

A Report on the “Assessment of Blood Banks in Haryana, India”

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Abbreviations

BB	- Blood Bank
BCSU	- Blood Component Separation Units
BTS	- Blood Transfusion Service
CDSCO	- Central Drug Standard Control Organisation
CHEMI	- Chemiluminescence
DAT	- Direct Antiglobulin Test
DCT	- Direct Coombs Test
ELISA	- Enzyme Linked Immuno Sorbent Assay
EQAS	- External Quality Assessment Scheme
FFP	- Fresh Frozen Plasma
HIV	- Human Immunodeficiency Virus
HBV	- Hepatitis B virus
HCV	- Hepatitis C virus
HVPI	- Haemovigilance Program of India
IAT	- Indirect Antiglobulin Test
ICT	- Indirect Coombs Test
IH	- Immunohematology
IQC	- Internal Quality Control
IQR	- Interquartile Range
MoHFW	- Ministry of Health and Family Welfare
NACO	- National AIDS Control Organisation
NAT	- Nucleic Acid Testing
NBTC	- National Blood Transfusion Council
NGO	- Non Governmental Organisation
NHP	- National Health Portal
PSU	- Public Sector Undertaking
QC	- Quality Control
QM	- Quality Manager
QMS	- Quality Management Systems
RPR	- Rapid Plasma Reagin
SACS	- State AIDS Control Societies
SBTC	- State Blood Transfusion Council
SD	- Standard Deviation
SIMS	- Strategic Information Management System
SOPs	- Standard Operating Procedures
TTI	- Transfusion Transmitted Infection
TM	- Technical Manager
TPHA	- Treponema Pallidum Hemagglutination Assay
VNRBD	- Voluntary, Non-Remunerated Blood Donation
VBD	- Voluntary Blood Donor/Donation
WHO	- World Health Organization

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Executive Summary

Blood Banks in Haryana

According to Central Drugs Standard Control Organization (CDSCO), there were 79 blood banks in Haryana in 2015. The assessment exercise identified 72 functional blood banks across the state excluding one military blood bank. Among the 72 functional blood banks, 24 (33.33%) were supported by National AIDS Control Organization, Ministry of Health and Family Welfare, Government of India and the remaining 48 (66.66%) were Non-NACO blood banks.

The highest number of blood banks was in Gurgaon (11) followed by Faridabad (9), Hisar (9) and Panipat (5).

There are 21 districts in the state of Haryana. Around 47.2 % (34) of all the blood banks (n=72) in the Haryana were in 4 districts that are, Gurgaon (15%), Faridabad (13%), Hisar (13%), Panipat (7%).

Considering the number of blood banks per one million population, districts such as, Bhiwani (0.61 blood banks), Jind (0.75), Rohtak (0.94), Mahendragarh (1.08), Mewat (1.84), Kaithal (1.86), Palwal (1.92), Sonapat (2.07), Jhajjar (2.09), Fatehabad (2.12), Rewari (2.22), Sirsa (2.32), Yamunanagar (2.47) and Karnal (2.66) recorded less than the State average of 2.84 blood banks per 1,000, 000 (one million) population.

In the assessment, 61 blood banks (24 NACO supported – 39.34% and 37 Non-NACO-60.65%) which have submitted the assessment forms in complete were included in the analysis.

Description of blood banks

- Around 56% (34) of the blood banks in the state had component separation facility.
- The not-for-profit sector each owned 19.67% of the blood banks in the state followed by public 37.7% of the blood banks.
- The majority (23; 95.83%) of NACO supported blood banks were owned by the public sector and the remaining (1, 4.2%) were owned by non-profit/not-for-profit sector such as NGOs, charitable trusts, societies, foundations etc.
- The majority of the blood banks (50; 81.97%) were attached to hospitals and the remaining (11; 18.03%) were standalone blood banks.
- The majority of the blood banks (44; 72.13%) had a valid and current license and the remaining (17; 27.87%) had applied for renewal. Around (19; 79.17%) of NACO supported and (25; 67.57%) of Non-NACO blood banks had a valid and active license.

Annual Collection and Voluntary Blood Donation

- During January to December 2015, the annual blood collection from all the blood banks that reported was 336,081 of which 68.31% (229,561) units were through voluntary blood donations and the remaining were from replacement donations.
- The average annual collection of blood units of all the blood banks in the state was 5,601 units. The average annual collection of NACO supported blood banks was found to be higher than (7,228 units) the Non-NACO blood banks (4,516 units).
- The blood banks with component separation units recorded a average higher collection of 6,585 units compared to blood banks without blood component separation units which was 4,314 units.
- The NACO supported Blood banks collected 51.62% (173,492 units) of the total collection, of which 96.69% (167,745) units were through voluntary blood donation. The Non-NACO blood banks collected 48.37% (162,589) units of which 38.02% (61,816) units were through voluntary blood donation.

Transfusion Transmitted Infections

- HIV seroreactivity among blood donors was found to be 0.12%, Hepatitis-C 0.80%, Hepatitis-B 0.87%, Syphilis 0.16% and Malaria 0.02%. However, there is a huge variation between districts.

Component Separation

- Around 45% of blood units collected by blood banks with component separation facilities were used for component separation in Haryana.
- The percentage component separation was higher (64.54%) in Non-NACO blood banks compared to NACO supported blood banks (26.98%).

Quality Management Systems

- 96.7% of the blood banks reported that they adhered to the NBTC guidelines.
- Availability of document control system was reported by less than 55.8% of the blood banks in the state. Around 45.8% of NACO supported blood banks and 62.2% of Non-NACO blood banks reported they had a document control system.
- All the blood banks reported to have standard operating procedures (SOPs) for technical processes.
- Practice of internal quality control (IQC) for Immunohematology was reported by 78.7 % of the blood banks and IQC for TTIs was reported by 62.3% of all the blood banks, with slight variation between NACO supported and Non-NACO blood banks.
- Around 87% of the blood banks reported carrying out quality control for kits, reagents and blood bags.

- Only 14.8% and 16.4 % the blood banks in state have enrolled themselves in External Quality Control Systems (EQAS) by recognized providers for both immunohematology and TTIs respectively.
- 4.9% the blood banks that participated in the assessment were accredited by National Accreditation Board for Hospitals & Healthcare Providers (NABH).
- Designated and trained Quality Managers and Trained Technical managers were available only in 42.6% and 45.9% of the blood banks respectively.
- More than 96.7% of the blood banks reported that they had a regular equipment maintenance and Calibration programme.

The current status of blood banks based on the assessment

- The mean assessment score of blood banks in the state was 65.45 (SD: 10.84). The NACO supported blood banks scored slightly higher (68.56; SD: 7.41) than the Non-NACO blood banks (63.43; SD:12.26).
- Around 96% of all the blood banks under NACO supported were in public sector and present across sub-divisional and divisional/district hospitals catering all segments of the population including rural areas. Whereas, the (70.27%) of the Non-NACO blood banks were in Private sector.
- At the state level, the majority of blood banks (69%) scored between 35 to 70 and 29% scored above 70. One blood bank scored less than or equal to 35.
- Around 58% of NACO supported and 76% of Non-NACO blood banks scored between 35 and 70. Around, 42% of NACO supported blood banks and 21% of Non-NACO blood banks scored more than 70%.
- Among the 21 districts, Sirsa (76.33) scored the highest and Kaithal scored the least with the mean score of (52.50). Ten districts scored above the state average.
- Of the 18 blood banks that scored more than 70 score, 10 (62.5%) were Non-NACO blood banks. The majority of blood banks that scored above 70 were from Gurgaon (3), Faridabad (2), Sirsa (2) followed by Sonipat (2).
- The mean score of blood banks without component facilities was found to be higher (65.96; SD: 10.58) than the mean score of blood banks with component facilities (65.04; SD: 11.19).
- The mean assessment score of not-for-profit and private (NGO/Trust/Charitable) owned blood banks (65.88; 7.86) and (62.75; SD: 13.84) respectively were found to be lower than the public sector blood banks (68.28; SD: 7.45).
- However, Non- NACO supported blood banks run by not-for-profit sector had scored less (65.05; SD: 7.67) compared to NACO blood banks NGO/Trust/Charitable blood banks (75).
- The mean assessment score of blood banks that collected more than 5000 blood units (70.96; SD: 9.71) was found to be higher than blood banks that collected between 3001 and 5000 (62.12; SD: 9.90) and less than 3000 blood units (62.86; SD: 7.58).

- The blood banks that reported a higher proportion of voluntary blood donation indicated higher mean assessment score.
- The mean score was found to be higher among Non-NACO supported blood banks that were part of EQAS for Immunohematology (77.21; SD: 8.65) compared to NACO blood banks. A similar situation was found among those blood banks that were part of EQAS for Transfusion-transmitted Infections (78.29; SD: 8.65) where the mean assessment for NACO was higher than the Non-NACO supported blood banks.

It is evident from the assessment that blood banks that focussed on quality improvement systems performed better than others. Considering the deleterious effect of poor quality practices on patient care, it is imperative that specific programmes and strategies to improve quality systems in blood transfusion services are developed and implemented across the state.

Assessment of Blood Banks in Haryana

1. Background

Blood Transfusion Service (BTS) is an essential part of modern health care system without which medical care is impossible (Pal, Kar, Zaman, & Pal, 2011). Adequate measures to ensure blood safety play a major role in preventing the transmission of HIV, Hepatitis and other bloodborne pathogens in health care settings. The blood and its products must not only be safe but must be clinically effective, and of appropriate and consistent quality (WHO, 2012). Ensuring the safety and availability of blood and blood products is an essential public health responsibility which is primarily the responsibility of the government or the appropriate national health authority of each country (Ramani, Mavalankar, & Govil, 2007). Therefore, it is important to establish a sustainable national blood system that should be supported by a National blood policy, strategic plan, and appropriate legal instruments (WHO, 2011). The Twenty-eighth World Health Assembly resolution number WHA 28.72 of 1975 urged member countries to promote the development of national blood services based on voluntary non-remunerated blood donation (VNRBD); to enact effective legislation governing the operation of blood services and to take other actions necessary to protect and promote the health of blood donors and of recipients of blood and blood products (WHO, 1975).

However, provision of safe and quality blood for a country like India involves a highly complex operation involving various stakeholders, and the magnitude and complexity of issues raise several challenges (GOI, 2003). This requires a holistic and comprehensive approach to planning, designing and operationalizing the BTS. It is important to ensure coordination between blood transfusion services, health services and hospitals, educational institutes, religious, social and industrial organizations, mass media, and other stakeholders including the general public. The system should ensure adequate resources and inputs into the legislative, regulatory, technical, social, and cultural aspects of making this life-saving product accessible and safe.

The need for blood is paramount and universal. However, millions of patients requiring transfusion do not have timely access to safe blood, and there is a major imbalance between developing and industrialized countries in access to safe blood (WHO, 2009). There is a huge inequity in the availability of blood within countries, with the urban areas having more access to the majority of blood available. Even if sufficient blood is available, many are exposed to avoidable, life-threatening risks through the transfusion of unsafe blood. In order to ensure universal access to safe and quality blood, achieve 100% voluntary blood donation and quality-assured testing of donated blood, strengthening the blood transfusion services with evidence-based, innovative and result-oriented strategies are essential. It is also imperative to optimize blood usage, develop quality systems in the transfusion chain, strengthen the workforce, adopt new developments, and build effective partnerships (WHO, 2008).

The National AIDS Control Organization(NACO), under the Ministry of Health and Family Welfare, and the National Blood Transfusion Council (NBTC), which is the apex policy making body, are the prime bodies responsible for the functioning of blood transfusion services and blood safety in India at the national level. At the state level, the respective state AIDS Control societies(SACS) and State Blood Transfusion Councils(SBTCs) are responsible for the smooth functioning of blood transfusion services. As blood and blood products are considered as drugs, the Central Drug Standard Control Organisation(CDSCO) and State Drug Control Organisations play a vital role in key aspects such as, approval of licenses, and enforcement of standard transfusion practices to ensure safe, quality and efficacious blood and blood components in clinical practices.

Several directions, guidelines, and legal measures during the last two decades facilitated the significant improvement of blood transfusion services in the country. The Supreme Court verdict in 1996 directed the government to improve the blood transfusion services that resulted in establishing the National and State Blood Transfusion Councils. The Drugs and Cosmetics Rules, 1945, framed under the Drugs and Cosmetics Act, 1940 were amended in 1993, as a result of which the licensing of blood banks was brought under the dual authority of the state and central government (MoHFW, 2013). The state licensing authority issues the license, while the Drug Controller General (India) is the central license approving authority. In 2002, the WHO Guidelines on the Clinical Use of Blood was adopted by NACO. In the same year, the Government of India framed and adopted the National Blood Policy (NBP) (NACO, 2007a).

In 2007, the National AIDS Control Organization developed standards for blood banks and blood transfusion services. This clearly spelled out the need for mandatory licensing and compliance to all regulatory norms; compliance to policies/ guidelines of NBTC; donor selection/ recruitment/ retention/ counseling based on voluntary non-remunerated regular repeat blood donors; appropriate blood collection procedures; mandatory testing of all donated Blood units for HIV, HBV, HCV, Syphilis and Malaria; transportation of blood and blood components ensuring cold chain maintenance; manpower requirements; maintenance of quality assurance system; regular maintenance and calibration of equipment; biosafety; waste disposal mechanisms; documentation, record keeping and regular reporting under the national programme(NACO, 2007b).

Since the inception of the National AIDS Control programme in 1992, the blood safety programme in India under the National AIDS Control Organization has been making significant strides towards ensuring access to safe, and quality blood and blood products to all those who are in need of a transfusion. The goals and objectives of the programme are to ensure provision of safe and quality blood even to the most remote areas of the country. NACO has been taking continuous steps to strengthen the blood banks across the country by providing equipment, consumables, manpower and capacity building. The efforts to modernizing blood-banks, establishing model blood banks, and setting up blood storage centres in rural areas have improved the quality of blood transfusion services in the country. The current phase of the NACP IV (2012 -2017) focuses on blood safety that aims to support

1,300 blood banks, and achieve 90,00,000 blood units from NACO supported Blood Banks and 95% Voluntary Blood Donation in 2016-17. The key strategies under NACP IV are strengthening management structures of blood transfusion services, streamlining the coordination and management of blood banks and blood transfusion services, and developing new initiatives such as the establishment of Metro Blood Banks and Plasma Fractionation Centre (NACO, 2014).

Due to the continuous efforts in India, the availability of safe blood increased from 44 lakh units in 2007 to 100 lakh units by 2014-15; during this time HIV seroreactivity also declined from 1.2% to 0.2%, and Voluntary Blood Donation increased substantially (NACO, 2016). NACO has been providing technical and operational support to improve the efficiency and effectiveness of these blood banks, thereby, increasing the availability and accessibility of safe and quality blood and blood products to those who are in need. Though there has been a substantial improvement in BTS in India over a period of time, there are still gaps in ensuring access to quality blood and blood products that needs to be addressed at the district, state and regional levels through an evidence-based approach.

In order to have evidence-based programmes, and policies, accurate and updated information at the district, state and national level is an essential prerequisite. Lack of updated information is one of the key barriers affecting the planning and implementation of blood transfusion services across the country. Though current programmes emphasize Quality Management Systems (QMS) including EQAS and accreditation in blood banks, not much information is available related to this area. In particular, information on the existing practices of blood banks, their potential, and willingness to get involved in the programmes on QMS are critical factors that will facilitate developing appropriate strategies and programmes related to QMS at the National level.

Therefore, facility-wise updated information on structural and programmatic components, the gaps, and challenges are required which will not only facilitate in developing better programmes and policies in BTS, but also serve as a baseline for specific programmes that are being, and will be implemented at the district, state, regional, and national levels. Considering the above factors, a nationwide assessment of all the Blood Banks was conducted.

2. Objectives

The overall purpose of this assessment was to understand the current situation of blood banks, in terms of facilities, services, practices, performance, gaps, and challenges.

The specific objectives were:

- To review the existing situation in blood banks in terms of collection of blood, voluntary blood donation, quality management systems, and other programme areas.
- To categorize and grade the blood banks using a scoring system, for implementation of phased quality improvement systems.
- To provide evidence for the formulation of evidence-based policies and programs for blood transfusion services in India.
- To develop an updated database with basic essential details of blood banks in the country.

3. Methodology

This assessment was a cross-sectional survey that captured the current situation of all the blood banks that are owned by the government, private, non-profit and not-for-profit organizations in the state during the reporting period – January to December 2015. In order to create a comprehensive and accurate list of functional blood banks in the state, data (list of blood banks) from multiple sources were obtained which included NACO, NBTC, CDSCO, state drugs control organizations, SACS, and SBTCs. These were further reviewed for duplication, errors in name and other necessary details, and triangulated to arrive at a comprehensive list of district wise functional blood banks.

Following this, an assessment tool was designed as a web-based survey tool in REDCap Software - Version 6.11.2 which was developed by an informatics core at Vanderbilt University with support from National Center for Research Resources (NCRR) and National Institute of Health (NIH) grants. An exclusive online survey link for each blood bank, generated from REDCap, was sent to all the blood banks. This online link was linked to the email ID of the blood bank and Unique IDs created for each blood bank. Since many blood banks did not have adequate internet facility, a paper format was also developed which was sent to all the blood banks by post with a pre-stamped and self-addressed envelope. The data from the completed paper forms were then entered into REDCap.

Tool: A self-assessment questionnaire that included all the below-mentioned components was developed in consultation with programme officials and experts from the areas of public health, epidemiology, bio-statistics, and transfusion medicine.

The review focused on the following components:

Table 1 - Details of technical areas included in the assessment

S No	Component	Description
1	General	Basic details, Ownership, Category, License, etc.
2	Collection and VBD	Annual Collection, VNRBD and donor management
3	Technical – IH, TTIs, components	Methods, Performances
4	Quality Management System	Check for compliance to guidelines and standards
5	HR, Training, and Equipment	Availability and Participation

Data Management and Analysis: The database for this study was developed and maintained by Clinical Data Management Centre (CDMC), Department of Biostatistics, Christian Medical College, and Vellore, India. In-built validation checks were incorporated in the system to confirm that all study related parameters are captured completely and accurately.

