sankalp patrika
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On the 11th Anniversary of Sankalp India Foundation

The 10th anniversary of Sankalp India Foundation presented the organisation with the opportunity to review the work done through the past years and formulate the strategy for the decade to come. The pedagogic approach taken through the years to unveil the intricacies of the tasks we took at hand and to build strong solutions presented the organisation led to the challenge to scale up the work and reach out further in the pursuit of the goals. It took only a few weeks of intense discussions, planning and strategizing and the teams were back to work.

Significant milestones achieved:

- The Rakta Kranti team of the organisation scaled new heights with a 35% increase in blood collection over last year taking the total number of blood units contributed to 11,318.

- The year saw the biggest ever fight with the summer shortage of blood put up by the organisation. In the April to July months, when blood banks did not have options to conduct camps, the team contributed 5,400 units of blood.

- The organisation initiated a paradigm shift in making blood donation safer and more comfortable for the donors by introducing a training and capacity building program for management of complications associated with blood donation.

- The organisation strengthened the network for systematic management of extremely rare blood groups, making units of blood available in extremely difficult to manage situations. Total of 49 Bombay blood group requests including 6 Bombay negative requests were managed.

- The organisation further automated the blood help-line to provide convenient and quick access to blood stocks to the needy.

- A new daycare center for thalassemia supported by SIF was started at Rashtrotthana Parishat under the name of "Project Samraksha" on 26 August 2014. The total number of children under organised care and management for Thalassemia thus rose to 400+.

- The organisation implemented protocols for management of thalassemia beyond blood transfusion ensuring that the necessary

medications, lab investigations and specialist intervention get's streamlined for the children suffering from thalassemia.

Largely run by the volunteers with very few supporting staff members, the organisation was successful in ensuring that all the teams of the organisation delivered work every single day of the year - the way it has been ever since the organisation's inception.

Last year also saw national and international recognition and appreciation showered onto SIF for pioneering work and innovation. The organisation was called on to share experiences at various forums thus getting an opportunity to influence a positive change in the society beyond the working boundaries of the organisation.

Year 2013-14 also witnessed unprecedented support and confidence expressed by various stakeholders in the organisation. with each challenge that came our way, we got the helping hand of participation of generous souls, be it the donors, the medical teams, the administrators, volunteers or the public at large. That's what kept the flame of our mission burning bright!

With more work being done we are getting more awareness - better understanding of how things should be. This awareness is difficult to handle - knowing the most deep rooted and challenging problems of blood transfusion medicine and care for children with genetic blood disorders. However, any deviation from what is the best interest of our nation and our people, is only a motivation for us. The year to come will see still more transformation. The organisation will need to push itself further to replicate the success in individual centers, to capacity build the blood banks and hospitals, to ensure that there is always blood on shelf for the needy and to ensure that more and more children see the transformation from untimely death to a promising life.

Last year was one of transformation, newer-challenges and delivery. The year leaves us with renewed energy, enthusiasm and greater thirst to deliver upon our mission - to give life a better chance.

* * *

No Anniversary Celebration This Year

Sankalp volunteers have always reserved the day of anniversary for celebration, for reconnect with the extended Sankalp family and for presentation of performance report for the past year. As 23rd May approached we started getting calls from friends and well wishers enquiring about the day and time of the event. However, till the last week before the proposed date of the event we were not even sure if we will be able to organise the same.

This year the anniversary program was cancelled to ensure that each commitment our teams make is delivered to the best. Numerous blood donation drives, emergency requests, better thalassemia management and the huge amount of coordination kept the volunteers completely engaged with the most essential things. With a heavy heart we decided to skip the anniversary program. After all, what use would a celebration be if it came at the cost of undermining the very cause that we stand for.

Keep Walking!

* * *

Expression of a Sankalp Volunteer on the occasion of the 11th Anniversary

Each day pass by and leave behind a memory. No history was written in a day and today when we stand at a juncture after a decade of hard work the most satisfying word that means the most in our life is '' Trust'' . Trust of blood donors, trust of blood banks, trust of the people in search of blood and every associated individual or organisation. Now that we have won the trust of thousands of people all over the country the challenge lies in keeping the trust alive and stepping ahead gradually in our endeavours to make the difference in blood banking as a whole. My mentor always mentions '' life is not bed of roses; keep walking''. The time of crisis is the time of growth as it teaches us to push our limits. We have to travel miles before we rest and cheer over our success and but when we have to face the heat we must remember what our Ex prime minister Mr Atal Bihari Vajpayee once said

" badahey aati hai to aaye,
ghire parlay ki ghor gataye ,
pau ke neeche angare barse ,
lakin hume kadam mila kar chalna hoga".

"A good leader takes a little more than his share of the blame, a little less than his share of the credit." - Arnold Glasow

Emergency Team Annual Report 2013-14

Emergency wing was the first team of SIF which started with the pledge to do whatever it takes to ensure no one suffers due to shortage of blood. Today the team takes up blood requests which are difficult to be handled by the existing blood stocks in blood banks or by simply getting a few donation done. The team takes up blood requests for extremely rare blood group, when there is a requirement of unusual blood products, when there is a danger to the life of the person because of lack of availability of blood and other corner cases of blood banking. The team prepares and trains itself to handle the difficult situations as and when they come.

