


No.S.12011/26/2020-MG/MS
Government of India
Ministry of Health and Family Welfare
Medical Services Section

Nirman Bhavan, New Delhi-110011.
Dated: 5th July 2021.

OFFICE MEMORANDUM

Subject: Continuation of National Organ Transplant Programme (NOTP) for the period FY 2021-2022 to 2025-2026 w.e.f. 1st April, 2021 - Regarding.

The undersigned to directed to convey the approval of the competent authority for continuation of National Organ Transplant Programme (NOTP) for the period Financial Year 2021-2022 to 2025-2026 with effect from 01st April 2021 at a total budget outlay of Rs.94.92 Crores. The detailed document on the same is enclosed herewith. Further guidelines of the Scheme will be circulated separately.


(Joginder Pal)
Under Secretary (MS)

1. Director NOTTO.
2. Addl. DDG (AK), Dte.GHS, MoHFW, Nirman Bhavan, New Delhi.

Copy to: US (IFD), MoHFW, New Delhi.

CONTINUATION OF NATIONAL ORGAN TRANSPLANT PROGRAM

PERIOD: 2021-22 to 2025-26

IN THE FORMAT FOR APPRAISAL OF CONTINUATION OF SCHEMES

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

2. Objectives of the scheme:

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

Strategies:

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

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

3. **Background of the scheme:**

3.1 **General Background**

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

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

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

West Bengal, and Union Territories. Other States who have adopted the amendment Act till date are Rajasthan, Sikkim, Jharkhand, Kerala, Orissa, Punjab, Maharashtra, Assam, Haryana, Manipur, Gujarat, Bihar, Uttar Pradesh, Tamil Nadu and Madhya Pradesh. The amended Act is now named Transplantation of Human Organs and Tissues Act (THOTA), 1994. After reorganization of erstwhile State of Jammu and Kashmir, the THOTA 1994 is now also applicable in the Union Territories of Jammu and Kashmir and Ladakh.

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

Living Donation

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

Cadaveric Donation

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

Other Amendments

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

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

Living Donor Transplant:

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

Deceased donor Transplant:

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

3.4 Issues and Challenges

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

3.5 National Organ Transplant Programme

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

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

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

- i. India is the **3rd country in the world** after USA and China, in terms of total number of transplants done in a year.
- ii. Total number of transplants done in the country has **increased from 4990 in 2013 to 12666 in 2019** indicating marked improvement in infrastructure for undertaking transplants in the country.
- iii. **Capacity for undertaking rare transplants** e.g. Pancreas, Intestine, hand, limbs, Lung, Uterus have developed within the country, besides a significant enhancement in capacities for undertaking relatively common transplants of Kidney, Liver and Heart.

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

3.7 Proposed Key Actions at Central Level (Road Ahead)

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

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

3.8 Key actions for States/Institutions

- Adoption of THOA (amendment Act 2011) by the States who have not adopted till now
- Establish State Organ and Tissue Transplant Organization (SOTTO) in each State to develop an efficient and organized system for organ procurement and distribution
- Augment infrastructure for organ donation and transplantation in Government institutions
- Establish Retrieval/Donor centres especially all Trauma centres to be registered for retrieval facilities
- Registered Transplant, retrieval centres and tissue banks to link up with SOTTO/ROTTTO and NOTTO through online networking and share all organ and tissue donation and transplant related data for National Registry

- Make Intensivist doctors of hospitals as nodal/responsible person at hospital level for identification of Brain Stem dead persons and coordination with the support of Transplant coordinator
- Provision of Transplant Coordinator in all Retrieval and transplant hospitals for counselling and encouraging family of deceased person to motivate them for organ donation.

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

NOTP is a central sector scheme.

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

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

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

| | | | | | | |
|--|---|----------------------------|---|------------------|----------|---|
| IEC material development, printing and distribution Pamphlets, booklets, handouts, posters, calendar, newsletter, annual report, Diary etc. | | 2022-23 | 10 | Flex ible | | |
| | | 2023-24 | 10 | | | |
| | | 2024-25 | 10 | | | |
| | | 2025-26 | 10 | | | |
| Print Advertisements | In all regional languages | 2 to 3 times a year | 3 | per year | 5 | 15 |
| ICT, Digital Publicity and Social media awareness | 1 | | 3 | per year | 5 | 15 |
| National level Meetings/Events including Indian Organ Donation Day including TA/DA | Average (One big @20 lakh OR 2 small @ 10 lakh/meeting) | | 20 | per year | 5 | 100 |
| Regional Awareness workshops through ROTTO | Number of workshop flexible@ 2 lakh per year | | 2 | per year | 5 | 10 |
| National Awards for exemplary work by various functionaries and institutions | | | 1 | per year | 5 | 5 |
| Advocacy and campaign activities for stakeholders and different social groups, field publicity (average 5 activities per year) including TA/DA | NOTTO | No. flexible | 1 | per year | 5 | 5 |
| | ROTTTO | 5 | 2 | per year | 5 | 50 |
| | SOTTO | | Amt | Total | 5 | 75 |
| | 2021-22 | 20 | 0.75 | 15 | | |
| | 2022-23 | 20 | 0.75 | 15 | | |
| | 2023-24 | 20 | 0.75 | 15 | | |
| | 2024-25 | 20 | 0.75 | 15 | | |
| 2025-26 | 20 | 0.75 | 15 | | | |
| National Helpline including round the clock staff for 6 persons for NOTTO. | Rs. 1.5 lakh per month with average 5% increase per year | 1 | 18 first year 18.9 19.85 20.84 21.88 | per year | 5 | Zero (To be included in NOT TO budget) |

