

IMPRESSIONS

2025  2026

*"Our passion drives us to provide new health solutions advancing human life.
This is our vision and it serves as our navigational reference point."*

Amalendu Pal
President



Looking back, looking ahead - IABCD, expertise committed to patients' lives.

We have seen how a single connection can change everything. At IABCD, that's more than a belief. It's our way of working.

Behind every therapy, there's a rare connection:

- *between a blood donor and a patient,*
- *between science and care,*
- *between purpose and people.*

This Purpose clarifies the vision of the organization and guides IABCD's operations to continue to have a concrete impact on patients.

CONTENTS

HEADS	Pg No.
About the Association- IABCD	01
Broadening commitment to community health care- President's Message	02
Unlocking innovation to transform more lives- A note from Medical Director	03
Ethics across our programme initiative and operations- Directors' Note	04
Management of Haematological Disorders, Leukaemia and Blood Products Usage	05
Blood Banking-From donor to patient	09
Blood Transfusion in Thalassaemia, Leukaemia, Blood Disorders & Critical Care	11
Community Health Initiative	14
Extension Education, Research & Development Programmes	15
Five Pillars of Public Policy	17
Help Us Impact a Life	19
Sisters in Service-Learning the Value of Kindness	22
36th Foundation Day Celebration	24
Acknowledgements	25
Institutional Progress: Culture, Milestones & Service Outcomes	26
Financial Stewardship, Governance & Impact	28
Members and the team	29

----- ABOUT THE ASSOCIATION – IABCD -----

Indian Association of Blood Cancer & Allied Diseases (IABCD) is registered under West Bengal Societies Registration Act, 1961 with No.S/63715 of 1989-90. Donation made to IABCD is exempted under section 80G of Income Tax Act, 1961 with No. **AAAAI0249N25KL02** dated 22.02.2026 valid from AY 2027-28 to AY 2031-32 issued by CIT (EXEMPTION), Kolkata. Our PAN No. is AAAAI0249N. Its mission is to offer patients new treatment options for unmet needs in three major therapeutic areas: haematology, immunology, and intensive care.

IABCD fulfils a public health mission: to provide healthcare professionals and patients with live-saving blood and blood products. IABCD also helps train hospital doctors in the programme of patient blood management and emergency situations. In the field of haemostasis, IABCD provides therapeutic solutions for blood coagulation disorders caused by congenital coagulation factor deficiencies.

Some patients are born with a quantitative or qualitative coagulation factor deficiency. These are rare diseases that require life-long treatment. The most common diseases in this area are haemophilia A (factor VIII deficiency), haemophilia B (factor IX deficiency), and Von Willebrand disease (Von Willebrand factor deficiency).

IABCD is a non-profit medical organization dedicated to:

- *Blood cancer management*
- *Thalassaemia care*
- *Transfusion services*
- *Community blood donation mobilization*
- *Patient support services*
- *Training programmes for Medical Technologists and Nursing Personnel*
- *Research on blood products and treatment protocol for blood disorders patients*

The organization operates:

- *A licensed Blood Centre*
- *Day Care transfusion facility*
- *Diagnostic laboratory services*
- *Counselling and awareness programmes*
- *Extension Education Programme*

The Blood Centre operates **24 hours**, ensuring emergency access to safe blood.

IABCD maintains a relationship of trust with its employees, healthcare professionals, patients and blood donor associations, and in particular with the Ingenuity Council of Blood Centres India. IABCD works with all of its partners in an ethical and responsible social business enterprise model to bring essential biological medicinal products to patients.

IABCD's 5 common values • Integrity • Exemplary practice • Team spirit • Culture of excellence • Initiative



Broadening commitment to community health care, sustainable, equitable access

PRESIDENT'S MESSAGE

Our mission is to improve and transform lives through dedicated work in the field of haematological disorders, including rare and ultra-rare diseases. In 2025, the team at the Indian Association of Blood Cancer & Allied Diseases (IABCD) continued to advance steadily despite a challenging external environment. Guided by a clear strategic vision and an unwavering patient-centric approach, our organisation strengthened its current operations while simultaneously laying a robust foundation for the future. At IABCD, we remain deeply committed to our patients, voluntary blood donors, and the scientific principles that underpin our therapies. Our independence enables us to focus on what truly matters—long-term impact rather than short-term pressures. This approach allows us to prioritise efficiency, not merely in terms of speed or cost, but through meaningful, measurable improvements in outcomes. Through the IABCD Blood Components Production System, our teams across various units are continuously re-evaluating and refining everyday processes. By translating incremental improvements into tangible impact, we are enhancing the responsible and sustainable delivery of critical blood components, particularly fresh frozen plasma. Our Board of Directors places people and organisational culture at the forefront of our mission. By transforming feedback into meaningful action and fostering a strong sense of belonging, we are building a resilient and high-performing institution. A significant milestone this year has been the implementation of a Patient Blood Management (PBM) strategy. This has played a crucial role in delivering life-saving transfusion support from comprehensive care for thalassaemia patients to urgent surgical requirements across forty-three hospitals at critical moments. PBM represents a multidisciplinary, evidence-based approach that individualises patient care, minimises unnecessary transfusions, and improves clinical outcomes. Our medical team is actively promoting PBM awareness within the medical community, particularly among anaesthesiologists and intensivists, to advance safer and more personalised treatment practices. Each IABCD unit stands as a testament not only to modern infrastructure but also to the collective dedication of our teams working towards a shared vision of a healthier future. Our organisation continues to pioneer innovative biologics in critical care, haematology, and immunotherapy, addressing unmet medical needs through forward-thinking solutions. We are equally committed to building strong collaborations with experts in rehabilitation and allied support disciplines to better support patients throughout their recovery journey. As part of this vision, we aim to establish a council of professionals who will guide and educate patients on best practices in care and rehabilitation. Furthermore, our organisation is actively engaged in research initiatives focused on improving the diagnosis, treatment, and long-term management of blood disorders. Our ultimate goal remains clear—to contribute meaningfully towards finding lasting cures and improving quality of life for those we serve.