24 hours of the day and 365 days of the year at least 1 Sankalp volunteer who had adequate training and experience at emergency management is available to assist the patients in need.

HIGHLIGHTS FOR 2013-14

FOCUS ON REAL EMERGENCIES

In coordination with Disha, the Emergency Team was able to ensure that only the most critical blood requests are reported. The Disha response team was equipped enough to regular blood requests even if there was no stock in blood banks.

HIGHLY EXPERIENCED VOLUNTEERS

The team composed of volunteers who had experience running into several years at management of emergency blood requests. This

enabled very effective management of the requests.

STRONG RELATIONSHIP WITH BLOOD BANKS AND DONORS ACROSS COUNTRY

The team established strong relationship of trust and cooperation with blood banks and donors who were likely to be needed in managing emergency requirements across the nation. This enabled smooth handling of situations when they arose.

BOMBAYBLOODGROUP.ORG

The team further strengthened the first ever nationwide network of Bombay blood group donors. The use of the network led to better management of Bombay blood group requests and optimal utilisation of rare blood groups found in blood banks converting the seemingly impossible to manage situations a normal routine.

SYNERGISING RELATIONSHIP WITH OTHER ORGANISATIONS

Instead of duplicating the efforts, the team set up synergetic relationships with other organisations

"You may not control all the events that happen to you,
But you can decide not to be reduced by them." - Maya Angelou

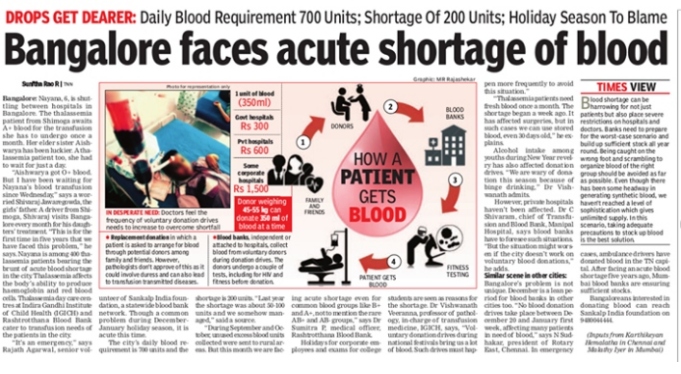
49	94	6
BOMBAY BLOOD GROUP REQUESTS	UNITS REQUIREMENT MET	BOMBAY NEGATIVE REQUESTS

which actively work for blood donation. The team encouraged the use of their strengths, offered the strengths of the team and worked upon filling the gaps in the whole system.

EVENTS AND NEWS REPORTS

The following is the list of significant events and news reports related to the team.

- 7th July 2013: SIF organised the 3rd Bombay Blood Group donors meet.
- 14th September 2013: SIF was invited to present a talk on: "Innovations in Transfusion Medicine: Networking for Bombay Blood Group-An Indian(Sankalp) experience" at the 2nd National Conference of ISTM-TRANSMEDCON 2013, ISTM Bangalore
- 14th June 2013: The Times of India - "Youngsters serve through platelet donation" - a write-up about Single donor platelets(SDP) donation
- 1st August 2013: Vijay Karnataka - An article centered around Bombay Blood Group.
- 2nd August 2013: Deccan Chronicle - "Fighting dengue: Blood banks struggle to store platelets" - another write-up about SDP shortage
- 25th August 2013: Dainik Bhaskar - write-up about Bombay blood group.



DROPS GET DEARER: Daily Blood Requirement 700 Units; Shortage Of 200 Units; Holiday Season To Blame

Bangalore faces acute shortage of blood

Suchitra Rao R | TNN

Bangalore Nayana, 6, is shuttling between hospitals in Bangalore. The thalassemia patient from Shimoga awaits A+ blood for the transfusion she has to undergo once a month. Her elder sister Aishwarya has been luckier. A thalassemia patient too, she had to wait for just a day.

"Aishwarya got O+ blood. But I have been waiting for Nayana's blood transfusion since Wednesday," says worried Shivaraj Jawagereeda, the girls' father. A driver from Shimoga, Shivaraj visits Bangaloreevery month for his daughters' treatment. "This is for the first time in five years that we have faced this problem," he says. Nayana is among 400 thalassemia patients bearing the brunt of acute blood shortage in the city. Thalassemia affects the body's ability to produce hemoglobin and red blood cells. Thalassemia day carevens at Indira Gandhi Institute of Child Health (IGICH) and Rashtrotthana Blood Bank cater to transfusion needs of the patients in the city.

"It's an emergency," says Rajath Agarwal, senior volunteer of Sankalp India foundation, a statewide blood bank network. Though a common problem during December-January holiday season, it is acute this time.

The city's daily blood requirement is 700 units and the shortage is 200 units. "Last year the shortage was about 50-100 units and we somehow managed," said a source.

"During September and October, unused excess blood units collected were sent to rural areas. But this month we are facing acute shortage even for common blood groups like B+ and A+, not to mention the rare AB- and AB groups," says Dr Sumitra P, medical officer, Rashtrotthana Blood Bank.

Holidays for corporate employees and exams for college students are seen as reasons for the shortage. Dr Vishwanath Veeranna, professor of pathology, in-charge of transfusion medicine, IGICH, says, "Voluntary donations drives during national festivals bring us a lot of blood. Such drives must happen more frequently to avoid fresh blood once a month. The shortage began a week ago. It has affected surgeries, but in such cases we can use stored blood, even 30 days old," he explains.