Data were analyzed using SPSS Version 21 for Windows. The data were screened for outliers and extreme values using histograms, frequency distribution and Box plots. To summarize the whole data, frequency distributions and bar/pie charts were done for qualitative (categorical) variables such as ownership, type of blood banks etc., and descriptive statistics like mean, standard deviation (SD), median, minimum, and maximum were done for quantitative variables such as annual collection, voluntary blood donation, etc.

Categorisation of blood banks and scoring: In order to study variables that impact quality, the blood banks have been categorized into two groups based on the availability of component separation facility. The first category comprises of blood banks with component separation facility that includes Model Blood Banks and Blood Component Separation Units (BCSU) in NACO supported blood banks. Model blood banks collect more than 10,000 units and BCSUs collect between 5,000 to 10,000 units of blood annually. The second category includes blood banks without component separation facility that covers major blood banks and District Level blood banks (DLBB) in NACO supported blood banks. Major blood banks collect between 3,000 and 5,000 units and district level blood banks collect up to 3,000 units annually.

Each component of the tool was given a weight based on the programmatic and quality priorities. The maximum achievable sum of all weighted scores under each component totaled 100 marks.

Table 2 - Scoring details and weight

Details	With Components	Without Components
Licence	3	3
Annual Collection, VBD, Repeat donation and Counselling	11	16
Technical - IH, TTI and Component separation	43	38
Quality Management Systems	35	35
Reporting	8	8
TOTAL	100	100

The scoring pattern was different based on the category of blood banks that are: 1. Blood banks with component separation facility (n=34) and 2. Blood banks without component separation facility (n=27). Scores were allocated to each indicator under specific components based on the expected level of performance by these two categories of blood banks.

The blood banks were categorized based on the scores obtained by each blood bank that are, less than and equal to 35 (Red); 36 to 70 (Yellow) and above 70 (Green).

4. Key Findings

According to CDSCO, there were 79 blood banks in the state of Haryana in 2015 (CDSCO, 2015). However, the assessment exercise identified 72 functional blood banks across the state excluding two military blood banks. Of the 72 blood banks, 24(34.28%) were supported by National AIDS Control Organization (NACO), Ministry of Health and Family Welfare, Government of India and the remaining 48 were Non-NACO blood banks. Of the total functional blood banks, 61 blood banks (24 NACO supported – 39.34% and 37 Non-NACO- 60.65%) which have submitted the assessment forms in complete were included in the analysis.

Table - 3 indicates the District wise details of all the blood banks in the state, including the description of NACO supported and Non-NACO blood banks. Gurgaon (11) had the highest number of blood banks followed by Faridabad (9), Hisar (9) and Panipat (5).

In terms of NACO supported blood banks, Hisar (2) and Mewat (2) had two Blood banks each and rest of the districts had only one blood bank.

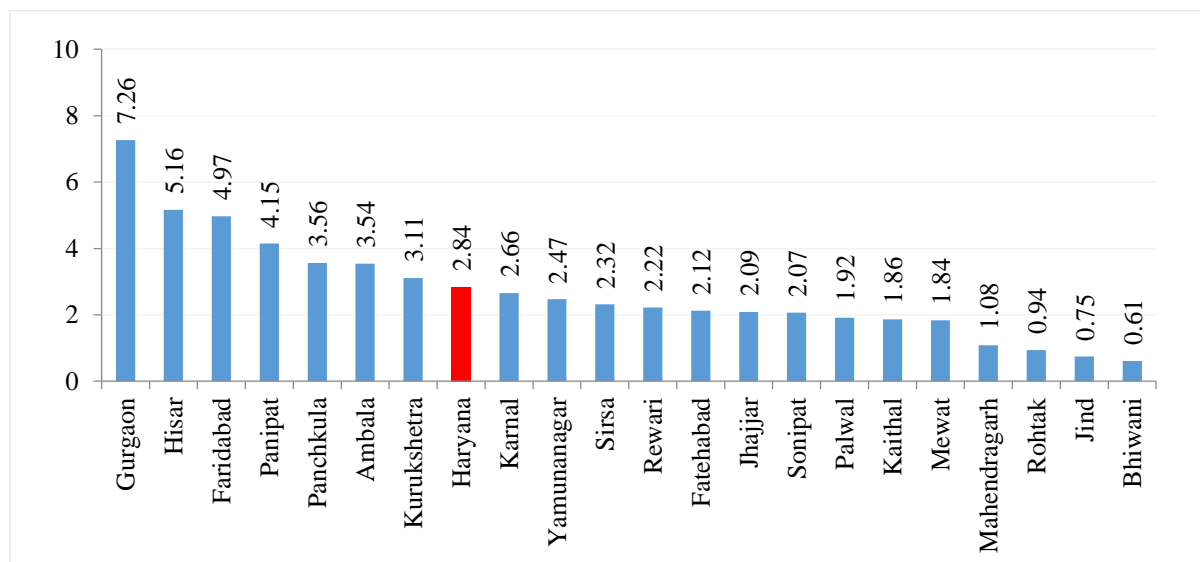
Around 47.2 % (34) of all the blood banks (n=72) in the Haryana were in 4 districts that are, Gurgaon (15%), Faridabad (13%), Hisar (13%), Panipat (7%).

Table 3 - District Wise Descriptions of Blood Banks

District	NACO Supported	Non-NACO	Total
Ambala	1	3	4
Bhiwani	1	-	1
Faridabad	1	8	9
Fatehabad	1	1	2
Gurgaon	1	10	11
Hisar	2	7	9
Jhajjar	1	1	2
Jind	1	-	1
Kaithal	1	1	2
Karnal	1	3	4
Kurukshetra	1	2	3
Mewat	2	-	2
Mahendragarh	1	-	1
Palwal	1	1	2
Panchkula	1	1	2
Panipat	1	4	5
Rewari	1	1	2
Rohtak	1	-	1
Sirsa	1	2	3
Sonepat	2	1	3
Yamunanagar	1	2	3
Haryana	24	48	72

Considering the number of blood banks per one million population, districts such as, Bhiwani (0.61), Jind (0.75), Rohtak (0.94), Mahendragarh (1.08), Mewat (1.84), Kaithal (1.86), Palwal (1.92), Sonipat (2.07), Jhajjar (2.09), Fatehabad (2.12), Rewari (2.22), Sirsa (2.32), Yamunanagar (2.47) and Karnal (2.66) recorded less than the State average of 2.84 blood banks per 1,000, 000 (one million) population.

Figure 1 - Availability of BBs per 1,000,000 (1 million) Population



4.1 Basic details of blood banks (n=61)

As indicated earlier, 61 blood banks (24 NACO supported and 37 Non-NACO) that submitted the assessment forms were included in the analysis.

4.1.1 Category of Blood Banks: Out of 24 NACO supported blood banks 6(25%) blood banks had component separation facility. Out of 37 Non-NACO blood banks 28(75.67%) were with component separation facility.

Table 4 - Basic details of blood banks

Specifics	Description	NACO Supported	Non-NACO	Total
Type of BB	With components	6 (25%)	28 (76%)	34 (56%)
	Without components	18 (75%)	9 (24%)	27 (44%)
Ownership	NGO/Trust/Charitable	1 (4.16%)	11 (30%)	12 (18%)
	Private	-	26 (70%)	26 (43%)
	Public	23 (96%)	-	23 (38%)
Licence	Valid	19 (79%)	25 (68%)	44 (72%)
	Under Renewal	5 (21%)	12 (32%)	17 (28%)
Attachment	Attached to Hospital	24(100%)	26(70%)	50(82%)
	Stand alone	-	11(30%)	11(18%)

At the District level, Gurgaon had the highest percentage of blood component separation units (8, 24 %), followed by Faridabad (6, 18%), Hisar (4, 12%), Karnal (3, 9%), Panipat (3, 9%) and Sirsa (2, 6%).

Among NACO Supported blood banks, only districts like Faridabad (1), Hisar (1), Karnal (1), Rohtak (1), Sonipat (1), Yamunanagar (1) had component separation facility.

4.1.2 Ownership: As depicted in Table:-4, Majority of Blood bank (26, 43%) are owned by Private sector followed by public (23, 38%) and non-profit/not-for-profit sector (12, 20%). The majority (23; 96%) of NACO supported blood banks were owned by the public sector and the remaining (1,4%) were owned by non-profit/not-for-profit sector such as NGOs, charitable trusts, societies, foundations etc. The Private sector had a higher proportion (21, 81%) of blood component separation facility than the not-for-profit sector (7, 58%) and public sector (6, 26%). Among the NACO supported blood banks, only the public sector (6, 26%) had Component Separation facility.

Around 40% of all the not-for-profit blood banks (n=12) were clustered in two districts which are Panipat (25%), Sirsa (17%). All the Blood Banks in the public owned blood banks were equally distributed in all the Districts. Whereas, 73% of all the private owned blood banks were in four districts which are Gurgaon (27%), Faridabad (19%), Hisar (19%), and Panipat (8%). (Refer Table - 5)

Table 5 - District wise list of blood banks by Ownership

District	Public	%	Not-for-profit	%	Private	%	Total
Ambala	1	50	1	50	-	-	2
Bhiwani	1	100	-	-	-	-	1
Faridabad	1	14.3	1	14.3	5	71.4	7
Fatehabad	1	50	-	-	1	50	2
Gurgaon	1	11.1	1	11.1	7	77.8	9
Hisar	2	28.6	-	-	5	71.4	7
Jhajjar	1	50	-	-	1	50	2
Jind	1	100	-	-	-	-	1
Kaithal	1	50	-	-	1	50	2
Karnal	1	33.3	1	33.3	1	33.3	3
Kurukshetra	1	50	-	-	1	50	2
Mahendragarh	1	100	-	-	-	-	1
Mewat	2	100	-	-	-	-	2
Palwal	1	100	-	-	-	-	1
Panchkula	1	50	-	-	1	50	2
Panipat	-	-	3	60	2	40	5
Rewari	1	50	1	50	-	-	2
Rohtak	1	100	-	-	-	-	1

Sirsa	1	33.3	2	66.7	-	-	3
Sonipat	2	66.7	1	33.3	-	-	3
Yamunanagar	1	33.3	1	33.3	1	33.3	3
Haryana	23	37.7	12	19.67	26	42.6	61

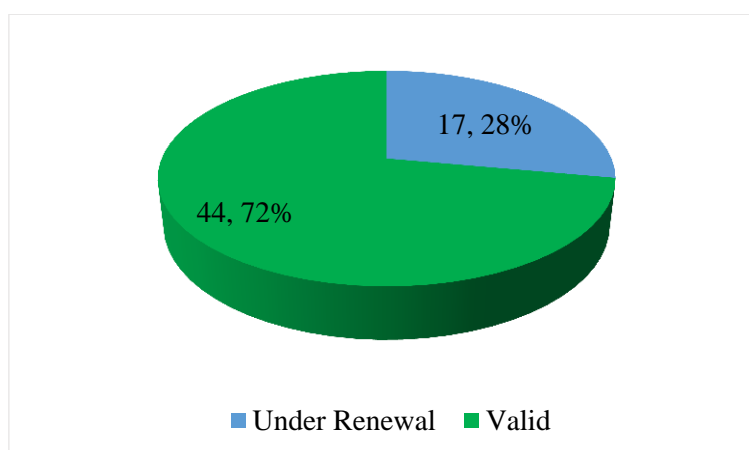
4.1.3 Organizational Attachment: The majority of the blood banks (50; 81.97%) were attached to hospitals, and the remaining (11; 18.03%) were attached to standalone blood banks.

All the NACO supported blood banks were attached to hospitals. Though (26; 70.3%) of the Non-NACO supported blood banks were attached to hospitals, a significant number (11; 29.7%) of Non-NACO blood banks were standalone blood banks. Further analysis indicated that (23; 95.83%) of the blood banks in the public sector, (6; 50%) of the blood banks in the not-for-profit sector, and (21; 80.76%) of the blood banks in the private sector were attached to hospitals. In the not-for-profit sector (6; 50%) of the blood banks are standalone.

4.1.4 License details of blood banks: The license status was categorized as “valid” which means that the blood bank has current and active license; and “deemed renewal” which means that the blood bank had applied for renewal which is pending.

The majority of the blood banks (44; 72%) had a valid and current license, and the remaining (17; 28%) had applied for renewal. Around (19; 79%) of NACO supported and (25; 67.6%) of Non-NACO blood banks had a valid and active license. Similarly, (18; 69.23%) of the private blood banks, (8; 66.67%) of the not-for-profit blood banks, and (18; 78.26%) of the public blood banks had a valid and active license.

Figure 2 - License Status (n=61)



The majority of those blood banks (14; 82.4%) which have reported as “deemed renewal” had their last inspection by licencing authority during the last one year and (1; 5.9%) had their inspection between the last 1 to 2 years.

4.2 Annual Blood Collection and Voluntary Blood Donation

According to WHO, it is estimated that blood donation by 1% of the population can meet a nation's most basic requirements for blood (WHO, 2016b), which means that the Haryana state with a population of 25.35 million, currently needs around 253,514 units of blood. But since Haryana is producing 336,081 units of blood, it is exceeding the basic requirement of blood by 24.56 %.

4.2.1 Annual Collection of Blood: During January 2015 to December 2015, the annual blood collection from all the blood banks that reported was 336,081 of which 68.31% units were through voluntary blood donations and the remaining were from replacement donations.

Figure 3 - Annual Collection and Voluntary Donation

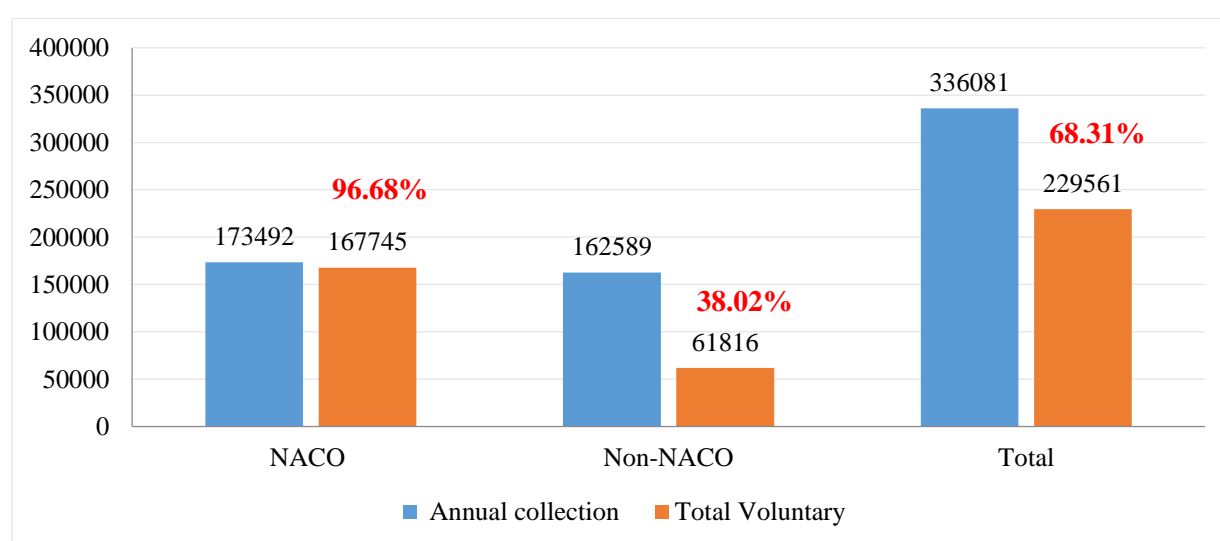
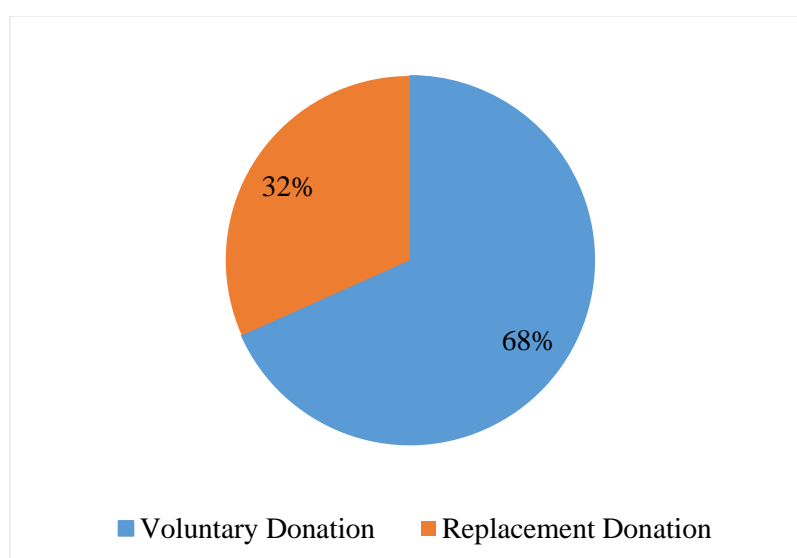


Figure 4 -Type of Blood Donation (Voluntary vs. Replacement Donation %)



The average annual collection of blood units of all the blood banks in the state was 5,601 units. The average annual collection of NACO supported blood banks was found to be higher (7,228 units) than the Non-NACO blood banks (4,516 units).

Table 6 - Average Annual collection

District	NACO Supported	Non-NACO	All BBs
Ambala	6658	391	3525
Bhiwani	4144	-	4144
Faridabad	8717	2769	3619
Fatehabad	3556	5188	4372
Gurgaon	1683	6359	5840
Hisar	8878	5115	6191
Jhajjar	3793	726	2260
Jind	6493	-	6493
Kaithal	9669	-	9669
Karnal	7449	4603	5552
Kurukshetra	6280	3505	4893
Mahendragarh	3649	-	3649
Mewat	2031	-	2031
Palwal	3147	-	3147
Panchkula	3101	2762	2932
Panipat	8869	2006	3379
Rewari	6208	2843	4526
Rohtak	40553	-	40553
Sirsa	5627	12004	9878
Sonipat	6103	3209	5139
Yamunanagar	9870	4826	6508
Haryana	7228	4516	5601

Similarly, the blood banks with component separation units recorded a average higher collection of 6,585 units compared to blood banks without blood component separation units which was 4,314 units. However, the variation in the collection was found to be very high across and within districts.