A handwritten signature in black ink, appearing to read 'A Pal', written in a cursive style.

Amalendu Pal

President

Kolkata, April 04, 2026

Unlocking innovation to transform more lives- Access to blood and blood products

A note from Medical Director

We are focused on improving people's lives by researching, developing and bringing to market innovative blood products that everyone can access regardless of where they live or their ability to pay. We do this not only by ensuring our blood products and blood transfusion therapy are available and affordable, but also by working in partnership to build capabilities within the health care systems that deliver them.

Broadening sustainable, equitable access to blood, blood products, medicines and vaccines are not only embedded in our values, it's integrated in to our purpose-led sustainability strategy for advancement of health care and clinical practices.

Our programmes are aimed at broadening sustainable and equitable access to clinical care. To do this, we pursue an "end-to-end" approach that unlocks barriers to access across the patient pathway. Building sustainable, equitable access to medicines and vaccines requires thinking long-term. It's not just about making the blood products available but accessible to eligible patients. This means understanding and partnering to address the specific barriers to access that exist within the health care system. In doing so we committed to strengthening healthcare systems in ways that are sustainable, aligned with national priorities and in collaboration with local communities.

our approach to access to blood products is integrated into our blood centre's strategy and operations planning processes, and why we set access related KPIs to measure impact and progress. Our holistic and integrated approach to planning begins from blood collection to blood components preparation in the product development process and includes access planning for patients suffering from cancer, haematological disorders, immunodeficiencies and rare diseases with evolving health care systems.

As part of our integrated approach, we also consult with a diverse set of stakeholders, including health care providers, local community organizations, patient organizations, policy makers, shareholders and investors, whom inform our strategy.



Dr. Sucharita Ray - Medical Director

Kolkata, April 06, 2026

Ethics across our programme initiative and operations

Directors' Message

We continually review our ethical guidelines to keep pace. We work to stay ahead of emerging trends related to ethics and compliance in by actively following regulator guidelines.

Quality decisions are always taken in alignment with our organization values, with a focus on the priorities of putting the patient first, building trust with society, reinforcing our reputation and supporting our operations. Quality decisions are taken transparently and in alignment with our approach and we maintain our favourable regulatory profile. Global Quality has made significant progress on its Quality Roadmap in support of our organization's vision. The roadmap is reviewed annually and updated as needed to make sure it reflects advancements in the regulatory and pharmaceutical environment and the company strategy.

Each of us has a responsibility to demonstrate that our work meets the highest levels of excellence and is in compliance with Health Authority requirements, putting the patient and patient safety first. We incorporate these requirements into standards and procedures that we consistently follow, documenting what we do, reporting inconsistencies and deviations, taking necessary corrective action, and by applying the highest ethical standards to everything we do. The fundamental building blocks of Our Vision for Quality are:

Science: Product and process knowledge; new technologies; analytical development

Systems: Integrated quality systems; supplier quality management

People: Knowledge, skills and leadership development; performance management; talent pipeline

In everything that we do, we focus on our Vision for Quality, which encompasses

- Advancing a culture of Quality*
- Sustaining a learning environment focusing on lessons learned and best practice sharing*
- Building partnerships emphasizing collaboration*
- Creating an environment of innovation and continuous improvement*

Our priority remains with product quality performance, services. We use best practices for research, development and safety evaluation throughout the entire product life cycle. This focus enables IABCD to develop innovative, safe and effective blood products.



Subhendu Albert Rozario
Director and Board Member



Amitava Khandait
Director Community Care

MANAGEMENT OF HAEMATOLOGICAL DISORDERS, LEUKAEMIA AND

BLOOD PRODUCTS USAGE

Haematological disorders include a wide range of diseases affecting blood cells, bone marrow, lymphatic system, and coagulation pathways. These conditions may be:

- **Benign:** Anaemia, thrombocytopenia, clotting disorders
- **Malignant:** Leukaemia, lymphoma, myeloma

Management requires a **multidisciplinary approach**, involving:

- *Clinical assessment ,Laboratory diagnostics ,Blood component therapy*
- *Chemotherapy / targeted therapy ,Continuous monitoring*

Management of Haematological Disorders

Anaemia Management

Types:

- Iron deficiency anaemia, Megaloblastic anaemia, Haemolytic anaemia, Aplastic anaemia

Treatment:

- **Iron therapy** (oral/IV), **Vitamin B12 & folic acid supplementation**
- **Erythropoietin therapy** (CKD patients), **Blood transfusion** (severe anaemia)

Nursing Management:

- Monitor Hb levels ,Assess fatigue, pallor ,Nutritional counselling

Thrombocytopenia

Causes:

- Bone marrow failure ,Immune destruction (ITP) ,*Drug-induced

Management:

- Treat underlying cause, **Steroids / IVIG** in immune causes
- **Platelet transfusion** if bleeding or counts <10,000/ μ L

Coagulation Disorders

Examples:

- Haemophilia ,DIC (Disseminated Intravascular Coagulation)

Management:

- Factor replacement (Factor VIII, IX) ,Fresh Frozen Plasma (FFP)
- Cryoprecipitate
- Treat underlying cause

Leukaemia Management

Leukaemia is a malignant proliferation of white blood cells.

Types

- Acute Lymphoblastic Leukaemia (ALL) ,Acute Myeloid Leukaemia (AML)
- Chronic Myeloid Leukaemia (CML) ,Chronic Lymphocytic Leukaemia (CLL)

Clinical Features

- Anaemia (fatigue) ,Infections (neutropenia)
- Bleeding (thrombocytopenia),Hepatosplenomegaly

Treatment Modalities

i. Chemotherapy

- Induction → Consolidation → Maintenance, Drugs: Cytarabine, Daunorubicin, Vincristine

ii. Targeted Therapy

- Tyrosine kinase inhibitors (e.g., Imatinib in CML)

iii. Immunotherapy

- Monoclonal antibodies

iv. Bone Marrow Transplant (BMT)

- Curative in selected patients

v. Supportive Care

- Blood transfusion, Antibiotics and Growth factors (G-CSF)

vi. Nursing Management in Leukaemia

- Infection prevention (isolation, hygiene) ,Monitor CBC regularly
- Manage chemotherapy side effects ,Psychological support



Usage of Blood Products

Blood component therapy is critical in haematology.

