplies of blood and blood products which are sufficient to meet the transfusion requirements of the patient population;

Acknowledging the need for sustainable national blood supplies through increasing the number of voluntary non-remunerated blood donors who donate blood regularly;

Recognising that the establishment of well-organised and managed national blood services based on 100% voluntary non-remunerated blood donations with effective quality systems will increase the safety of the blood supply by reducing the transmission of transfusion-transmissible infections;

Recognising that all governments can achieve safe, sufficient and sustainable national blood supplies by demonstrating leadership and commitment to voluntary non-remunerated blood donation;

Recognising that the appropriate use of all blood and blood products, proper component production and optimising the utilisation of recovered plasma is important to increase the blood supply and for the motivation of blood donors:

1. Recommended to the Government of India to release postal stamps on Voluntary Blood Donation periodically.

2. To approach all 1.2 million NGOs of the country with specific reference to 0.4 million NGOs working for community, social service and health to take active part in promoting voluntary blood donation.

3. That NACO should withdraw the recent definition of voluntary blood donation of considering various relative and replacement donors as voluntary donors. Voluntary blood donors must always be altruistic non-remunerated.

4. That average blood collection of each and every blood bank in India should be at least 10 units per day, of course by fulfilling the requirement of any particular blood bank, to fulfill the total blood need of the country.

5. That Blood Banks collecting less than 600 units per annum needs to be closed.

6. That Blood Transfusion Services in India should ensure that blood and Blood products are available, accessible and affordable to all the people of India at all times and at all places.

7. That IEC materials containing same message

in Regional Languages should be prepared through the respective State AIDS Control Societies and make available to the community for utilising the same for promoting Voluntary Blood Donation in the country.

8. That the union Government and the State Governments should keep budgetary provisions for supporting and extending financial assistance to various organisations engaged in the field of promoting voluntary blood donation in the country.

9. That voluntary blood donor organisations should be included in the respective State Blood Transfusion Council as members.

10. That presentation of valuable gifts to the donors and to the donor organisations enticing them to donate blood should be prohibited in the interest of blood safety.

11. To approach rural areas, where maximum population lives to donate blood through SHGs (Self Help Groups), which are 30 lakhs in groups.

12. To implement School Education Programme in a scientific and systematic way through various donor organisations for getting sustainable blood donors for the country.

13. To involve and recruit more young people to join with the existing Blood Donation Movement in the country for learning and carrying out the activities continually.

14. That appropriate training programme be designed and imparted to personnel at all levels like blood bankers, blood users, motivators, donor organisations and others.

15. That all agencies involved in blood banking should maintain proper documents and records with the help of modern technology to keep information related to total blood programme like blood requirement, blood collection, preservation, testing results and distribution system, donors' records, etc., to help analysing various data and research work for further development.

# Extracts from the First Circular to The Participants

## BACK DROP

Modern medical science is dependent on blood transfusion. Civilisation has developed this life-saving service through a sustained work of many people spanning over a period of four hundred years. Today blood can be stored for 35 days in poly-bags. One unit of blood can be divided into components and can be used for a number of patients but one thing has not changed : the need of blood donors to provide this life-saving service. Blood transfusion can be life-saving but it can be fatal too. Post blood collection sophisticated laboratory technology cannot ensure zero risk service unless the quality of blood is ensured at source. This can be done by only real voluntary blood donors who offer their gift of love to save human lives. Blood donors are not born, they are made.

Donor motivation, recruitment and retention are demanding tasks. For this task, donor motivators are needed. It is an art based on science. Methods have to be innovated. There are many successful methods in different parts of this country and in other countries too. 54 of 193 of the member countries of WHO have so far achieved hundred percent voluntary blood programme. The vast country of India is now in a position to meet only 62% of its blood need from voluntary blood donors. Different states of India are at different levels in the field of blood donor recruitment.

Some are high performing states and some are low performing states. The National Workshop is being organised at Calcutta on January 23, 24 and 25, 2010 to share, learn and develop strategies of donor recruitment to achieve the goal of safe blood transfusion through hundred percent voluntary blood programme for the whole country.

## OBJECTIVES

The main objectives of the conference and workshop are:

- (i) to share the strategies of successful voluntary organisations,
- (ii) to evaluate the existing techniques and strategies,
- (iii) to formulate suitable short-term and long-term strategies for the country for the next decade.

## ORGANISER

Association of Voluntary Blood Donors, West Bengal (AVBDWB) will be the organiser of this conference and workshop. The Association is based upon the principle of total voluntarism. It believes that within the busy schedule in this competitive world, people do have time that can be shared for others. The love for sharing enriches the field of work as also the person who is sharing. Sharing with only enjoyment as reward is the spirit behind the Association's work since inception.