| | | | | | | | |
|---|--|------------------------------|-------------|--------------|---------------------|----------|------------|
| Outdoor & field Publicity like bill board, field publicity Division of I&B etc | NOTTO | 1 | 2 | | per year | 5 | 10 |
| | ROTTTO | 5 | 2 | | per year | 5 | 50 |
| | SOTTO | No. of SOTT O | Amt | Total | | | 75 |
| | 2021-22 | 20 | 0.75 | 15 | | | |
| | 2022-23 | 20 | 0.75 | 15 | | | |
| | 2023-24 | 20 | 0.75 | 15 | | | |
| | 2024-25 | 20 | 0.75 | 15 | | | |
| | 2025-26 | 20 | 0.75 | 15 | | | |
| Special Advocacy, Special fairs and Awareness Drive for ROTTTO and SOTTO | 02 events per year @ 1 lakh per event | | 5 | | per year | 5 | 10 |
| Total | | | | | | | 600 |

Year wise IEC Budget Summary:

| Item | | 2021-22 | 2022-23 | 2023-24 | 2024-25 | 2025-26 | Total |
|--|------------------------------------|----------------|----------------|----------------|----------------|----------------|--------------|
| Video Spot | No. | 1 | 1 | - | - | - | 2 |
| | Budget @ 10 Lakh per spot | 10 | 10 | | | | 20 |
| Audio Spot | No. | 1 | 1 | | | | 2 |
| | Budget @5.0 Lakh per spot | 5 | 5 | | | | 10 |
| Other IEC Activities as detailed in above table | | 114 | 114 | 114 | 114 | 114 | 570 |
| Total | | 129 | 129 | 114 | 114 | 114 | 600 |

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

5.2 National THOTA and NOTP Cell

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

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

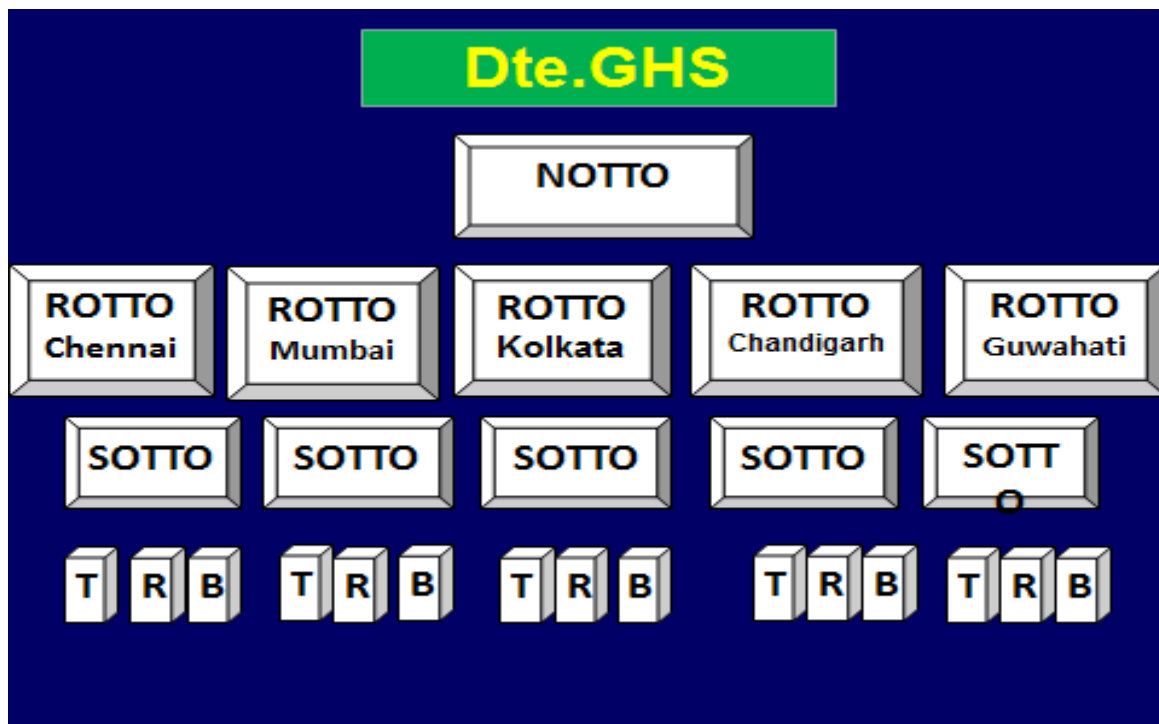
| Item | Financial Year | Cost per year (Lakh) | Cost for 5 years (Lakh) |
|--|--------------------|----------------------|-------------------------|
| MANPOWER | | | |
| Sr. Consultant – National Organ Transplant Programme (Medical Professional) 1 @ Rs. 95000 per month with increase of 5% every year | 2021-22 (9 months) | 11.40 | 60.15 |
| | 2022-23 | 11.97 | |
| | 2023-24 | 12.57 | |
| | 2024-25 | 13.20 | |
| | 2025-26 | 13.86 | |
| Non-Medical Consultant to process proposals 1 @ Rs. 50000 per month with increase of 5% every year | 2021-22 | 4.50 | 31.67 |
| | 2022-23 | 6.30 | |
| | 2023-24 | 6.62 | |
| | 2024-25 | 6.95 | |
| | 2025-26 | 7.30 | |
| DEO (Data Entry Operator) 2 @ 25000 per month with increase of 5% every year | 2021-22 | 4.50 | 31.67 |
| | 2022-23 | 6.30 | |
| | 2023-24 | 6.62 | |
| | 2024-25 | 6.95 | |
| | 2025-26 | 7.30 | |

| PRINTING, PUBLICATIONS, ADVERTISEMENT ETC | | | |
|--|--|-----------------------|------------|
| | | 45 lakh for 5 year | 45 |
| OTHER ADMINISTRATIVE EXPENSES | | | |
| (i) Inspection of retrieval and transplant hospitals for registration and renewal(Honorarium@ RS.6000 per external expert per inspection) including TA/DA for registration, monitoring etc | | | 31.51 |
| (ii) Office equipment and office expenses | | | |
| (iii) Miscellaneous matters like court fee etc | | | |
| Total | | | 200 |