Types of Blood Components

1. Packed Red Blood Cells (PRBC)

Indication:

- Severe anaemia (Hb <7 g/dL)

Effect:

- Raises Hb by ~1 g/dL per unit

2. Platelet Concentrates

Indications:

- Platelet count <10,000/ μ L (prophylaxis) and Active bleeding

Types:

- Random donor platelets, Single donor platelets

3. Fresh Frozen Plasma (FFP)

Indications:

- Coagulation factor deficiency, DIC and Liver disease

4. Cryoprecipitate

Contains:

- Fibrinogen ,Factor VIII ,VWF

Indications:

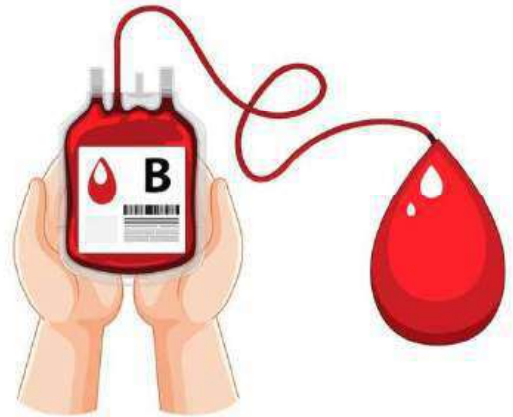
- Hypofibrinogenemia, Haemophilia (if factors unavailable)

Compatibility Testing

- ABO grouping ,Rh typing and Crossmatching

Transfusion Guidelines

- Use only when clinically indicated
- Follow “**Right patient, Right blood, Right time**”
- Monitor during transfusion



Complications of Transfusion

Immediate:

- Febrile reaction, Allergic reaction, Acute haemolytic reaction

Delayed:

- Iron overload and Infections

Patient Monitoring in Haematological Conditions

Monitoring is essential for safety and treatment success.

a. Clinical Monitoring

- Vital signs (temperature, pulse, BP) ,Signs of bleeding (petechiae, haematuria)
- Infection signs (fever, chills) and Organ enlargement

b. Laboratory Monitoring

Routine Tests:

- Complete Blood Count (CBC), Peripheral smear, Reticulocyte count

Special Tests:

- Coagulation profile (PT, aPTT, INR) ,Bone marrow examination , LDH, uric acid (tumour lysis)

c. Monitoring During Transfusion

- Baseline vitals before transfusion ,First 15 minutes: close observation
- Monitor for:
 - Fever ,Rash, Breathlessness, Hypotension

d. Monitoring During Chemotherapy

- Neutropenia risk ,Renal& liver function, Electrolyte imbalance, Tumour lysis syndrome

e. Hemovigilance

- Reporting adverse transfusion reactions ,Documentation and Quality control

Patient Management Strategy

Holistic Approach

- Medical treatment, Nutritional support ,Infection control and Psychological care

Infection Control Measures

- Hand hygiene ,Protective isolation and Sterile procedures

Nutritional Support

- High protein diet ,Adequate vitamins & minerals

Patient Education

- Disease awareness, Drug adherence and Early reporting of symptoms

Management of haematological disorders and leukaemia requires:

- Accurate diagnosisAppropriate use of blood components
- Advanced therapies (chemotherapy, BMT) and Continuous monitoring

Effective patient care depends on:

- Skilled clinical judgment ,Proper transfusion practices and
- Vigilant monitoring and nursing care



BLOOD BANKING - FROM DONOR TO PATIENT

Voluntary blood donation is a critical pillar of healthcare, enabling timely and life-saving treatment for patients across emergency care, cancer therapy, chronic illnesses, and complex surgeries. It is a simple yet powerful act where individuals donate blood without compensation, ensuring a safe, ethical, and sustainable blood supply.

Why It Matters

Every year, thousands of patients depend on blood and blood products for survival. These include:

- ***Cancer patients*** undergoing chemotherapy who require frequent platelet and red cell transfusions
- ***Accident and trauma victims*** needing urgent blood replacement
- ***Mothers and newborns*** facing life-threatening complications during childbirth
- ***Patients with chronic disorders*** such as thalassemia and haemophilia who depend on lifelong transfusion support

A single unit of donated blood can be separated into components—red blood cells, platelets, and plasma—potentially saving up to **3–4 lives**.

Voluntary blood donation-we collect most of our whole humanblood from more than 200 of our outreach health units across five districts of West Bengal. Every whole human blood donation is tested for viruses and tracked with a unique code.Upon arrival at blood centre, all blood units are visually inspected and scanned. Single donation control is the foundation of traceability of all of our individual whole human blood donations to blood components like packed red blood cells, fresh plasma, fresh

frozen plasma, platelet and cryoprecipitate. Fresh frozen plasma is supplied to plasma fractionation manufacturing units. Plasma proteins are separated by fractionation at drug manufacturing units. This biochemical process separates plasma into its various components and allows the proteins used for our products to be retained. Finished products are inspected for contamination and damage, and approved for release based on authority requirements. Products are packed into boxes and stored in cold rooms of freezers at required temperatures. Each batch of final product is tested to meet strict compliance standards and ensure patient safety.

Patients all over the country receive our products, which they rely on to lead a normal life. We deliver therapies to patients in need in each of our three therapeutic areas – critical care, haematology and immunotherapy.

Beyond Blood: The Power Of Plasma

Plasma, the liquid component of blood, is further processed into specialized medicines known as plasma-derived products. These are essential for treating:

- Immune deficiencies and autoimmune diseases (Immunoglobulins)
- Bleeding disorders like haemophilia (Clotting Factors)
- Critical conditions such as burns, liver failure, and shock (Albumin)

For many patients, these therapies are not optional—they are life-sustaining.