Highly skilled professionals share the work voluntarily with people from all walks of life. It had the privilege of organizing the first ever National Seminar and Workshop on Blood Donor Motivation in 1985. The first ever International Conference on Blood Donor Motivation and Recruitment in India was organised by this Association in 1990. The Association organised a National Workshop on Blood Safety in 1994. It also organised the International Colloquium on Education as a Tool for Blood Donor Motivation and Recruitment in 1995, National Workshop on Blood Donor Recruitment for the Twenty First Century in 2000 and National Workshop on Blood Donor Recruitment and the Parliament of Motivators in 2005. All the above cited programmes were organised on January 23, 24 & 25 of the respective year.

#### **PARTICIPANT**

One hundred and fifty invitees are expected to attend the workshop. They will be invited from amongst the selected resource persons and active representatives of organisations engaged in the field of blood donor motivation and recruitment. Invitations have been extended to government organisations and also to experts from abroad who are engaged in this specialized field of transfusion medicine.

The participants and resource persons will be housed under the same roof. This will enable them to stay, think and work together. The three-day workshop is thematically designed. The schedule is busy and can even go till late at night. There will be no provision for accompanying persons and children.

#### **PROGRAMME OUTLINE**

##### **FORMAL SESSIONS**

Inauguration

Keynote address

Valedictory session

##### **DONOR RECRUITMENT AND RETENTION**

- Need and present status
- Short-term and long-term strategies for the next decade
- Donor recruitment for specific need or situation
- Use of modern technology in donor recruitment and retention

##### **DONOR AND SAFE BLOOD**

- Selection of blood donor
- Care and counselling of donor
- Donor recognition
- Regular donor
- Confidentiality

- Total quality assurance
- Problems with replacement and relative donors
- Donor database
- Ethics in blood donor recruitment

##### **COMMUNICATION**

- Blood science for donor recruitment
- Communication for donor recruitment
- Science communication in listener-friendly language
- Public relations in blood banking

##### **AWARENESS CAMPAIGN**

- IEC materials
- Using print, electronic media and internet

##### **ORGANISATION**

- Effective organisation models
- Human resource development
- Motivators training
- Evaluation of programme
- Programme planning
- Documentation
- Involving community
- National and State Blood Transfusion Councils.

##### **THEME PRESENTATION**

Experts or participants of the workshop will present the theme of each session, which will be followed by general discussion to evolve strategies, recommendations and action plan to achieve the goal.

Participants are to submit the title and abstract of their proposed presentation on or before October 31, 2009 and full text by January 5, 2010.

Time will be allotted to the presenter by the Workshop Secretariat on the basis of the content of the presentation. Overhead projector, video, computer (IBM PC) with colour monitor, LCD and chalk board will be available.

##### **LANGUAGE**

English will be the only language of this Conference and Workshop.

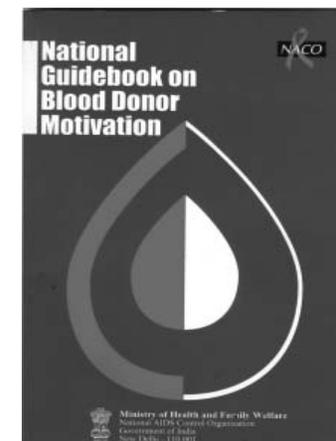
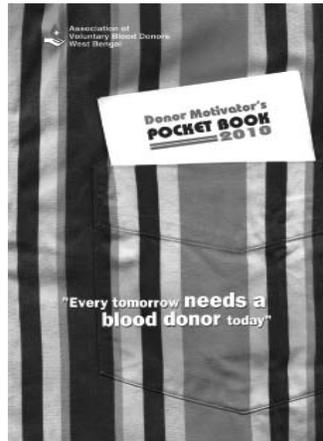
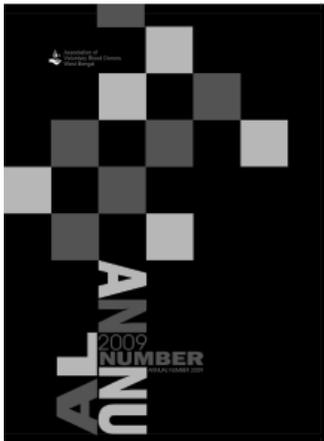
##### **HOSPITALITY**

The organisers are not in a position to offer air passage or train fare to participants and resource persons which should be the responsibility of the participants or of their own organisation. Invited participants and resource persons will be guests of AVBDWB from the afternoon of January 22 till the afternoon of January 26, 2010. Modest accommodation, food and transfer transport shall be the responsibilities of the organisers as in the past.

# Exhibition

In the first floor of the Indumati Sabha Griha, the venue of the conference there was an attractive exhibition in five rooms with IEC materials prepared by the Association of Voluntary Blood Donors West Bengal during the last thirty years. In one room there were materials of Chandigarh, Tamil Nadu and Orissa. Delegates visited the exhibitions during the break and at end of the days session. There were also take home materials for the delegates . Many took photographs of the IEC Materials. The visitors book was filled with appreciative comments and remarks.