Alcohol intake among youths during New Year revelry has also affected donation drives. "We are wary of donation this season because of binge drinking," Dr Vishwanath admits.

However, private hospitals haven't been affected. Dr C Shivaram, chief of Transfusion and Blood Bank, Manipal Hospital, says blood banks have to foresee such situations. "But the situation might worsen if the city doesn't work on voluntary blood donations," he adds.

Similar scene in other cities:

Bangalore's problem is not unique. December is a lean period for blood banks in other cities too. "No blood donation drives take place between December 20 and January first week, affecting many patients in need of blood," says N Subhakar, president of Rotary East, Chennai. In emergency cases, ambulance drivers have donated blood in the TN capital. After facing an acute blood shortage five years ago, Mumbai blood banks are ensuring sufficient stocks.

Bangaloreans interested in donating blood can reach Sankalp India foundation on 9480664444.

(Inputs from Karthikeyan Himalattie in Chennai and Mukthy Iyer in Mumbai)

TIMES VIEW

"Blood shortage can be harrowing for not just patients but also place severe restrictions on hospitals and doctors. Banks need to prepare for the worst-case scenario and build up sufficient stock all year round. Being caught on the wrong foot and scrambling to organize blood of the right group should be avoided as far as possible. Even though there has been some headway in generating synthetic blood, we haven't reached a level of sophistication which gives unlimited supply. In this scenario, taking adequate precautions to stock up blood is the best solution.

THE WAY AHEAD

FOCUS ON BOMBAYBLOODGROUP.ORG

The focussed effort for rational utilisation, awareness, better information sharing about donors, collection and availability of Bombay blood group has given excellent results with the blood banks in urban as well as deep pockets of the state beginning to contribute towards better management of rare blood groups. Emergency Team plans to scale this program up to cover the entire nation in the time to come. Should this happen, the country will have a strong rare blood group program. The team also seeks to convert what is today a difficult to manage blood request into a routine blood request by facilitating the preparation of blood banks to attend to such requirements. The team seeks to enable swift adoption of modern rational transfusion practices and technologies. There are plans to organise CMEs, explore and publish conservative strategies for blood utilisation in India scenario and educate the blood banking professionals from grass root upwards to be able to contribute towards effective management.

EMERGENCY DONATIONS IMPLY INEFFICIENT BLOOD BANKING

We are proud of the fact that more and more blood requests today are getting managed without asking the donor to rush to the blood banks in emergency. It should be clearly acknowledged by the blood banking community that rushing donors to save the patient during an emergency situation is nothing to celebrate. It indicates the failure of blood banking as a whole to make unit of safe blood available to the patients off the shelf. With

"There is more to life than increasing its speed."
- Mahatma Gandhi

the exception of extremely rare blood groups there should be no need to get emergency donations at all. Sankalp Emergency Team works in tandem with the Rakta Kranti Team to plan such that more blood is available from voluntary blood donation camps and fewer people need to be taken to donate during emergencies.

IRRATIONAL DEMAND FOR BLOOD COMPONENTS

Sankalp's Emergency Team also came face to face with irrational demand for blood components - especially platelets. When dengue cases are on the rise, the organisation has come blood requests which don't appear to be aligning with the best interest of the patient. Demand for SDP is also getting influenced because of panic amoung the clinicians and financial reasons. The organisation has been highlighting the events and cases which show how rampant is the mismanagement of blood. It's high time that strong efforts are made to make sure that proper guidelines are used while ordering blood components. Judicious and rational blood transfusions is the need of the day.

REPLACEMENT DONATIONS

A major hurdle which ensures that patients continue to suffer when in need of blood is the fact that some blood banks continue to demand replacement donations. Some blood banks, especially in the resource rich settings have a tendency to force patients into taking blood from their own blood banks and they continue to ask the families to bring in donors, unmindful of the harassment faced by families. This is happening right under the nose of the regulators in gross violation of the national blood policy. Sankalp India Foundation experiences that more patients, especially from the urban centers, who are struggling to find donors are victims of replacement based blood banking. It should be noted that in most of these situations voluntarily donated blood units are available. While we continue to support patients by connecting them to donors, we strongly criticize such practices and hope that such donations will reduce in the days to come.

With each passing year the emergency wing of Sankalp is getting more complicated and difficult to manage blood requests to handle. Rarer blood groups, lesser known hematological conditions and advancements in blood transfusion medicine are now part of the day to day blood requesting handling. The team is committed to building skill within itself and that of other involved parties to ensure that no person suffers because of blood availability.

* * *

Initiative For Better Blood Banking

98801 32850
98860 64563
99001 61551

Bombay Blood Group Alert!

Call when you collect or need a unit of Bombay Blood Group!

An initiative of Sankalp India Foundation®
Visit: www.sankalpindia.net | www.bombaybloodgroup.org | Mail: sankalp.admin@gmail.com

"A people that values its privileges above its principles soon loses both."
- Dwight D. Eisenhower

Give blood
For those who give life

An adequate supply of safe blood can only be assured through regular donations by voluntary unpaid blood donors.