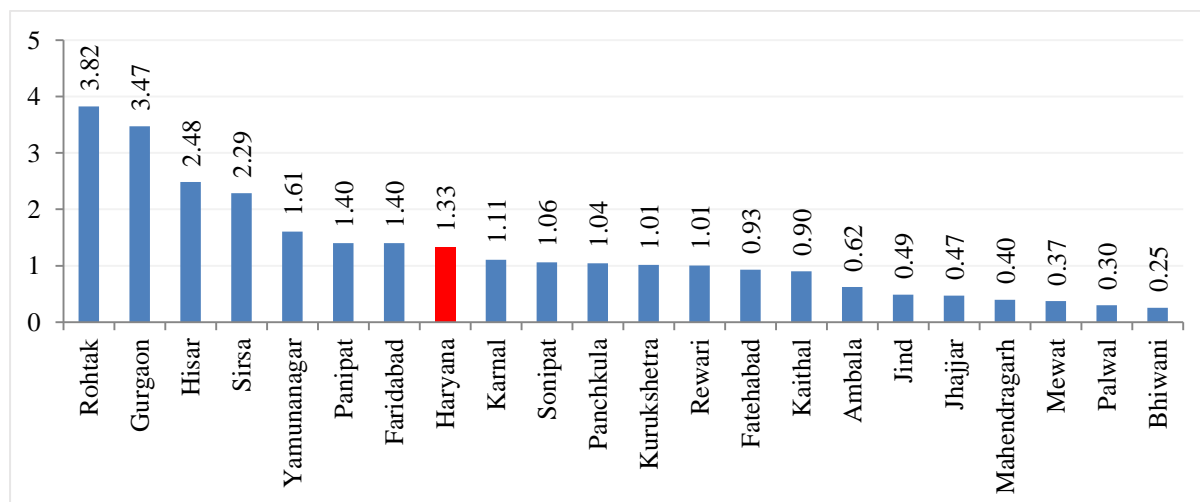
The NACO supported blood banks collected 51.62% (173,492 units) of the total collection, of which 96.69% (167,745) units were through voluntary blood donation. The Non-NACO blood banks collected 162,589 (48.37%) units of which 38% (61,816) units were through voluntary blood donation. Blood banks with component separation facility collected the majority (66.62%) of blood units (223,907) and the remaining 33.37% (112,174) were collected by blood banks without the component facility. Similarly, blood banks owned by public sector collected 49% (164,623) of the total collection followed by the not-for-profit sector 17.8% (59,823) and private sector blood banks (33.2%, 111,635).

Table-7 indicates the district-wise details of the total annual collection, voluntary and replacement donation in the state of Haryana. Blood banks reported a varying proportion of VNRBD ranging from 50 to 100%.

Table 7 - Annual blood collection and percentage of VBD

District	Total Voluntary Donation	Replacement Donation	Annual Collection	VBD %
Ambala	5191	1858	7049	73.6
Bhiwani	4144	-	4144	100-
Faridabad	16015	9317	25332	63.2
Fatehabad	5361	3383	8744	61.3
Gurgaon	12435	40125	52560	23.7
Hisar	23950	19386	43336	55.3
Jhajjar	4105	414	4519	90.8
Jind	6493	-	6493	100
Kaithal	9669	-	9669	100
Karnal	8356	8299	16655	50.2
Kurukshetra	7407	2378	9785	75.7
Mahendragarh	3649	-	3649	100
Mewat	2623	1439	4062	64.6
Palwal	2805	342	3147	89.1
Panchkula	4153	1710	5863	70.8
Panipat	11545	5351	16896	68.3
Rewari	7300	1751	9051	80.7
Rohtak	40553	-	40553	100
Sirsa	28802	833	29635	97.2
Sonipat	13048	2368	15416	84.6
Yamunanagar	11957	7566	19523	61.2
Haryana	229561	106520	336081	68.3

Figure 5 -Annual Collection per 100 population- District wise



The annual collection of blood units per 100 individuals was found to be around 1% in the State which is meeting the WHO suggested requirement that 1% of the population can meet a nation's most basic requirements for blood. However, there is a huge disparity in the collection of blood between districts. Bhiwani collected only 0.25 units of blood per 100 population followed by Palwal (0.3), Mewat (0.37), Mahendragarh (0.4), Jhajjar (0.47), Jind (0.49) and Ambala (0.62). Seven districts in the state recorded an annual collection of more than 1.33 units per 100 populations. (Refer Fig-5)

Figure 6 - Annual Collection per 100 population Vs BBs per 1 million- District wise

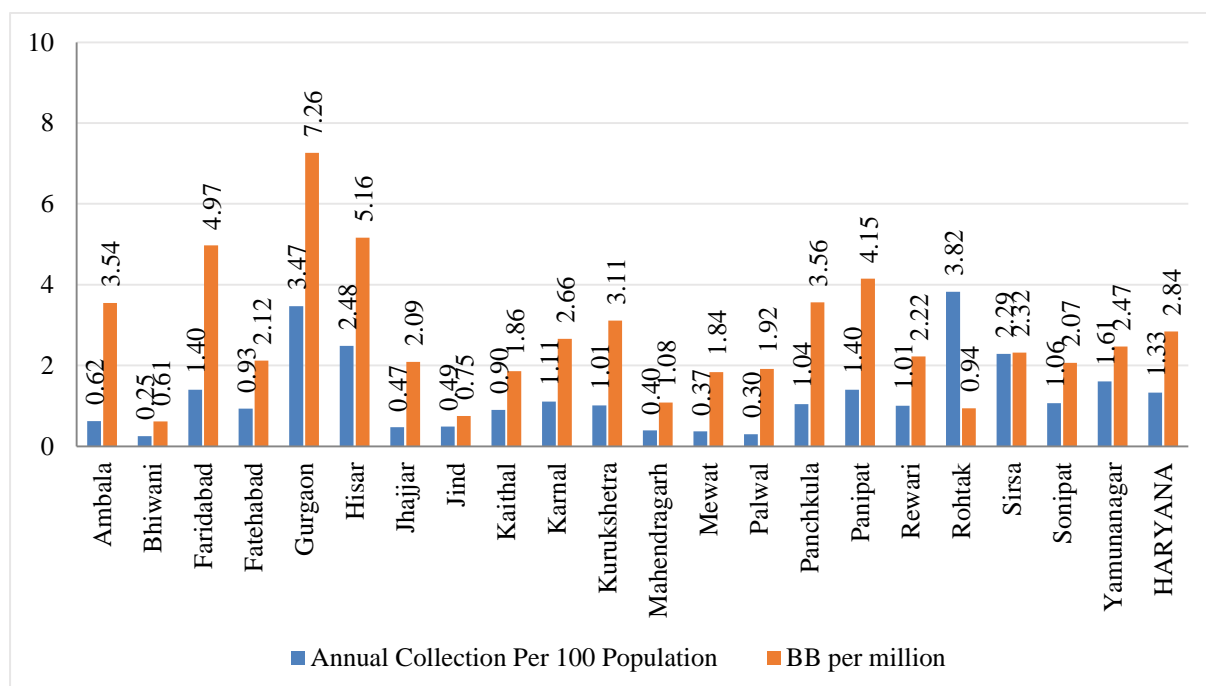
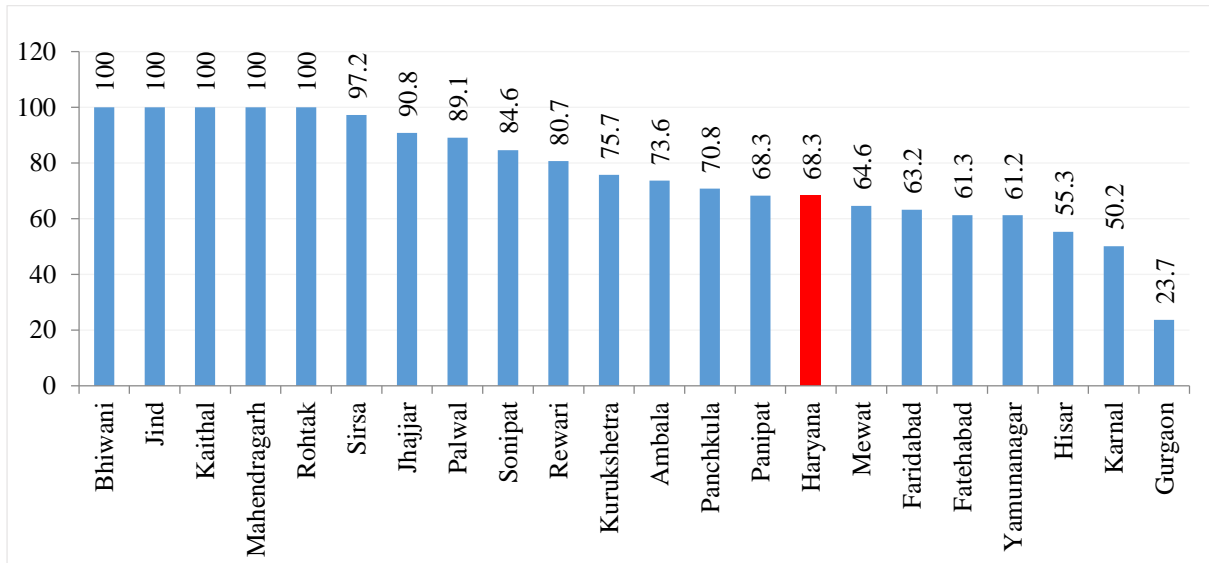


Figure 6 illustrates the district wise comparative information of annual collection per 100 population and number of blood banks per one million populations. This indicates that the state had around 2.84 blood banks per million population that collected around 1.33 units per 100 population at the ratio of 2.84 BB: 1.33 blood unit. The ratio is equal in Sirsa district which was 2.32:2.32. The ratios in Gurgaon and Faridabad districts had 7.26:3.47 and 4.97:1.40 respectively which indicates that district collects relatively less blood with more number of blood banks proportionate to population whereas Rohtak had a ratio of 0.94:3.82 which indicated that district collected more blood with less number of Blood Banks.

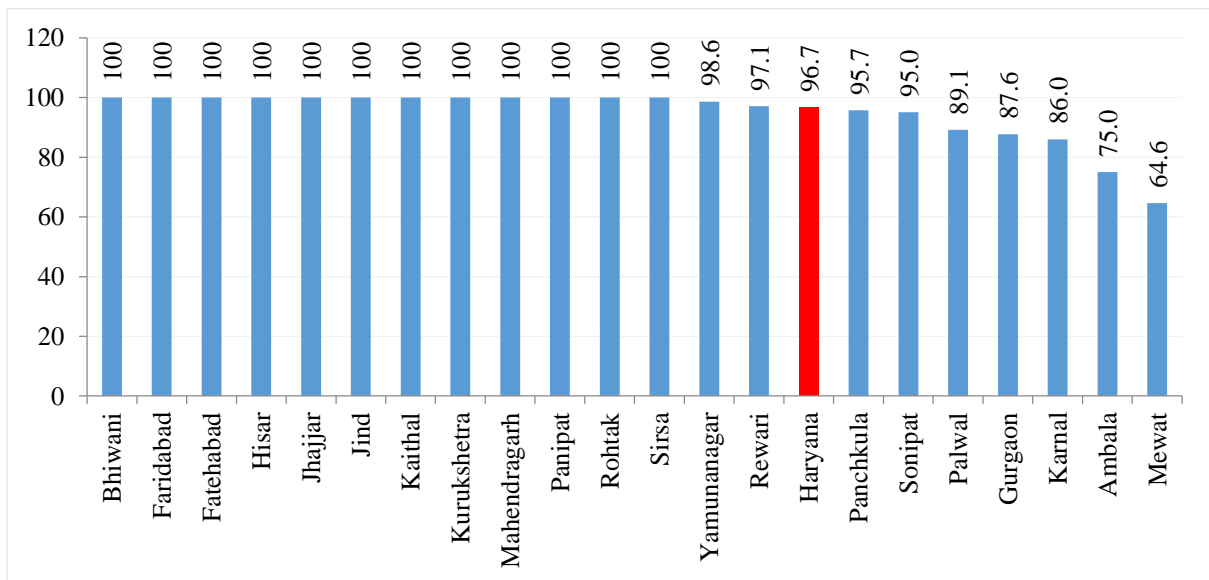
4.2.2 Voluntary blood donation: As depicted in Figure-7, fourteen districts have recorded more than the state average of 68.3%. Districts such as Bhiwani, Jind, Kaithal, Mahendragarh, and Rohtak reported 100 % voluntary blood donation. Seven districts collected less than 68.3% of voluntary blood donation including Gurgaon which had only 23.7% of the voluntary blood donation during January to December 2015.

Figure 7 - Percentage of Voluntary Blood Donation by District (Overall)



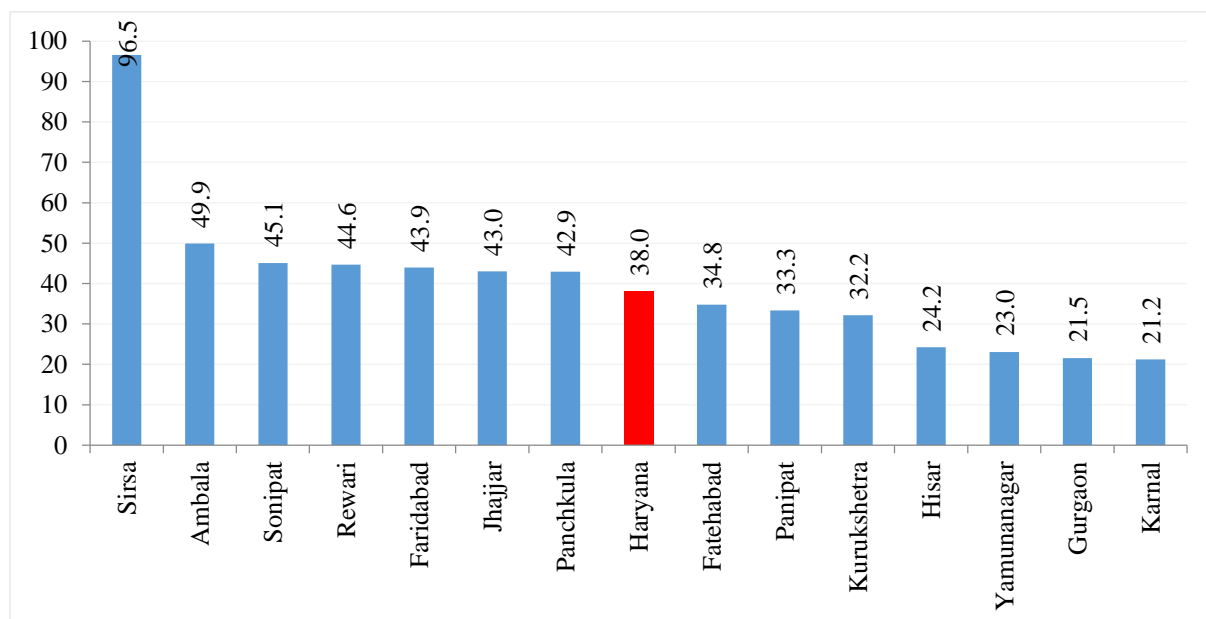
In terms of NACO supported blood banks, fourteen districts have recorded a higher proportion of voluntary donation which is above the state average of 96.7%. Bhiwani, Faridabad, Fatehabad, Hisar, Jhajjar, Jind, Kaithal, Kurukshetra, Mahendragarh, Panipat, Rohtak, Sirsa reported 100% voluntary blood donation. Seven districts reported less than the national average of 96.7% of voluntary donation during January to December 2015.

Figure 8 - Percentage of Voluntary Blood Donation by District (NACO Supported)



Among Non-NACO blood banks, seven districts recorded more than state average i.e. 38% and seven districts recorded less than even the state average of 38%.

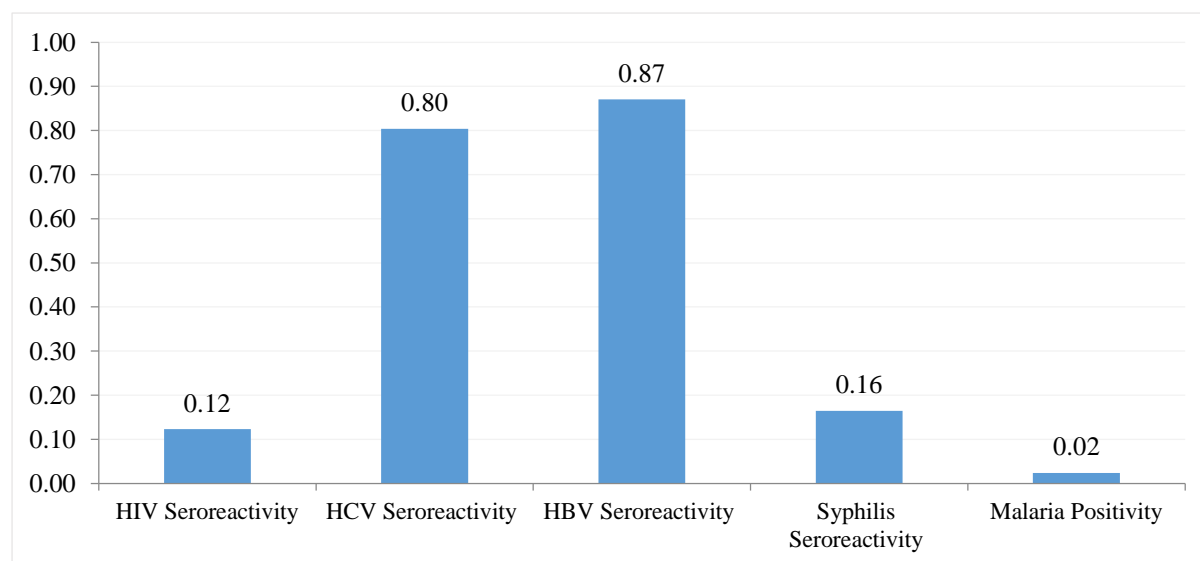
Figure 9 - Percentage of Voluntary Blood Donation by District (Non-NACO)



4.3 Transfusion Transmitted Infections(TTIs)

Transfusion-Transmitted Infections (TTIs) are major problems associated with blood transfusion (Chandra, Rizvi, & Agarwal, 2014; Gupta, Singh, Singh, & Chugh, 2011). Screening for TTIs such as HIV 1, HIV 2, Hepatitis B, Hepatitis C, Malaria, and Syphilis is mandatory in India. Due to the concerted and active efforts, the seroreactivity percentage of TTIs has come down significantly over the years.