Year wise Budget Summary:

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

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



NOTTO: National Organ and Tissue Transplant Organization

ROTTA: Regional Organ and Tissue Transplant Organization

SOTTO: State Organ and Tissue Transplant Organization

T: Transplant Centre

R: Retrieval Centre

B: Biomaterial Centre (Tissue Bank)

5.3 National Organ & Tissue Transplant Organization (NOTTO):

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

Broad Functions of NOTTO:

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

- SOTTO for Delhi

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

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

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

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

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

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

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

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

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

5.4 ROTTO: Regional Organ and Tissue Transplant Organization:

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

Broad Functions of ROTTO:

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

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

ROTTTO (Cum SOTTO) Financial Package:

Infrastructural Support: ROTTO (Cum SOTTO) (Rs. in Lakh)

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

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

ROTTTO (Cum SOTTO) Manpower (Number):

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

Recurrent Costs:

2 Regular officers (Doctors) (Director Incharge Level 14 and Joint Director Level 13)1 each

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

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

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

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

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

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

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

Other recurring costs

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

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

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

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

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

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

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

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

5.5 SOTTO: State Organ and Tissue Transplant Organization

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

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

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

Note2- NOTTO is SOTTO for Delhi

Broad Functions of SOTTO:

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

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

Infrastructural Support: SOTTO (Rs. in Lakh)

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

SOTTO: Manpower (Number)

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

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

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

1 Regular officer (Doctor) (Level-13) Rs. 1.2 Lakh per month= Rs. 14.4 Lakh per year[#]
 Consultant IEC & Data management @ Rs. 60,000 per month x 1 = Rs. 7.2 Lakhs per year[#]

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

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

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

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

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

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

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

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

SOTTO: Budget (in Lakh)

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

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

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

5.6 Regional/State Biomaterial Centres: Total : 3

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

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

Total Budget : 300 lakh

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

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

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

Budget for 5 years total: Rs. 300 lakh

5.8 Training

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

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

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

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

| | | | |
|----|--|------|-----------------|
| 5. | National/International Training for Heart/Lung/Liver Transplant for a period of 2 weeks @ average estimated expenditure total of 5 Cardiac/ Surgeons and 5 Liver Transplant Surgeons, etc. For 2 weeks @ estimated expenditure of Rs. 5 lakh for one candidate on travel, stay, training fee etc * | 10 | 50 |
| 6. | Transplant Coordinators (on an average of 300 coordinator per year) | 1500 | 115 |
| 7. | Nurses/OT staff | 500 | 25 |
| 8. | Pathologist / Immunologist | 100 | 30 |
| 9. | Neurologist, Neurosurgeon, Anaesthesiologists, intensivist, radiologist etc. | 100 | 10 |
| 10 | Miscellaneous like dialysis physician etc. | | 10 |
| | Total | | 400 Lakh |

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

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

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

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

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

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

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

Budget: 2 Crores

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

| Scheme | 2021-22 | 2022-23 | 2023-24 | 2024-25 | 2025-26 |
|--|---------------------------|--|--|--|--|
| Financial Support @ Rs. 10000 per patient per month for post-transplant immunosuppressant medicines to all BPL recipients. | Total transplants : 10000 | 20% increase yearly Total transplants : 12000 | 20% increase yearly Total transplants : 14400 | 20% increase yearly Total transplants : 17280 | 20% increase yearly Total transplants : 20736 |

| Year | 2021-22 | 2022-23 | 2023-24 | 2024-25 | 2025-26 | Total |
|--|---------|---------|---------|---------|---------|-------|
| Amount @Rs. 1.2 Lakh per annum per patient | 75 | 75 | 100 | 125 | 125 | 500 |

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

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

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

Trauma centres will be identified and provided with the support

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

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

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

Total for 5 years: 50 Lakh

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

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

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

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

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

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

Total for 5 years: 300 Lakh

* The commitment for the provision of manpower will be for a period of 5 years. Meanwhile the State Government or the medical college shall create posts for provision of regular staff after completion of 3 years.

Support to Private centres will be maximum upto 25% of total under this component

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

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

@New Transplant Centre 1.5 Crore per centre

@New Retrieval Central 75 lakh

@Strengthening existing retrieval and transplant 75 lakh

(Rs. In lakhs)

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

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

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

Total Budget: Rs. 5 lakh per year
Total Budget for 5 years = Rs. 25 Lakh

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

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

Corpus Fund of Rs 10 lakh per year

5.16 Grant to cover expenses for dignified funeral of deceased Donor

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

(Amount in Rs in Lakh)