# Materials Given to The Participants



# ANNEXTURE V

## NATIONAL CONFERENCE AND WORKSHOP ON STRATEGIES FOR BLOOD DONOR RECRUITMENT AND TOTAL VOLUNTARY BLOOD PROGRAMME

### FEEDBACK FORM

for the Delegates

(Please Drop the Form in the Box kept in front of the Auditorium)

#### QUESTIONNAIRE

1. Whether you have attended any of AVBDWB's earlier National/International Seminar/Conference/ Workshop Yes/No
2. If attended, whether you have observed any change/ departure in this programme
3. If observed, what are those ? Yes/No
4. Which session you liked most ?
5. Which session you did not like and why ?
6. Do you think that all the topics were relevant ?
7. If no, which are the topics not felt relevant ? Yes/No
8. Whether you had previous ideas about all the topics discussed ?
9. If not, which are the topics you learnt from this workshop ?
10. Whether you have been benefited from this workshop ? Yes/No
11. If so, how ?
12. Have you seen the Exhibition? Yes/No
13. If you have seen the Exhibition what is your impression?
14. Have you read all the materials distributed at the end of the sessions? Yes/No
15. Your Comments about:
  - (i) Food: Excellent / Good /Fair / Poor
  - (ii) Accommodation: Ideal / Modest / Fair /Poor
  - (iii) Reception: Warm / Good / Formal / Poor
  - (iv) Transport: Satisfactory / Unsatisfactory
16. Did you attend all the sessions on all three days?
17. If the reply to previous question is no, then which session(s) you did miss and why?

Date:

Organisation:

Signature in Full

# Feedback

At the end of the second day of the National Conference and Workshop 2010, feedback forms were made available to all participants from home and abroad. All participants were requested to drop the filled in feedback form in the box at the entrance of the auditorium before their departure at the end of the third day concluding session.

On scrutiny of the form it appears the 51 participants had attended the National and International meets organised by AVBDWB earlier. There were two participants who had attended all such meets since 1985.

72 participants confessed that they had not previous ideas about all the topics discussed. 50 participants mentioned that they had some idea about the topics except the topics of Modern Technology session. 115 respondents feel that they had been much benefited from the workshop. Participants appreciated the strict time schedule from beginning to end. But some participants considered that the programme from dawn to dusk was too strenuous. Food was found to be excellent, accommodation moderate and comfortable,

reception was warm and arrangement of transport was considered to be satisfactory by the respondents. The delegates considered communication from the conference Secretariat during the last two years to the invitees excellent.

Among the sessions the 9th session on Communication on January 24, 2010 was considered best closely followed by the 10th session of the same day on Public Relations. The delegates considered the demonstration presentation of Mr. Debashish SenGupta on SMS for Public Blood Information System as novel, useful and should be adopted by blood banks.

The delegates appreciated the Valedictory address and fireworks at the end of the Conference. The cultural programme at the end of the second day was liked by the delegates. The Exhibition was considered by the delegates as useful, thought provoking and many may be adopted in their own place.

Some delegates considered more time should have been given for discussion.

Everybody wanted to attend such once in five year meet in future.

# The Organisation

Amidst daily routine work of organising camps numbering 800 in a year, motivational seminars, regular school education programme, training programmes of various modules within and outside the state, the National Workshop was planned and organised by a small working group consisting of Sri Ashok Mukherjee, Sri Sanjib Chowdhury, Sri Arunabha Chattopadhyay, Sri Ranjit Roy Chowdhuri, Sri Sudhamoy Roy, Sri Sukumar Gupta. In 2008 they first prepared the THREBLIG, which served as a colorful control chart stating the position of progress of the organisation. The group used to meet first once in a month, then once in every fortnight, then once in every week, and then daily. The whole work of the workshop was done with one Archfile. More volunteers were inducted as the work progressed many of who became full-timers for the last few days formed some more working groups like reception, catering, accommodation. All the Indian participants were accommodated in different guest houses of the academic institutions and a few hotels. The foreign participants were accommodated in the serene International Guest House of Ramakrishna Mission Institute of Culture, Golpark.

National workshop and Workshop on strategies for

Blood Donors Recruitment and Total Voluntary Blood Programme

THREBLIG

Progress Report as on \_\_\_\_\_

1. Title of the programme
2. Objectives
3. Dates
4. Project Report
5. Permission: Central Govt. for Foreign Participants
6. Announcement through different channels
  - a) Personal Letter
  - b) Through Gift of Blood
  - c) Through national / international bulletins
  - d) Internet
  - e) Hoarding
  - f) Announcement through print & electronic media
7. Venue
  - a) Identification
  - b) Informal approach
  - c) Formal approach
  - d) Confirmation
  - e) Additional