Figure 10 - Transfusions Transmitted Infection (%) -Jan-Dec 2015



The seroreactivity of TTI among blood donors in the year 2015 is depicted in Fig-10. HIV seroreactivity was found to be 0.12%, Hepatitis-C was 0.80%, Hepatitis-B 0.87%, Syphilis 0.16% and Malaria 0.02%. However, there is a huge variation between districts.

Table 8 depicts that all the Transfusion Transmitted Infection rates were higher in NACO supported blood banks except for Syphilis Seroreactivity which was found to be higher in Non-NACO supported blood banks.

Table 8 - Transfusion Transmitted Infections (%)

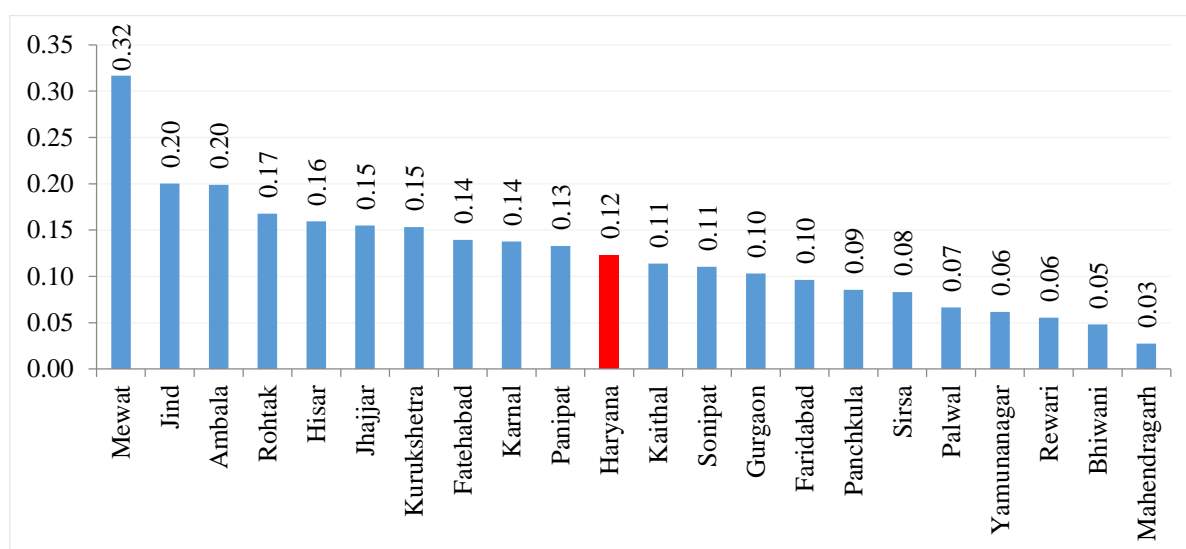
Category of BB	Transfusion Transmitted Infections %				
	HIV	HCV	HBV	Syphilis	Malaria
NACO Supported	0.14	0.91	0.94	0.15	0.04
Non-NACO	0.11	0.69	0.80	0.18	0.01
Overall	0.12	0.80	0.87	0.16	0.02

4.3.1 Transfusion Transmitted Infections by Category of blood banks: HIV, HBV and Syphilis Seroreactivity rates did not indicate much difference between blood banks with component and without component separation facility. The blood banks without component facility indicated a higher reactivity of HCV (1.00%).

Table 9 - Transfusion Transmitted Infections by category of blood banks

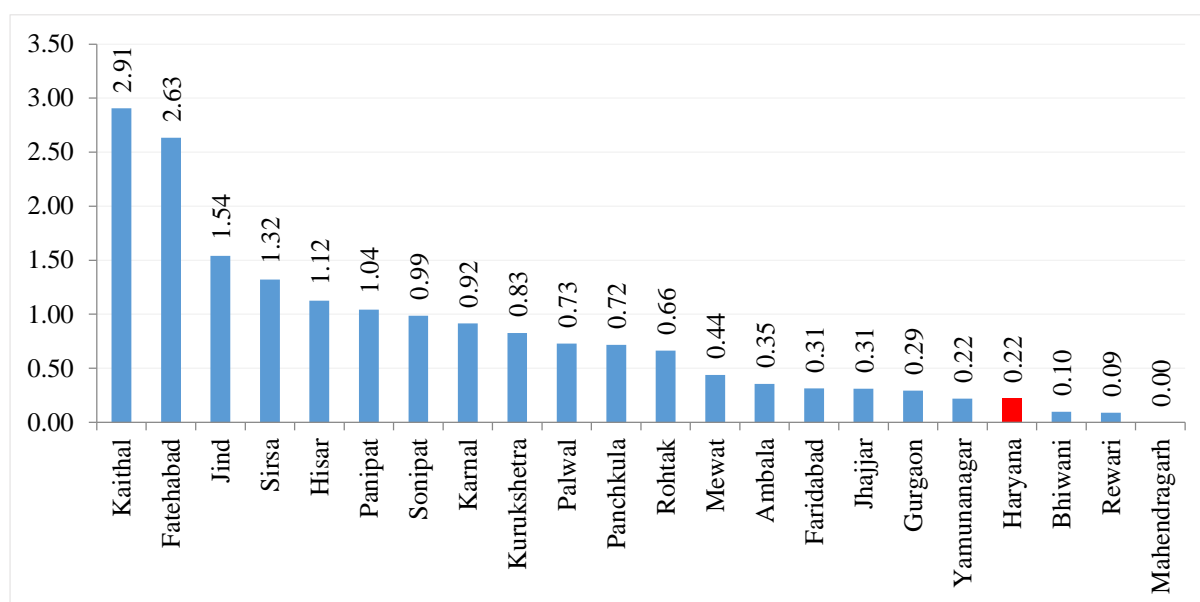
Category of BB	Transfusion Transmitted Infections %				
	HIV	HCV	HBV	Syphilis	Malaria
BBs with component facility	0.12	0.71	0.86	0.19	0.02
BBs without component facility	0.13	1.00	0.90	0.11	0.03
Overall	0.12	0.80	0.87	0.16	0.02

Figure 11 - HIV Seroreactivity- By District (%)



Eleven districts indicated lower HIV seroreactivity than the state average of 0.12%. However, Mewat (0.32%), Jind (0.20%), Ambala (0.20%), Rohtak (0.17%), Hisar (0.16%), Jhajjar (0.15%), Kurukshetra (0.15%), Fatehabad (0.14%), Karnal (0.14%) and Panipat (0.13%) recorded a higher HIV Seroreactivity than the state average.

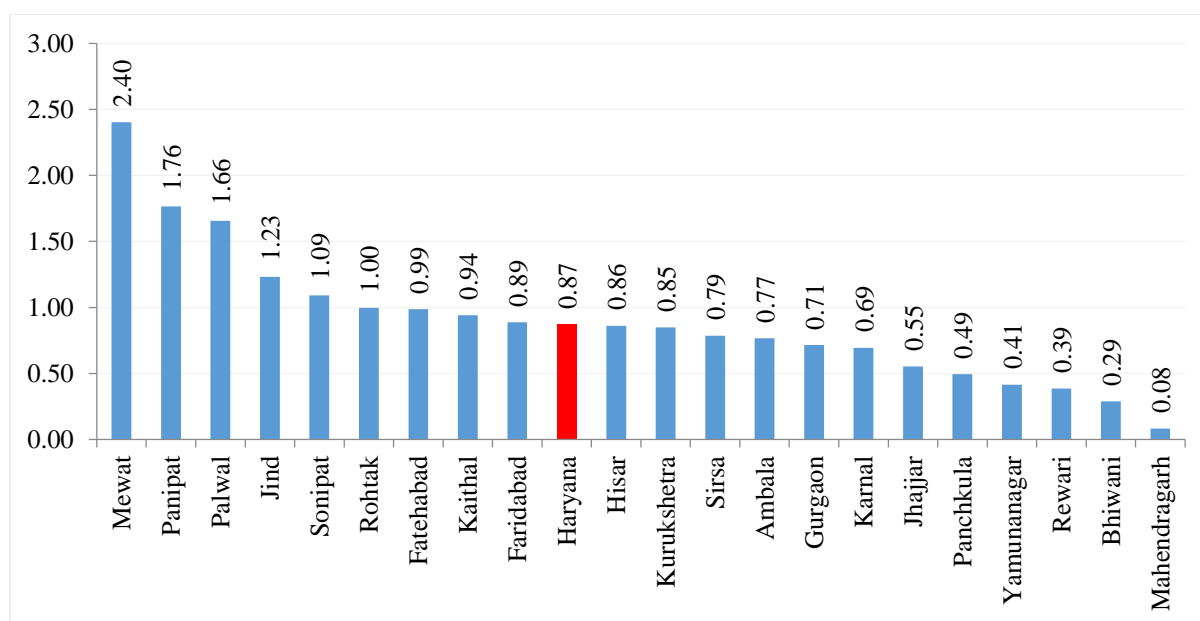
Figure 12 - HCV Seroreactivity- By District (%)



When considering Hepatitis C infection, eighteen districts recorded a seroreactivity level higher than the state average of 0.22% and only three districts like Bhiwani (0.10), Rewari (0.09) and Mahendragarh scored less than the state average.

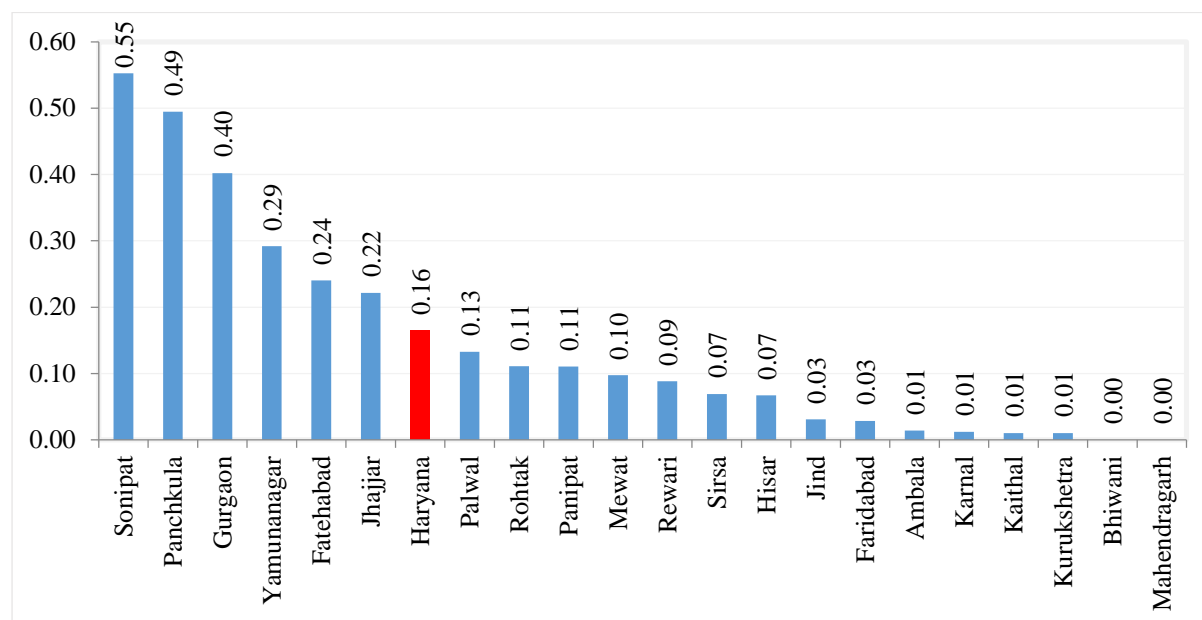
Hepatitis B seroreactivity was found to be higher than the state average of 0.87% in districts like Mewat (2.40%), Panipat (1.76%), Palwal (1.66%), Jind (1.23%), Sonipat (1.09%), Rohtak (1.00%), Fatehabad (0.99%), Kaithal (0.94%), Faridabad (0.89%), Haryana (0.87%), Hisar (0.86%), Kurukshetra (0.85%), Sirsa (0.79%), Ambala (0.77%), Gurgaon (0.71%), Karnal (0.69%), Jhajjar (0.55%), Panchkula (0.49%), Yamunanagar (0.41%), Rewari (0.39%), Bhiwani (0.29%) and Mahendragarh (0.08%).

Figure 13 - HBV Seroreactivity- By District (%)



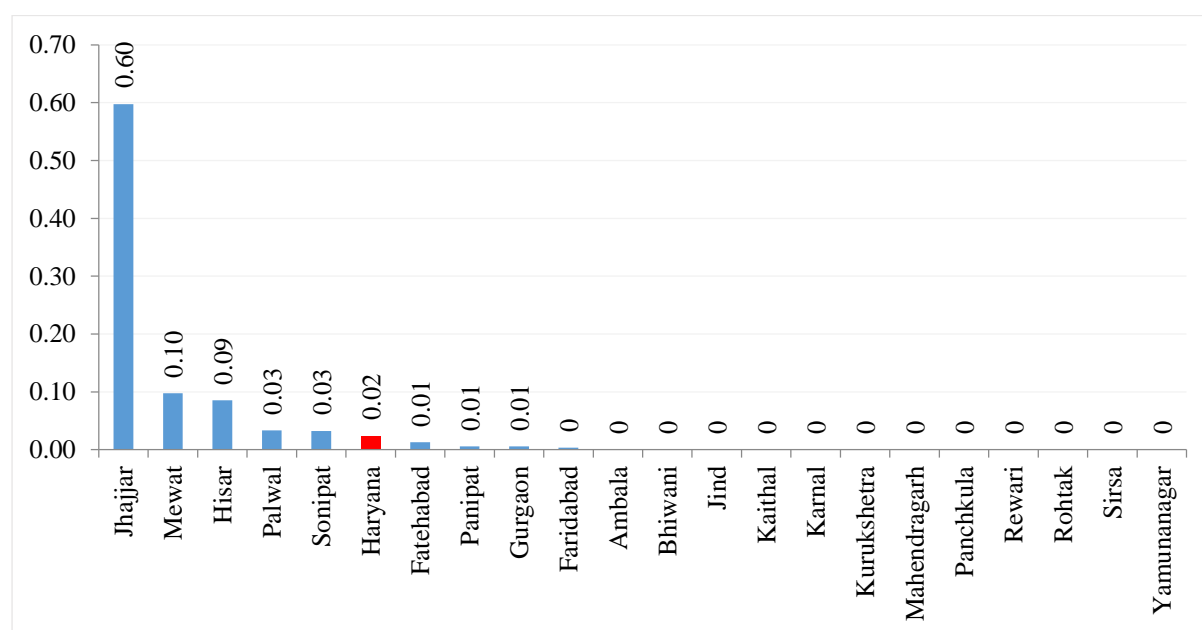
Syphilis seroreactivity was found to be higher than the state average of 0.16% in districts like Sonipat(0.55%),Panchkula(0.49%),Gurgaon(0.40%),Yamunanagar(0.29%),Fatehabad (0.24%) and Jhajjar (0.22%). Fifteen districts recorded less than the state average.

Figure 14 - Syphilis Seroreactivity- By District (%)



The majority of the districts indicated a lower positivity of Malaria than the state positivity rate of 0.02% whereas districts like Jhajjar,Mewat,Hisar,Palwal and Sonipat recorded a higher positivity than the state average.

Figure 15 - Malaria Positivity- By District (%)



4.4 Component Separation

As depicted in Figure -16, around 45.15% of blood units collected by blood banks with component separation facilities, were used for component separation in state. The percentage of component separation was higher (64.54%) in Non-NACO blood banks compared to NACO supported blood banks (26.98%).

