Department of Health & Family Welfare

Government of Kerala

KERALA STATE ORGAN AND TISSUE TRANSPLANT ORGANISATION (K-SOTTO)

TECHNICAL DOCUMENT

Standard Guidelines, Protocols & Technical Procedures

K-SOTTO

KERALA .HEALTH

K-SOTTO

Technical Document

Foreword

Kerala Health has been taking well planned policies and interventions to ensure health services at each of the segments in a life cycle approach. We used to say from 'the Cradle to the grave' now we say prior to cradle and post death interventions are planned and practiced. This is a remarkable progress of medical science. In context of Kerala and in the specific subject of Organ donation, the program got initiated after Govt of India passed the central legislation. Right at the start it faced a lot of challenges. The 'Brain death' certification has become a contentious issue. The first order stipulating videography had become a major bottleneck and a major point of debate. There were court cases and the doctor fraternity in both the Government and Private sector were put to enormous pressures. The debate turned out useful, as it has generated awareness and it called upon the executives to work out a sound system and processes to declare brain death. Later, we issued a detailed Government Order to declare 'brain deaths' by following the standard operation procedures and to give brain death certification. This order stood the test of the law and later many other states also took a similar stand and worked out the systems and processes in their respective states. Now some incremental points are getting added to this order so as to bring in more clarity.

The organ donation program will require a multi-pronged approach. It was evident from the way the program got developed in other parts of the world. KSOTTO led by Dr Noble Gracious, state level Committee and District Level structures continued their work in this direction. As a result of these efforts, we see the program is stabilizing. The program needs engagement with people to make them understand the basic science and how their cooperation is capable of saving lives. The Hospital should have an exclusive infrastructure and processes to complete without much delays so that the families will not have the hassles of running around for paper works and statutory formalities. The organ donation program will get developed in stages. The regulatory framework will also be strengthened to avoid any aberrations by abiding with the Act and guidelines to ensure ethical practices.

This document gives information of the interventions taken in the State. It will be a resource document for students, development sector practitioners, civil society and health experts. We dedicate the document to the families of deceased donors for their altruistic approach and magnanimity.

KSOTTO is continuing their efforts to facilitate the implementation of the program. I appreciate the works done by Dr Noble Gracious ED KSOTTO, Dr Vishwanathan DME and all the members of the Executive Committee of KSOTTO. I wish all the success to KSOTTO.

Dr Rajan Khobragade IAS
Additional Chief Secretary
Health & Family Welfare
Government of Kerala

Contents

Chapter 1

Executive Summary

This documentation presents a comprehensive overview of the structure, functions, governance, operational workflows, and strategic direction of the Kerala State Organ and Tissue Transplant Organization (K-SOTTO). Established as an apex body under the Government of Kerala, K-SOTTO serves as the central coordinating authority for organ and tissue transplantation in the state, operating within the legal framework of the *Transplantation of Human Organs and Tissues Act (THOTA), 1994* and its subsequent rules.

At its core, K-SOTTO is designed to ensure ethical governance, equitable access, transparency, and optimal utilization of organs and tissues. The organization integrates a previously fragmented, institution-centric transplant system into a unified, state-wide network involving government and private hospitals, transplant centers, regulatory bodies, and civil society. This integration addresses challenges such as inconsistent practices, coordination gaps, and inequitable access that existed prior to its formation.

The governance structure of K-SOTTO is robust and hierarchical, with strategic oversight provided by a Governing Body chaired by the Honourable Minister for Health, and operational management handled by an Executive Committee. It is also designated as the Office of the Appropriate Authority, enabling it to exercise regulatory oversight, enforce compliance, and ensure adherence to ethical and legal standards.

K-SOTTO performs several critical statutory and operational roles. These include maintaining a centralized state registry of donors and recipients, managing waiting lists, ensuring transparent organ allocation based on medical criteria, coordinating deceased donor transplantation, and supervising brain stem death certification protocols. It also facilitates inter-state coordination through linkage with national bodies such as NOTTO. The organization plays a crucial role in preventing commercialization and unethical practices in transplantation while promoting fairness and accountability.

Operationally, the document details end-to-end service pathways, covering donor pledge registration, transplant center licensing, empanelment of brain stem death certifying doctors, patient registration, and both living and deceased donor workflows. The deceased donor process is particularly structured, beginning with early identification of potential donors, certification of brain death by a qualified medical board, obtaining family consent, organ allocation through a centralized system, and coordinated retrieval and transplantation. Allocation follows

principles of urgency, compatibility, waiting time, and zonal distribution to minimize ischemia time and improve outcomes.

The document also highlights the network of transplant centers and trained professionals, noting a well-distributed system across Kerala's three zones (North, Central, South) and a growing pool of empanelled doctors trained in brain death certification. Capacity building is emphasized through regular training programs, workshops, and technical skill development initiatives.

From a financial perspective, K-SOTTO relies primarily on funding from the National Organ Transplant Programme (NOTP) and the Deceased Donor Multi-Organ Transplant Programme (DDMOTP). However, the absence of a dedicated state budget and delays in fund disbursement present operational challenges, affecting program scalability and efficiency.

A significant component of K-SOTTO's strategy is public engagement and awareness (IEC activities). The organization actively conducts campaigns, community outreach programs, digital media initiatives, and public events to dispel myths, build trust, and promote organ donation culture. These efforts have led to measurable improvements in donor registrations and public participation.

The document also reflects on key achievements, including the establishment of a fully digital transplant registry, 24×7 coordination mechanisms, strengthened regulatory oversight, and increased deceased donor rates. Despite these successes, challenges remain—particularly in sustaining public trust, overcoming misinformation, ensuring consistent funding, and further strengthening institutional coordination.

In conclusion, K-SOTTO represents a comprehensive, data-driven, and ethically grounded model for organ transplantation governance. Its integrated approach—combining regulation, coordination, technology, capacity building, and public engagement—positions it as a critical instrument in improving transplant outcomes and advancing equitable healthcare access in Kerala. Continued focus on transparency, awareness, and systemic strengthening will be essential for sustaining growth and addressing future challenges in the transplantation ecosystem.

Chapter 2

Background, scope and objectives

Kerala State Organ and Tissue Transplant Organisation is established by Government of Kerala as a charitable society under the Travancore-Kochi Literary, Scientific and Charitable Societies Act 1955, as an apex organization in Kerala to regulate the removal, storage and transplantation of human organs and tissues for therapeutic purposes and for the effective enforcement of The Transplantation of Human Organs and Tissues Act 1994 and rules thereunder.