- f) Alternatives
- g) Follow up
- 8. Announcement folder
  - a) Copy
  - b) Visual
  - c) Artwork
  - d) Printing
- 9. Participants
  - a) Identification
  - b) Invitation
  - c) Confirmation
  - d) Acceptance
  - e) Follow up
  - f) Arrival schedule
  - g) Food habit
- 10. Accommodation
  - a) Identification
  - b) Informal approach
  - c) Personal approach
  - d) Confirmation
  - e) Follow up
  - f) Additional
  - g) Alternative
- 11. Exhibition
  - a) Venue
  - b) Material
  - c) New
  - d) Existing
- 12. Travel Agent
  - a) Air
  - b) Railway
  - c) Surface Transport
  - i. Identification
  - ii. Informal approach
  - iii. Formal approach
  - iv. Confirmation
  - v. Follow up
- 13. Reception
  - a) Airport
  - b) Howrah
  - c) Sealdah
  - d) Permission
  - e) Confirmation
  - f) Booth
  - g) Rest room
  - h) Announcement
  - i) Decorative material, banner, sticker, furniture
  - j) Manning
  - k) Physical facilities
- 14. Publicity
  - a) Pre
  - b) At the time
- c) Post programme
- d) Special radio / TV programme
- e) Interview by media
- f) Newspaper articles and supplements
- g) Press Conference / Release
- 15. Novelties / Conference material
  - a) Badge
  - b) Memento
  - c) File
  - d) Bag
  - e) Sticker
  - f) Writing pad
  - g) Dot pen
  - h) Books / souvenir
  - i) Proceedings of National Workshop 2005
  - j) Annual Number 2010
  - k) Programme
  - l) Abstract of presentation
  - m) Tourist Literature of West Bengal and Calcutta
- 16. Annual Number
  - a) Theme
  - b) Printing
  - c) Proof reading
  - d) Messages
  - e) Cover design
- 17. Special Memento
  - a) Postal cancellation
  - b) Permission
  - c) Design
  - d) Printing
  - e) Payment
  - f) Arrangement
- 18. Decoration of Venue
  - a) Banner
  - b) Gate
  - c) Hall
  - d) Floral arrangement
  - e) Triangular name-plate of Speakers
- 19. Fund Raising
  - a) State Govt.
  - b) Central Govt.
  - c) DST West Bengal
  - d) NCSTS Govt. of India
  - e) Trusts
  - f) Universities
  - g) Church
  - h) Individuals
  - i) Company sponsorships
  - j) Bank
  - k) Individuals

- l) Advertisement support in Annual Number
20. Printing
  - a) Folder
  - b) Project Report
  - c) Invitation to participants
  - d) Abstract
  - e) Invitation of guests
  - f) Feedback form
  - g) Certificate of participants
  - h) Proceedings
21. Office
  - a) Filing
  - b) Typing
  - c) Correspondence
  - d) Despatch
  - e) Record keeping
22. Transport
  - a) Friends
  - b) Company & others
  - c) Hire
23. Inaugural Programme
  - a) Thought
  - b) Manpower
  - c) Operation
  - d) Minute to minute programme
  - e) Welcome Address
  - f) Keynote Address
  - g) Vote of Thanks
  - h) List of Invitees / Invitation letter
  - i) Inauguration songs
  - j) Inaugurator
24. Valedictory
  - a) Speakers
  - b) Subject
  - c) Chairperson
  - d) Resolutions
  - e) Song
25. Audio Visual Aids
  - a) Slide Projector
  - b) Overhead Projector
  - c) LCD
  - d) P A system
  - e) Computer
  - f) Recording arrangement
  - g) Operators
26. AVBD Team
  - a) Selection
  - b) Preparation of papers
  - c) Audio-Visual aids
  - d) Presentation
  - e) Volunteers
  - f) Normal Routine-work
27. Record Keeping
  - a) Tape
  - b) Manual notes
  - c) Stenographer
  - d) Collection of papers, Xerox of Transparencies
  - e) Video
28. Entertainment
  - a) Cultural programme
  - b) Sight seeing
  - c) Ceremonial dinner
29. Session Planning
  - a) Time
  - b) Title
  - c) Chairperson
  - d) Speakers
  - e) Time keepers
  - f) Equipment
30. Catering
  - a) Guest House
  - b) Other caterer
  - c) Menu
  - d) Tea / Coffee in Session
31. Send off
  - a) Flower
  - b) Transport
  - c) Escort
32. Concluding work
  - a) Thanks letter
  - b) Reached safe letter
  - c) Press report
  - d) Publication of proceedings
  - e) Mailing and Distribution

#### Catering and Menu

As people from different states and different countries with different food habits would be the delegates, the catering group had to burn their night oil for a few months prior to the meet to prepare the menu to suit the taste of everybody. They had to select and engage the caterer too.