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

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

5.17 Outcome Monitoring

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

5.18 International Cooperation and Implementation of MOU with Spain

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

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

Budget: Rs. 30 Lakh

SUMMARY TABLE OF TOTAL BUDGET

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

| S.No | Component | (2021-22) Proposed Outlay | (2022-23) Proposed Outlay | (2023-24) Proposed Outlay | (2024-25) Proposed Outlay | (2025-26) Proposed Outlay | Total in Rs (Lakh) |
|------|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------|
| 1 | IEC Activities | 129 | 129 | 114 | 114 | 114 | 600 |
| 2 | National THOA and NOTP Cell | 25 | 40 | 45 | 45 | 45 | 200 |
| 3 | NOTTO including National Biomaterial centre | 300 | 325 | 325 | 375 | 400 | 1725 |
| 4 | ROTTTO cum SOTTO (5) | 109 | 114.25 | 119.76 | 125.55 | 131.63 | 600.19 |
| 5 | SOTTO (20) | 450 | 480 | 534 | 588 | 600 | 2652 |
| 6 | Bio-material Centres -3 @ ROTTOs/SOTTOs/ States @ 100 lakh per centre) | 100 | - | 100 | - | 100 | 300 |
| 7. | Govt. supported Online system of Networking | 150 | 50 | 50 | 25 | 25 | 300 |
| 8 | Training | 50 | 75 | 75 | 100 | 100 | 400 |
| 9 | Skill Center(s) | 50 | 50 | 50 | 50 | - | 200 |
| 10 | Support for immune-suppressants | 75 | 75 | 100 | 125 | 125 | 500 |
| 11. | Coordination with trauma centres | 10 | 10 | 10 | 10 | 10 | 50 |
| 12 | Coordination with Govt. Medical Colleges and good performing private centres | 50 | 50 | 50 | 75 | 75 | 300 |
| 13. | New Retrieval / transplant facility and strengthening old transplant facility in Government medical colleges / institutions | 200 | 300 | 200 | 200 | 200 | 1100 |
| 14. | Support for maintenance of Cadavers in retrieval | 5 | 5 | 5 | 5 | 5 | 25 |

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

Total Proposal for Five Years = 9492.19 Lakh = 94.92 Crore

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

6. Actual Expenditure of the ongoing scheme in last 3 years

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

| S.No | | 2017-18 | 2018-19 | 2019-20 |
|------|---------------------|---------|---------|---------|
| 1. | BE (crore) | 9 | 90.65 | 41 |
| 2 | RE | 9 | 24.70 | 28.95 |
| 3. | Expenditure (crore) | 1.88 | 8.04 | 11.697 |

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

Indicate year-wise outputs/deliverables in a tabular form

The scheme has to be continued beyond 2020-2021. The activities being planned require long term implementation as the process of improving the organ donation rate in the country is

important for bridging the gap between availability of organs and tissues and the demand for them.

| Name of indicator | Baseline at the end of 2016 - 17 | Outcome at the end of financial year | | |
|---|-------------------------------------|--|--|--|
| | | 2017 - 18 | 2018 -19 | 2019-20 (till feb 2020) |
| 1.No. deceased organ donors per year (Actual) | 850 approx as per national registry | 773 (calendar year upto 31st Dec 2017) | 875 (calendar year upto 31st Dec 2018) | 715 (calendar year upto 31st Dec 2019) |
| 5.Organ donation rate | 0.6 donors per million population | 0.58 (as per calendar year) | 0.65 (as per calendar year) | 0.52 (as per calendar year) |

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

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

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

9. Major findings of evaluation/ outcome review and comments of the Ministry /Department on each observation of the scheme (attach evaluation report):

Evaluation Report of NOTP by NIHFW is attached at Annexure-II.

The evaluation has concluded that there is a clear evidence of the vital role played by NOTP is that the number of deceased Organ Donations as well as the number of hospitals engaged in transplant activity has increased substantially. The programme should not only be continued but also to be strengthened in terms of infrastructure, administrative powers, human resources, training and budget etc.

| S. No | Recommendation | Comments |
|-------|-------------------|----------|
| 1. | <u>HR Related</u> | |

| | | |
|-----------|---|--|
| | <ol style="list-style-type: none"> 1. Appreciation certificates to Doctors, Nurses and other coordinating staff should be given by the State governments. 2. All sanctioned positions of ROTTO/SOTTO needs to be filled. The NOTTO Office may initially appoint consultants for three years and then post them in states. Thereafter, states may takeover selection process. 3. One more Transplant Coordinators, one Drivers, one office Assistant and one Attendant post should be sanctioned by NOTTO for each SOTTO to strengthen the coordination with other hospitals. 4. Salary needs to be enhanced at every three years for contractual staff. 5. There is need to strengthen training for various category of staff. | <ol style="list-style-type: none"> 1. On the occasions of Indian Organ Donation Day, Appreciation Certificates and Awards are being given. However, such Awards & Certificates may also be given at ROTTO/State/ SOTTO levels. 2. ROTTO and SOTTO are currently under respective State Government and the most are also located in the buildings of State Government Medical colleges and function under the supervision of State Government. It may not be feasible and appropriate to do recruitment of contractual Staff of different States centrally by NOTTO in Delhi. 3. No such demand has been raised by any SOTTO so far, However increase in Staff may be considered as activities of SOTTO expand in a phased manner. Enhancement in salary every three years may be agreed. 4. Annual increase of 5 % for each completed year of service for contractual staff wherever provided has been included in the proposal 5. Agreed |
| <p>2.</p> | <p><u>Training</u></p> <ol style="list-style-type: none"> 1. Training calendar may be developed by NOTTO/ROTTTO and conduct intensive training for atleast two years. 2. NOTTO should organize regional training for ‘Transplant Coordinators’ for one month with internship provisions in view of expanding activities of SOTTO/ROTTTO/NOTTO. 3. Training of Doctors, Transplant Coordinators, and other staff involved in transplantation may be organised on the topic related to Organ Donation & Transplantation. 4. Annual Conference on National level may be organised for at least one senior representative from each hospital throughout the country to | <ol style="list-style-type: none"> 1. Agreed. Training for what and for which group would be defined. Practical training can be done either in hospital or on modular basis. 2. ROTTO itself or in coordination with NOTTO may carry out such regional training. 3. It is already a part of the program. 4. Agreed. Nodal officer for Organ Transplant would be invited preferably. |