The Organization is entrusted to make lifesaving transplants possible for patients in need. The organisation leverage data and advances in science and technology to continuously strengthen the system, increase the number of organs recovered and the number of transplants performed, and ensure patients across the state have equitable access to transplants, striving towards to meet the demands of the end stage organ failure to have a fresh lease of life. The governing body chaired by the Hon'ble Minister for Health and Family Welfare and Women – Child Development guides the organization in formulating policies and the Executive Committee chaired by the Principal Secretary, Health and Family Welfare mentors the organization in day-to-day affairs.

The evolution of K-SOTTO reflects Kerala's proactive response to the increasing demand for organ transplantation and the complexities associated with donor identification, organ allocation, logistics, and post-transplant follow-up. Prior to the establishment of a dedicated apex body, transplantation activities were largely institution-centric, leading to variations in practices and challenges in coordination. K-SOTTO was therefore conceived as a nodal agency to integrate stakeholders across government and private healthcare institutions, enforcement agencies, and civil society, under a unified regulatory and operational framework.

Mandate and Institutional Role

K-SOTTO functions as the **apex organization for organ and tissue donation and transplantation in Kerala,** for organ and tissue donation and transplantation in the state, operating in alignment with national laws, rules, and guidelines governing transplantation of human organs and tissues. Its mandate encompasses regulatory, operational, and facilitative roles across the entire transplantation ecosystem. As the state-level authority, K-SOTTO also serves as the interface between transplant centres in Kerala and national organ sharing networks.

As the nodal authority, it is responsible for:

- Ensuring equitable access to transplantation services, optimizing organ utilization, and upholding the highest standards of ethical and clinical practice

- Coordinating deceased donor organ and tissue donation across public and private hospitals.
- Managing centralized waiting lists and ensuring transparent and equitable organ allocation.
- Monitoring compliance with legal, ethical, and procedural standards.
- Acting as the state-level interface with national organ sharing and allocation systems.
- Supporting policy implementation and advising the government on transplantation-related matters.

Through these functions, K-SOTTO seeks to contribute to improved health outcomes and quality of life for patients requiring organ and tissue transplantation in Kerala.

Scope of Functioning

The scope of K-SOTTO's activities spans multiple domains of organ and tissue transplantation, including:

- **Deceased donor transplantation**, covering donor identification, certification of brain stem death, organ retrieval, allocation, transportation, and transplantation.
- **Living donor transplantation**, with oversight mechanisms to ensure ethical compliance and adherence to legal provisions.
- **Tissue donation and banking**, including corneas, skin, bones, and other tissues as notified under relevant rules.
- **Registry and data management**, encompassing donor registries, recipient waiting lists, transplant outcomes, and reporting systems.
- **Capacity building**, through training and sensitization of healthcare professionals, transplant coordinators, and institutional committees.
- **Public awareness and advocacy**, aimed at promoting voluntary organ donation and strengthening community participation

Programmatic Initiatives and Key Functions

As part of its operational mandate, K-SOTTO undertakes and supports a range of programmatic initiatives, including:

- Deployment of trained **transplant coordinators** to facilitate donor identification, family counselling, and inter-hospital coordination.

- Implementation of **standard operating procedures (SOPs)** for brain death declaration, donor maintenance, organ allocation, and transportation.
- Development of **IT-enabled platforms** for real-time organ allocation, waiting list management, and data reporting.
- Organization of **training programs, workshops, and review meetings** for clinicians, administrators, and enforcement authorities.
- Conduct of **public awareness campaigns** in collaboration with government departments, local self-government institutions, and civil society organizations.

These initiatives collectively aim to strengthen the deceased donor program, improve system efficiency, and enhance public trust in the transplantation framework.

Objectives

The overarching objectives of K-SOTTO are to ensure ethical governance, equitable access, and optimal utilization of organs and tissues for transplantation in Kerala. Its key objectives include:

- To serve as office of the Appropriate Authority (A.A.) under the Transplantation of Human Organ and Tissues Act-1994, with one or more members of the Executive committee of the Society nominated and appointed by notification as Appropriate Authority under the provisions of the Act.
- To oversee and guide District Level and Hospital-Based Authorization Committees set up under the Transplantation of Human Organ and Tissues Act, 1994.
- To manage state-specific waiting lists for organs and if applicable, to tissues based on agreed and transparent criteria and ensure that all donated organs are allocated to the most appropriate recipient in compliance with the Transplantation of Human Organ and Tissues Act,1994, its amendments and rules made there under.
- To develop and implement ethically and clinically sound transplant programs for the treatment of end-stage organ failure, consistent with meeting our State's overall healthcare needs and audit transplant procedures and outcomes to enable constant improvements in the safety and quality of organ transplants
- To ensure the maintenance of a transplant database of all donors and recipients, including follow up data on living donors and recipients, and to ensure traceability and audit of the outcome of transplant programs.
- To prevent exploitative practices in organ transplantation that harms poor and vulnerable sections of the Society.
- To set standards for the screening and selection of potential living donors.

- To work towards networking all stakeholders in organ and tissue transplantation, including hospitals, medical personnel, organ and tissue donors, families of deceased donors, persons needing transplantation, persons having been transplanted, non-governmental organizations and individuals involved and State and Central Governments to collectively promote long, healthy and productive lives for persons with organ and tissue failure and those with health conditions leading to it.
- To work towards equitable access for all residents of state of Kerala to donation and transplant services and to organs procured from deceased donors
- To maximise the effectiveness of organ and tissue transplant surgeries by setting standards for donor management, organ recovery procedures and organizing and coordinating organ donation and procurement process and setting standards for organ and tissue packaging, labelling and transportation and by ensuring that arrangements are in place for safe and rapid transport of organs from donor hospital to the recipient hospital.
- To assist the Government of Kerala, Government of India and others in formulation of policies, procedures and establishment of regulatory frameworks for all kinds of organ and tissue transplantation as per various Acts, Rules and Government Orders, and any other matter referred to it.
- To ensure standardization, traceability, transparency, quality and safety as well as fairness and public trust in organ donation and transplantation services by providing accurate information to professionals on organ and tissue donation and transplantation outcomes.
- To initiate, implement, support and fund, both independently and in collaboration with others, to make transplant surgery affordable and accessible to economically weaker sections of Society.
- To provide consultancy services on all THOTA (Transplantation of Human Organs and Tissues Act, 1994) and NOTP (National Organ Transplant Program) related matters and any other related issues pertaining to centres, institutions and hospitals located in the State.
- To ensure that all stakeholders involved in organ donation and transplantation in the State of Kerala are fully represented in the guidance and the proper functioning of the program.
- To facilitate multi-organ and tissue retrieval from a Brain stem / Cardiac death donor and including coordination of all steps involved in the procurement of organs and tissues from a donor until transplantation occurs into a recipient.
- To carry out Information, Education and Communication (IEC) activities including development of Information, Education and Communication material specific to the needs of the State for promotion of organ and tissue donation.