Figure 16 - Total Blood Collection and Component Separation

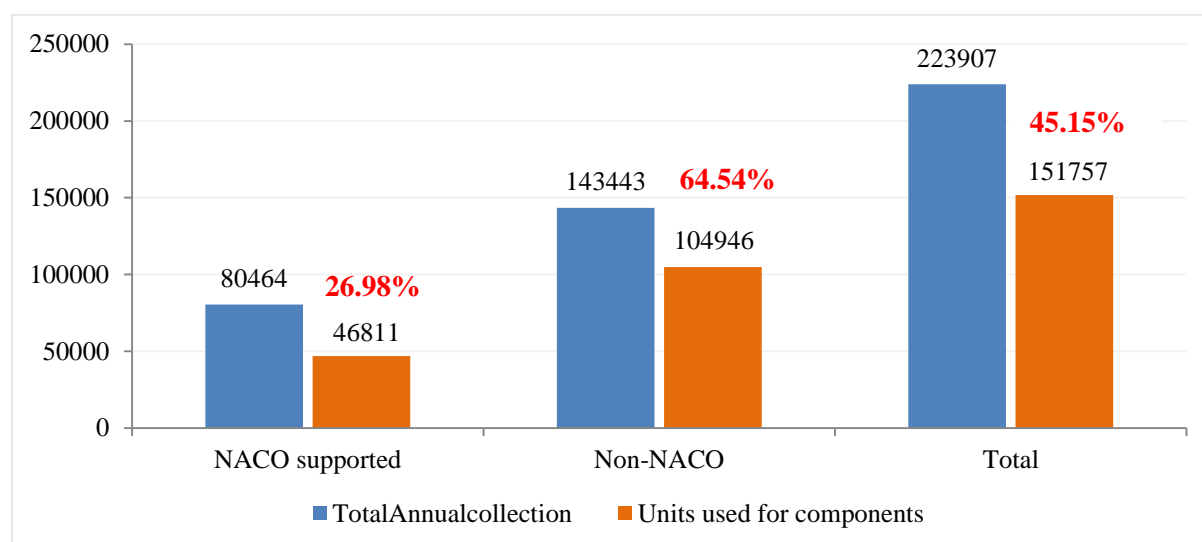


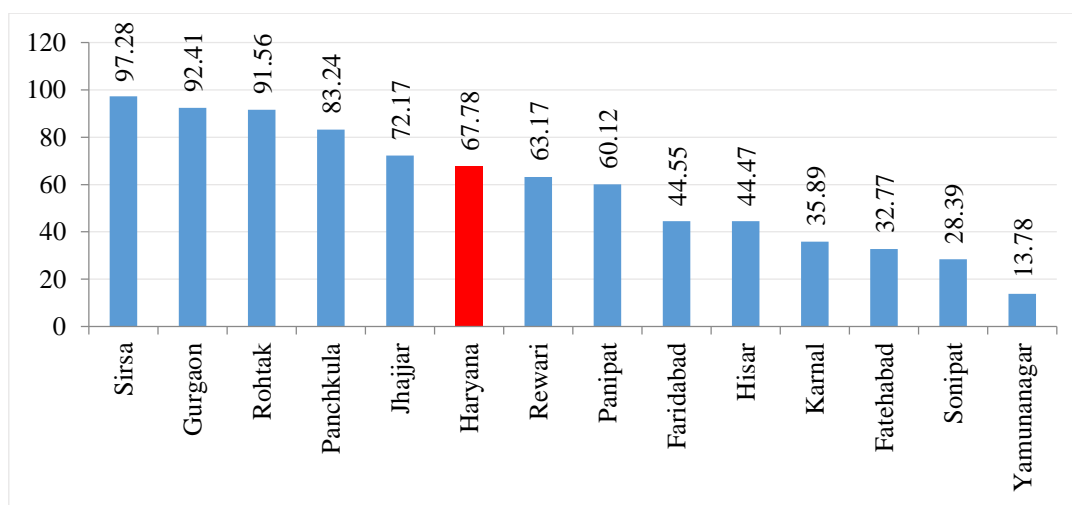
Table 10 - Total Annual Collection by BCSUs and % Component Separation

District	Total Annual Collection	Total Collection by BCSUs	Percentage of component separation
Ambala	7049	-	-
Bhiwani	4144	-	-
Faridabad	25332	24888	44.55
Fatehabad	8744	5188	32.77
Gurgaon	52560	50877	92.41
Hisar	43336	28404	44.47
Jhajjar	4519	726	72.17
Jind	6493	-	-
Kaithal	9669	-	-
Karnal	16655	16655	35.89
Kurukshetra	9785	3505	0.00
Mahendragarh	3649	-	-
Mewat	4062	-	-
Palwal	3147	-	-
Panchkula	5863	2762	83.24
Panipat	16896	6544	60.12

Rewari	9051	2843	63.17
Rohtak	40553	40553	91.56
Sirsa	29635	24008	97.28
Sonipat	15416	7084	28.39
Yamunanagar	19523	9870	13.78
Haryana	336081	223907	67.78

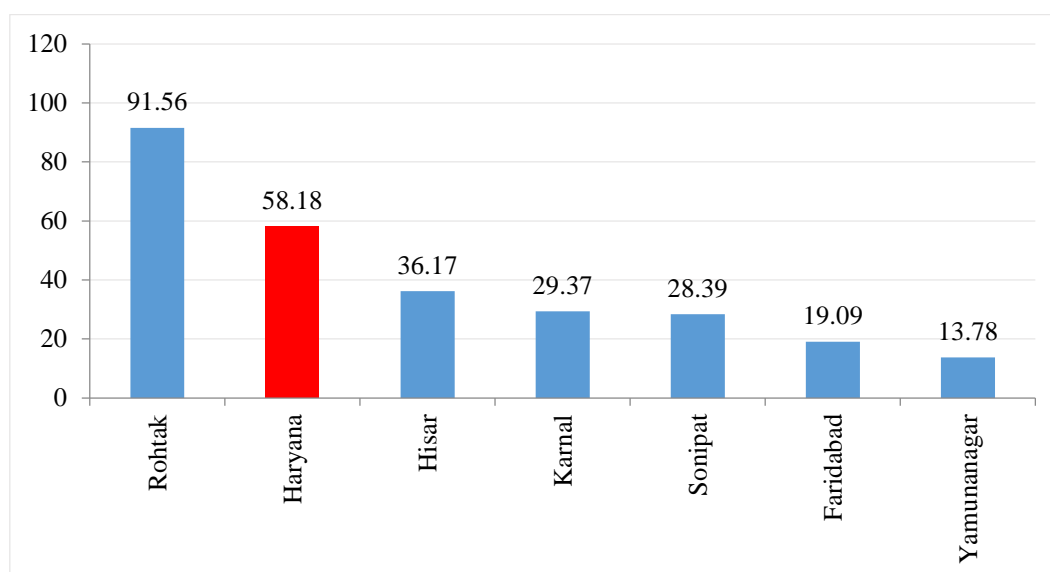
The percentage of component separation out of the total collection was more than 80% in Sirsa, Gurgaon, Rohtak and Panchkula.

Figure 17 - Percentage of Component Separation- By District (All BBs)



The percentage of component separation in NACO supported blood banks is illustrated in Figure-18 which indicates five districts recorded more than State average of Component Separation and fourteen districts reported less than 50% of component separation including eight districts having no component separation facilities

Figure 18 - Percentage of Component Separation- By District (NACO)



Fifteen districts did not have any NACO supported blood banks with component separation facility and only one district separated components more than the state average.

4.5 Quality Management Systems

Quality is defined as the totality of characteristics of an entity that bears on its ability to satisfy the stated and implied needs (Schlickman, 1998). It is a spectrum of activities and processes that shape the characteristics of a product or service. Quality systems are defined as the organizational structure, resources, processes, and procedures needed to implement quality management (ISO-8402, 1994) and Quality Management System is the sum total of all business policies, processes and procedures required for the execution of production, development or service of an organization.

Blood transfusion is a multi-step process with the risk of error in each process from selecting donors, collecting and processing donations, testing of donor and patient samples, issue of compatible blood, to transfusing the patient (WHO, 2016a). An effectively planned and implemented quality system that includes internal quality assessment, external quality assessment, and education and training of staff can significantly reduce the risk associated with blood transfusion.

The assessment captured several parameters that influence the quality of service provision. Some of the key parameters are mentioned in Table -11. The majority of blood banks (96.7%) reported that they adhered to the NBTC guidelines. Availability of document control system was reported by only 55.7% of the blood banks in the state. Around 45.8% of NACO supported blood banks and 62.2% of Non-NACO blood banks reported they had a document control system. In terms of Standard Operating Procedures (SOPs) for technical processes, more than 100% reported that they had SOPs.

Table 11 - Availability of Quality Parameters in Blood Banks

Quality Parameters	NACO/NON-NACO		All Blood Banks (n=61) Total
	NACO supported (n=24)	Non-NACO (n=37)	
Compliance with NBTC guidelines	24	35	59
	100%	94.6%	96.7%
Availability of Documental Control System (DCS)	11	23	34
	45.8%	62.2%	55.7%
SOPs for Technical Processes	24	37	61
	100%	100%	100%
IQC for IH	18	30	48
	75%	81.1%	78.7%

IQC for TTI	18	20	38
	75%	54.1%	62.3%
QC for kits, reagents and blood bags	20	33	53
	83.3%	89.2%	86.9%
EQAS for IH	2	7	9
	8.3%	18.9%	14.8%
EQAS for TTI	3	7	10
	12.5%	18.9%	16.4%
NABH accreditation for blood banks	-	3	3
	-	8.1%	4.9%
Availability of designated and trained Quality Manager	4	22	26
	16.7%	59.5%	42.6%
Availability of designated and trained Technical Manager	3	25	28
	12.5%	67.6%	45.9%
Programme for regular Equipment maintenance	23	36	59
	95.8%	97.3%	96.7%
Equipment calibration as per regulatory requirement	22	37	59
	91.7%	100%	96.7%

At the state level, Internal Quality Control (IQC) for Immunohematology was reported by 78.7% of the blood banks and IQC for TTIs was reported by 62.3% of the blood banks, with slight variation between NACO supported and Non-NACO blood banks. Around 86.9% of the blood banks reported carrying out quality control for kits, reagents and blood bags. The percentage of blood banks enrolled in EQAS by recognized providers was found to be only 14.8% for immunohematology and 16.4% for TTIs. Only 3 (4.9%) blood banks out of the total 61 blood banks that participated in the assessment were accredited by National Accreditation Board for Hospitals & Healthcare Providers (NABH).

Designated and trained Quality Managers and Technical managers were available only in 42.6% and 45.9% of the blood banks respectively.

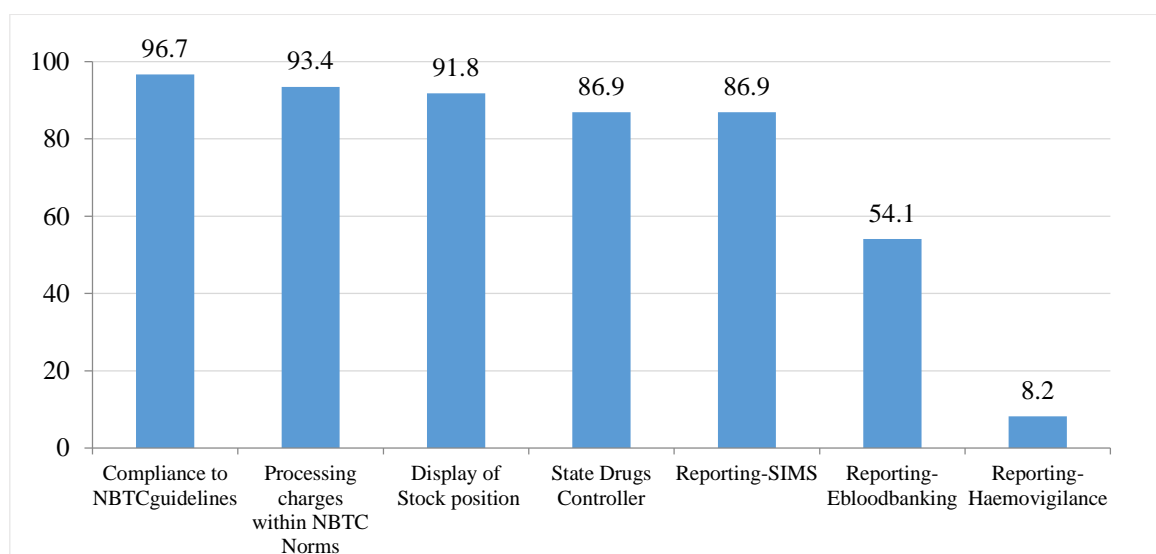
More than 96.7% of the blood banks reported that they had a regular equipment maintenance programme and they calibrate the equipment as per requirement.

4.6. Reporting and Documentation

4.6.1. Compliance to NBTC guidelines

Majority of the blood banks (96.7%) reported to be compliant with NBTC guidelines. Around, 93.4% of Blood Banks reported that they were recovering processing charges within NBTC/SBTC norms. Most of the blood banks (91.8%) reported that they were displaying stock position in their Blood bank Premises.

Figure 19 - Reporting and Documentation



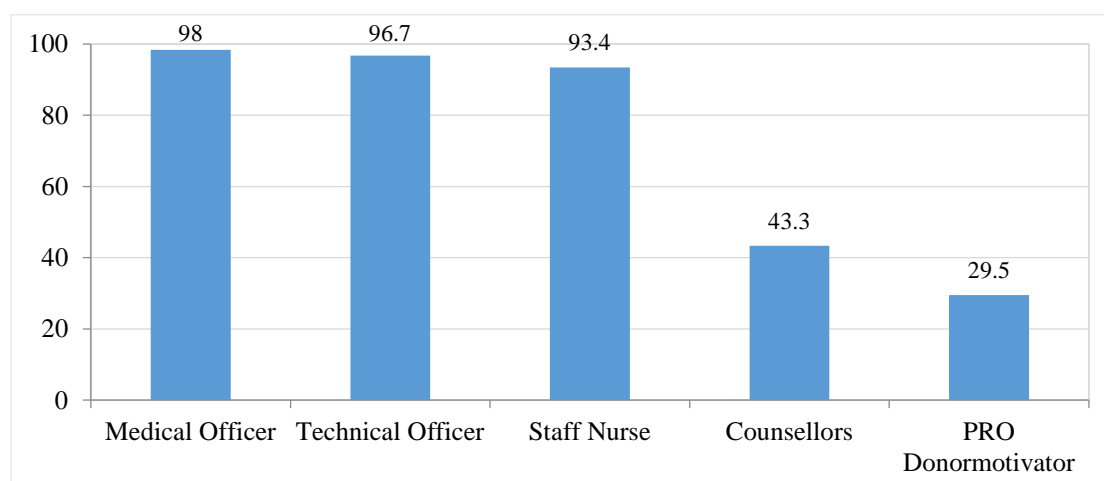
Reporting requirements: In terms of reporting requirement, 86.9% of the blood banks submitted regular reports to state drug controller, 86.9 % of blood banks regularly reported in national strategic information management systems (SIMS). However, only 54.1 % regularly reported in E-blood banking either national or state e-blood banking. Only 8.2 % of the Blood banks were members of National Haemovigilance Program.

4.7. Human Resources

4.7.1. Availability of staff

The mean number of employees in the blood bank was 11.95 (SD 7.49). It ranges from one employee to 42 employees. 1(1.6%) blood bank out of 61 do not have any medical professional. 96.7% had a technical staff on regular basis. However, only 50.2% had counsellors.

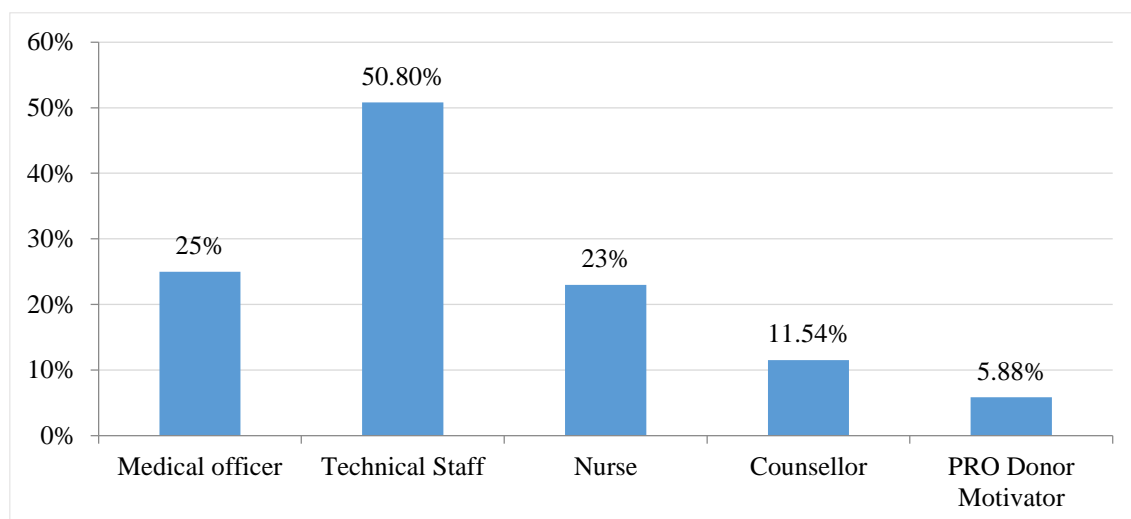
Figure 20 - Percentage of BB Manpower (At least one)



The above graph depicts that majority of the blood banks 96.7% and 98 % had at least one technical staff and one medical officer respectively. Only 43.3 % of the blood banks had at least one counsellor.

4.8. Training of Blood Bank Personnel

Figure 21 - Percentage of At least one trained



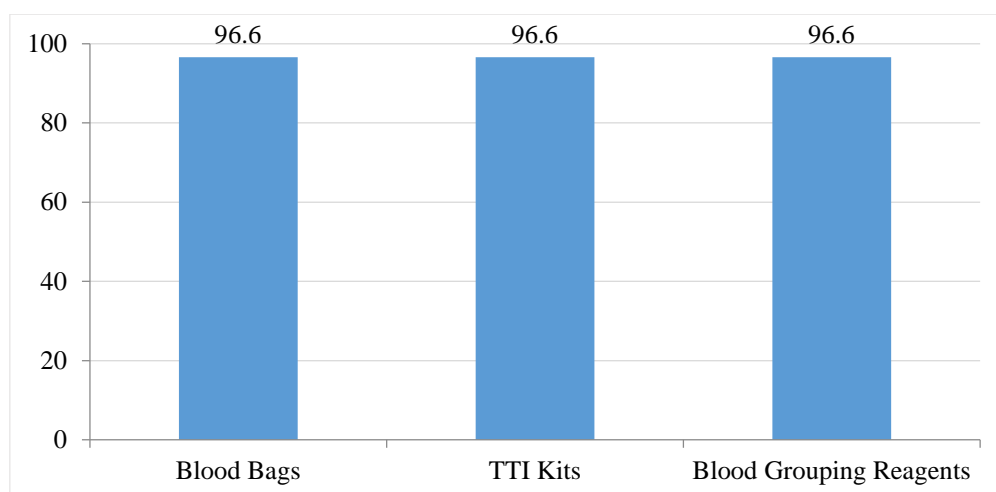
50.8 % of blood banks had at least one trained technical staff followed by 25 % of the blood banks with trained medical officer. Only 11.54 % and 5.88% of blood banks had at least one trained counsellor and donor motivator respectively.