Every year, on 14 June, countries around the world celebrate World Blood Donor Day. The event raises awareness of the need for safe blood and blood products and thank voluntary unpaid blood donors for their life-saving gifts of blood.

Every day, about 800 women die from pregnancy or childbirth-related complications. Almost all of these deaths occur in developing countries.

Severe bleeding during delivery and after childbirth is a major cause of mortality, morbidity and long-term disability. However, access to safe and sufficient blood and blood products and the rational and safe use of blood transfusion still remains a major challenges.

Even as we thank the magnanimous contribution of the voluntary blood donors let us pledge to make sure that we as a society will donate sufficient blood to ensure that there is always a unit of blood on shelf for any patient in need.

- Team Sankalp India Foundation

An initiative of

World Blood Donor Day
Safe blood for saving mothers 14 JUNE 2014

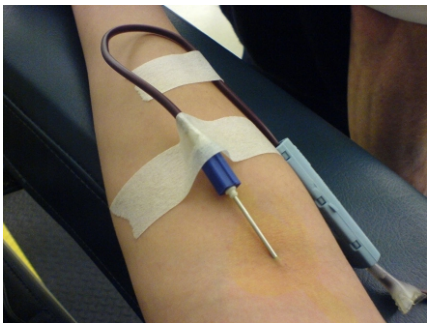
World Health Organization

Celebrated by

Sankalp India Foundation(r)

How Prepared Are We To Handle Adverse Reactions & Emergencies In Blood Donation Drives?

Prevention and Management of Complications Associated with Blood Donation



★DEFINITIONS
Definitions of complication, severity and imputability, grading of severity, categories of complications related to blood imputability

★PREVENTION
Steps that can be taken before and during each step of the blood donation drive for sake of preventing reactions/complications

★MANAGEMENT
Steps involved in effective management of complication. The priorities and the roles of various members

★DOCUMENTATION
The need for documentation, assessment and template forms for the same

Celebrating 2014 as the year of safer blood donation

Over the last 4 sections, rich literature on identification, prevention, management and documentation has added light to the subject of post donation adverse reactions.

This article shall list out 5 best practices that Sankalp India Foundation has followed leading to a reduced rate of complications in blood donation drives.

All of what is listed here is covered in different sections of the protocol. These points have been collated by the drive reports prepared by technicians, doctors and volunteers at the end of every blood donation drive. It must be noted that:

a) Drinking 2 glasses of water before donation arrests the rate of vasovagal syncope post donation:

In the section on prevention, it was mentioned that drinking water before donation is a good practice. Practical experience of Sankalp on these lines suggests that drinking 200-300ml of water in the 30 minutes prior to donation helps maintain blood pressure levels and significantly reduce the chance of a vasovagal syncope. Although the exact statistics are unavailable at the moment, the reduction rate is around 25-50%. It is hence strongly advised that right after the donor fills the questionnaire form, sufficient advise be administered to the donor to have 2 full glasses of water and only then proceed for Hb test and medical examination.

b) Holding needle firmly in place reduces chance of hematoma:

Hematoma or bruise at the site of phlebotomy is both physically painful and psychologically damaging to the spirit of a voluntary blood donor. Although the actual cause of hematoma cannot be ascertained - it could be due to an untrained technician pricking or removing needle incorrectly or a problem with the needle in the bag or donor himself causing too many jerky movements that the prick is bad. One other common case is if the needle is unstable and is shaking during the flow of blood. It has been realised that if this shaking is avoided, there is a reduced chance of arm injury. Hence a strong adhesive tape/plaster must be used to hold the needle in place. This education must be given to all phlebotomists.

c) Callback to donors in 24 hours increases chance of donor retention:

Donors who have had an adverse reaction go back from the blood donation drive with a slight sense of insecurity. Although sufficient reassurance and necessary medical care would have been given to donor, there is still an

Special Series - Prevention and management of complications associated with voluntary blood donation
Best Practices Part 6/6

An attitude of "whatever is convenient" won't accomplish very much.
An attitude of "whatever it takes" is impossible to stop.

element of anxiety in the mind. It has been seen when a follow up call is given the next day, the donor feels comforted. This call also helps in understanding the current situation of the donor and giving him/her any more required advice. In occasional cases, the call has also helped in detecting potential cases where further medical intervention was necessary. It has been observed this practice helps reassure, motivate and retain the donor for the next blood donation drive.

d) Proper ambience and layout of the drive:

Often in blood donation drives, congestion and lack of a proper venue could lead to an increased rate of post donation complications. It is best to inspect the venue, and give written instructions and checklists on hygiene, ventilation and lighting arrangement to the organisers. Furthermore on the day of the drive, it is important that a proper layout is planned with separate sections for pre donation, testing, phlebotomy, post donation. Donors must be able to move freely between these sections with one section naturally leading to the other. This organisation helps in crowd management, especially in large drives. Easier access to rest rooms further helps in complication management.

e) Guiding the donor at each step:

One of the most important aspects that makes donors enjoy the blood donation drive is to help and guide the donor at each step. Good soft skills for staff and volunteers is quite essential. Every technician, doctor, volunteer in the drive must be welcoming, give relevant advice and care. The phlebotomist can make the most meaningful contribution by talking to the donor, ensuring his/her comfort throughout the process of donation. Strong pre and post donation advice mechanisms must be put in place. Helping the donor relax and enjoy the experience will mean chances of complications are reduced which means donor retention is taken care of by itself. A good experience also means that the donor gives a positive vibe about this to his colleagues further motivating them to come for blood donation.