- Organizing and managing public relations and communication strategies on state-specific transplant issues
- To work in partnership with other medical institutions, health service departments, other concerned departments, universities, aid agencies, non-governmental organizations (NGO) and institutions of repute in India and abroad to bring in best practices in organ donation and transplantation.
- To conduct seminars, workshops and conferences, publish papers, theses, books periodicals and other literature, Institute fellowships, award scholarships and research grants etc. on organ donation and transplantation issues.
- To develop projects linked to scientific and technological advancement in processes related to organ/tissue donation and transplantation.
- To formulate organ allocation policies within the regulatory framework and update them regularly in consultation with all the stakeholders.
- To accredit transplant teams and or institutions allowed to perform organ transplants.
- To use the latest technologies such as Data Analytics and Artificial Intelligence for reviewing and analysing waiting lists, analysis of allocation and waiting time for various organs and tissues to the extent possible to make all functions more effective and less costly.
- To do such things as may be incidental or conducive to attaining the objective of saving lives through organ transplantation in an ethical and socially acceptable manner and in compliance with the laws in force from time to time.

Chapter 3

Governance structure and regulatory frame work

A comprehensive legal framework for human organ transplantation in India was established through the enactment of the **Transplantation of Human Organs and Tissues Act, 1994**. The Government of Kerala formally adopted and enforced this Act in the year 2008. Following its adoption, organised organ transplantation activities were initiated in the State.

In 2012, the Government of Kerala, under the Health and Family Welfare Department, launched a structured programme titled **DDMOTP – Deceased Donor Multi Organ Transplantation Programme,** popularly known as **"Mruthasanjeevani."** All deceased donor organ transplantation–related activities in the State were coordinated under this programme. Over time, the initiative gained wide public recognition and social acceptance under the name **KNOS (Kerala Network for Organ Sharing)**.

The programme undertook several initiatives aimed at promoting the concept of deceased donor organ transplantation across the State. These included extensive awareness campaigns, capacity-building initiatives, and professional training programmes. Structured training sessions on **brain stem death certification** and **organ retrieval procedures** were conducted for medical professionals. These activities were coordinated by the **Kerala Network for Organ Sharing (KNOS)** in collaboration with reputed national and international organisations such as the **MOHAN Foundation** and **DTI**, among others.

The people of Kerala responded positively to these efforts and embraced the noble cause of organ donation across all sections of society. As a result, the deceased donor transplantation programme demonstrated a steady and significant upward trajectory during the period from **2012 to 2017**, marking a phase of growth and institutional consolidation.

However, the programme subsequently faced a major setback due to the release of a vernacular feature film that portrayed the organ transplantation system as a criminal nexus. The film depicted the transplantation network as a mafia allegedly conspiring to benefit affluent recipients by orchestrating road accidents and falsely declaring victims as brain-stem dead. This misleading and sensational narrative gained widespread public attention and severely undermined public trust. Consequently, the previously positive public perception shifted towards suspicion and fear, leading to a sharp and sustained decline in organ donation rates. In the history of the deceased donor programme in Kerala, this incident is widely regarded as a **local "black swan" event**—an unforeseen development with disproportionately severe consequences.

At the national level, the Government of India, through the Ministry of Health and Family Welfare, introduced the **National Organ Transplantation Programme (NOTP)** as a centrally sponsored scheme. The primary objective of this programme was to strengthen the deceased donor organ transplantation ecosystem across States by supporting the establishment of **State Organ and Tissue Transplantation**

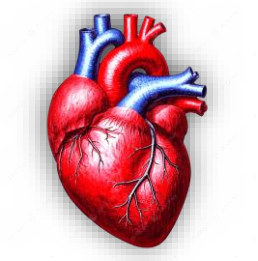
Organisations (SOTTOs) and by providing financial assistance, infrastructure development, and manpower support.

Pursuant to the implementation of the NOTP, the Government of Kerala entered into a Memorandum of Understanding (MoU) with the Ministry of Health and Family Welfare, Government of India. Through this arrangement, central financial assistance and manpower support were channelized, leading to the formal establishment of **KSOTTO** as an autonomous body. KSOTTO was registered under the **Travancore–Cochin Literary, Scientific and Charitable Societies Registration Act, 1955**, thereby providing it with a statutory and administrative framework to function as the nodal agency for organ and tissue transplantation in the State.

Major Achievements in the course of KNOS to KSOTTO

Standard Operating Procedures (SoPs), guidelines, and clinical protocols play a pivotal role in the development of a deceased donor organ transplantation programme by ensuring uniformity, transparency, and ethical compliance at every stage of the process. They standardise critical activities such as brain-stem death certification, donor maintenance, organ retrieval, allocation, and transplantation, thereby minimising ambiguity and discretion. Well-defined SoPs build confidence among healthcare professionals and the public, strengthen inter-institutional coordination, and enhance accountability, which are essential for sustaining public trust and improving donation rates.

The following landmark orders are issued in the course of development from KNOS to KSOTTO. They are highlighted below.

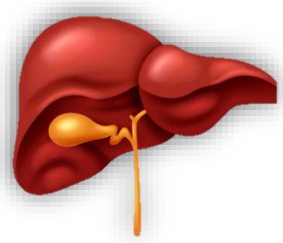


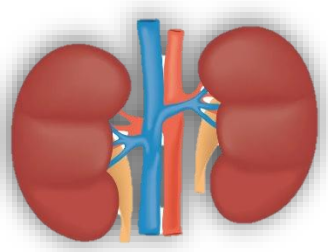
Circular No.14931/S2/2009/H&FWD; Date: 19.11.2010

Order relating to transplantation of organs from living donors.

G.O (MS) No.36/2012/H&FWD dated 04.02.2012

Procedures to be mandatorily followed for certification and declaration of brain death in Government and private hospitals in Kerala.





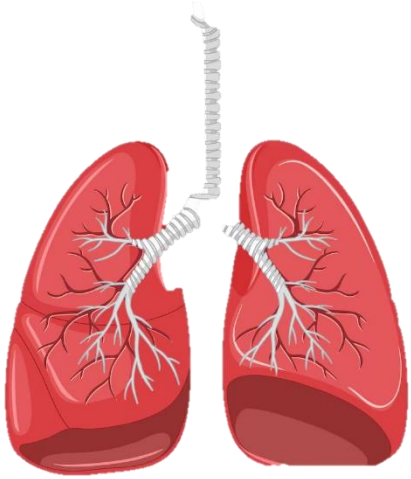
G.O (MS) No.36/2012/H&FWD dated 04.02.2012

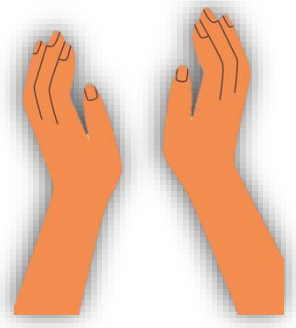
Procedures to be mandatorily followed for certification and declaration of brain death in Government and private hospitals in Kerala.