| | | |
|-----------|---|--|
| | boost National Organ & Tissue Transplant Programme. | |
| 3. | <p><u>IEC</u></p> <ol style="list-style-type: none"> 1. The IEC component is weak in the programme. IEC activities conducted by few SOTTOs are confined to some local pockets. Electronic and Mass Media like TV, News Papers must be used for mass awareness in public. 2. IEC fund needs to be increased but at the same time existing IEC activities must be expanded at mass level as awareness in community is low. 3. Sensitization of politicians for organ donation which they will take to their constituency and will make more people aware about it. 4. For awareness, PSM Department may be involved. 5. Creation of facebook account was suggested to popularize the organ donation. 6. SOTTO may be allowed to hire private vendor for website development on lowest quotation basis. 7. SOTTO may be permitted to contact CSR to raise money for IEC. Separate money may be allocated for IEC activities. NGOs may also be involved in IEC activities and some funds may be allocated. 8. A chapter on Organ Donation should be added in the syllabus of school students and must be propagated by NSSO, and other Youth Organizations. 9. NOTTO / ROTTO/ SOTTO plays a very important role to improve the Organ Donation Rate by conducting the Organ Donation Awareness Sessions. | <ol style="list-style-type: none"> 1. With setting up of SOTTO and ROTTO the IEC will be further expanded and strengthened. 2. Agreed. 3. Agreed. 4. Agreed, but may be done by respective ROTTO and SOTTO and PSM departments may be involved. 5. Agreed. NOTTO, each ROTTO and each SOTTO can have their own Facebook page. each SOTTO, ROTTO and each hospital should have their website or webpage linked to NOTTO or NOTTO website may have page for each ROTTO or SOTTO. 6. This is happening currently also. SOTTO are independent to follow their own State Government rules on such matters under guidance of State Government. 7. SOTTO may do so under Guidance of respective State Government, as per the State policy. 8. Agreed, may be prepared by NOTTO under guidance of MOHFW/DGHS. 9. Agreed |
| 4 | Guidelines /SOPs/Policies | 1-4 |

| | | |
|-----------|---|---|
| | <ol style="list-style-type: none"> 1. NOTTO Guidelines are required for Inter-State / ROTTO allocation of organs to enable allocation when there are recipients from more than one State for a single organ. 2. The requirement for brain-stem death certification teams and transplant coordinators are major deterrents. 3. Data on post-transplant outcomes of living donors and organ recipients is vital to the programme. However, these are not easily available. Renewal of registrations of transplant hospitals could be linked to submission of data on post-transplant outcomes of living donors and organ recipients, to facilitate compliance. 4. Brain-stem death is not routinely certified as it is only defined in THOTA 1994, which mandates a registered team for certification. As a result, doctors are unwilling to disconnect the ventilator in brain-stem dead individuals when organ donation does not occur. This causes many problems with relatives who question the difference in procedures for organ donors and non-organ donors. | <p>Agreed</p> |
| <p>5.</p> | <p><u>Programme Monitoring</u></p> <ol style="list-style-type: none"> 1. NOTTO should monitor the programme and they can have meeting with SOTTO team through video conference or telephone to know the progress and problems. 2. NOTTO should try to mark and develop more hospitals as NTORC (Non Transplant Organ Retrieval Center). | <ol style="list-style-type: none"> 1. Agreed. 2. NOTTO can only coordinate with State Government/SOTTO for Setting up of NTORC. The registration of NTORC is granted by the respective State Appropriate Authority. |
| <p>6.</p> | <p><u>Facilities</u></p> | |