Menu is a french term meaning in “in minute detail”, in English it is sometimes called “bill of fare”. The first recorded use of a menu was in 1541, when Duke Henry of Brunsick had a sheet of paper at the side of his plate to which he occasionally referred. When one of the Duke’s guest asked, what the paper was for he replied that it was a sort of programme of dishes, and by looking though it he could reserve his appetite for those dishes he likes best. This novel idea became so popular that the menu became a common feature of

banquets. There are four basic types of menu:

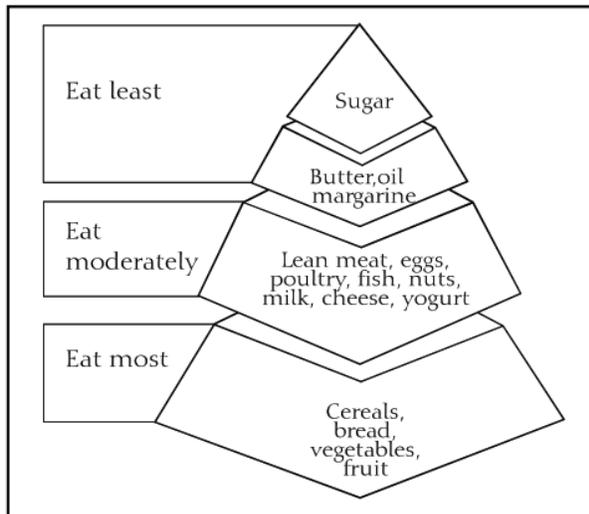
- The La Carte menu
- The table d’hote menu
- The function menu
- The cyclic menu

The group decided that as the delegates at the lunch and dinner would like to talk to each other the service should be in open air with enough space to move about and there should be chair for tired legs. The buffet with fixed menu with enough courses were thought of by the group.

Gastronomic aspects as well as economic aspects were considered as a whole by avoiding repetitions, colour, flavour and texture of ingredients, a balanced or harmonious menu was planned.

The group considered healthy diet pyramid considering the average age of the participants. The conclusion of the group summed up as here under:

The group also considered the food value of items and ingredients to draw up the menu for all lunch dinner and breakfast to suit the taste and liking of everybody.



Fat Group

Essential Fats and Oils.

They are a source of energy and are found in oil products. They enable our bodies to utilise vitamins A, D, E and K

Protein Group

Powers growth and essential for day-to-day functioning and repair of the body.

Dairy Proteins:

Milk, Butter, Cheese

Meat Proteins:

Chicken, Meat, Fish

Fiber Group

Vegetables and Fruits, for a rich supply of fiber, vitamins and minerals

Carbohydrate Group

Major source of energy to fuel our activities found in rice, wheat and breads.

It was definitely the toughest work of the Workshop Secretariat and the working group took time for planning to execution.

# Participants of National Conference & Workshop on Strategies for Blood Donor Recruitment and Total Voluntary Blood Programme 2010

## 1. Durgamahanti Ram Ravi Sankar (M)

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## 2. P. Sujatha (F)

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## 3. Y. V. Subbarao (M)

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— Member of AVBD Orissa, IRCS Nellore, IRCS  
Kavali, Jana Vignana Vedika, Lions Club of Nellore;  
Author of a booklet, some pamphlets and 200 slogans  
in Telegu language on blood donation; Motivated 19  
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## 4. Pradip Kumar Banik (M)

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— MD, Barak Blood Bank; President, Science Trial  
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### **5. Niti Sarin (F)**

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### **6. Vinita Sahini (F)**

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— Director, Surat Raktadan Kendra; Ex Deputy  
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— Motivator and Counsellor in Blood Bank through  
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Email : yitalia@yahoo.com

— Founder Trustee of Regional Blood Bank at  
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— OSD, Directorate of Health Safety & Regulation,  
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Regional Coordinator, J & K SACS; Chairman, ISBTI,  
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### **27. Bireswar Misra (M)**

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since two decades.

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### **40. Vidya Deshpande (F)**

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— Social Worker; Resources Person for blood donor  
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— Social Worker at Regional Blood Bank, Sasoon General Hospital, Pune; Recipient of Best Social Worker award & reward from Govt. of Maharashtra, Sasoon Hospital and B. J. Medical College, Pune; Publisher of several articles in newspapers.

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#### **54. Pradeep Saikia (M)**

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— Founder and President of Tyaga, a leading social  
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**65. Jagadiswar Rao (M)**

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Strateging Planning Committee of Global Network  
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NACO (Blood Safety); President of ISBTI, Tamilnadu;  
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various social and professional organisations.

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various other social movements like Eye donation,  
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trekking, music; Receptient of a number of awards  
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**87. S. Ravi (M)**

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**92. Abhijit Roy (M)**

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— Advisor of Kailashahar Blood Donors Association, North District, Tripura; Medical Superintendent of North Tripura District Hospital.

**96. Kishore Kumar Ghosh (M)**

Gobindapur West, P.O. Kailashahar. North Tripura, Tripura - 799277  
Ph : 09436465875, Fax : (03824) 222218.  
— President of Kailashahar Blood Donors Association; DRCS under Govt. of Tripura at North Tripura District.

**97. Nibir Sen (M)**

Society of Voluntary Blood Donors, Tripura, Sarada Bhawan, 6A Mantri Bari Road, P.O. Agartala, West Tripura, Tripura - 799001  
Ph.: (0381) 2206630, 9436504090  
— Founder Secretary of the Society; Headmaster of a HS Govt. School.