G.O (MS) No.16/2017/H&FWD dated 01.02.2017

This order stipulates that in the four-member medical team certifying brain death, two doctors must be from outside the hospital, and one among them must be a government service doctor empanelled by the Appropriate Authority.

It also directs that the brain death certification process must be video recorded. Additionally, a peripheral nerve stimulation test is to be conducted to rule out neuromuscular blockade caused by pharmacological agents.



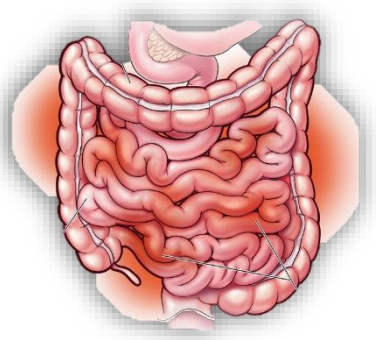


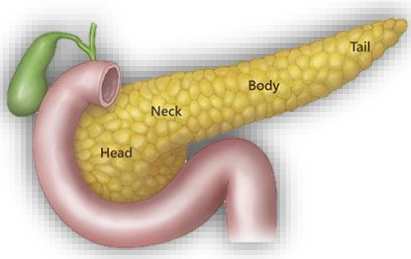
G.O (MS) No.53/2017/H&FWD dated 03.04.2018

This government order issued the Standard Operating Procedure (SOP) for certification of brain death.

G.O (MS) No.7/2020/H&FWD dated 19.01.2020

This is the latest guideline issued for brain death certification. As per this order, after certifying brain death in Form No.10 of the Transplantation of Human Organs Act, the individual may be withdrawn from ventilator support with the consent of relatives. This order is currently being followed.



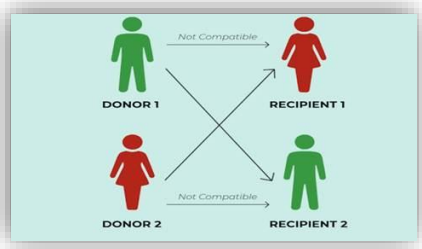


G.O (MS) No.37/2012/H&FWD dated 04.02.2012

Procedures to be followed by government and private hospitals approved for organ transplantation surgeries

G.O (MS) No.38/2012/H&FWD dated 04.02.2012

Criteria for Non-Transplant Organ Retrieval Centres (NTORC) for retrieval of organs from brain-dead individuals.

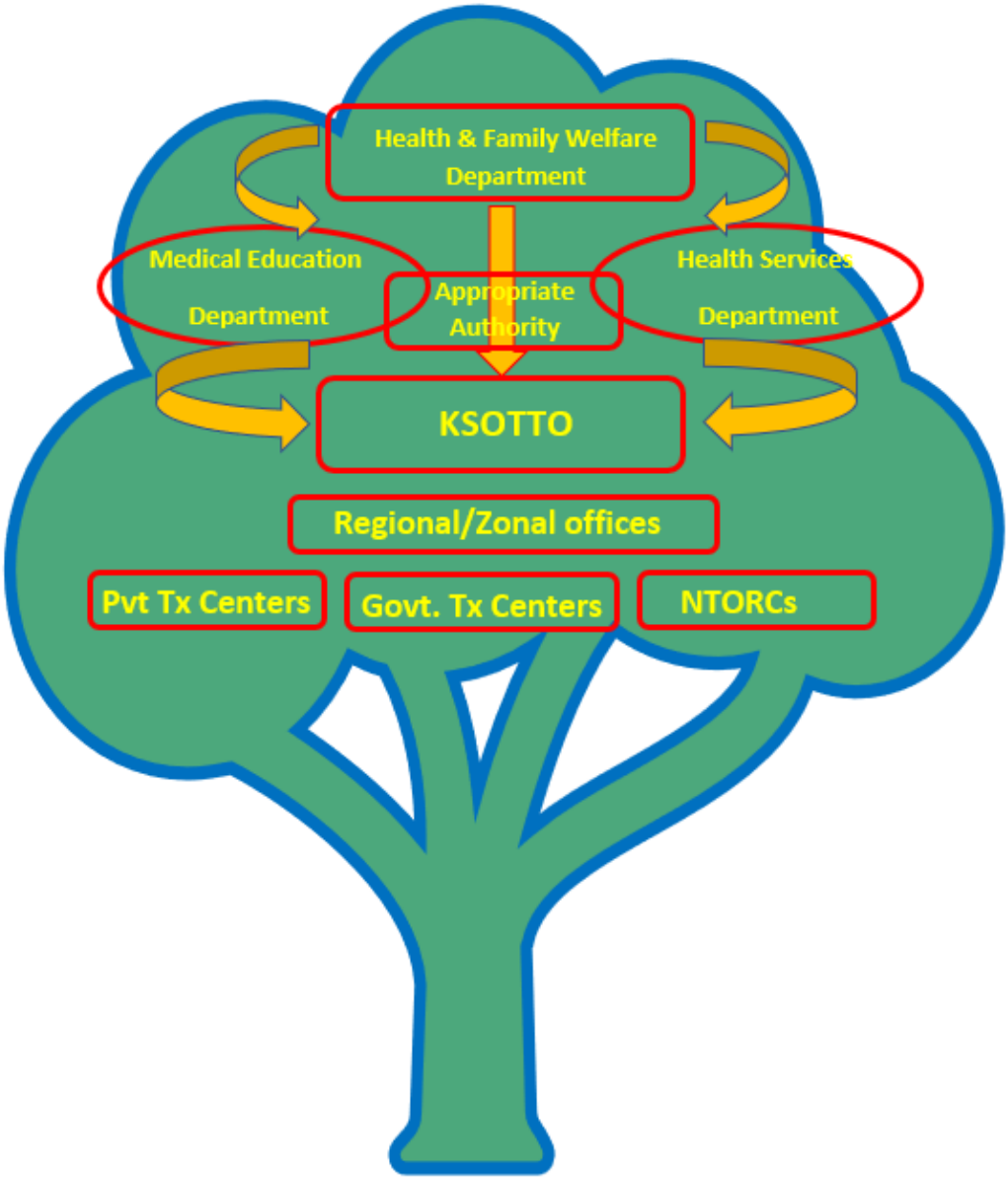


G.O (MS) No.26/2018/H&FWD dated 15.02.2018

Guidelines for organ donation based on altruistic intent and through exchange (SWAP) donation