4.9. Equipment and Supplies

4.9.1. Regular supply kits/supplies

Majority of blood banks (96.6%) reported that they had regular supply of blood bags, 96.6% reported that they had regular supply of kits and 96.6% reported to have regular supply of blood grouping reagents.

Figure 22 - Regular Supply of Kits



4.9.2. Equipment Availability (working condition)

Table 12 indicates the availability of the different equipment in blood banks. 90.16% of blood banks in the state reported that they had donor couches, 86.88% reported that they had instrument for haemoglobin estimation. Similarly, only 54.04% of blood banks had refrigerated centrifuge in working condition.

Table 12 - BBs having Equipment in working condition

BBs having Equipment in Working Condition		
S No	Equipment	% BB
1	Donor Couches	90.16
2	Instrument for Hb Estimation	86.88
3	Blood collection monitor	78.68
4	Quarantine Blood Bank Refrigerator to store untested blood	91.80
5	Container for safe disposal of sharps	86.88
6	Oxygen supply equipment	90.16
7	Computers with accessories and software	85.24
8	General lab centrifuge for samples	85.24
9	Bench top centrifuge for serological testing (Immunohaematology)	81.96
10	Blood transportation box (No. in inventory)	68.85
11	Emergency drugs box / Crash cart	83.60
12	Autoclave machine	85.24
13	Water bath	86.88
14	Blood bank refrigerator (storage of tested blood) with temperature recorder	88.52
15	Automated pipettes	83.60
16	Refrigerated centrifuge	54.04
17	Blood container weighting device	78.68
18	Serology rotator	75.40

4.10. The current status of blood banks based on the assessment

As mentioned in the methodology section, the blood banks were assessed and categorized based on the scores obtained. Though the assessment captured all the aspects of blood transfusion services in blood banks, adequate importance and weightage were given to the technical aspects and adherence to quality management systems.

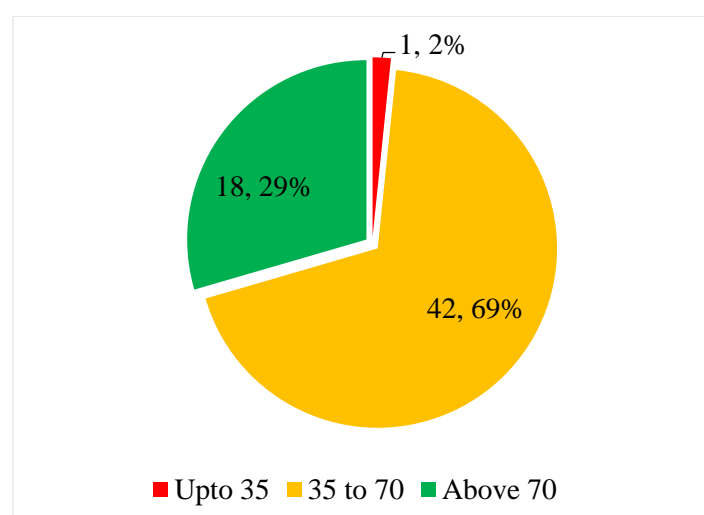
The mean assessment score of blood banks in the state was 65.45 (SD: 10.84). The NACO supported blood banks scored slightly higher (68.56; SD: 7.41) than the Non-NACO blood banks (63.43; SD: 12.26).

Table 13 - Mean Assessment score

Type of BB	N	Mean	SD
NACO supported	24	68.56	7.41
Non-NACO	37	63.43	12.26
Total	61	65.45	10.84

At the state level, the majority of blood banks (42; 69%) scored between 35 to 70, followed by (18; 29%) which scored above 70, and only one blood bank scored less than or equal to 35.

Figure 23 - Categorisation of Blood banks (n=61)



Around 58% of NACO supported and 76% Non-NACO blood banks scored between 35 and 70. Around, 42% of NACO supported blood banks and 21% of Non-NACO blood banks scored more than 70%. (Refer Figure 24; Figure 25)

Figure 24- Categorisation of NACO BBs (n=24)

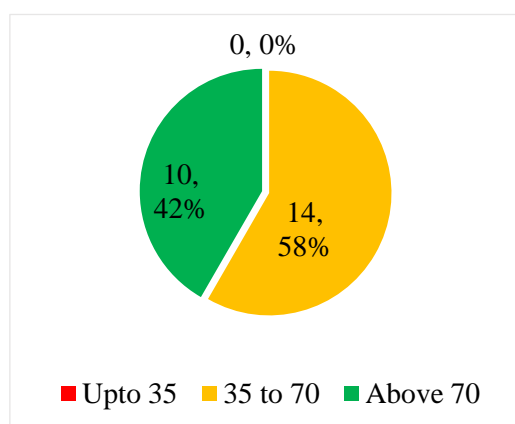
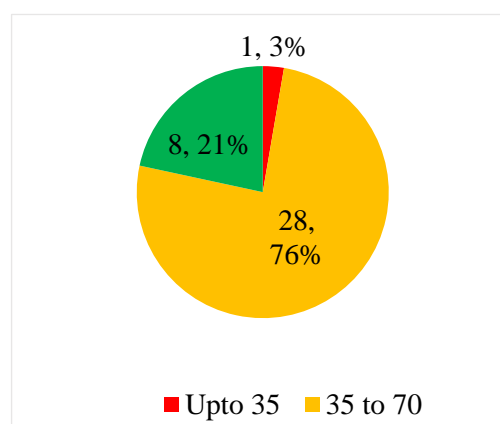
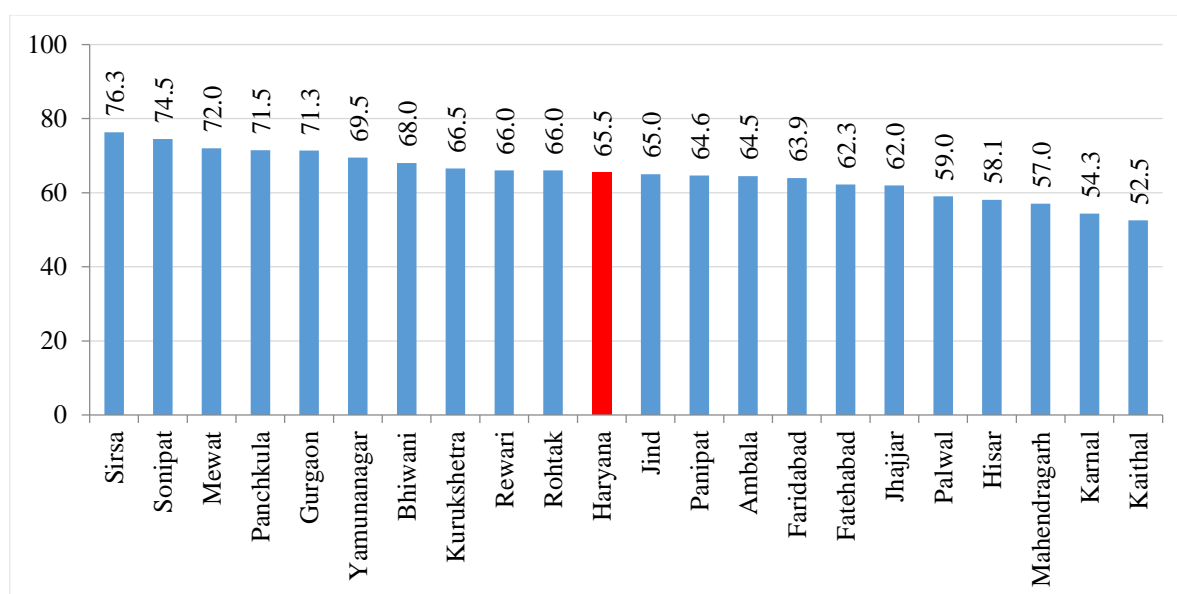


Figure 25- Categorisation of Non - NACO Supported BBs (n=37)



Among the districts, Sirsa (76.33) scored the highest and Kaithal (52.50) scored the least. Ten districts scored above the state average. Almost half of the blood banks (45.9%) were located in these districts.

Figure 26 - Mean Assessment Score – By Districts (All BBs)



The difference in the mean score at the state level was 5.13 between NACO and Non-NACO blood banks, the mean scores of NACO supported blood banks were higher than the Non-NACO blood banks in 10 districts.

The difference in the score was more than 5 in NACO supported blood banks in 8 districts. Among the 5 districts that scored higher mean score than the NACO blood banks, the difference was more than 5 in 3 districts such as Faridabad, Gurgaon and Panchkula.

Table 14 - Mean assessment score - By District (NACO supported Vs. Non-NACO)

District	NACO supported	Non-NACO	Total
Ambala	66	63	64.50
Bhiwani	68		68
Faridabad	53.50	65.67	63.93
Fatehabad	61	63.50	62.25
Gurgaon	65	72.13	71.33
Hisar	73.25	52	58.07
Jhajjar	64	60	62
Jind	65		65
Kaithal	74	31	52.50
Karnal	59.50	51.75	54.33
Kurukshetra	79	54	66.50
Mahendragarh	57		57
Mewat	72		72
Palwal	59		59
Panchkula	67	76	71.50
Panipat	75	62	64.60
Rewari	71	61	66
Rohtak	66		66
Sirsa	81	74	76.33
Sonipat	77.75	68	74.50
Yamunanagar	68.50	70	69.50
Haryana	68.56	63.43	65.45

Only one blood bank from Kaithal district scored less than or equal to 35. The number of blood banks (by district) that scored more than 70 is mentioned in Table-15. Of the 18 blood banks that scored more than 70 score, 8 (44.4%) were Non-NACO blood banks. The majority of blood banks that scored above 70 were from Gurgaon (3) followed by Faridabad (2), Mewat (2), Sirsa (2), Sonipat (2). These 5 districts constitute 61.1% of the total blood banks that scored more than 70.

Table 15 - Number of Blood Banks Scored above 70- by District

District	NACO	Non-NACO	Total
Faridabad	-	2	2
Gurgaon	-	3	3
Hisar	1	-	1
Kaithal	1	-	1
Kurukshetra	1	-	1
Mewat	2	-	2
Panchkula	-	1	1
Panipat	1	-	1
Rewari	1	-	1
Sirsa	1	1	2
Sonipat	2	-	2
Yamunanagar	-	1	1
Haryana	10	8	18

4.10.1 Assessment score by Category of blood banks: The mean score of blood banks with component facilities (65.04; SD: 11.19) was found to be higher than the mean score of those without component facilities (65.96; SD: 10.59)

Table 16 - Mean assessment score by category of blood banks

Type of Blood Bank	NACO Supported			Non-NACO			Total		
	N	Mean	SD	N	Mean	SD	N	Mean	SD
BCSUs	6	65.58	8.08	28	64.93	11.87	34	65.04	11.19
Without BSCUs	18	69.56	7.14	9	58.78	13.00	27	65.96	10.59

There were 24% of Blood banks with component preparation facility that scored more than 70, as compared to 37% of blood banks without component facility.

Figure 27 - BBs with Component-Score (n=34)

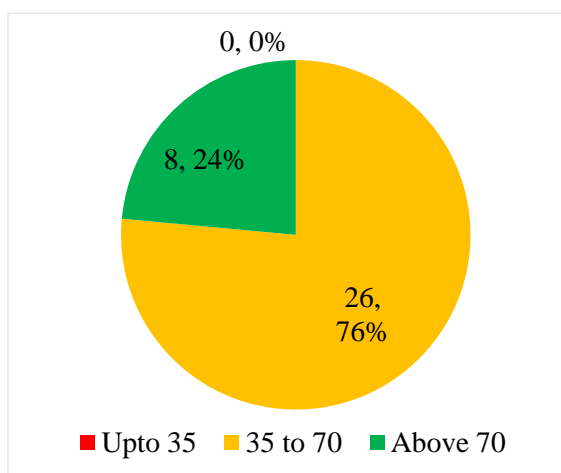
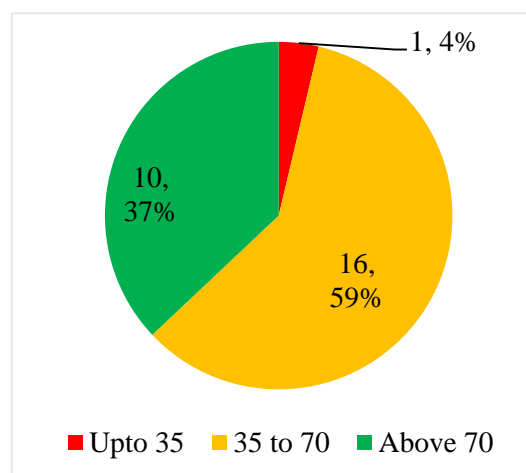


Figure 28- BBs without Component-Score (n=27)



4.10.2 Assessment score by Ownership: The mean assessment score of not-for-profit (NGO/Trust/Charitable) owned blood banks (65.88; SD: 7.86) was found to be higher than the public sector blood banks (68.28; SD: 7.45). It was also found that there were more public owned blood banks (9 blood banks) in the more than 70 category compared to only 3 blood banks from not-for-profit (NGO/Trust/Charitable) blood banks

However, NACO supported blood banks run by not-for-profit sector had scored higher (75.00) compared to Non-NACO blood banks NGO/Trust/Charitable blood banks (65.05; SD: 7.67).

Table 17 - Mean assessment score by Ownership

Ownership	NACO supported			Non-NACO			Total		
	N	Mean	SD	N	Mean	SD	N	Mean	SD
NGO/Trust/charitable	1	75.00	-	11	65.05	7.67	12	65.88	7.86
Private	-	-	-	26	62.75	13.84	26	62.75	13.84
Public	23	68.28	7.45	-	-	-	23	68.28	7.45

Table 18 - Mean assessment scores categories by Ownership

Ownership	<=35	36 to 70	Above 70	Total
Public	-	14	9	23
	-	60.9%	39.1%	37.7%
NGO/Trust/Charitable	-	9	3	12
	-	75%	25%	19.67%
Private	1	19	6	26
	3.8%	73.1%	23.1%	42.62%
Overall	1	42	18	61
	1.63%	68.85%	29.50%	100%

4.10.3 Assessment score of Private Sector Blood Banks: Irrespective of the NACO support status, 62.3% (38) blood banks were owned by private sector, of which, 12 (31.57%) were owned by not-for-profit sector such as, NGO, Trust, and charitable organizations. The mean score of private sector owned blood banks including not-for-profit sector was 63.74 (SD: 12.24) the mean score of public owned blood banks was 68.28 (7.45). Among the private sector, not-for-profit sector (65.88; SD: 7.86) scored slightly higher than the other private blood banks (62.75; SD: 13.84).

Nevertheless, it is also important to note that the average annual collection was higher (4634 units) in private owned blood banks compared to public blood banks (7157 Units). Similarly, the percentage of voluntary blood donation was higher in private owned blood banks (41.04%) compared to the public blood banks (96.51%). Of the total private blood banks, 28(73.7%) had component separation facility whereas only 6 (26.1%) of public blood banks had component separation facility.

4.10.4 Assessment score by Annual Collection: The mean assessment score of blood banks that collected more than 5000 blood units (70.96; SD: 9.71) was found to be higher than those which collected between 3001 and 5000 (62.12; SD: 9.90) and less than 3000 blood units (62.86; SD: 7.58).

Table 19 - Mean assessment score by Annual collection

Annual Collection	NACO supported		Non-NACO		Total	
	Mean	SD	Mean	SD	Mean	SD
Up to 3000	68	4.24	62.22	7.74	62.86	7.58
3001 to 5000	64.14	5.61	60.70	12.16	62.12	9.90
Above 5000	70.70	7.80	71.35	12.51	70.96	9.71

4.10.5 Assessment score by Voluntary Blood Donation: Table -20 provides the mean assessment score of blood banks that have been categorized by percentage voluntary blood donation. The NACO supported blood banks had reported a higher mean assessment score than the Non NACO blood banks in the categories more than 50 %. No NACO blood banks have scored lesser than 50%.

Table 20 - Mean assessment score by Voluntary blood donation

% VBD	NACO supported		Non-NACO		Total	
	Mean	SD	Mean	SD	Mean	SD
Less than 25	-	-	59.91	10.92	59.91	10.92
25 to 49	-	-	68.92	11.74	68.92	11.74
50 to 74	73	-	63.50	2.38	65.40	4.72
75 to 90	62.38	3.64	-	-	62.38	3.64
Above 90	69.63	7.56	69.17	10.30	69.57	7.69

4.10.6 Assessment score by participation in External Quality Assessment Scheme (EQAS) for Immunohematology and Transfusion Transmitted Infections (TTI): The mean score was found to be higher among the blood banks that were part of EQAS for immunohematology (77.13; SD: 8.01) as compared to those who were not enrolled (63.69; SD: 10.15). Similar situation was found among those blood banks that were part of EQAS for Transfusion-Transmitted Infections (78.06; SD: 8.03) as compared to those who were not enrolled (63.55; SD: 9.95).

Although more number of Non-NACO blood banks were enrolled in IH and TTI-EQAS, Non-NACO supported blood banks had higher scores under IH-EQAS (77.21;SD:8.65) and TTI-EQAS (78.29; SD:8.65).

Table 21 - Mean assessment score by EQAS enrolment

IH-EQAS	NACO supported			Non-NACO			Total		
	N	Mean	SD	N	Mean	SD	N	Mean	SD
YES	1	76.50	-	7	77.21	8.65	8	77.13	8.01
NO	23	68.22	7.38	30	60.22	10.71	53	63.69	10.15
TTI-EQAS									
YES	1	76.50	-	7	78.29	8.65	8	78.06	8.03
NO	23	68.22	7.38	30	59.97	10.27	53	63.55	9.95

4.10.7 Assessment score by Accreditation status: The mean score was found to be higher among blood banks that were accredited by National Accreditation Board of Hospitals and Health care Providers (NABH) in comparison to those that were not accredited. No NACO supported blood bank in the state of Haryana was accredited by NABH.