**98. Sankar Saha (M)**

Shibbari Road, Dharmanagar, North Tripura,  
Tripura - 799250

Ph : 09436132859, Fax : (03822) 232899

— Member and looking after development work of  
Voluntary Blood Donors Association, Dharmanagar;  
Interested in Travelling and Music.

**99. Rama Shankar Mishra (M)**

Chief Medical Superintendent, SNM District  
Hospital, Firozabad, Uttar Pradesh - 224001.

Ph. : 9415320837

— Chief Medical Superintendent of Sarojini Naidu  
Memorial Hospital, Firozabad; President of HEALTH  
Voluntary Organisation and UTKARSH Voluntary  
Organisation; Ex Secretary and President of IMA,  
PMHS and IRCS of Firozabad district.

**100. Shashi Misra (F)**

513, Amaniganj Avas Vikas Colony (Awadhपुरी),  
Faizabad,

Uttar Pradesh - 224001.

Ph. : 9415212838

— General Secretary of HEALTH Voluntary  
Organisation; President of Inner Wheel Club and  
Ladies Club, Faizabad; Member of Consumer  
Protection Forum, Family Conselling Centre at Civil  
Court, Advisory Board of NSS, IRCS; Secretary of  
many social organisations working for women &  
child welfare.

**101. Abhijit Bose (M)**

Nehru Yuba Kendra Sangathan, Corec second Floor,  
Scope Minar Twin Tower Complex, Laxminagar,  
Delhi - 110092

— Social Worker representing West Bengal State  
Branch of the Sangathan.

**102. Amarnath Mukherjee (M)**

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Hooghly,

West Bengal - 712136.

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— Ex Publicity Officer at Central Blood Bank,  
Kolkata; Ex. Dy. Director (IEC) of SBTC West Bengal  
at WB State AIDS Prevention & Control Society.

**103. Amit Das (M)**

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Road, Kolkata - 700 074, West Bengal.

Ph : (033) 25598085, 9433401895

— Treasurer, Faculty Member and Social Worker of  
AVBDWB.

**104. Amita Pattanayak (F)**

C/o, Prof. Asok Kr. Pattanayak, Parbatipur,  
Ward No. 9, P.O. Tamluk,

Purba Medinipur, West Bengal-721636

Ph : (03228) 267347, 9474303681

— Social Worker of Tamluk Voluntary Blood Donors  
Association.

**105. Anandadeb Mukherjee (M)**

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West Bengal.

Ph : (033) 25570990, (033) 25571611

— General Secretary of National Council of  
Education, Bengal; Ex Vice Chancellor of Vidyasagar  
University; Chairman of Various National and State  
Development Programme; Renowned Professor of  
Oceanology.

**106. Anju Chakladar (F)**

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**107. Apan Kumar Basu (M)**

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— General Secretary of West Bengal Voluntary Blood  
Donors Forum; Secretary General of Federation of  
Blood Donor Organisations of India.

**109. Arabinda Chatterjee (M)**

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— Life Member and Resource Person of AVBDWB.

**110. Ardhendu Sekar Dutta (M)**

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— Consulting Artist; Designer of IEC materials of AVBDWB.

**111. Aritra Das (M)**

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Ph : (033) 25598085

— School student by occupation, is an efficient worker of AVBDWB.

**112. Arjan Singh (M)**

Sant Nirankari Mandal, 1D, Nazar Ali Lane, Kolkata - 700019, West Bengal.

— Zonal-in-charge of Sant Nirankari Mandal; Motivates followers for plain living and high thinking.

**113. Arun Sadhu (M)**

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— Life Member and Social Worker of AVBDWB.

**114. Arunabha Chattopadhyay (M)**

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— Founder Secretary of AVBDWB.

**115. Arunangshu Sarkar (M)**

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— Member, Social Worker and Resource Person of AVBDWB.

**116. Ashis Ghosh (M)**

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— Member and Social Worker of AVBDWB.

**117. Ashis Kumar Bhattacharyya (M)**

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— Member and Social Worker of AVBDWB; Creative Artist for motivation.

**118. Ashok Mukherjee (M)**

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— Secretary of AVBDWB

**119. Ashoke Bhattacharyya (M)**

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**120. Asis Roy (M)**

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Delhi - 110092

— Social Worker representing West Bengal State Branch of the Samgathan.

**121. Ashutosh Das (M)**

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— Vice President of Tamluk Voluntary Blood Donors Association; Resource Person of AVBDWB.

**122. Bijan Sarkar (M)**

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**123. Bimal Chowdhury (M)**

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— Member and Social Worker of AVBDWB.

**124. Biswaroop Biswas (M)**

Let Us Care for You (LUCY), 30/1/1 Nilmoni Mitra  
Street, Kolkata - 700 036, West Bengal.

Ph : 9830129243, 9433486773

Email : secretary@lucy.in

— Secretary of LUCY; School Teacher; Advisory  
Committee Member of NSS of West Bengal State  
University; Resource Person of School & College  
Education Programme of LUCY; Resource Person  
of 'Community Development Programme through  
Social Outreach'.