Involvement of Youth Leaders, and Voluntary Blood Donation

Year	Voluntary Blood Donors	Engagement of Youth Leaders
2025-2026	13,156	230
2024-2025	3,761	106
2023-2024	7,258	109
2022-2023	10,364	140
2021-2022	8,739	137
2020-2021	4,279	112
2019-2020	8,796	256

Blood Banking- Institutional Services (No of Units)

Year	Charitable Hospitals	Non-Government Hospitals	Government Hospitals
2025-2026	3,256	6819	15,877
2024-2025	1,764	1,929,	1,819
2023-2024	3,850	5,331	5,629
2022-2023	4,456	5,354	6,467
2021-2022	4,333	5,295	6,419
2020-2021	1,874	2,568	3,720
2019-2020	4,529	7,523	5,620

Blood cannot be manufactured—it can only come from generous donors. By championing voluntary blood donation, corporates become vital partners in saving lives, supporting healthcare systems, and creating a lasting social impact.

One organization. Many donors. Countless lives saved.



Blood Transfusion in Thalassaemia, Leukaemia, Blood Disorders & Critical Care

Blood transfusion is a **life-saving therapeutic intervention** used to restore oxygen-carrying capacity, maintain haemostasis, and correct specific haematological deficiencies. Modern practice emphasizes **component therapy** rather than whole blood, allowing targeted treatment and minimizing risks.

Indications Across Conditions

- **Thalassaemia:** Chronic transfusion-dependent anaemia
- **Leukaemia:** Bone marrow failure, chemotherapy-induced cytopenia
- **Other Blood Disorders:** Aplastic anaemia, haemophilia, sickle cell disease
- **Critical Care:** Trauma, sepsis, massive haemorrhage, ICU patients

Clinical Use:

- **Thalassaemia:** Maintain Hb 9–10.5 g/dL (regular transfusions)
- **Leukaemia:** Symptomatic anaemia
- **ICU:** Restrictive strategy (Hb <7 g/dL unless unstable)

Platelet Concentrates

- **Indication:** Thrombocytopenia or platelet dysfunction
- **Types:** Random donor platelets (RDP), Single donor platelets (SDP)

Clinical Use:

- *Leukaemia:* Prevent/treat bleeding during chemotherapy
- *Critical care:* Active bleeding or platelets $<10,000\text{--}20,000/\mu\text{L}$
- *Surgical/trauma patients*

Fresh Frozen Plasma (FFP)

- Contains clotting factors
- **Indication:**
 - Coagulopathy (INR >1.5)
 - Liver disease
 - Disseminated intravascular coagulation (DIC)

Cryoprecipitate

- Rich in fibrinogen, Factor VIII, VWF
- **Indication:**
 - *Hypofibrinogenemia* ($<100\text{ mg/dL}$)
 - *DIC, massive transfusion*

Plasma-Derived Products

- Albumin, immunoglobulins, clotting factor concentrates
- Used in:
 - *Haemophilia*
 - *Immune deficiencies*
 - *Shock states (selective use)*
 - *Oxygen delivery parameters*

Blood transfusion in thalassaemia, leukaemia, haematological disorders, and critically ill patients is a **complex, evidence-based clinical intervention**. The shift toward **component therapy, leucocyte reduction, and patient-centred transfusion strategies** has significantly improved safety and outcomes.





Patient Blood Management- Blood Transfusion

Year	No of Patients Benefitted	Blood Transfusion(units)	Thalassaemia (units)	Leukaemia (units)	Other Blood Disorders (units)
2025-2026	4,446	26,006	5,037	7,056	13,913
2024-2025	2,504	5,512	1,679	1,764	2,069
2023-2024	5,135	14,810	3,988	5,479	5,333
2022-2023	5,248	16,277	2,537	3,920	9,820
2021-2022	5,313	16,047	2,014	3,772	10,261
2020-2021	3,126	8,022	1,574	2,136	4,312
2019-2020	6,182	17,672	2,208	3,157	12,307

COMMUNITY HEALTH INITIATIVE

The Community Health Initiative of the Indian Association of Blood Cancer & Allied Diseases continues to advance its mission of strengthening equitable and quality healthcare delivery through a comprehensive, systems-based approach. Focused on prevention, early detection, and community engagement, the initiative addresses critical public health challenges including cancer, hereditary blood disorders, and communicable diseases.

Strategic Priorities

During the reporting year, IABCD reinforced its commitment to:

- **Cancer Prevention and Awareness ,Prevention of Blood Disorders: Infectious Disease Screening , Capacity Building and Programme Development**

The initiative continued to invest in:

- Training and empowering community health workers
- Enhancing technical and operational capacity of partner organizations
- Advocating for increased domestic financing for community health programs

Key Achievements

- **32 NGO partners** supported in developing strategic roadmaps for community health investments
- Expanded outreach through awareness and screening programs across diverse communities
- Improved early detection rates for cancer, blood disorders, and infectious diseases
- Strengthened collaboration between civil society and public health systems

Impact and Way Forward

The Community Health Initiative of the Indian Association of Blood Cancer & Allied Diseases has demonstrated measurable progress in enhancing community awareness, expanding access to diagnostic services, and strengthening health systems.

Going forward, IABCD aims to:

- Scale up preventive screening programmes
- Deepen partnerships with public and private stakeholders
- Leverage data-driven strategies for targeted interventions
- Continue advancing towards **universal health coverage and improved population health outcomes**

This initiative remains a cornerstone of IABCD's commitment to building resilient, inclusive, and patient-centred healthcare systems.

EXTENSION EDUCATION, RESEARCH AND DEVELOPMENT PROGRAMMES

The Indian Association of Blood Cancer & Allied Diseases (IABCD) continues to prioritise capacity building and knowledge dissemination as a cornerstone of its mission to improve outcomes in haematological disorders, transfusion medicine, and supportive care. During the reporting year, the Association strengthened its Extension and Professional Education initiatives through structured, multi-disciplinary programmes designed for physicians, nurses, medical technologists, and social workers.