Table 22 - Mean assessment score by Accreditation

NABH Accreditation	NACO supported			Non-NACO			Total		
	N	Mean	SD	N	Mean	SD	N	Mean	SD
YES	-	-	-	3	86	3.97	3	86	3.97
NO	24	68.56	7.41	34	61.44	10.62	58	64.39	10

The list of blood banks under different categories of score is given in Tables 23 and 24.

Table 23 - Distribution of Blood banks by Districts and mean assessment score categories

Score Category				
District	Upto 35	35 to70	Above 70	Total
Ambala	-	2	-	2
Bhiwani	-	1	-	1
Faridabad	-	5	2	7
Fatehabad	-	2	-	2
Gurgaon	-	6	3	9
Hisar	-	6	1	7
Jhajjar	-	2	-	2
Jind	-	1	-	1
Kaithal	1	-	1	2
Karnal	-	3	-	3
Kurukshetra	-	1	1	2
Mahendragarh	-	1	-	1
Mewat	-	-	2	2
Palwal	-	1	-	1
Panchkula	-	1	1	2
Panipat	-	4	1	5
Rewari	-	1	1	2
Rohtak	-	1	-	1
Sirsa	-	1	2	3
Sonipat	-	1	2	3
Yamunanagar	-	2	1	3
Haryana	1	42	18	61

Table 24 - Distribution of Blood banks by Districts and mean assessment score categories

District	Score Category					
	NACO supported			Non-NACO		
	Up to 35	35 to 70	Above 70	Up to 35	35 to 70	Above 70
Ambala	-	1	-	-	1	-
Bhiwani	-	1	-	-	4	2
Faridabad	-	1	-	-	1	-
Fatehabad	-	1	-	-	5	3
Gurgaon	-	1	-	-	5	-
Hisar	-	1	1	-	1	-
Jhajjar	-	1	-	1	-	-
Jind	-	1	-	-	2	-
Kaithal	-	-	1	-	1	-
Karnal	-	1	-	-	-	1
Kurukshetra	-	-	1	-	4	-
Mahendragarh	-	1	-	-	1	-
Mewat	-	-	2	-	1	1
Palwal	-	1	-	-	1	-
Panchkula	-	1	-	-	1	1
Panipat	-	-	1	-	1	-
Rewari	-	-	1	-	4	2
Rohtak	-	1	-	-	1	-
Sirsa	-	-	1	-	5	3
Sonipat	-	-	2	-	5	-
Yamunanagar	-	1	-	-	1	-
Haryana	-	14	10	1	28	8

5 Conclusion

Considering the importance of blood transfusion services in the provision of medical care, ensuring quality systems and standards in blood banks are vital, as the blood and its products must not only be safe but also clinically effective and of appropriate and consistent quality. From the programmatic perspective, adequate, accurate and updated information at the district, state and national level is essential for planning and implementation of quality management systems in blood transfusion services across the country. Generation of accurate and essential data from blood banks at regular intervals is imperative to effectively monitor the progress, gaps and challenges in the service provision which would not only facilitate appropriate corrective measures but also facilitate the development of evidence-based policies and programmes.

This state-wide assessment captured most of the required information related to the structure, services, facilities, availability of human resources, equipment, quality management system and practices in blood banks across the state. All blood banks in Haryana function subject to obtaining and maintaining a license for operations from the FDA which means compliance to basic quality standards mentioned in the Drugs and Cosmetic Act 1940 and Rules 1945 there upon. However, this assessment brings out specific gaps and possible opportunities to improve quality standards in Transfusion Services at the state.

The 24 NACO and 37 Non-NACO blood banks which were included in the review are approximately 84.72% of the total blood banks excluding the military blood banks existing in the state. The annual collection of these blood banks was 3.3 million (33 lakhs) units which is approximately 124% of the total blood requirement based on WHO's estimation that blood donation by 1% of the population can meet a nation's most basic requirements for blood (WHO, 2010). However, there is a huge variation between districts that ranges from 0.25 units to 3.82 units per 100 population. Clinical demand for blood and blood products can happen only when there is a health care facility with adequate infrastructure in proximity to a blood bank. The relatively lower collection of blood in the few districts could be due to the fact that there is lower demand for blood because of the gaps in availability, accessibility, and affordability of health care services.

The review also revealed that the majority of blood collection (66.62%) was by blood banks with the component facility compared to smaller blood banks without component facility. Though there the percentage of voluntary blood donation over the years is around 68.3% in 2015), there is still a huge variation between districts that ranges from 23.7% to 100%. A targeted program to increase the non-remunerated voluntary blood donors will go a long way towards ensuring a safer option for our patients.

It is also evident that the distribution of blood banks is skewed with 47.2% of the all the blood banks in the state relegated to only 4 districts. More than half (66.66%) of the districts (14) have less than the state average of 2.84 blood banks per million population. The

potential impact of this distribution of blood banks and collection of blood on other health indices may be further studied.

Almost one fourth(27.87%) of the blood banks having their licensing status in pendency may be an indication of an opportunity to strengthen the regulatory system by modern technological modalities to ensure a standardized, timely and transparent licensing process. It is also essential to review and update the regulatory framework to keep up with recent scientific developments and modernize the transfusion practice in the state.

The provision of a blood component separation unit in the blood bank and the volume of collection apparently have a positive influence on the quality. The inequity in the distribution of component separation facilities across districts and region is very evident. However, it is important to note that in the absence of reliable laboratory support, it will not be possible to ensure rational use of blood and its components. It is difficult to sustain cost-effective component production when the volume of operations is low without compromising the quality of the blood provided to the patients who access this service. Given that the provision of safe and high-quality blood in areas where access is a challenge is still the remit of the state, it is essential to explore new cost effective innovative methods in partnership with non-governmental agencies.

For the first time, a quality score system has been created and applied to the blood banks. This review indicated a mean score of 65.45 with significant variations across the category of blood banks, ownership, voluntary blood donation, participation in proficiency testing (EQAS) and accreditation status. It is important to understand that there is a huge variation between districts on several parameters included in the assessment. This suggests the need for targeted and customized approach to address the gaps and challenges faced by the blood banks in the state. This assessment suggests that blood banks owned by trusts/charities in the private sector seemed to have performed slightly better in the quality parameters. This may be partly due to access to resources, both financial and technical, to enhance capacity and modern technology to overcome potential barriers to quality.

It is evident from the assessment that blood banks that focussed on quality improvement systems performed better than others. Considering the deleterious effect of poor quality practices on patient care, it is imperative that specific programmes and strategies to improve quality systems in blood transfusion services are developed and implemented across the state.

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7 Annexures

7.1 Individual Blood Banks' Summary

District	Name of the Blood Bank	Type	Ownership	Annual Collection	Score (Out of 100)
Ambala	Blood Bank General Hospital	Non BCSU	Public	6658	66
	Philadelphia Hospital Blood Bank	Non BCSU	NGO/Trust/Charitable	391	63
Bhiwani	Blood Bank General Hospital -For whole Human Blood IBJU	Non BCSU	Public	4144	68
Faridabad	Blood Bank RBTC	BCSU	Public	8717	53.5
	Blood Bank Sant Bhagat Singh J Maharani Charitable Hospital	BCSU	NGO/Trust/Charitable	5862	59.5
	Asian Institute Of Medical Sciences	BCSU	Private	3597	74
	M/S Metro Heart Institute with Multispeciality (A unit of Metro speciality Hospitals Pvt. Ltd.)	BCSU	Private	2671	67
	Escort Hospital & Research Centre Blood Bank	BCSU	Private	2398	79
	QRG Central Hospital & Research Centre	BCSU	Private	1643	54.5
	Sarvodaya Hospital Blood Bank	Non BCSU	Private	444	60
Fatehabad	Jagdambe Blood Bank	BCSU	Private	5188	63.5
	Blood Bank Fatehabad	Non BCSU	Public	3556	61
Gurgaon	Medanta - The Medicity	BCSU	Private	23848	89
	Artemis Medicare Services Limited	BCSU	Private	7307	87.5
	Blood Bank of Fortis Memorial Research Institute	BCSU	Private	5862	81.5
	M/s Paras Hospital	BCSU	Private	4722	68
	M/S Park Hospital(Unit Of Park Medicentre&Institution Pvt. Ltd)	BCSU	Private	3868	69
	SGT Medical College Hospital & Research Institute	BCSU	NGO/Trust/Charitable	2777	66
	M/S General Hospital Blood Bank	Non BCSU	Public	1683	65

	Rockland Hospital	BCSU	Private	1321	58.5
	UMKAL Blood Bank	BCSU	Private	1172	57.5
Hisar	Manglam Blood Bank	BCSU	Private	12839	68
	RBTC Hisar	Non BCSU	Public	10966	77
	Maharaja Agrasen Institute Of Medical Research And Education	BCSU	Public	6791	69.5
	Sarvodaya Blood Bank Services	BCSU	Private	4479	38
	Malwa Pathology And Microbiology Lab Blood Bank	BCSU	Private	4295	49
	Haryana Blood Bank	Non BCSU	Private	2530	46
	CMC Blood bank	Non BCSU	Private	1436	59
Jhajjar	Blood Bank, GH	Non BCSU	Public	3793	64
	Brahm Shakti Sanjivani Hospital Pvt. Ltd. (Blood Bank)	BCSU	Private	726	60
Jind	M/S Blood Bank General Hospital	Non BCSU	Public	6493	65
Kaithal	Blood Bank, Smt Indira Gandhi Multispeciality Hospital	Non BCSU	Private	9669	74
	Kapisthal Blood Bank	Non BCSU	Public		31
Karnal	R.B.T.C, G.H	BCSU	Public	7449	59.5
	Save Life Blood Bank	BCSU	Private	5227	51.5
	Nirmal Institute Of Medical Sciences	BCSU	NGO/Trust/Charitable	3979	52
Kurukshetra	LNJP Hospital	Non BCSU	Public	6280	79
	Kurukshetra Blood Bank	BCSU	Private	3505	54
Mahendragarh	Blood Bank Nh Narnaul	Non BCSU	Public	3649	57
Mewat	Blood Bank Saheed Hasan Khan Mewati Govt. Medical College, Nalhar, Teh Nuh	Non BCSU	Public	3640	73
	M/s Blood Bank General Hospital Mandikhara	Non BCSU	Public	422	71
Palwal	Blood Bank, General Hospital	Non BCSU	Public	3147	59
Panchkula	Blood Bank General Hospital	Non BCSU	Public	3101	67
	M/S Alchemist Hospital Ltd	BCSU	Private	2762	76

Panipat	Red Cross Blood Bank	Non BCSU	NGO/Trust/Charitable	8869	75
	Prem Blood Bank	BCSU	Private	4050	60
	Bharat Blood Bank	BCSU	NGO/Trust/Charitable	2373	61
	Panipat Blood Bank	Non BCSU	NGO/Trust/Charitable	1483	62
	Cygnus Blood Bank	BCSU	Private	121	65
Rewari	Blood Bank G.H.	Non BCSU	Public	6208	71
	Rewari Blood Bank	BCSU	NGO/Trust/Charitable	2843	61
Rohtak	Blood Bank, Pt B.D Sharma, PGIMS	BCSU	Public	40553	66
Sirsa	Bapu Maghar Singh International Blood Bank	BCSU	NGO/Trust/Charitable	13328	80
	Shiv Shakti Blood Bank	BCSU	NGO/Trust/Charitable	10680	68
	General Hospital	Non BCSU	Public	5627	81
Sonipat	Bhagat Phool Singh Govt. Medical College for Women	BCSU	Public	7084	76.5
	M/S Blood Bank General Hospital	Non BCSU	Public	5123	79
	Sonipat Blood Bank	Non BCSU	NGO/Trust/Charitable	3209	68
Yamunanagar	Blood Bank MLGH Trauma Centre	BCSU	Public	9870	68.5
	Shree Maa Blood Bank	Non BCSU	Private	5624	65
	National Blood bank Gaba Hospital	Non BCSU	NGO/Trust/Charitable	4029	75

7.2 NACO/NBTC – Questionnaire for Blood Banks

NACO/NBTC - Questionnaire for Blood Banks						
Data Filled by						
Mobile Phone Number (Person filled the data)						
Section A – GENERAL						
A1	Basic Information					
1	Name of the Blood Bank (as mentioned in the licence)					
2	Address 1 (Institution name)					
3	Address 2 (Door number & Street name – if applicable)					
4	Address 3 (Important land mark - if applicable)					
5	City/Town					
6	District					
7	State					
8	Pin code					
9	Blood Bank Phone number (Land line including area code)					
10	Blood bank Email ID					
11	Do you have internet facility?				Yes	
					No	
12	Name of the Blood Bank In-charge (This should be the name of the current Medical Officer in charge)					
13	Is the name of the Medical officer mentioned in the Licence, the current medical officer?				Yes	
					No	
14	Designation (Please enter designation of the Medical Officer in the blood bank (e.g. Civil surgeon, or academic like Asst. Prof etc.)					
15	Highest Qualification (Tick only one)	MBBS				
		MD				
		MS				
		Diploma				
16	Specify branch/Broad speciality					
17	Email ID: (Official/Personal Email where					

	<i>the medical officer can be directly contacted). This is apart from the blood bank email ID provided above.</i>		
18	Fax number		
19	Telephone number 1 – Medical Officer (Mobile)		
20	Telephone number 2 – Medical Officer (Landline including STD code)		
21	Type of blood bank as per NACO category	Model blood Bank	
		Blood Component Separation Units	
		Major Blood Bank	
		District level blood bank	
		Others	
22	Who is the blood bank owned by?	Public (Central/State/Local government)	
		Public (Other than ministry of health e.g. PSU, Army etc.)	
		NGO/Trust/Charitable – NACO Supported	
		NGO/Trust/Charitable	
		Private - Others	
23	Is the Blood Bank attached to any of the following?	Hospital	
		Lab	
		Stand alone	
24	If attached to Private Hospital, specify level of hospital	Medical College Hospital	
		Tertiary care hospital (other than medical college)	
		Secondary care hospital	
25	If attached to public/govt. hospital, specify the level of the hospital	Sub-District hospital	
		District level hospital	
		Medical College hospital	
		Tertiary care hospital (other than Medical College)	
26	If the blood bank is attached to a hospital, please specify the number of inpatient beds available		
27	Are you permitted to conduct Blood donation camp?	Yes	
		No	
28	How many Blood storage centres are linked to your blood bank?		
29	BB working hours (Specify hours per day)		
A2	License Information		
1.	BB License Number (Enter your license number. This should be exactly as is displayed in your license issued by the Drugs Controller Office and will be used for verification purposes. This is a mandatory field and should be entered regardless of the status of license - under-		

	<i>renewal etc. (You will have to submit a self-attested photocopy of the currently displayed license along with this form.)</i>			
2	Status of Current License	Valid		
		Under renewal		
3	Date of issue of current licence DD/MM/YYYY			
4	Last Inspection by licensing authority	< 1 year		
		1-2 years		
		2-3 years		
		3-4 years		
		>4 years		
A3	Basic Statistics (Date of reporting from Jan-2015- Dec-2015)			
1	Number of voluntary donations			
2	Number of replacement donations			
3	Number of autologous deposits			
4	Total Annual collection for reporting period (Jan - Dec 2015) Total Annual collections (sum of A3.1+A3.2+A3.3)			
5. Transfusion Transmissible Infections - Annual statistics		Number tested	Number positive	
	HIV (Anti-HIV I & II)			
	HCV (Anti-HCV)			
	HBV (HBs Ag)			
	Syphilis (RPR/TPHA/ELISA)			
	Positive for Malaria (Any method)			
A4.	Reporting Summary			
1	Are you in compliance with NBTC guidelines?	Yes		
		No		
2	Are you recovering processing charges for blood/components within NBTC/SBTC norms?	Yes		
		No		
3	Are you displaying stock position in the blood bank premises?	Yes		
		No		
4	Are you submitting statistics to the State Drugs controller?	Regular		
		Occasional		
		No		
5	Are you reporting in SIMS (strategic Information Management System- NACO)?	Regular		
		Occasional		
		No		
6	If yes to Q5, please provide your SIMS ID			

7	If you are not reporting to SIMS, would you be willing to report in the future?	Yes	
		No	
8	Are you reporting in the E-blood banking?	Regular	
		Occasional	
		No	
9	If Regular/ Occasional to 8, specify (<i>more than one can be selected</i>)	State	
		National (NHP)	
		Other(Specify	
10	Please provide E Blood banking user ID (<i>State</i>)		
11	Please provide E Blood banking user ID (<i>National</i>)		
12	If not part of e-blood banking, would you be willing to participate in future?	Yes	
		No	

SECTION B			
B1	Blood Donor(Reporting from Jan 2015- Dec 2015)		
Definition of VBD = Close relatives should NOT be counted as VBD			
1	Are you recruiting voluntary blood donors?	Yes	
		No	
2	Is donor selection performed as per regulatory norms?	Yes	
		No	
3	Do you maintain records of donor deferral?	Yes	
		No	
4	Is pre-donation counselling being performed for blood donors?	Regular	
		Occasional	
		No	
5	Is post donation counselling being performed for blood donors?	Regular	
		Occasional	
		No	
6	Are you conducting Blood donor drives/Blood collection camps?	Regular	
		Occasional	
		No	
7	If you conduct camps, how many have been conducted in the reporting period? (<i>Provide numbers of VBD camps conducted during the period January - December 2015.</i>)		
8	Does the blood bank have dedicated staff for the promotion of Voluntary blood donors? (<i>If your blood bank has dedicated staff for camps, answer yes.</i>)	Yes	
		No	
8 a.	if Yes to 8, select as applicable (<i>More than one may be selected</i>)	Donor Motivator	
		Public relations officer (PRO)	
		Social Worker	
9	Is there a specific budget for donor program?	Yes	
		No	
10	If Yes, Specify budget source	Central	