The role and placement of the KSOTTO in the health system of Kerala

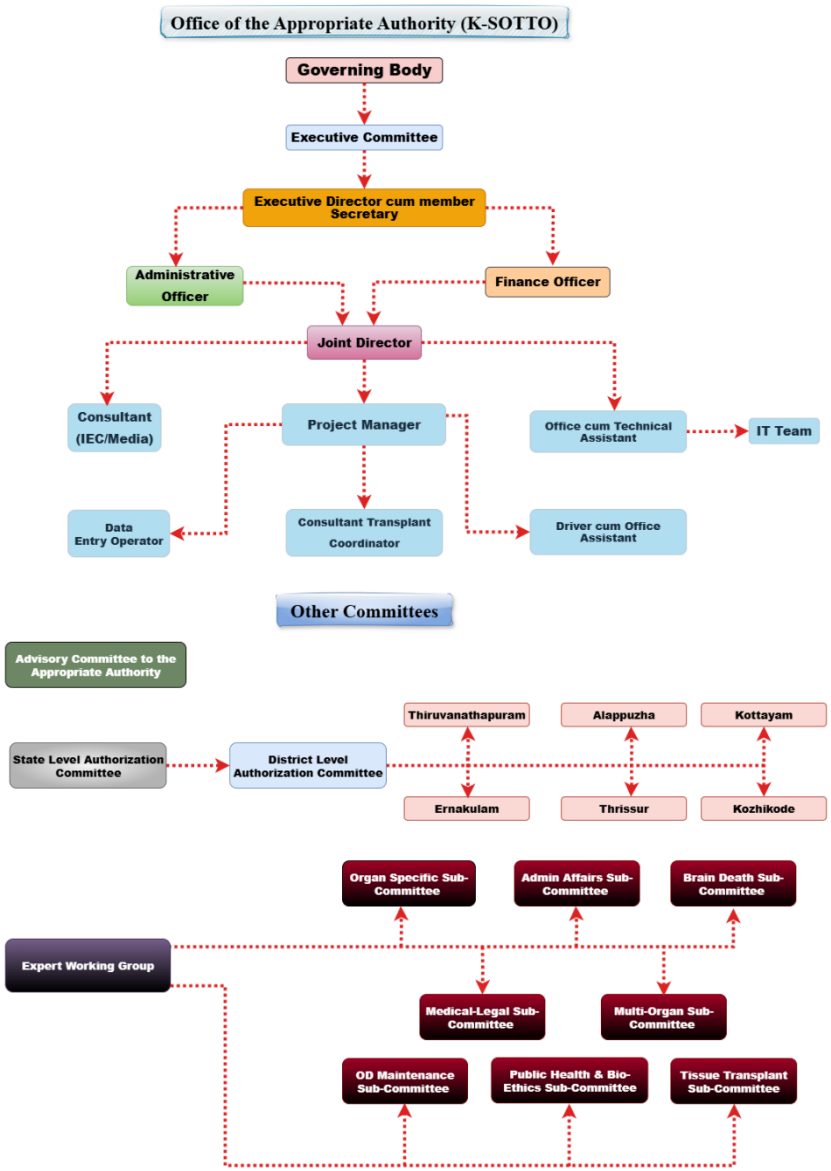
The following figure illustrates the placement of the KSOTTO in the health system of Kerala.



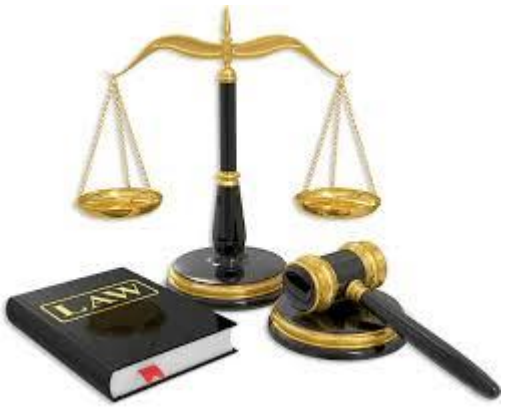
Institutional Framework of KSOTTO

An autonomous organization registered under Travancore-Cochin Literary, Scientific and Charitable Societies Registration Act, 1955 and the Memorandum of Association and Rules are approved by GO(Ms) No. 146/2021/H&FWD dated 06/08/2021. KSOTTO is also declared as the Office of the Appropriate Authority as per notification GO(P)No. 34/2022/H&FWD dated 18th June 2022. The management and administration of the Society is vested with a Governing Body and as delegated by the Governing Body, with the Executive Committee of the Society. The Governing Body

is chaired by the Honourable Minister for Health and Family Welfare. The Governing Body shall have authority to exercise all the powers and perform all the acts and deeds needed for the functioning of the Society, consistent with its aims and objectives. The constitution of the Governing Body is given in annexure. An executive Committee is also constituted to look after the day to day affairs of the Organisation. The Executive Committee shall be responsible for all acts and deeds done on behalf of the Governing Body and for taking all decisions and exercising all such powers, except those which the Governing Body may specify to be excluded from the jurisdiction of the Executive Committee. The general supervision, management and control of the affairs of the Society as delegated by the Governing Body shall be vested in the Executive Committee. The constitution of the Executive Committee is given in annexure. The Executive Director cum Member Secretary is the executive head of the organisation. The organisational structure of the Society is displayed here.



Legal Status of KSOTTO



- SOTTO functions as the **State-level implementing and coordinating body** under **Section 13D** of THOTA (power of appropriate Government to establish mechanisms).
- Operationalised through **Rules 31A, 31B, 31C, 31D, and 32** of the THOT Rules, 2014.
- Usually notified by the State Government and functions **under the administrative control of the Health Department**.

Core Statutory Roles of KSOTTO

A. State-Level Coordination of Organ & Tissue Transplantation **(Rules 31A & 31B)**

The KSOTTO shall:

- Act as the **nodal centre for coordination** of organ and tissue procurement and distribution within the State.
- Coordinate between:
  - Hospitals
  - Organ Retrieval Centres (ORCs)
  - Tissue Banks
  - Transplant Centres
  - NOTTO and ROTTO (where applicable)

B. Management of State Organ & Tissue Registry **(Rule 31B(2))**

The KSOTTO is responsible for:

- Maintaining a **State Registry** of:
  - Organ donors (living and deceased)
  - Organ recipients
  - Organs retrieved and transplanted
- Ensuring **data accuracy, traceability, and confidentiality**
- Regularly sharing validated data with **NOTTO**

C. Allocation of Organs under Deceased Donation Programme **(Rules 31B & 32)**

The KSOTTO shall:

- Ensure **equitable, transparent, and ethical allocation** of organs
- Follow:
  - Waiting-list based allocation
  - Medical urgency criteria

    - Blood group and compatibility norms
- Prevent commercial or preferential allocation

> 👉 This role flows directly from the **anti-commercialisation mandate of Section 19 of the Act**.