1. Patient Blood Management Certificate Course (PBM-CC) – 3 Months :

The Patient Blood Management Certificate Course (PBM-CC) continues to be one of the flagship educational initiatives of the Indian Association of Blood Cancer & Allied Diseases (IABCD). During the reporting year, the programme was comprehensively refreshed and expanded to incorporate evolving scientific evidence, updated clinical guidelines, and global best practices aligned with World Health Organization (WHO) standards. The PBM-CC is designed to build both foundational and advanced competencies among physicians, nurses, and allied healthcare professionals, promoting a patient-centred and evidence-based approach to optimise the utilisation of blood and blood components, minimise unnecessary transfusions, and improve overall patient safety and clinical outcomes.

2. Diploma Programme on Blood Banking, Haematology, and Transfusion Nursing Practice

The programme is structured in alignment with the requirements of the Indian Nursing Council (INC) and relevant national regulatory frameworks. It begins with a robust Basic Theory Foundation that ensures conceptual clarity in key domains including blood banking principles, haematology and immunology fundamentals, haemoglobin disorders and anaemia, and major conditions such as thalassaemia, haemophilia, and leukaemia. In addition, the curriculum integrates essential components such as psychosocial care, nursing ethics, infection prevention, hospital hygiene, patient documentation, and regulatory compliance.

3. Diploma Programme in Blood Banking and Transfusion Medicine – 6 Months

The Diploma Programme in Blood Banking and Transfusion Medicine (6 months), implemented in collaboration with the Ingenuity Council of Blood Centres India (ICBCI), continued to play a significant role in strengthening technical capacity in transfusion services. During the year, the Indian Association of Blood Cancer & Allied Diseases (IABCD) sponsored sixty-six BMLT students, four postgraduate students (M.Sc. Microbiology), and one M.Sc. Biotechnology candidate to undergo this specialised training.

4. Advanced Certificate in Medical Technology – 3 Months

The Advanced Certificate in Medical Technology (Blood Banking and Transfusion Medicine) is designed to enhance the technical proficiency of laboratory professionals.

5. Certificate Programme on Oncology Social Work and Blood Disorders – 3 Months

Recognising the critical role of psychosocial support in comprehensive patient care, the Indian Association of Blood Cancer & Allied Diseases (IABCD) initiated a specialised certificate programme for social workers and mental health professionals. The programme is designed for Master of Social Work

(MSW) graduates, postgraduate degree holders in Psychology, and professionals in medical and psychiatric social work.

6. Students' Internship Programme

The programme provides an opportunity for in-depth experiential learning (one month to three months programme) across critical domains such as blood banking operations, nursing practices in blood transfusion and emergency medical care, blood product development, biotechnology, and the science and motivation of voluntary blood donation.

IABCD hosts students from premier institutions including the Indian Institute of Technology (IIT) Kharagpur, particularly those involved in blood product operations and applied research; the Biotechnology Department of Haldia Institute of Technology; and the Indian Institute of Management (IIM) Sambalpur, where students contribute to social policy and programmatic insights.

Through this initiative, IABCD not only strengthens academic-industry collaboration but also contributes to capacity building in the healthcare ecosystem by equipping young learners with practical skills, scientific orientation, and a strong sense of social responsibility.

Research & Development- Committed to quality and safety

Through pre-clinical and clinical research, we develop and test blood and blood products to ensure they are safe and effective.

Across haematology, immunotherapy and critical care, our R&D teams bring clinical and scientific expertise to the development of new therapies.

Through careful preclinical and clinical research, we work to identify new treatment options, support the safe use of our blood products, and continue improving therapies already in use.

Every new therapy starts long before it reaches a patient. In preclinical research and development, scientific ideas are tested, refined, and assessed for safety.

At IABCD, this work is carried out at our laboratory. Our clinical research teams oversee studies throughout the life cycle of our products, working responsibly and to high scientific standards.

Quality runs through every step of how our therapies are made. From blood donations to blood components to clear standards, we focus on delivering therapies patients can trust. Our independent quality unit works alongside production to ensure consistency and reliability.

We ensure the quality of blood products through strict standards, careful oversight and compliance with Good Manufacturing Practice. Bloodcentre and its laboratory regularly inspected by regulatory authorities, and donors undergo thorough health screening and testing. Each donation is also tested for key bloodborne viruses, helping to ensure safety.

Our quality management system supports consistent standards throughout production and distribution. It follows Good Manufacturing Practice and Good Distribution Practice requirements, covering areas such as supplier oversight, staff training, documentation and ongoing monitoring. Quality checks are applied at every stage — from raw materials to finished products — and each batch is carefully reviewed and approved before release.

From donor to patient, we keep quality and safety at the centre of our work.

IABCD 's FIVE PILLARS OF PUBLIC POLICY

A long and healthy life is IABCD's duty to people with bleeding disorders.

OUR FIVE PILLARS OF PUBLIC POLICY

Prophylaxis is more than a treatment strategy; it's a philosophy of prevention, foresight, and systems design.

Bleeding disorders demand a public policy approach that mirrors the clinical model of prophylaxis: anticipating harm and building structures that prevent it before it occurs, instead of reacting to issues as they arise.

Our Five Pillars form the backbone of IABCD's long-term policy strategy, grounded in prevention to address root causes, focused on access and affordability, and aimed at systemic change to secure lifelong safety, stability and care. Together, they represent a proactive vision for a future where no person with a bleeding disorder falls through the

Pillar 1: Early Diagnosis for All

No amount of innovation matters if people aren't diagnosed. Too many people with bleeding disorders, especially women, and those without a family history remain undiagnosed and untreated until avoidable harm has already occurred. This pillar ensures that bleeding disorders are identified early through modernized screening systems, professional training and comprehensive data, and a system that recognizes all people with bleeding disorders to ensure proper awareness, care, and treatment for our community.