**125. Bula Chakraborty (F)**

Bansdroni Kalibari, P.O. Bansdroni,  
Kolkata - 700 070, West Bengal.

Ph : 9831982098, (033) 24314058

— Member, Social Worker and Faculty Member of  
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**126. Chandan Dutta Gupta (M)**

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Kolkata - 700 028, West Bengal.

Ph : (033) 25596528, (033) 25470711, 9433337019

— Member and Social Worker of AVBDWB;  
Interested on Photography, Mountaineering,  
Expeditions.

**127. Deb Krishna Bhattacharyya (M)**

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— Secretary of Bishnupur Sweehchha Raktadata  
Samiti; Assistant Secretary of Federation of Voluntary  
Blood Donors Organisation, West Bengal; Life  
Member and Resource Person of AVBDWB.

**128. Debabrata Ray (M)**

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Kolkata - 700 038,

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Ph : (033) 24006625

— Member and Social Worker of AVBDWB;  
Constituent Member of SBTC and State AIDS  
Control & Prevention Society, West Bengal;  
Resource Person of various State, National and  
International Organisations; Ex Asian Vice President  
of International Federation of Blood Donors  
Organisations (IFBDO/FIODS).

**129. Debapriya Chakraborty (M)**

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Pawai, Mumbai - 400076, Maharashtra.

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— Member and Social Worker of AVBDWB.

**130. Debasis Sengupta (M)**

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— Mechanical Engineer from IIT Kharagpur; worked  
in various corporate sectors; Ex UNO Disaster  
Management Officer in different countries; Resource  
Person of AVBDWB.

**131. Dibyendu Sarkar (M)**

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Kasba, Kolkata - 700042, West Bengal.

Ph : (033) 24415503, Fax : (033)22141196

Email : dibyasarkar@gmail.com

— Deputy Secretary, Deptt. of Correctional  
Administration, Govt. of West Bengal; Ex Programme  
Communication Officer of UNICEF; Associated  
with blood donation movement since long as a Life  
Member of AVBDWB.

**132. Dipak Bose**

14/20, Barrister P Mitra Road, Alambazar, Kolkata -  
700035, West Bengal.

Ph : (033) 25774362, 9830314746

— Member and Social Worker and Designer &  
Executor of various training & education programme  
of AVBDWB.

### **133. Dipti Das (F)**

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Ph : (03228) 266655, 9933938217 Fax : (03228) 266330.  
— Ex Secretary of Tamluk Voluntary Blood Donors Association; Retired Headmistres of a HS Girls' School at Tamluk; Resource Person of AVBDWB.

### **134. Gopinath Ghosh**

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Ph : 9830084886  
— Professor of Physical Education at Jadavpur University; Eminent personality in the field of sports and games; Expert of Public Relations; Resource Person of AVBDWB.

### **135. Gouri Bhadra (F)**

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### **136. Jayati Mukherjee (F)**

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### **137. Kamala Bandyopadhyay (F)**

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— Vice President of AVBDWB.

### **138. Madhusudan Mondal (M)**

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— Director of RBTC at Calcutta National Medical College; Resource Person of AVBDWB.

### **139. Mani Sankar Dutta (M)**

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— Member, Social Worker and Faculty Member of AVBDWB.

### **140. Nandan Bhattacharyya (M)**

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Ph : (033) 23374630, 9836077790  
— Social Worker at mentally retarded children's institution Asha Niketan;  
Ex Managing Director of Webel; Resource Person of AVBDWB.

### **141. Narayan Chandra Saha (M)**

1/23A, Santigarh Colony, Kolkata - 700 040. West Bengal.  
Ph : 9433894946  
— Member and Social Worker of AVBDWB.

### **142. Narendra Kumar Barari (M)**

Aurobinda Pally (opp. Krishna Bakery), P.O. Rabindra Sarani, Siliguri, Darjeeling - 734006, West Bengal.  
Ph : 9832302533  
— Member & Social worker of Siliguri Suryanagar Samaj Kalyan Sanstha; Executive Member of Federation of Voluntary Blood Donors Organisations, West Bengal; Resource Person of AVBDWB.

### **143. Pampa Jal (F)**

20/2C, Fordyce Lane, Kolkata - 700 014, West Bengal.  
Ph : (033) 22172572, 9874981455  
— Member, Social Worker and Faculty Member of AVBDWB.

### **144. Paritosh Das (M)**

Kharagpur Voluntary Blood Donors' Organisation, Dy. CE (Con) Office, 6th Avenue, South side, P.O. Kharagpur, Paschim Medinipur - 721301, West Bengal.  
Ph : 9434320528  
— Member and Social Worker of Kharagpur Voluntary Blood Donors' Organisation; Employed at Rly. Workshop of South Eastern Rly, Kharagpur.