D. Supervision of Brain Stem Death (BSD) Programme **(Rule 31A & Rule 8)**

The KSOTTO is mandated to:

- Facilitate identification and certification of **Brain Stem Death**
- Promote uniform implementation of BSD certification protocols
- Coordinate availability of:
    - Certified medical boards
    - Trained transplant coordinators

E. Monitoring & Compliance Oversight **(Sections 13, 14 & Rule 31C)**

The KSOTTO assists the State Government in:

- Monitoring registered hospitals, ORCs, and tissue banks
- Reporting violations to:
    - Appropriate Authority
    - Authorisation Committees
- Supporting inspections and audits

> 👉 SOTTO **does not replace** the Appropriate Authority or Authorisation Committee, but acts as a **technical and administrative support arm**.

F. Training, Capacity Building & Public Awareness **(Rule 31D)**

Statutory duties include:

- Training:
    - Transplant coordinators
    - ICU doctors and nurses
    - Medical officers
- Conducting:
    - Public awareness programmes

    - Professional sensitisation campaigns
- Promoting deceased donation culture

G. Liaison with NOTTO and Inter-State Coordination **(Rule 31B(3))**

SOTTO shall:

- Act as the **State interface with NOTTO**
- Coordinate **inter-State organ sharing**
- Follow national allocation policies issued by NOTTO.

Chapter 4

Core functions, registration/service pathways

Introduction

The Kerala State Organ and Tissue Transplant Organization (K-SOTTO) functions as the State Nodal Agency for regulating, coordinating, and monitoring organ and tissue transplantation activities in Kerala under the Transplantation of Human Organs and Tissues Act (THOTA), 1994 and the Transplantation of Human Organs and Tissues Rules, 2014. The organ transplantation system involves a structured framework that includes donor pledging, transplant centre registration, empanelment of brain stem death certifying doctors, patient registration, allocation protocols, authorization procedures, and post-transplant follow-up. Each component of this system is designed to ensure transparency, ethical practice, legal compliance, equitable organ allocation, and optimal patient outcomes. The following section outlines the core functions and service pathways governing donor registration, hospital processes, allocation mechanisms, and transplantation workflows coordinated through K-SOTTO.

Donor Pledge:

Donor pledging is the voluntary act by which an individual expresses their willingness, during their lifetime, to donate organs and tissues after brain stem death for the purpose of transplantation. This pledge reflects the individual's informed consent and serves as an important declaration of intent; however, as per legal requirements, final consent for organ donation must still be obtained from the next of kin at the time of death.

Individuals may register their pledge through the K-SOTTO web portal (**https://ksotto.kerala.gov.in**) by selecting the **"Be an Organ Donor**" option, or through the NOTTO national portal (**https://notto.abdm.gov.in/register**), using their Aadhaar number and Aadhaar-linked mobile number. It is advisable for pledged donors to inform their family members about their decision so that the pledge can be honored when the situation arises.

Transplant Centre Registration:

Hospitals intending to undertake organ retrieval or transplantation must obtain registration from K-SOTTO in accordance with the Transplantation of Human Organs and Tissues Act (THOTA), 1994 and the Transplantation of Human Organs and Tissues Rules, 2014, which mandate that no hospital shall conduct transplantation activities without prior registration.

The hospital shall submit the prescribed application for a transplant licence, along with the required documents and the applicable fee (₹12,500 for a new licence and ₹6,250 for renewal), by post to the K-SOTTO office and, in parallel, submit the application through the K-SOTTO web portal (www.portal.ksotto.kerala.gov.in). For **detailed portal registration procedures**, see **Annexure 2.**

K-SOTTO will scrutinize the application and conduct an inspection of the hospital facilities to verify compliance with statutory standards. Upon satisfaction that all requirements are fulfilled, K-SOTTO will issue the Transplant License (Form-16/17) through the web portal, specifying the organs and services permitted. The registration shall generally remain **valid for five years**, subject to continued compliance, inspections, and renewal as per the provisions of the Act and Rules.

As per GO No.**39/2012/H&FWD** dtd.**04-02-2012,** the transplant centres shall maintain transplant records for at least ten years, establish trained counselling services, designate a transplant coordinator, ensure confidentiality of recipients, avoid media publicity or coverage of transplant procedures, and display the approximate cost range of transplant surgeries by organ type on their website and the designated Health Department platform. For detailed Duties and Responsibilities of Transplant Centres, refer **Annexure 3**.

Empanelment of Doctors for Brain Stem Death Certification:

Brain Stem Death (BSD) certification must be performed only by **approved (empanelled) doctors** to ensure uniformity, credibility, and compliance with statutory guidelines. Availability of empanelled BSD certifying doctors enables hospitals to conduct deceased donor organ transplantation programmes without procedural delays. In the absence of empanelled BSD certifying doctors, a hospital cannot legally certify Brain Stem Death for organ donation.

Hospitals applying for an **organ transplant license** must nominate eligible doctors for Brain Stem Death certification and submit their details to **K-SOTTO** for empanelment. K-SOTTO reviews the submitted credentials and, upon approval, empanels the nominated doctors. If the nominated doctors are **already empanelled**, fresh empanelment is not required; however, their empanelment status must be confirmed.

For certification and empanelment, **K-SOTTO conducts training programmes at regular intervals (approximately every six months)**. Eligible doctors (**refer Annexure 1**) nominated by hospitals are required to attend this training, after which their credentials are reviewed and, subject to approval, they are empanelled as authorized Brain Stem Death certifying doctors.

Hospitals applying **only for tissue transplantation or tissue bank registration** are **not required** to empanel Brain Stem Death certifying doctors.

Hospital-based Patient Registration processes:

All K-SOTTO registered Hospitals register the recipient for Live/Deceased to the K-SOTTO web portal. An organ-needed patient (recipient) can register through an organ transplant centre. If the patient wants to do a Deceased/Live organ transplant must first consult the hospital where the transplant is planned. Upon confirmation of eligibility, registration can be completed through the **K-SOTTO web portal** at the same hospital.

A patient may register at **only one hospital within the state**, and **no fee** is charged for registration. Patients must obtain fitness certificates from the **Cardiology, Gastroenterology, Pulmonology, ENT, Anaesthesia, Psychiatry, Dental etc.** departments of registered hospitals. These fitness certificates must be renewed **every six months**, as their validity is limited to six months from the date of issue. This process ensures the recipient's availability at the time of organ allocation.

After obtaining the required fitness certificates, **patients seeking deceased donor transplantation shall be enrolled in the recipients' waiting list for deceased donor organs**. In cases of living donor transplantation, the recipient may proceed with the transplant upon completion of the prescribed approval procedures.