Pillar 2: Continuous Coverage for Life

Insurance systems must meet the realities of lifelong, high-cost conditions like bleeding disorders, and must function to protect rather than exclude. This pillar ensures patients remain protected across all coverage types and transitions, without fear of losing access due to bureaucracy, plan changes, or cost, by embedding permanent, diagnosis-based protections into public and private insurance law. Lifelong coverage must be affordable, consistent, and tailored to the reality of bleeding disorders.

Pillar 3: World-Class Comprehensive Care

Access doesn't end with insurance. Patients need expert care that follows them throughout life, from childhood through reproductive years and into older adulthood. This pillar ensures that bleeding disorder care is strong, well-funded, and ready for every stage and emergency. From specialized treatment care to telehealth, and from OB/GYNs to geriatricians, bleeding disorder care must be available, modern, and equally distributed, wherever patients live and however their needs evolve.

Pillar 4: Safety as Duty and Responsibility

Safety in bleeding disorders must be permanent, transparent, and enforced; not a promise made once, but a system built to last. This pillar treats safety not as a one-time check, but as an enduring responsibility. It includes long-term treatment surveillance, blood product accountability, strong recall protocols, and meaningful patient oversight, especially as new therapies like gene therapy and cell therapy reshape the landscape of bleeding disorders care.

Pillar 5: Clear Pathways to Care

Patients shouldn't be blocked from the care they're already prescribed. Even with a diagnosis, coverage, and treatment plan, too many patients are stopped by insurers and systems that impose hurdles to care. This pillar eliminates those barriers, whether built by PBMs, AI algorithms, or coverage design, so that once a patient enters the care system, nothing stops their way.

WHY WE DO THIS?

Our past has determined that we will never again be ignored. Your experiences today shape what we build for tomorrow. Let's imagine the next decade together, where every voice is heard. Want to create a better future for bleeding disorders?



HELP US IMPACT A LIFE

Driven by a bold vision to achieve “**Zero preventable deaths due to blood disorders and cancer by 2035,**” IABCD actively supports children and families battling conditions such as blood cancer and thalassaemia. The organization’s holistic approach combines clinical excellence with community engagement, ensuring that no patient faces these challenges alone.

Our work is powered by dedicated volunteers, compassionate professionals, and the generosity of donors like you. Through **planned giving and legacy contributions**, you can play a transformative role in ensuring sustainable access to safe, effective, and affordable healthcare for generations to come.

Join us in building a healthier, more equitable society.

Your contribution is not just a donation—it is a lifeline, a second chance, and a step towards a future where no life is lost due to lack of care.

WHY YOUR SUPPORT MATTERS

Every day, patients rely on us for **lifesaving blood transfusions, advanced diagnostics, and long-term care**. Your contribution helps us:

- ✓ *Deliver critical medical services*
- ✓ *Support underprivileged patients*
- ✓ *Strengthen blood banking infrastructure*
- ✓ *Train healthcare professionals*
- ✓ *Expand outreach programmes*

Your Support Can Save Lives and Strengthen Healthcare

HOW YOU CAN HELP

1. DONATE

Your donations are eligible for tax benefits and directly support patient care and infrastructure.

Make an Impact by Supporting:

- One unit blood transfusion -₹4,250
- Twelve units blood transfusion support for one year -₹51,000
- Iron Chelation Therapy-₹35,000
- Blood donation Drive(50 donors)-₹25,000
- Training Healthcare Professionals- ₹90,000 onwards
- Medical Fellowships-Up to ₹3,60,000

2. VOLUNTEER

Be a part of meaningful change.

We welcome:

- Healthcare Professionals
- Non-Medical Volunteers (Admin, Communication, Outreach)

Contribute your time. Transform lives.

3. PARTNER WITH US (CORPORATES)

Engage your organization in impactful healthcare initiatives.

Opportunities:

- Sponsor medical services or equipment ,Organize fundraising campaigns
- Support workplace giving initiatives ,Fund outreach programmes

CRITICAL INFRASTRUCTURE SUPPORT REQUIRED-Total Requirement: ₹1,19,50,000

Priority Needs Include:

- Mobile Medical Vans & Ambulances ,Refrigerated Centrifuge & Blood Storage Systems
- Blood Bank Refrigerators & Deep Freezers ,ELISA Systems & Laboratory Equipment
- Patient Care & Diagnostic Infrastructure



Support Required: Blood Cancer Care and Blood Cell Therapy Programme

Equipment and infrastructure support	Quantity	Rupees
Elisa Reader and Washer	One	7,00,000
Computer with Printer	Two	2,00,000
Vehicle -Mobile medical van for outreach Programme	Two	18,00,000
Vehicle - Ambulance	Two	21,00,000
Tube Sealer	one	2,00,000
Photocopier	One	2,00,000
Blood Weighing Scale	Two	1,20,000
Air Conditioners	Six	2,70,000
Refrigerated Centrifuge	One	42,00,000
Multi Pipette	Four	1,70,000
Incubator	One	30,000
Blood Bank Refrigerator	Two	10,00,000
Blood Bank Refrigerator (Deep Fridge) and – 80 degree celcius	One	9,00,000
Small Centrifuge	Two	60,000
TOTAL		1,19,50,000

TOGETHER, WE CAN SAVE LIVES

Your contribution—big or small—helps us deliver **hope, healing, and dignity** to patients in need.

Join Us in Making a Difference: Donate. Volunteer. Partner.



SISTERS IN SERVICE-Learning the Value of Kindness

“Even if you don’t have much, you can still give something—your time, your kindness, your support.”

A Journey of Strength and Survival

Sreeparna and her younger sister Sulekha have been part of the IABCD Blood Transfusion Centre since childhood. Living with thalassaemia, their lives have depended on regular and lifelong blood transfusions—making their journey very different from that of other children.

Their early years were filled with medical uncertainty and emotional challenges, as their parents worked tirelessly to ensure their survival. Yet, over time, both sisters learned to accept their condition with courage and resilience.

“We knew our lives were different. But we learned to accept our struggles and face them with strength.” – Sreeparna

From Distance to Deep Connection

Although they share a strong bond today, their relationship evolved over time. As they grew older, their paths took different directions—Sreeparna pursued higher education, while Sulekha explored her passion for cooking.