Finally, it must be remembered that in case there is a complication there must be no panic. Technicians, volunteers and doctors must ensure 2 things: first attend to the donor and second see to it that the other donors in the drive are not demotivated by looking at this donor. While the complication is being attended to by the person

having relevant experience, the other members must ensure to take care of other donors and continue running the show with minimum disturbance.

Quality in blood donation drives is incomplete without proper education, methods and tools for complication management. A strong investment in training, and a conscious effort during the blood donation drive will lead to safer blood donation drives. In the final article of the series, a quick reference and guide card shall be published next month that can be carried to blood donation drives by the team.

We hope that the entire series has been well received and read. The goal is to understand and reduce complications thereby leading to better blood donation drives.

Through the Patrika an appeal is made to all Blood Bankers to put in and practice the methods and tools as mentioned in the protocol. This protocol is a sincere effort from Sankalp India Foundation to make blood donation drives a pleasurable and awesome experience for blood donors.

Readers are encouraged to bring forth queries, suggestions and ambiguities by writing to sankalp.admin@gmail.com Lets walk together to make voluntary blood donation in India safer.

News and Updates - May

Let us see what May had in store for us at Sankalp.

Rakta Kranti

In February and March we promised to work towards fighting blood shortage in summers. Months of preparation and hard work indeed led to a shortage less summer so far. It was a new record for Sankalp when we collected total of 2630 units in 24 camps in the month of May. Below are the details:

i) National Law School: We organized first camp in National Law on 3rd May. An awareness session before the camp helped in good publicity and motivation of students. 55 units were collected in the camp which was organized after 5 months in the college. Samples were also taken for Thalassemia screening and many students came forward for this. A team of volunteers from college was present throughout the camp and helped in form filling and registration of students.

ii) Wipro: A series of blood donation camps were organized in different locations of Wipro Bangalore and Mysore. A total of 5 camps were organized in Wipro Sarjapur Road, Electronic City, Koramangala, Pritech Park and Mysore locations.
On 6th May, a camp was held in Sarjapur 1 location. It is a corporate office for Wipro with employee strength of about 1000 people. Camp saw a very good response with huge donor turnout throughout the day. The venue, though properly ventilated, but lacked AC. So the room became very hot post lunch and several donors had to be sent back after form filling. 142 units were collected in the camp with more than 250 people turning up.

First blood camp was organized in Wipro Koramangala location on 13th May. Good support from company and venue being very visible made sure most of the employees got to know about the event and came forward to donate. 80 people came forward with 60 of them eligible to donate.

2 day camp was organized in Wipro EC location on 14th and 15th May. This is the location with close to 15000 employees and blood donation camps here always see a huge rush of people coming forward to donate. 473 units were collected in 2 days and distributed across 4 different blood banks. Camp was a big respite for patients throughout the city in this period of summer shortage.

Wipro Pritech Park, Bellandur organized a camp on 16th May. The venue for the camp was cafeteria. Even on a Friday, there was a very good response from people who kept coming throughout the day. 92 units were collected in the event. A spacious venue and great work by blood bank ensured that no donor had any discomfort in this camp. We had just one case of delayed bleeding which is much better than the average of around 3%.

Wipro, Mysore is organizing a camp from the past 8 years. The organisation enables a powerful publicity campaign that helps a lot in motivating people and camp publicity. 150 people came forward for this noble cause and 113 units were collected, making the overall collection from Wipro as 880 units in the month!

"We must stop thinking of the individual and start thinking about what is best for society."

iii) Novo Nordisk: First Sankalp camp was organized in Novo Nordisk on 6th May. Company did a great job in promoting the event and it resulted in good donor turnout of 143 people. 89 of them were eligible to donate. Volunteers from company were present throughout and company also provided apples to all the donors.

iv) Citrix: On 7th May, first camp by Sankalp was organized in Citrix. Publicity for the camp had started 2 week's before and even though the floor talk was not allowed, company volunteers had gone and spoken to people for camp, distributed brochures. All this helped in good donor motivation and the company crossed 100 units collection for the first time. 116 units were collected in the event.

v) General Motors: Fifth blood donation camp was organized in General Motors on 8th May. It was a very good drive with 232 units collected and distributed to 2 blood banks. Company volunteers were present throughout the camp and helped with registrations and crowd management. Very good support from company and well designed posters for publicity ensured a good donor flow and smooth running camp throughout the day.

vi) Bangalore Ascenders: BASC is an organization that registers donors and sends them to blood bank once every month. This time the even was organized in Bowring hospital blood bank. 13 people turned up on Saturday, 10th May and 10 of these donated blood.

vii) Infosys BPO: While the nation was glued to the TV/internet watching the numbers of the general election in excitement and anticipation, there was a small buzz away from the heated discussions of the polls in Infosys where voluntary donors were queueing up to donate blood. The blood donation drive organised on the campus saw 135 donors come forward to donate. After robust screening and medical examination 120 donors were able to give their gift of life.

viii) Indian Institute of Sciences: IISC organizes regular blood donation camps but only on the days of national importance like Republic Day and Independence Day. This was the first time that student council was convinced to organize a camp during summers to help the city in shortage period. An awareness session was done a day before where students were informed about camp. Camp day saw a huge donor turnout which was better than expected. 155 students came forward and 127 were able to donate. With the student council convinced and happy with the idea of camps on non-important days, we can hope that it would become a culture in IISC to organize regular camps during shortage period.

ix) HP: HP organizes regular camps every year. This time one of the HP locations were given to us and we organized a camp on 20th May. Company was extremely supportive. Great response. 20-25 people were sent back after resource were exhausted. Usually a drive with 80 units, this time we hit 139. Good support from company volunteers. They were present throughout and managed pre donation and form filling.

x) Altisource: A series of camps were organized in 3 locations of Altisource. 312 units were collected overall.