		State		
		Others (Specify)		
11	Is there a donor database in the blood bank (<i>Donor database is essential to contact donors to remind them or to call during an emergency?</i>)	Yes		
		No		
12	If yes to Q 11, is it in electronic format or paper based?	Electronic		
		Paper		
		Both		
13	What percentage of the voluntary blood donors are repeat blood donors? (%)			
14	Does your blood bank have a mobile blood collection facility? (<i>Answer yes if your Blood bank has a mobile facility (bus or van with donor couches)</i>)	Yes		
		No		
15	Source of funds for the mobile blood collection (<i>Indicate the source of funding for the purchase of the mobile blood donor van.</i>)	State		
		Central		
		Donor		
		Others		
16	Specify, other source of funds			
17	Is there a record for donor adverse reactions?	Yes		
		No		
18	Is there a referral system for HIV sero-reactive blood donors?	Yes		
		No		
19	If yes to Q 18, please specify what is the process adopted.			
Section C				
Technical – Immunohematology				
C1.	Which of the following tests are performed for determination of ABO and Rh (D) groups and what techniques are followed?	Blood Group (Tick as applicable)		Rh Type (Tick as applicable)
		Forward	Reverse	
C1.1.	Slide			
C1.2	Tube			
C1.3	Micro plate			
C1.4	Column agglutination Gel/Microparticle)			
C1.5	Solid phase			
C1.6	Other Specify			
1	How do you perform RhD typing?	Monoclonal reagent		
		Polyclonal reagent		
		Both		

2	Do you perform irregular antibodies screening on blood donations and patient sample?	Yes	
		No	
3	Do you perform direct antiglobulin test (DAT/DCT)? (If you are performing Direct Antiglobulin test (DAT) - earlier called as Direct Coombs Test (DCT), answer yes.)	Yes	
		No	
4	If yes to previous question, please specify method	Tube	
		Column agglutination	
		Solid phase	
5	Do you perform indirect antiglobulin test (IAT/ICT)?	Yes	
		No	
6	If yes, to previous question please specify method	Tube	
		Column agglutination	
		Solid phase	
7	Number of group and type tests performed in reporting period (Jan - Dec 2015) (Specify the number of group and type tests performed - Total of all patient and donor tests in the reporting period - January to December 2015.)		
8	Number of compatibility testing performed in reporting period. (Specify number of compatibility tests performed in the reporting period January to December 2015)		
9	Total Number of DAT/DCT tests performed in the reporting period (Specify number of DAT/DCT tests performed in the reporting period (January to December 2015)		
10	Total Number of IAT/ICT tests performed in the reporting period (Specify number of DAT/DCT tests performed in the reporting period (January to December 2015)		
11	Total Number of antibody screening performed in reporting period (If you answered YES to Q2, Specify number of antibody screening tests performed in the reporting period (January to December 2015).		
12	Do you have automation for Immunohematology testing? (If you have implemented any kind of automation, please indicate so.)	Yes	
		No	
13	Do you perform Internal QC for all immunohematology tests (blood group/DAT/IAT etc.)? (Please answer yes if you are performing internal quality control (IQC) for the immunohematology tests listed above. They include daily QC on reagents and cells.)	Yes	
		No	
14	Do you participate in an external quality assessment program or scheme (EQAS) for Immunohematology tests usually performed in your laboratory?	Yes	
		No	
15	If yes to 14, Specify name of program/provider		
16	If yes to 14, EQAS Membership ID number/ PIN#.		
17	If yes 14, specify Highest level of EQAS program participant in	Inter-lab	
		National	

		International	
18	If you are not participating in EQAS for immunohematology, will you be willing to do so in the future?	Yes	
		No	
19	If Yes to above question, will your blood bank be able to allocate financial resources (about Rs.2500 per year)?	Yes	
		No	
20	If your answer to Q 19 is NO, when do you think you will be ready for EQAS participation? (immunohematology)	Next 6 months	
		Later than 6 month	
21	Are you a member of National Haemovigilance Program of India (HVPI)?	Yes	
		No	
22	If yes, provide HVPI ID Number		
23	If not, would you be willing to participate in HVPI in the near future?	Yes	
		No	
24	Are you reporting all adverse events to the National Haemovigilance Program of India?	Yes	
		No	
25	Number of adverse reactions recorded in the reporting period		
26	Does your hospital have regular transfusion committee meetings?	Yes	
		No	
27	What is the frequency of Transfusion committee meetings?	Annual	
		Half-yearly	
		Quarterly	
		Occasional	

Section D					
Technical - Screening For Transfusion Transmissible Infections (TTI)					
Does the blood bank screen the following TTIs?					
Type of Test		Platform (please tick appropriate)		Method (please tick appropriate)	
1	HIV I & II	Rapid			
		ELISA		Manual	<input type="checkbox"/>
				Automated	<input type="checkbox"/>
		CHEMI		Manual	<input type="checkbox"/>
				Automated	<input type="checkbox"/>
		NAT		Manual	<input type="checkbox"/>
				Automated	<input type="checkbox"/>
1.1	Specify % of donors tested by Rapid Test?				
2	Hepatitis B	Rapid			
		ELISA		Manual	<input type="checkbox"/>
				Automated	<input type="checkbox"/>
		EM		Manual	<input type="checkbox"/>
				Automated	<input type="checkbox"/>
		NAT		Manual	<input type="checkbox"/>
				Automated	<input type="checkbox"/>
2.1	Specify % of donors tested by Rapid Test?				

3	Hepatitis C	Rapid			
		ELISA		Manual	<input type="text"/>
				Automated	<input type="text"/>
		CHEM		Manual	<input type="text"/>
				Automated	<input type="text"/>
		NAT		Manual	<input type="text"/>
				Automated	<input type="text"/>
3.1	Specify % of donors tested by Rapid Test?				
4	Syphilis	RPR		Manual	<input type="text"/>
				Automated	<input type="text"/>
		TPHA		Manual	<input type="text"/>
				Automated	<input type="text"/>
		ELISA		Manual	<input type="text"/>
				Automated	<input type="text"/>
5	Malaria	Rapid			
		Fluorescent		Manual	<input type="text"/>
				Automated	<input type="text"/>
		Slide microscopy			
		ELISA		Manual	<input type="text"/>
				Automated	<input type="text"/>
6	Does the blood bank have an algorithm for units that test POSITIVE in initial screening? <i>(If you have a method of verifying a sample that has tested positive on the screening test please answer yes.)</i>			Yes	
				No	
7	If yes to Q6 , Repeat testing with same test/ technique			Yes	
				No	
8	If Yes to Q6, Repeat testing with different test/technique			Yes	
				No	
9	If yes to Q6, Recalling donor for repeat sample			Yes	
				No	
10	Do you perform independent internal QC (Third party controls) with TTI testing?			Yes	
				No	
11	Do you participate in an external quality assessment program or scheme (EQAS) for TTI <i>(Viral Markers, Malaria, and Syphilis)</i> testing?			Yes	
				No	
12	If yes, Specify program/provider				
13	Membership ID number (PIN)				
14	Level of EQAS		Inter-lab		
			National		
			International		
15	If you are not participating in EQAS for TTI screening, will			Yes	

	you be willing to participate in future?	No	
16	If Yes to Q15, will your blood bank be able to provide financial support (about Rs. 2500 per year)	Yes	
		No	
17	If your answer to Q 15 is NO, when do you think you will be ready for EQAS (TTI screening) participation?	Next 6 months	
		Later than 6 months	
Section E			
Technical - Component Preparation (Applicable only to BCSU)			
1	Does your blood bank prepare components?	Yes	
		No	
If your answer to Q1 is NO, SKIP TO SECTION F			
If Yes, List the components and number prepared and issued in the period Jan to December 2015			
2	Number of donated blood that was used for component preparation during the period Jan- December 2015.		
		Number prepared	No. issued (utilized)
3	Packed red cells IP (With or without Additive)		
4	Platelet concentrate IP		
5	Fresh frozen plasma (FFP)		
6	Cryoprecipitated antihaemophilic factor IP		
7	Human plasma IP		
8	Other (specify)		
9	Do you perform apheresis for components?	Yes	
		No	
	If yes to above question, Specify the following details		
		Number prepared	No. issued (utilized)
10	Platelet concentrate IP		
11	Fresh frozen plasma (FFP)		
12	Granulocytes concentrates		
13	Other (specify)		
14	Do you perform QC for the components prepared? (If you perform quality control for all components, answer yes.)	Yes	
		No	
15	If yes to above, Are the Factor assays on Fresh Frozen plasma/Cryoprecipitate performed at your Blood Bank?	Yes	
		No	
16	If yes for above question, do you participate in external quality assessment scheme (EQAS)?	Yes	
		No	
17	If yes, to above question, Specify agency		

SECTION F			
Quality Management Systems			
F 1	Are you aware of quality management systems for Blood bank	Yes	
		No	
1	Is the blood bank accredited?	Yes	
		No	

2	If yes, provide Name of Accrediting Body				
3	Do you have a document control system - other than mandatory registers as D&C act?	Yes			
		No			
4	Do you have Standard Operating Procedures (SOPs) for all technical processes?	Yes			
		No			
5	Do you have written responsibilities for all levels of staff?	Yes			
		No			
How many staff are currently employed in each of the following categories and how many of them have been trained during the reporting period Jan 2015 - Dec 2015? (Questions 6 - 15)					
Staff Details		Total number of staff	Number on contract	NACO/NBTC Supported in-service training	Other National Training
6	Professor				
7	Associate Professor				
8	Assistant Professor				
9	Senior Resident/Tutor				
10	Medical Officer (<i>include senior/Junior</i>)				
11	Technical Staff				
12	Nursing staff				
13	Counsellor				
14	PRO/Donor motivator				
15	Administrative staff				
16	Support staff				
	If other staff, please specify				
Total number of staff					
17	In your opinion, does the BB have adequate staff to function optimally (24x7)? This may be decided based on the volume and duration of work hours.	Yes			
		No			
18	Do you monitor Quality indicators or Key Performance indicators?	Yes			
		No			
19	If yes to above question, please specify names of indicators				
20	Do you have a designated and trained Quality manager?	Yes			
		No			
21	Do you have a designated and trained Technical Manager?	Yes			
		No			
22	If you do not have either a trained Quality manager or Technical Manager please state reasons?				

23	Please specify if you have a plan for recruitment in the future?		
F2. EQUIPMENT AND SUPPLIES			
1	Does the blood bank have adequate equipment to meet regulatory requirements? <i>(If your blood bank has adequate equipment in working condition to meet expected workload, please answer yes.)</i>	Yes	
		No	
2	How is equipment purchase funded?	Local bodies	
		Central or upper (state) level agencies	
		Donors	
		Others (specify)	
3	Does the blood bank have a program for regular equipment maintenance?	Yes	
		No	
4	Are all the equipment calibrated regularly as per regulatory requirement?	Yes	
		No	
5	How are consumables purchased?	Local bodies	
		Central or state level agencies	
		Donors	
		Others (specify)	
6	Do you evaluate kits at your facility prior to procurement? <i>(Are kits evaluated locally (at your blood bank) prior to purchase (e.g. Titre and avidity for blood group Anti Sera?))</i>	Yes	
		No	
7	Is quality control for kits, reagents and blood bags carried out at your blood bank? <i>(Is quality control for kits performed locally (at your blood bank) Prior to use (e.g. Titre and avidity for blood group Anti Sera?))</i>	Yes	
		No	
8	Did you have a regular supply of the following items? (Jan to Dec 2015)		
8.1	Blood Bags	Yes	
		No	
8.2	TTI Screening Kits	Yes	
		No	
8.3	Blood grouping / IH reagents	Yes	
		No	
9	Number of staff vaccinated for Hepatitis B?		
EQUIPMENT LIST (Below is a summary equipment list (a subset of D&C list). Please specify the number in inventory and number in working condition? If you are using shared resources of hospital, you can mention that as well)			
		Number in inventory	Number in working condition
10	Donor beds/couches		
11	Any instrument for Hb Estimation <i>(other than CuSO4 method)</i>		
12	Blood collection monitor (Blood agitator)		

13	Quarantine Blood bank refrigerator to store untested units with temperature recorder		
14	Container for safe disposal of sharps		
15	Oxygen supply equipment		
16	Computer with accessories and software		
17	General lab centrifuge for samples		
18	Bench top centrifuge for serological testing		
19	Blood transportation box		
20	Emergency drugs box/Crash card		
21	Autoclave machine (shared resource should be specified)		
22	Water bath		
23	Blood bank refrigerator (storage of tested blood) with temperature recorder		
24	Automated pipettes		
25	Refrigerated centrifuge (BCSU)		
26	Blood container weighting device		
27	Serology rotator		

7.3 Scoring sheet

Individual Scoring Sheet - Blood Component Separation Units			
GENERAL	GENERAL SUMMARY	WEIGHTAGE	TOTAL
Licence	Under renewal	1	
	Valid	3	
Subtotal			3
Annual collection	Below 1000	0	
	1000 to 2000	0.5	
	2000 to 5000	1	
	5000 to 10000	1.5	
	Above 10,000	2	
Subtotal			2
VNRBD	BB by VNRBD (%)	0	
	<25%	0	
	25-49%	1	
	50 - 74%	3	
	75-90%	4	
	Above 90	5	
Repeat DON	Repeat donation >25%	2	
Counselling	Pre and post donation counselling - Regular	2	
Subtotal			9
TECH-IH	BB performing only slide grouping (forward typing)	0	
	BB using tube method for forward typing	2	
	BB performing reverse grouping (Serum group)	2	
	BB performing tube method for compatibility testing	3	
	BB performing IQC for IH	3	
	BB Participating in EQAS for IH	3	
	Direct antiglobulin test (DAT/DCT)- Direct Coombs Test (DCT)	2	
	Indirect antiglobulin test (IAT/ICT)	2	
	Automation for Immunohematology testing	1	
Subtotal			18
TECH - TTI	BB performing IQC for TTI	3	
	BB Participating in EQAS for TTI	3	
	BB with follow up program for HIV Sero-positive donors	3	
HIV Testing	Rapid	1	
	Elisa	2	
	Advanced	3	
Hep B	Rapid	1	
	Elisa	2	
	Advanced	3	
Hep C	Rapid	1	

	Elisa	2	
	Advanced	3	
Syphilis	RPR	1	
Malaria	Slide/Rapid	1	
Subtotal			20
COMP			
	Component separation < 25	0	
	Component separation < 25-50%	1	
	Component separation 51 to 80%	2	
	Component separation > 80%	3	
	BB that performs component QC	2	
Subtotal			5
QMS	BB MO with relevant PG Qualification	3	
	Staff Nurse with NACO/NBTC Training	3	
	Technician with NACO/NBTC training	3	
	BB with designated and trained QM	2	
	BB with designated and trained TM	2	
	BB with Document control system	4	
	BB with calibration of equipment	4	
	BB with AMC for equipment	4	
	Quality control for kits, reagents and blood bags carried out at blood bank with regular bags supply	2	
	Quarantine Blood bank refrigerator to store untested units with temperature recorder	3	
	Blood bank accredited	5	
Subtotal			35
GEN	BB reporting regularly on SIMS under National AIDS Control Programme	3	
	BB Participating in Haemovigilance Program of India	1	
	E blood banking participation NBTC/NHP	1	
	E blood banking participation – State level	1	
	More than 50% of the staff are vaccinated for Hep B	1	
	Compliance with NBTC norms	1	
Subtotal			8
SCORES	TOTAL		100

Individual Scoring Sheet - Without Blood Component Separation Units			
GENERAL	GENERAL SUMMARY	WEIGHTAGE	TOTAL
Licence	Under renewal	2	
	Valid	3	
Subtotal			3
Annual collection			
	500 - 1000	1	
	1001 to 2000	2	
	2001 to 3000	3	
	3001 - 5000	4	
	>5000	5	
Subtotal			5
VNRBD	BB by VNRBD (%)		
	25-49%	1	
	50 - 74%	3	
	75-90%	4	
	Above 90	5	
Repeat DON	Repeat donation >25%	2	
	pre donation counselling - regular	2	
Counselling	post donation counselling - regular	2	
Subtotal			11
TECH-IH	BB performing slide ONLY for forward grouping	1	
	BB performing TUBE for forward grouping	2	
	BB performing reverse grouping (Serum group)	2	
	Compatibility testing with tube	3	
	BB performing IQC for IH	3	
	BB Participating in EQAS for IH	3	
	Direct antiglobulin test (DAT/DCT)- Direct Coombs Test (DCT)	2	
	Indirect antiglobulin test (IAT/ICT)	2	
	Automation for Immunohematology testing	1	
Subtotal			18
TECH - TTI	BB performing IQC for TTI	3	
	BB Participating in EQAS for TTI	3	
	BB with follow up program for HIV Sero-positive donors	3	
HIV Testing	Rapid	1	
	ELISA	3	
Hep B	Rapid	1	

	ELISA	3	
Hep C	Rapid	1	
	ELISA	3	
Syphilis	RPR	1	
Malaria	Slide/Rapid	1	
Subtotal			20
COMP	<i>Not applicable</i>		
QMS	BB MO with relevant PG Qualification	3	
	Staff Nurse with NACO/NBTC Training	3	
	Lab technician with NACO/NBTC training	3	
	BB with designated TM/QM	2	
	BB with SOPs	2	
	BB with Document control system	2	
	BB with more than 75% equipment functional	2	
	BB with calibration of equipment	4	
	BB with AMC for equipment	4	
	Quality control for kits, reagents and blood bags carried out at blood bank with regular supply	2	
	Quarantine Blood bank refrigerator to store untested units with temperature recorder	3	
	Blood bank accredited by NABH	5	
Subtotal			35
GEN	BB reporting regularly on SIMS under National AIDS Control Programme	3	
	BB Participating in Haemovigilance Program of India	1	
	E blood banking participation NBTC/NHP	1	
	E blood banking participation – State level	1	
	Compliance with NBTC norms	1	
	More than 50% of the staff are vaccinated for Hep B	1	
Subtotal			8
SCORES	TOTAL		100