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| <ol style="list-style-type: none"> 1. There is need to develop adequate infrastructure at ROTTO/SOTTO. Inspite of huge money allocated for the purpose, same is not utilized for strengthening infrastructure. 2. Making ROTTO part of the regular healthcare system by integrating it with other healthcare services. 3. 'Organ Donation Registry' should give registration facility through SOTTO to registered hospitals in order to ensure transparency. 4. There is need to maintain the State Level, Regional and National Registry of Organ & Tissue Waiting list, Pre & Post Transplant Data and Organ Donation Pledge Form. 5. The Digitization the allocation of Organ as per waiting list registered on NOTTO Website must be done on priority basis. 6. NOTTO/ROTTTO/SOTTO are of great help in the allocation of Organs to hospitals for transplantation. 7. ROTTO/SOTTO must be equipped to play an important role to maintain the State Level, Regional and National Registry of Organ & Tissue Waiting List, Transplantation data and Organ Donation Pledges. 8. In southern states, focused and multi stake holder awareness campaign, community engagement for the cause has increased organ donation considerably which was negligible despite THOA being in implementation since 1994. 9. One Ambulance may be provided for organ transportation and travel of staff. 10. Facility of green Corridor with help of traffic police (PCR Van) need to be enforced. | <ol style="list-style-type: none"> 1. So far none of the ROTTO & SOTTO have asked for any additional funds for this. In one case (ROTTTO Kolkata), the balance of ear-marked budget for infrastructure, has been spent for other activities. However, as per justified requirement from ROTTO & SOTTO, it may be agreed. NOTTO can provide outline or guidelines in this regard. 2. ROTTOs are functioning from Medical Colleges and are parts of tertiary healthcare system. However since, organ donation & transplantation happen in a registered hospital having requisite facilities. It is envisaged to setup NTORCs in district hospitals. However below district hospital, it may be feasible to carry out only awareness activities by ROTTO/SOTTO. 3. Agreed, but already national registry is accessible to SOTTO, ROTTO and NOTTO. 4. Agreed. 5. Agreed. 6. Agreed. 7. It is already part of non-recurring grant for infrastructure of ROTTO/SOTTO. Central Govt has been given mandate under the THOTA 1994 to maintain registry which is assigned to NOTTO. However, the national registry is also accessible to SOTTO, ROTTO besides NOTTO. 8. Agreed. 9. Already provided in the grant for ROTTO and SOTTOs 10. Agreed |
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|------------------|---|---|
| <p>7.</p> | <p><u>Budget</u></p> <ol style="list-style-type: none"> 1. Central Government should transfer fund directly into Accounts of ROTTO & SOTTO which can be operated by Joint Signatory of Nodal Officer and Joint Director of SOTTO. 2. Contingency amount of 50,000/- should be at disposal of Nodal Officer. 3. Minimum Financial support of Rs. 10,000 to families of deceased donor. 4. Preference to family in hospital treatment. 5. Support to BPL families for immuno-suppressive drugs. | <ol style="list-style-type: none"> 1. To have an oversight, the fund are as on date transferred to the account as recommended by the State Government. However to avoid delay in transfer of funds, this may be agreed. 2. Agreed. 3. This is a policy matter however may be considered as a grant to cover funeral expenses of deceased donor in a dignified manner. 4. Agreed. 5. Already a part of the program but SOTTO have to actively implement this component. |
| <p>8.</p> | <p><u>Legal</u></p> <ol style="list-style-type: none"> 1. State may be permitted to customize the act as per lead. | <ol style="list-style-type: none"> 1. Not agreed. <p>It is a special act, passed by parliament with mandate to regulate organ donation and transplantation and to prevent and control commercial dealings in organ and tissues in the country. So it is not possible to permit States to modify the act. Already States have flexibility to adopt 2011 Amendments incorporated in the main Act 1994. Further the implementation of the provisions of the Act is within the remit of the respective State Government and States can issue operational guidelines as per the intent and provisions of the Act.</p> |

| | | |
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| <p>9.</p> | <p><u>Administrative</u></p> <ol style="list-style-type: none"> 1. Filling up of all positions of NOTTO. 2. Director NOTTO to have full autonomy with administrative & financial power to execute the programme. 3. NOTTO should function as institution of excellence and good coordination with NIC for robust website and registration. 4. ROTTO-SOTTO should be integrated into the State healthcare system as is done with the National Health Mission. The Director should be appointed on a permanent post. 5. In ROTTOs, since the Director and the Joint Director have major administrative responsibilities, the qualifications of one of them need not be restricted to transplant doctors, but could also include persons with experience in administration. 6. Since ROTTOs oversee the Region and are not under the State, the line of reporting should be clearly defined. 7. Reimbursement of costs of maintaining deceased donors in private hospitals for recipients in Government hospitals. 8. The roles and responsibilities of NOTTO/ROTO/SOTTO must be defined in relation to the National Programme for Control of Blindness and Visual Impairment (NPCB&VI) with regard to guidelines for donation and allocation of cornea, and maintenance of registries. | <ol style="list-style-type: none"> 1. Agreed. Action is primarily to be taken by NOTTO. 2. The funds of the program are with Ministry and financial powers up to Rs 20 lakh and Rs. 50,000 have been delegated to DGHS and Director NOTTO, respectively. As per the current approvals, the NOTTO is a subordinate organization under DGHS and DGHS is the attached office of the ministry. Director NOTTO may be considered for upgradation to HOD level like in other DGHS institutions such as Safdarjung Hospital. <p>However if full autonomy is to be considered for NOTTO then a detailed plan for the organisation and open selection of the officers of the NOTTO may have to be considered. At present director NOTTO is an officer of CHS posted by the Ministry.</p> <ol style="list-style-type: none"> 3. Agreed. 4. ROTTO and SOTTO mainly function at advance tertiary health care facilities while State health system mainly caters to district hospital and below level. However the suggestion may be feasible to implement for SOTTO and not for ROTTO. 5. Agreed 6. Agreed 7. Already part of program but to be taken actively by SOTTOs. 8. To be defined by NOTTO |
| <p>10.</p> | <p>Prevention of Human Trafficking Organs</p> <ol style="list-style-type: none"> 1. Creating awareness about the need for organs and the process of organ | <p>1-3 Agreed</p> |

| | | |
|--|---|--|
| | <p>donation thereby helping to bridge the gap between the need for organs and the availability, and reducing the need for trafficking of human organs.</p> <p>2. Creating awareness about the ways in which health conditions leading to organ failure can be prevented or reduced.</p> <p>3. Creating awareness about the process of organ donation.</p> | |
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10. Major changes / departure proposed form earlier scheme along with justification

| Major Changes | Justification |
|---|--|
| <p>Greater focus for improving the infrastructure for organ and tissue retrieval and transplant in Government Sector. Grant in aid proposed to be increased by 1.5 times per centre</p> | <p>Infrastructure is weak in Government sector</p> |
| <p>Financial support of Rs10000 to family of Deceased Donor for dignified funeral of donor</p> | <p>Recommended by NIHFV Evaluation Report</p> |
| <p>Skill Centre(s) in NOTTO and institutions to function under aegis of NOTTO</p> | <p>To upgrade the skills in organ and tissues retrieval and transplantation and related areas as there is shortage of availability of skilled manpower</p> |
| <p>Financial Support for Organ Transportation through ROTTO and NOTTO</p> | <p>No dedicated budget for transportation of organs is available in Government institutions</p> |