On 22nd May, Altisource, Pritech Park organized their first ever camp. Ocwen employees also participated in the event. Camp saw a great response from both the companies and collected 187 precious units of blood. Talking to donors on the day before camp, putting banners in the

cafeteria and camp venue being very visible (on the way to cafe), helped in great publicity and increased donor motivation.

Altisource, Velankani Tech Park organized a drive on 23rd May. Their employee strength has reduced significantly from the past year and it affected the no of units collected as well. 76 people came forward and 66 units collected in the event.

A camp was organized in Altisource, Koramangala location on 30th May. This camp saw a very poor response initially. Only about 15 units were collected in first 2 hours. Later company allowed for floor talk and several people joined in. The camp got extended to more than 2 hours to accommodate more donors and blood bank cooperated well. 59 units were collected with the final donor bled at 9:30 pm.

xi) Continental: First Sankalp drive was organized in Continental on 23rd May. Excellent publicity done by company. There were LCD screens where Sankalp presentation was played for past 1-2 week. Questions related to blood donation were being displayed. All posters were used. As soon as first lady donated, her photo was taken and being displayed on all the screens within 10 mins. All this helped in motivating people. 141 donations happened in a company with employee strength of just 400 which is incredible!

xii) Hop On Gurlz: Hop on Gurlz is a biker's group of girls. They organized their second camp with Sankalp on Sunday, 25th May. A team of young, enthusiastic girls made a significant contribution to voluntary blood donation. These girls not only spread the message of a voluntary blood donation like wild fire to a lot of biker groups and friends across the city, they also went on streets and convinced people that blood donor heroes are required during summers to make a difference. For example, one person had come all the way from Chennai because he was associated with this group. A second boy, who was motivated and educated by this team donated on his 18th birthday. Volunteers also helped in having all processes in place for the blood donation drive. In total more than 115 people came in to donate. 89 units of blood were collected at Rashotrothan Blood bank.

xiii) AMD: AMD organized 13th Blood donation camp on 27th May. This is one of the few organizations where a camp is organized once every 4 months. As always there was a great support from company and camp saw a good donor turnout. 84 units of life saving blood were collected in the event.

xiv) Alcon: First camp was organized in Alcon on 27th May. The camp timings could've been better as most of the employees in this company are present in the morning shift, while we had an afternoon camp. The camp was open to other companies as well and a lot of people from Huawei came forward for this noble cause. Announcements were done to motivate and inform blood donors. 54 units were collected in the camp.

xv) GTL: GTL is a organization with about 200 employees, most of whom work in field. They organized their first blood camp on 28th May. About 25 people had registered for the camp. A few others joined in on the day of event. 17 units were collected with 31 total registrations.

xvi) Tata Elxsi: Tata Elxsi organized camp in both the locations on 30th May. 121 units were collected in Hoodi and 44 in Brigade Tech Park

location. Company was very supportive with one volunteer present throughout in both the locations. Banner was placed in cafeteria for publicity. Though the venue was not AC, table fans were provided and it helped reduce donor complications. With better publicity, even better turnout can be expected from the company as there are about 1500 employees in Hoodi location alone.

Tech Team

Like always, the technology team assists other team of the organisation improve their processes, manage data and streamline operations. Needless to say the teams keep the tech folks very busy. So let' see what we have been up-to.

The technical team is of Sankalp is working upon modernising donor registration process to ensure that the screening for donors is more protocol driven, less prone to error and more convenient for the donors. Phase-wise trials are under-way to establish a process of electronic screening of donors.

ThalCare, the software platform used by Sankalp for management of Thalassemia is becoming more power packed. The recent inclusions include enhanced weekly and monthly reports, introduction of task management system for each patient, automation of chelation dose calculation, introduction of more flags and alerts especially relating of adverse medical condition and per patient automatic report generation based upon specific needs.

Thalassemia Prevention, Management and Care

The month of May started with a thalassemia screening camp at NLSIU where a total of 104 students came forward to get tested. On completion of the screening 6 individuals with trait of one or the other hemoglobin disorder were identified. 6% is a rather high number especially for Bangalore but the sample size small. There are no labs doing end to end thalassemia screening at costs which are justifiable for mass screening. The need of the hour is to at least make the option of streamlined mass screening viable in Bangalore - which will be a big step forward as far as prevention of thalassemia is concerned.

World thalassemia day was celebrated on 8th May. Team Sankalp focussed on channelising it's energy into strengthening the management of the disorder for all children. Any resources that were available were diverted towards the same goal. Project Samraksha, the thalassemia day care supported by Sankalp did organise an elaborate program for the occasion., games were organsied for the kids, some of them performed on stage and the families were educated about thalassemia management. With a sumptuous lunch to top it all, the children had a wonderful time.