**145. Partha Sarathi Mukherjee (M)**

Rly. Qtr. No. NS/II/23, Unit - D,  
New Rly. Printing Press, New Settlement,  
P.O. Kharagpur, Paschim Medinipur - 721301,  
West Bengal.  
Ph : (03222) 252080, 9434374377  
— Member and Social Worker of Kharagpur  
Voluntary Blood Donors' Organisation; Executive  
Member of Federation of Voluntary Blood Donors  
Organisations, West Bengal.

**146. Prabir Kumar Sahoo (M)**

111, North Purbachal, Kalitala Main Road,  
P.O. Haltu, Kolkata - 700 078,  
West Bengal.  
Ph : 9477374739  
— Laboratory Superintendent at B. R. Singh Hospital,  
Eastern Rly, Sealdah, Kolkata.

**147. Prasanta Sanyal (M)**

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Ph : 9748192615  
— Member and Social Worker of AVBDWB.

**148. Purnendu Dutta (M)**

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**149. Ram Ram Chattopadhyay (M)**

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**150. Ranjan Mitter (M)**

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— Professor and Secretary of Sri Aurobinda Institute  
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**151. Ranjit Roy Chowdhury (M)**

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**152. Ratan Lal Ganguli (M)**

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— Director of Institute of Blood Transfusion Medicine  
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**153. Rathindra Chandra Poddar (M)**

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**154. Samir Kumar Sinha (M)**

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Ph : 9474619540  
— Member and Social Worker of Kharagpur  
Voluntary Blood Donors' Organisation; Employed  
in Rly. Workshop at SERly, Kharagpur in Accounts  
Department.

**155. Samir Kumar Saha (M)**

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— Professor of Mechanical Engineering at Jadavpur  
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**156. Sanat Kumar Mukherjee (M)**

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— Member and Worker of Serampore Swechchha  
Raktadata Sangathan; Secretary of Federation of  
Voluntary Blood Donors Organisations, West Bengal;  
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**157. Sanjib Chowdhury (M)**

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— Member, Social Worker and Resource person  
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Exhibitions.

**158. Sankar Paul (M)**

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**159. Sankar Nath Ghosh (M)**

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— Jt. Secretary of English Language Lovers' Association; Resource Person of AVBDWB.

**160. Satyendra Nath Naskar (M)**

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**161. Shibnath Banerjee (M)**

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— Member, Social Worker and Resource Person of AVBDWB; Member of Paschim Banga Vigyan Mancha for Science propagation programme.

**162. Sibendra Prasad Chakraborty (M)**

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— Ex Chief Engineer of Kolkata Port Trust, presently visiting Faculty Member at Haldia Port Trust; Course Director of School of Social Work under NCE Bengal; Life Member and Resource Person of AVBDWB.

**163. Sobhan Kumar Bhattacharyya (M)**

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**164. Soumendra Nath Brahmachary (M)**

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**165. Srikanta Basu Mallick (M)**

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— Secretary of Rotary Club of East Calcutta; Life Member and Social Worker of AVBDWB.

**166. Subhas Chakraborty (M)**

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**167. Subimal Bhattacharyya (M)**

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**168. Subir Chakraborty (M)**

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— Retired Bank Manager; Financial Consultant; Resource Person of AVBDWB.

**169. Subrata Biswas (M)**

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— MOIC of Bishnupur Subdivisional Hospital Blood Bank under Govt. of West Bengal; Resource Person of AVBDWB.

**170. Subrata Ray (M)**

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— President of AVBDWB.

**171. Sudeb Mitra (M)**

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**172. Sudhamoy Roy (M)**

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— Member and Social Worker of AVBDWB; Ex  
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**173. Sujay Sarkar (M)**

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Ph : 9831061728  
— Organiser of Blood Donation Camps on behalf of  
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Designer and Data Processor with Computer.

**174. Sujit Datta (M)**

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— Ex Secretary of AVBDWB, Resource Person and  
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**175. Sukdeb Chattopadhyay (M)**

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— Founder Secretary of Tamluk Voluntary Blood  
Donors Association; Assistant Secretary of Federation  
of Voluntary Blood Donors Organisations, West  
Bengal; Asstt. Programme Officer of Jana Sikshan  
Sangathan under HRD Deptt. of Govt. of India.

**176. Sukumar Gupta (M)**

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— Member and Social Worker of AVBDWB;  
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**177. Sunanda Adhikari (F)**

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— Ex Secretary of Tamluk Voluntary Blood Donors  
Association; Member-Judge of District Consumers  
Court, Purba Medinipur.

**178. Surya Kanta Basak (M)**

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**179. Sushama Adak (F)**

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**180. Swami Dibyananda (M)**

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**181. Swapan Kumar Paul (M)**

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— Vice President of Bankura Voluntary Blood Donors  
Society; Executive Member of Federation of Voluntary  
Blood Donors Organisations, West Bengal; Executive  
Member of St. John Ambulance Association, Bankura  
District Centre; Teacher of a HS School at Bankura,  
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**182. Tanup Ghosh (M)**

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— Secretary of Khirpai Nabarun Social Welfare  
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