I. Major changes in costing norms, if any

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

- vi. Added 6 Crore to cover expenses for dignified funeral of deceased Donor (Min. support of Rs. 10,000 to each donor family)

II. Convergence architecture with other central government schemes

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

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

III. Rationale for continuation

Situation before NOTP

- Till now who is handling transplant in States?: Health Department
- Registering / Appropriate Authority (Secretary/DHS)
- No dedicated staff
- No awareness/surveillance/no organized systems for organ donation /transplant/registry/training

Solutions provided through NOTP:

- Dedicated Institutional mechanisms
- SOTTO is an institutional mechanism to support States
- ROTTO are identified institutions which are champions field in to take care of a group of states
- NOTTO at apex level

The evaluation Report submitted by National Institute of Health and Family Welfare, an autonomous organization outside the program has concluded that there is a clear evidence of the vital role played by NOTP is that the number of deceased Organ Donations as well as the number of hospitals engaged in transplant activity has increased substantially. The programme should not only be continued but also to be strengthened in terms of infrastructure, administrative powers, human resources, training and budget etc.

IV. Proposed output/outcomes year-wise

Due to Covid-19 pandemic during 2020, number of deceased organ donation appear to have been declined

FINANCIAL OUTLAY (Rs. In cr.) OUTPUT 2021-22 OUTCOME 2021-22 2021-22
Output Indicator Target 2021-22 Outcome Indicator Target 2021-22 30.50 (Proposed
BE) To increase awareness on organ donation No of deceased organ donors 600*
Increase in Organ Donation Rate Total no. of organ transplant done 9000*

| Name of indicator | Baseline at the end of 2020 - 21 | Outcome/Output at the end of financial year | | | | |
|--|----------------------------------|---|----------|---------|---------|---------|
| | | 2021 - 22 | 2022 -23 | 2023-24 | 2024-25 | 2025-26 |
| No. of deceased organ donors per year (Actual) | | 600 | 800 | 1000 | 1200 | 1400 |
| Organ donation rate per million population | | 0.4 | 0.52 | 0.6 | 0.8 | 1.0 |
| Total No. of Organ Transplants (Living and deceased) | | 10000 | 12000 | 14400 | 17280 | 20736 |

V. Sunset date: Not Applicable as scheme needs to continued

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

Mentioned in detail proposal

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

Regular Posts:

| Name of Organization | Name of Posts | Pay Band and Scale | Annual Budget requirements | Justification |
|----------------------|--|--|---|---|
| NOTTO | UDC/Senior Secretariat Assistant (SSA) – 2 Posts | Pay level 4 in pay matrix Rs. 25,500-81,100 | 2x 12x Rs.25500 = Rs 612000 basic plus Grade Pay, DA, HRA and other allowances | To support the DDO and Administrative officers in routine office work |

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

Contractual Posts:

| Name of Organization | Name of Posts | Consolidated monthly remuneration | Annual Budget requirements | Justification |
|----------------------|-----------------------------|-----------------------------------|--|--|
| NOTTO | Senior Consultant (IEC)–one | Rs. 60000 pm | Rs. 14.4 lakh with 5 % increase every year | Awareness activities at National level are proposed to be augmented. So one more dedicated |

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| | | | | consultant required |
| | Consultant (Monitoring and Evaluation)– one | Rs. 60000 pm | | For monitoring and evaluation of various components of program including data analysis |

VIII. Comments of other stakeholders including Ministries/Departments/NITI Aayog and response thereon (in a tabular form):

The comments have been taken from NOTTO, ROTTO and SOTTO have been taken into account. The comments of other stakeholders will be obtained after circulation by Ministry

| SI | Comments of NITI Aayog | Response |
|----|--|---|
| 1 | Act follows the principle of opt-in consent for organ donation, whereby organ retrieval is permissible only where express consent has been given by the deceased person through pledging his organs or by the nearest relatives if the deceased person had no objection to organ donation after death. In India, where there is a negative attitude towards organ donation, opt-in consent, instead of presumed consent (where organ donation is not permitted only where the deceased person had expressly objected to organ donation) reduces the pool of potential donors (Tikoo,2017). | The suggestions given by NITI Aayog are mostly about revising the THOTA 1994. These may be dealt separately by an appropriate committee with pan India representation in consultation with various stakeholders and States. The proposed NOTP and THOTA Cell, |
| 2 | The Act requires the consent of the deceased donor as well as of the near relatives before organs/tissues may be retrieved. Where the deceased person had no objection to organ donation or even where the deceased person had expressly pledged to donate his organs after death. If the near relatives withhold consent, organ may not be retrieved (NOTTO FAQs). | |
| 3 | The Act permits living donations only from parents, children, sibling, grandchildren, and grandparents (near relatives). Also, living donations from other than near relatives are permissible only out of affection or attachment or for other special reasons, but not for consideration. Thus, the purely altruistic ground for donation may | |

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| | not be sufficient motivation for many living donors to come forward (Tikoo,2017). | as mentioned in draft SFC, would be taking up this activity. For this and other related issues and developing a concept of Shareer ki Wasiyat a committee under DGHS has been constituted. |
| 4 | The Act does not provide for (a) incentives to the family of cadaver donors, (b) benefits to living donors such as life-long follow-up care where donation took place, and customized Life Insurance Policy (Review Committee Report, 2005). | |
| 5 | The Act penalizes both the donor and the recipient if convicted of commercial trade in human organs. Penalizing donors who may be forced to sell organs due to financial need may deter them from reporting instances of the commercial trade of organs or organ trafficking (Sanyal, 2010). | |
| 6 | The Act states that no court can take cognizance of an offense under the Act till a complaint is made to it by the Appropriate Authority. Any person who wishes to file a complaint must first give a 60-day notice to the Appropriate Authority (Section 22). | |
| 7 | Despite the enactment of the legislation, over the years, multiple cases of organ commerce and kidney scandals have been regularly reported in the Indian media, pointing towards gaps in the implementation of the Act (Vora, 2019). | |
| 8 | The Act states that no court can take cognizance of an offense under the Act till a complaint is made to it by the Appropriate Authority. Any person who wishes to file a complaint must first give a 6-days notice to the Appropriate Authority (Section 22). | |
| 9 | Despite the enactment of the legislation, over the years, multiple cases of organ commerce and kidney scandals have been regularly reported in the Indian media, pointing towards gaps in the implementation of the Act (Vora, 2019). | |