Recipient/Donor Transfer Procedure:

1. A recipient who wishes to transfer their registration to another hospital must submit a written request, addressed to the Executive Director of K-SOTTO, through the desired receiving hospital, requesting the transfer of registration to that hospital.
2. The receiving hospital shall forward the recipient's request along with the duly filled Transfer Proforma, downloaded from the K-SOTTO web portal: Downloads → K-SOTTO Forms → Proforma for Transfer/Cancellation of Recipient/Donor Registration **- Annexure 5**
3. The completed proforma and request shall be emailed to ed.ksotto@gmail.com for verification and further processing by K-SOTTO.

Guidelines for Conversion to Multi-Organ Registration:

The procedure for converting an existing single organ transplant registration to a multi-organ transplant registration through the K-SOTTO system is:

1. If a recipient already registered for a **single organ transplant** is clinically assessed to require **additional organ(s)**, the recipient may be considered for **conversion to multi-organ registration.**
2. The **registered hospital** shall compile and forward all **relevant medical documents** pertaining to the additional organ(s) required for transplantation to **K-SOTTO.**
3. Upon receipt, **K-SOTTO** shall forward the documents to the **concerned organ-specific Sub-Committee** for review and approval.
4. Based on the recommendation and approval of the Sub-Committee, **K-SOTTO** shall grant permission to the registered hospital.
5. Following approval, the hospital shall register the recipient as a **Multi-Organ Transplant candidate** through the **K-SOTTO web portal.**

Deceased Donor Workflow (Cadaveric Donation):

The deceased donor workflow applies when organs are donated after brain stem death, which is a legally recognized form of death under the **Transplantation of Human Organs and Tissues Act (THOTA)**, and the entire process is coordinated through the transplant programme. It begins with the identification and certification of brain stem death in a patient with severe and irreversible brain injury by a board of authorized doctors following strict medical criteria, thereby permitting organ retrieval under the law. Even if the individual was a registered donor, written consent from the next of kin is mandatory before proceeding. After consent is obtained, the donor is maintained on life support to preserve organ viability while logistics are arranged, with K-SOTTO and transplant coordinators coordinating among hospitals, retrieval teams, and transport services. Suitable recipients are then identified from state-linked waiting lists to ensure fair and transparent allocation, and organs may be transplanted within the same hospital or transported to other centers through the state network, sometimes using green corridor support. Surgical teams promptly retrieve the viable organs and tissues and transport them to designated transplant centers for implantation. Following retrieval, the donor's body is treated with dignity and respectfully handed over to the family, and post-donation follow-up may include memorials or acknowledgements honouring the donor and their family. A schematic diagram of the processes involved in the brain-stem death declaration from identification to transplantation is given in **annexure 9**

1. **Donor Identification and coordination:**

The Kerala State Organ and Tissue Transplant Organization (K-SOTTO) functions as the State Nodal Agency for coordinating deceased donor organ transplantation in Kerala under the Transplantation of Human Organs Act (THOA).

Based on donor source, transplants are of two types: living donor transplant, where an organ is donated by a living person (commonly kidney or part of liver), and deceased donor transplant, where organs are retrieved after brain stem death and allocated through the state or national waiting list.

When a patient is suspected to be brain dead, early intimation should be made even before formal brain death certification, to facilitate timely donor maintenance, coordination, and appropriate family counselling. In this scenario the patient's Glasgow Coma Scale is persistently 3 (E1 V1 M1) despite adequate resuscitation, all brainstem reflexes are absent on clinical examination, and the treating medical team is of the opinion that neurological recovery is unlikely. Early notification helps to facilitate donor maintenance, timely certification coordination, and appropriate family counselling medical team **must discuss the medical status, prognosis, and the brain death testing process with the patient's close relatives** in advance of the testing.

In Kerala, the procedure for declaring **brain stem death** is governed by the **Transplantation of Human Organs and Tissues Act (THOTA 1994, amended and enforced with rules 2014)** and state-level protocols.

2. **Formation of Certification Panel:**

Once K-SOTTO is intimated by a hospital regarding a probable brain death, it ensures that brain stem death certification is carried out strictly as per the Transplantation of Human Organs Act (THOA). **K-SOTTO guides the Hospital Competent Authority to constitute the Brain Stem Death Certification Board, which consists of four doctors:** in which K-SOTTO facilitates external specialist nomination and ensures that certification is complete, unbiased, legally valid, and time-bound before proceeding further in the deceased donor process.

A **panel of 4 doctors** must conduct the brain death tests. This panel includes:

- The **Registered Medical Practitioner in charge of the hospital.**
- A **Registered Medical Practitioner nominated from the government-approved panel.**
- A **Neurologist/Neurosurgeon** (or in their absence, an approved Surgeon/Physician and an Anaesthetist/Intensivist as per rules).
- The **treating doctor** of the patient.
- At least **one doctor from government service** must be on the panel in Kerala.

3. **Clinical Testing Protocol:**
   - The panel performs the **clinical brain stem death tests** - including tests for brainstem reflexes and the **apnea test - twice with a minimum interval of 6 hours** between examinations.
   - The apnea test should be performed **only after confirming absence of all other brainstem reflexes.**

4. **Documentation & Legal Forms:**
   - Results of all tests are recorded in Form 10 under THOTA rules. **Annexure 6**
   - Family consent for organ donation, if being pursued, is documented separately (Form 8). **Annexure 7**
   - The time of death is taken as the time of the second positive confirmation of brain stem death.

5. **Declaration of Death:**
   - After two consistent examinations confirming irreversible cessation of all brain and brainstem function, the panel formally declares the patient brain dead.
   - A certificate confirming brain stem death is issued and signed by all panel members.
   - Under state directive, all life-support treatment, including ventilator support, should be discontinued once brain death is pronounced (even if family consent

for organ donation is pending).

6. **After Declaration:**
   - Once brain death is declared, the patient is legally dead.
   - If the family wishes to donate organs, after collecting consent the transplant coordinator/K-SOTTO frameworks are activated for allocation and retrieval.
   - Organ retrieval is done only after legal certification and documented consent.

Once brain stem death is certified and family consent is obtained, the hospital transplant coordinator immediately notifies through Form D1(Potential Organ Donor Alert) to K-SOTTO, which becomes the single nodal point for coordination. K-SOTTO verifies donor details, available organs, blood group, and medical suitability, and simultaneously accesses the state waiting list registry to identify eligible recipients as per allocation rules. K-SOTTO then coordinates the organ retrieval process. The **donor hospital** prepares operating theatres, ICU handover, documentation, and donor maintenance, while the **retrieval teams coordinate surgical timing,** preservation solutions, and packaging requirements.

K-SOTTO manages the **state waiting list**, initiates and monitors **transparent organ allocation** based on compatibility, urgency, and waiting time, and coordinates **organ retrieval, transport, and transplantation** among hospitals. It ensures **documentation, data reporting to state and national registries**, audit compliance, and functions as a safeguard against **commercial organ transplantation**, promoting ethical and equitable deceased donor transplantation.