With time and maturity, they rediscovered each other, building a deeper connection rooted in shared experiences and values.

“We weren’t always this close... but today, I cannot imagine life without her.”

Turning Challenges into Purpose

Today, both sisters are contributing meaningfully to society:

- **Sreeparna** supports college students by helping them access the right academic resources and guidance.
- **Sulekha** provides compassionate nursing support to thalassaemia patients, assisting them during blood transfusions.
- She also runs a **small food stall**, where each recipe reflects warmth, memory, and care.

“Every recipe has its own story—it brings comfort and connection.” – Sulekha

From Gratitude to Giving Back

Growing up, the sisters experienced the power of community support. Acts of kindness helped their family navigate difficult times—shaping their outlook on life.

Today, they give back with the same compassion they once received.

A Shared Philosophy

Their journeys may be different, but their purpose is one:

“Helping others comes naturally to us because people helped us. That’s where everything begins—with gratitude.” – Sulekha

“When you grow up receiving support from your community, you learn how meaningful even a small act of kindness can be.”

Inspiration for All

Sreeparna and Sulekha’s story is a powerful reminder that even in the face of lifelong medical challenges, it is possible to live with dignity, purpose, and compassion.

Their lives reflect resilience, gratitude, and the transformative power of kindness—proving that **giving back is not about how much you have, but how much you care.**



ACKNOWLEDGEMENTS

Names of organizations/ trusts who have kindly contributed to IABCD
for providing services to suffering humanity

Bhaskar Ghose
Bishamber Das Bimla Kapur Memorial Trust
Blue Star Engineering & Electronics Limited
Chief Minister's Relief Fund, Govt of West Bengal
Container Corporation of India Ltd
Fena Foundation
G D Pharmaceuticals Limited
Global Calcium Pvt Ltd
H P Budhia Charitable Trust
IDBL Bank Limited
Kothari Group CSR Trust
LIC Housing Finance Limited
M.N.Dastur & Company (P) Ltd
Meera Kapur
Mishra Dhatu Nigam Limited
Mrs Harbhajan Kaur
PCBL Chemical Limited
Sardar Chetan Singh Charitable Trust Ludhiana
Satya Sai Baba Sevashram & Yoga Research
Sitaram Jindal Foundation
Sri Sri Thakur Sitaramdas Onkarnath Seva Pratishthan
The Prestige Foundation
TIL Limited
TNPL ARAKKODAI TRUST
Ujjivan Small Finance Bank Limited
Union Bank of India
Veedol Corporation Limited
Vinifer Gandhi

Acknowledgement:

Govt. of West Bengal, Directorate of Drugs Control, C.D.S.C.O.-EZ-Govt. of India,
State Blood Transfusion Council, Department of Social Welfare,
West Bengal Pollution Control Board, WB State AIDS Prevention & Control Society,
The Kolkata Municipal Corporation

36th FOUNDATION DAY CELEBRATION

The **36th Foundation Day** of the I Association was commemorated on **January 12, 2026**, marking a significant milestone in the organization's enduring journey of service, compassion, and excellence in healthcare. This date holds profound national and philosophical significance as it coincides with the birth anniversary of **Swami Vivekananda**, whose ideals of selfless service, leadership, and nation-building continue to inspire the mission and values of IABCD. Guided by his vision, the organization reaffirmed its commitment to humanitarian service and social responsibility.

A key highlight of the Foundation Day was the **Awards and Honours Ceremony**, where distinguished individuals were recognized for their exceptional contributions across healthcare, blood banking, and social sectors.

Awards Conferred

- **Lifetime Achievement Award in Blood Banking Services**
Awarded to **Dr. Asok Sarkar**
In recognition of his lifetime of dedicated service, leadership, and outstanding contributions to blood banking services. His commitment to safe transfusion practices, institutional development, professional training, and ethical standards has significantly strengthened blood banking systems and saved countless lives.
- **Award for Excellence in Critical Care Promotion and Medical Service Extension**
Awarded to **Dr. Sourav Ghosh**
For his exceptional dedication to advancing critical care services and expanding access to medical facilities, particularly for underserved populations, through clinical excellence and innovation.
- **Community Service Award for Promotion of Voluntary Blood Donation**
Awarded to **Ranjit Das**
In appreciation of his sustained efforts in promoting voluntary blood donation and mobilizing communities towards building a culture of safe and non-remunerated blood donation.
- **Award for Leadership in Gender Justice and Women Empowerment**
Conferred upon **Dr. Udita Ghosh Sarkar**
For her impactful leadership in promoting gender justice and empowering women through sustainable livelihood initiatives and grassroots engagement.
- **Award for Distinguished Service in Child Rights and Child Protection**
Awarded to **Mr. Indusekhar Chatterjee**
In recognition of his tireless efforts in safeguarding child rights and strengthening child protection systems through advocacy and programmatic interventions.
- **Distinguished Service Award for Promotion of Human Rights and Women's Issues**
Presented to **Sucheta Mukherjee**
For her lifelong dedication to advancing human rights and championing women's issues through advocacy, awareness, and social reform.

The Foundation Day celebration not only honoured individual excellence but also underscored the collective commitment of IABCD and its partners towards building a healthier, more equitable, and compassionate society. Inspired by the timeless teachings of Swami Vivekananda, IABCD continues to strengthen its resolve to serve humanity with integrity, innovation, and inclusiveness.



INSTITUTION PROGRESS: CULTURE, MILESTONES & SERVICE OUTCOMES

From donors to patients, accessibility is at the heart of IABCD's strategy, helping ensure reliable supply and broader access to blood, blood products, plasma-based and recombinant therapies worldwide.

OUR MILESTONES

Since 1984, IABCD's journey has been shaped by scientific progress, patient needs, and steady growth.

1984- Volunteerism

In 1984, It started with a belief

That leukaemia, thalassaemia, haemophilia and other blood disorder patients deserve access to safer, high-quality blood, blood products, factor VIII concentrates. Our journey begins with a mission to provide safer and higher-quality treatments for leukaemia, thalassaemia and haemophilia patients.