A lot of time in the month of May was about tailoring and validation of the therapy being given to the children. at our day care centers. A thorough audit was carried out with the aim of better adjusting the chelation doses, ensuring the serological and biochemical tests are done for all and promptly updated, check compliance and effectiveness of the transfusion therapy etc. The latest addition to our day care center leuko depletion filters which are now available at subsidised rates.

Summers are here and the stage is set and the time has come to implement the plans.

Emergency Wing and Disha

After a brief period of fewer requests 7 Bombay blood group requests were received in the month of May - each one for multiple units of blood. Beside Karnataka there were Bombay blood requests from Delhi, Vijaywada, Bilaspur, Mumbai and Rajkot. This kept the emergency team very busy.

At the same time the blood help-line was buzzing throughout the month. Unlike previous years, with proper planning, most large blood bank had regular supply of blood even through the lean summer period. This made sure that the summer shortage period did not start in Bangalore. The scenario outside Bangalore was like every other year. Lower blood stocks all across North Karnataka were observed and the impact was seen in the higher number of blood requests from the region.

We are looking at opportunities to support voluntary platelet apheresis in a non-profit set-up. Past years have seen that during certain months there is massive demand for platelets. The high cost of single donor platelet(SDP) is a matter of concern and we hope that at least 1 institution will start this on a non-profit basis.

On World Thalassemia Day

Sankalp India Foundation has been involved with Thalassemia management for 3 years now but walking into the thalassemia day care is not an easy thing for me. I love to interact with the children and the families, try to reassure them, help them with their doubts, listen to them, and see their smiles. However, what sticks to my mind more is the occasional sigh of a child with bad complications associated with improper thalassemia management. Like all Sankalp volunteers I tend to spot what needs to be fixed faster than other things.

By the time most children come to our centers for the first time, they have already been subjected to years of inadequate and unscientific disease management. Most of them are under transfused with baseline pre-transfusion hemoglobin in the range of 3-8 gm/dl. While most have never taken any chelation therapy, even those who have, tend to come with heavy iron overload. Children come with stunted growth, large spleen, large liver, bone and maxillofacial abnormalities and prominent manifestations of iron toxicity. When a 16 year old need to be supported by a parent when he or she walks it shows the disability of the system we have to take care of our children. Once you are aware that all of this was avoidable and manageable the yearning to get things right for these little ones is even more. However, their suffering, lingers on in the mind for a while.

This morning, as I got ready to attend the World Thalassemia Day program at Samraksha - the Thalassemia Day Care run by Rashtrotthana Parishat, I was recollecting the same time last year when we the Sankalp volunteers were desperately looking to augment the day care center we support at Indira Gandhi Institute of Child Health which was already full. The second day care center enabled care and proper for more children.

As we entered the function hall the breaking news for the day was one of our child had got her PUC result and she had scored 97%. An immediate sense of pride and happiness set the right tone for the day to come. The room was bustling with activity. Amidst the hustle bustle my eyes set on another child. When I saw her for the first time, she could hardly walk but that was 6 months back. Hyper transfusion regimen, endocrine investigations and follow-up, aggressive chelation and a whole lot of care and love is what we hoped

will her improve her situation. What a joy it was to see her rush from one corner of the hall to the other, distributing the most beautiful hand made cards she had prepared for everyone. The mood in the room was very different from the day when the day care was inaugurated. That day it was more of scepticism and hope clearly visible on the faces of the families. Today it was a look of contentment and happiness.

As I exchanged pleasantries with several children and their families, sometimes with just a smile, the twinkle in the eyes was very noticeable. Children were busy drawing and painting. That's when the elder children announced musical chairs. Amidst the children running around the chairs, my eyes were fixed on the little angel whose health records has come as a nightmare to me a few months back. She has been taking treatment in a corporate hospital for years. Each month her parents had been spending thousands of rupees carefully abiding by the advice of the medical team. Yet seeing a 10 year old with a 22 cm spleen and a 11

cm liver was something that had taken very long to sink in. Today I saw her running around the chair with determination to win in her eyes winning a prize in the top three. The remarkable progress she made in last 6 months whispered something in my ears.

I met another family which proudly told me that their little one's ferritin had fallen for the first time in years. While I was speaking to them, a dance program on the stage started. The girl enchanting everyone in the room with her innocence and elegance was the same child whose parents promised me that they will put her back in the school in this academic year. Last year they said, she was too weak to even walk around the house - school was a far fetched dream.

Some parents walked up on stage and shared their feelings about the facility. I am not sure if it was the words which spoke more of the emotions reflecting though their expressions. Almost in tears their recollected the journey of transformation their kids had undergone in the bygone months.

Today was a very exceptional day for me. I was elated. Very happy. I realised that the dreams that we all dreamt together were taking shape. I realised that each unit of blood donated, each rupee contributed, each minute spent, each facility made available was coming together to shape a bright future for our children. Dear donors, dear contributors, dear doctors, administrators, volunteers, dear friends and family I witnessed today the transformation you are making. And we the volunteers of Sankalp are ever more committed and determined to make the dreams that we dream together - happen!

Happy - World Thalassemia Day!

Here is some GOOD NEWS!