| Sl. | Comments of Department of Expenditure | Response |
|-----|--|---|
| 1 | <p>Comments of Pers Division maybe obtained for creation of additional post in NOTTO and ROTTO and no such post may be created without DoEs approval. Advice of PersDiv (DoE) may also be obtained as regards remuneration etc for contractual posts is concerned.</p> | <p>Agreed. However, it is to mention that after the previous SFC, the proposal was submitted to DoE along with all details of remuneration etc for 39 posts. The DoE has agreed to create 11 posts and rest all are to be filled on contractual or outsourcing basis. The same posts are being continued in NOTTO except 4 new posts for NOTTO (2 regular and 2 contractual) for which the advice of PersDiv (DoE) will be taken. In addition, 10 posts for 5 ROTTOs (2 per ROTTO) for which the advice of the PersDiv (DoE) will be taken.</p> |
| 2 | <p>In terms of DoEs OM dated 08.125.2020, the overall financial outlay may be restricted to 5.5 times the actual expenditure of the individual sub scheme as they were implemented in 2019-20.</p> | <p>While the Overall Financial outlay for NOTP for a period of five years i.e 2021-22 to 2025-26 was proposed to Rs.426.61 crore, the same has been revised and restricted to Rs. 94.92 Crore, after the SFC meeting held on 27.5.2021.</p> |
| 3 | <p>IEC activities of schemes under MOHFW need integration. IEC Budget is separately provided under NHM and various diseases control programme. MoHFW has submitted as EFC memo for continuation of Umbrella Scheme for Family Welfare and other health interventions” under which for component “SwasthNagrikAbhiyan” a sum of Rs. 725 Crore over the next five years is proposed. The entire sum, as per EFC Memo, is for IEC/Awareness Generation. While the special planning would not only be more effective but would spare scarce resources to be deployed where publicity expenses are propose to be met from IEC Budget, same can be adopted for NOTP cell in which a separate budget of Rs. 100 lakh has been sought.</p> | <p>Agreed to the extent possible.</p> |

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| 4 | Output may be defined in terms of targets to be achieved for different cost components like training targets, retrieval facilities to be strengthened and a table comparing proposed output vis-à-vis actual output for the previous period (2017-18 to 2019-20) should form part of SFC note. | Outputs targets have been indicated (wherever feasible) |
| 5 | Zero Cost solutions like use of social media platforms should be encouraged more due to its wider reach and cost effectiveness, | Agreed to the extent possible and social media platforms like facebook and twitter already being used. |

IX. Comments of Dr Sunil Kumar, DGHS and Dr. Promila Gupta, Principal Consultant as made during the SFC meeting held on 27.5.2021

Comments of DGHS

1. Dr. Sunil Kumar, DGHS was of the view that there must be at least one Government Medical college performing transplant in a State and for this purpose there must be a separate department of transplantation medicine to be created in these medical colleges. The action for creating the Department is to be initiated by the teaching hospital, associated with the medical college and assistance for the same may be considered the concerned State Government or the Central Government, as applicable. National Medical Commission may be requested to develop a policy in this regard. The aforesaid, Department of Transplant medicine, besides providing transplant services, can also take care of the training needs.
2. There is a need of robust Software for National Registry, where complete organ donation, retrieval and transplant related data should be available in real time. It must be ensured that all retrieval and transplant hospitals in the country enter the data in the software and it will be the responsibility of the concerned State/UT Government to ensure the same.
3. To bridge the gap between demand and supply, there is a need to promote organ donation from deceased persons involving all stakeholders and general public.

Comments of Dr. Promila Gupta, Principal Consultant

1. Provision of Punitive action on the hospitals to be made under the Law or regulations, if the required data for national networking and national registry are not provided.

2. Robust Software for automatic and transparent allocation of organs to be developed on priority and made functional.
3. Yearly Calendar of IEC activities to be made in advance by NOTTO/ROTTTO/SOTTO

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

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

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

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

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

***Note:** At present 6 tele counsellors to run the 24x7 call centre in NOTTO are being provided by provided by National Programme for control of blindness (NPCB). In case they are not

provided by NPCB in future, they will be recruited by NOTTO under professional services budget of National Organ Transplant Programme (NOTP).

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

| S. No | Post | Mode of recruitment | No. | Approx. Monthly Pay Per person (Rs.) | Remark |
|--------------|---|--|------------|---|--|
| 1 | UDC/Senior Secretariat Assistant | Regular post to be filled as per recruitment rules | 2 | Pay level 4 in pay matrix Rs. 25,500-81,100 Grade Pay 2400 as per 6 th CPC | |
| 1 | Consultant (monitoring and evaluation) (Medical with MD Community Medicine qualification) | Contractual | 1 | 1,20,000 | At par with remuneration of Senior Residents at every point in time including yearly increments) |
| 2 | Senior Consultant (IEC) | Contractual | 1 | 1,20000 | At par with the rates in the ministry |

Annexure-II

- **Evaluation report of NOTP by NIHFV**