1990-First donor and registration

IABCD secures a support from a donor with a donation of Rs1001/- and not-for profit registration with tax exemption from the department of Income Tax.

1990- The launch of mobile blood collection drive and establishment of blood transfusion centre at Behala, Kolkata

1995-Acquisition of new premises at Azad Palace, Phoolbagan and establishment of new blood centre

1997- Establishment of new blood centre under the licence of Department of Drugs Control and establishment of laboratory and Day Care Centre

1999- Increasing blood collection and plasma, platelet production capacity

2002- Expanded network operations with 130 social organizations

2003- Establishment of Cancer Life Centre

2007- Setting up Advisory Unit in New Delhi

2008-Strengthening Research unit with blood components facility

2012- Upgradation of blood components manufacturing unit with modern preservation facility

2020-Building resilience and readiness to tackle the COVID-19 pandemic. invest in blood centres, increase production capacity, and expand our R&D facilities—strengthening the foundation for future growth and ensuring long-term supply security.

2024 Technology Upgradation of Transfusion Transmissible Infections (TTIs)

2025- Upgradation of Blood Components Facility Unit



FINANCIAL STEWARDSHIP, GOVERNANCE AND IMPACT

Overview of Financial Sustainability

The Indian Association of Blood Cancer & Allied Diseases (IABCD) is supported through a diversified funding base comprising patient contributions, individual donors, institutional partners, and government support, including the West Bengal Chief Minister's Relief Fund. This multi-source funding model enables the organization to sustain and expand its mission-driven healthcare services.

Sources of Funds

During the reporting period, IABCD's funding was generated from the following key sources:

- **Corporate Contributions:** 37%
- **Individual Donors:** 29%
- **Government Support (Chief Minister's Relief Fund, West Bengal):** 23%
- **Foundations & Trusts:** 11%

This balanced funding mix reflects growing confidence among stakeholders and reinforces financial resilience.

Utilization of Funds

IABCD remains committed to ensuring that the majority of its resources are directed toward patient care and programme delivery. The allocation of funds is as follows:

- **Medical Services (Patient Treatment):** 42%
- **Voluntary Blood Donation Promotion:** 22%
- **Staff Remuneration:** 28%
- **Establishment & Administrative Costs:** 8%

Notably, **74% of every donation rupee** is directly utilized for charitable medical programmes, underscoring the organization's strong focus on impact-driven spending.

Operational Efficiency

IABCD operates with a lean and efficient structure. Administrative costs are maintained at a low **8%**, while optimized workforce planning ensures that medical team costs remain controlled without compromising service quality. This efficiency allows maximum allocation of resources to patient care and programme expansion.

Commitment to Financial Responsibility

As IABCD continues to explore opportunities to diversify and strengthen its revenue streams, it remains deeply committed to ensuring that all funds are utilized transparently and effectively. Every financial decision is aligned with the organization's core mission—to build healthcare capacity and provide critical support to patients suffering from blood disorders and blood cancers.

Governance Framework-Board Leadership and Oversight

IABCD's Board of Directors and management uphold the highest standards of corporate governance, ensuring accountability, transparency, and ethical conduct across all operations. The governance framework is designed to maximize stakeholder value through:

- Robust strategic planning ,Proactive risk management ,Financial transparency
- Strong corporate responsibility practices

The Board affirms that IABCD aligns with established corporate governance principles and continuously reviews its practices to reflect evolving regulatory standards and sector best practices.

Auditor: Sri Ritesh Agarwala, FCA, Chartered Accountant, Kolkata

Banker:Bank of Baroda, Beliaghata Branch, Kolkata, State Bank of India, Salt Lake Sector-III Branch, Kolkata, Ujjivan Small Finance Bank, Shyambazr Branch, Kolkata and ICICI Bank, Narkeldanga Branch, Tamilnad Mercantile Bank Ltd, Kolkata Branch.

BOARD OF DIRECTORS AND ADVISORS

Dr.Manju Datta Chaudhuri, Medical Advisor-Haematologist, Kolkata

Sri Amalendu Pal, Social Work, Member & Honorary President, Kolkata

Sri Adil Firoze, Engineer, Honorary Member, Management Specialist, New Delhi

Sri Sandip Samajdar, Engineer, Corporate Social Responsibility, New Delhi

Sri Anjan Sarkar, Service, Honorary Member, Kolkata

Sri Rohit Pal, Honorary Member, Strategy and Investment, New Delhi

Sri Prasanta Das-Retired Banker, Honorary Member, Bhubaneswar

Sri Yogesh Wardhani, Bio-Medical Engineer, Honorary Member, New Delhi

Sri Subhendu Albert Rozario, Finance Specialist, Honorary Member, Kolkata

Sri Atma Prakash, Financial Consultant, Honorary Member, New Delhi

Sri Tishikh Dasgupta, Communication & Creativity, Honorary Member, Kolkata

Sri Gautam Majumder, Health System Specialist, Honorary Advisor

Dr. Asok Sarkar, Blood Banking Specialist, Honorary Member, Kolkata

THE TEAM: Dr Sucharita Ray-Medical Director, Dr. (Mrs) Reshmi Kundu, Dr (Mrs) Kakali Bhowmik, Amitava Khandait, Mrs Mitali Samanta, Ms Swati Chatterjee Sen, Ms Ratna Mallick, Ms Papiya Roy, Ms Debanka Debnath, Sutirtha Das,Abhijit Mondal, Ms Paulami Dalapati, Ms Joyita Mallick, Ms Priyanka Bhattacharyya, Sabana Yasmin, Binita Ghosh, Bipasha Ghosh, Monalisa Dasgupta, Suparna Shyamal, Shatarupa Das, Sneha Das, Koel Mondal, Riya Roy, Pitambar Khamaru, Bhola Jha , Alope Dhara and Pritam Mukherjee.

Volunteer- Mouli Pal- (Honorary Associate- Scientific Programme)



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