WHAT HAS HAPPENED?
A new thalassemia day care is up and running. 250 poor children are now receiving proper blood transfusion and care each month.

WHAT WILL THIS CHANGE?
90% of children with thalassemia die in absence of proper treatment.
With proper care they can live normal lives.

WHAT IS NEEDED?
Kindly help at least 1 child. You can help buy medicines and organise medical tests for them.
Your contribution = Their Life!

CONTRIBUTE NOW

Medicines (Chelation)
Rs. 1000/-

Cover all medical expenses
Rs. 2000/-

Cost is per child per month
All contributions will be eligible under section 80G of income tax in India

Call 9480044444 | Mail: sankalp.admin@gmail.com | Visit: www.sankalpindia.net
An initiative of Sankalp India Foundation®

"Man is a complex being: he makes deserts bloom - and lakes die."

Go get donors and then we will give you blood!

The following article relating to remand for replacement blood units has been taken from the Facebook post of one of our volunteer.

* * *

If the blood banks can't accept blood from reputed, licensed blood banks in the city then why should the Government ask for increasing voluntary blood donation at all?

1. 20 people were pulled out of their office today to donate blood for a patient. The family was told that is was extremely urgent. These people donated blood because someone who they knew requested them to help saying that leaving office, going and donating blood in emergency was the only way to save the life.

2. Over the weekend came across several stories of cardiac patients who needed blood in prestigious hospitals requesting for blood in desperation. Several donors spent their weekend in the hospital donating blood.

3. A lady called from the hospital asking for 2 'live donors'. When asked to connect to the doctor and when the doctor was offered to be given 'any' number of units of blood if needed, the doctor said - 'no no our hospital policy is like that. you can't get blood from other blood banks.' The helpless family was pleading for donors. On calling the blood bank medical officer the reaction was - 'We never force anybody to donate blood. If they have willing donors they can bring in.'

This is when Bangalore has ABSOLUTELY NO SHORTAGE OF VOLUNTARILY DONATED BLOOD in this period thanks to the immense contribution of voluntary blood donors across the city. The 4 stories mentioned above come from the pioneering institutions of town.

THIS IS BLACKMAIL. UNETHICAL. AGAINST THE POLICY OF THE LAND. For vested interests, blood banks across Bangalore continue to shed THEIR responsibility of arranging for blood and keep holding the patients to ransom and demand replacement blood donation. Kind hearted donors and helpless families continue to oblige.

If the blood banks can't accept blood from reputed, licensed blood banks in the city then why should the Government ask for increasing voluntary blood donation at all? There is a wide gap between the claims of these institutions and what they put the patient through.

It is high time that voluntary blood donors who are forced to go and replace blood in hospitals and patients who are demanded replacement start protesting against this injustice, cheating and abuse of situation by the so called state-of-the-art hospitals!

* * *

Mr Vinay Shetty of Think Foundation replied:
Our repeated complaints to the authorities have yielded results. This time we managed to get more organizations to complain; and personally met the Health Minister, who then called for a meeting of all the concerned authorities. On 6.5.2014, the FDA has sent a letter to all blood banks warning them of strict action if pressure is brought on patients to replace blood units/if hospitals refuse to take blood units available in licensed blood banks/if hospitals insist on getting blood units from a specific blood bank/if hospitals insist on donors being brought to their blood bank. The letter mentions the National Blood Policy, and points out that the onus of organizing blood is that of the hospital and not of the patient.

A good beginning - but we need to be vigilant, and ensure that patients exercise their rights.

Meanwhile this is what came through from Mumbai.

Private blood banks across Mumbai warned against forcing patients' kin to seek replacement donors

MidDay - 8th June 2014
State Blood Transfusion Council warns blood banks of strict action if they are found forcing patients to look for replacement blood donors.

The State Blood Transfusion Council (SBTC) has finally woken up to the issue of patients' relatives being forced to look for replacement donors by private blood banks across the city. In a circular which was recently issued to blood banks across the

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city (a copy is with midday), the SBTC has announced the implementation of the National Blood Policy, which clearly states that forcing hapless relatives to look for replacement blood donors is a gross violation of the policy.

Periodic inspections will be carried out by the district blood transfusion officer attached to the government blood bank.

As per the National Blood Policy, the practice of replacement donors was to be gradually phased out to have a voluntary non-remunerated blood donation programme in place. Despite that, however, the SBTC received several complaints from patients through various NGOs, stating that they were forced to hunt for blood donors when they were told to undergo blood transfusions.

The policy, which was put forward by the National AIDS Control Organisation (NACO) in 2002, also states that the State Transfusion Councils should ensure that the phasing out of replacement donors takes place after having a good network of regional banks in place.

In its circular, the SBTC has warned blood banks that strict action will be taken against them if they are found guilty of violating this rule. “The district blood transfusion officer attached to the government blood bank will carry out periodic inspections and report to the SBTC,” an official from the SBTC said.

The circular further warns that the erring bank’s No Objection Certificate (NOC) — mandatory for the renewal of the bank’s licence — will be either suspended or cancelled. The implementation of the National Blood Policy took place on June 3. Despite repeated attempts, Dr Sanjay Jadhav, director of the SBTC, remained unavailable for comment.

The policy further states that hospitals in a particular area (for example, south Mumbai) should co-ordinate with each other as and when the need for a particular blood group crops up.