K-SOTTO also coordinates **transport logistics** (ambulance, green corridor, flights / helicopter if needed) and maintains continuous communication among donor hospitals, retrieval teams, recipient centres, and law-enforcement/transport authorities if required.

7. **State Organ Allocation Principles:**

Organ allocation in Kerala is governed by the **Kerala State Organ and Tissue Transplant Organization (K-SOTTO)** under the **Transplantation of Human Organs Act (THOA)**, with the aim of ensuring **equity, transparency, and optimal utilization** of deceased donor organs.

Upon declaration of brain stem death, organs are first allocated to eligible recipients at the donor hospital, and the remaining organs are subsequently allocated within the same zone as per the approved allocation protocol.

Considering the logistics involved in transporting organs and tissues across the State, and with the objective of minimizing cold ischemia time to ensure optimal graft function and recipient outcomes, the State has been divided into three geographical zones - **North, Central, and South.**

South zone - Thiruvananthapuram, Kollam, Pathanamthitta, Alappuzha

Central zone - Ernakulam, Kottayam, Thrissur, Idukki

North zone - Palakkad, Wayanad, Kozhikode, Kasargod, Malappuram, Kannur

Allocation is based on Clinical urgency, Blood group compatibility, Waiting list seniority, Zonal and institutional rotation.

Allocation Priority Order:

1. **Super Urgent cases:**

   Super-urgent status in organ transplantation is **certified by the transplant physician or surgeon** based on the patient's critical clinical condition. The **transplant coordinator submits a time-bound, case-specific super-urgent request to K-SOTTO**, along with **medical justification documents and the latest clinical status** of the patient. **K-SOTTO reviews and validates** the request by assessing the **medical urgency** and the **completeness and authenticity of documents**, and may seek **clarifications or expert opinion** if required. Once approved, the patient is **listed as Super-Urgent on the state waiting list** and receives **top priority for the next suitable deceased donor organ**. This priority is **organ-specific and valid for 72hrs only**. When a deceased donor organ becomes available, the **super-urgent patient is considered before routine cases**, provided **blood group and size compatibility** are met.

   - Super- urgent listing gets state-wide preference for **compatible blood groups.**If there are multiple eligible patients, allocation shall be made in chronological order of listing.
   - The Super Urgent Listing category applies only to two organs: **Heart and Liver.**

   1) Super Urgent listings receive State-wide allocation preference **Multi-Organ Transplant cases**: If there are no Super Urgent patients listed, the **next priority is Multi-Organ Allocation**. Multi-Organ Allocation shall be exercised **within the respective zone for identical blood groups.** Preference may be given based on the seniority in the waiting list. Priority for patients listed for Multi-Organ Transplant, in descending order:

   a. Heart & Liver
   b. Liver & Small Bowel
   c. Liver & Kidney

2. **Elective Transplant cases:**

   a. The donor hospital may utilize all organs for which it holds a valid transplant licence, except one kidney, which shall by default be allocated to a Government hospital.

b. If the donor hospital does not have a suitable recipient for any particular organ, the organ shall be offered to hospitals in the zonal rota in sequence.
c. When all Government hospitals in the State decline the kidney allocation, the organ shall be returned to the zonal kidney pool of the donor hospital and thereafter to other zonal if not utilized at the zone of the donor hospital.
d. If organs are **not utilized within the zone**, they may be offered to **other zones or ROTTO**, as per allocation protocols.
e. For all other organs and tissues, **institution-wise allocation** shall be followed as per the **zonal institutional rota**.
f. The **hospital next in the rota** shall utilize the organ for the **most compatible patient** in its institutional waiting list.

The institution shall be responsible for justifying the allocation to a particular patient based on medical compatibility and urgency.

Post-Transplant Reporting and Follow-up:

1. After transplantation, the **donor hospital and recipient hospital** shall submit recipient details to K-SOTTO through **Form D3 – Deceased Organ/Tissue Allocation Summary.**
2. **Thirty (30) days after transplantation,** the transplant centre shall submit **Form D4 – Recipient Follow-up Summary** to K-SOTTO.

These reports are used for **evaluation, monitoring, and outcome analysis** of transplant recipients.

Living Donor Workflow.

In the living donor workflow, an individual who is alive at the time of surgery donates an organ-most commonly a kidney or a part of the liver-to a recipient.

- ➢ The **transplant centre** plays a central role in the **medical, ethical, and legal conduct** of organ transplantation. It is responsible for **identifying suitable donor–recipient pairs** and conducting a **comprehensive medical evaluation** of both donor and recipient to ensure fitness and safety.
- ➢ The centre ensures **psychological and social assessment** of the living donor, provides **complete information**, and obtains **informed consent**, safeguarding donor autonomy and the right to withdraw. It prepares and verifies all **medical and legal documentation** as per the **Transplantation of Human Organs Act (THOA)** and submits cases to the **Authorization Committee** through the transplant coordinator.
- ➢ In **living first-degree related organ transplantation**, the **Hospital Competent Authority (HCA)** functions as the key authority to ensure **legal compliance, ethical practice, and donor safety** under the **Transplantation of Human Organs Act (THOA)**.

- ➢ The HCA verifies and certifies the **first-degree relationship** (parent, sibling, child, or spouse) between donor and recipient through valid documentary proof. It ensures that the **donation is voluntary**, informed, and free from **coercion or commercial consideration**, and confirms the **mental competence** of the donor.
- ➢ The HCA oversees the **informed consent process**, ensures completion of prescribed **THOA forms**, and confirms that **medical, psychological, and social evaluations** of the donor have been satisfactorily completed. Since the donor is a near relative, the case is generally **approved at the hospital level**, without referral to the Authorization Committee.
- ➢ The authority ensures **proper documentation, record maintenance, and reporting** of the transplant to **K-SOTTO / appropriate authorities**, and facilitates audits and inspections, thereby safeguarding **ethical and lawful living related transplantation**.
- ➢ **The District Level Authorization Committee (DLAC) is a statutory body constituted under the Transplantation of Human Organs Act (THOA) to provide legal approval for living donor (Unrelated) organ transplantation at the district level.**
- ➢ **DLAC primarily scrutinizes living donor cases, especially non-near-relative transplants, to verify the donor–recipient relationship and ensure that the donation is voluntary, informed, and free from commercial inducement. The committee conducts personal interviews of the donor and recipient to assess motivation, understanding of risks, and absence of coercion.**
- ➢ **DLAC reviews medical fitness, psychological, and social evaluation reports, ensures donor safety, and grants or rejects permission for transplantation. It maintains records, communicates decisions to the transplant center and K-SOTTO, and functions as an important ethical and legal safeguard against organ trafficking.**
- ➢ The **State Level Authorization Committee (SLAC)** is a **statutory body under the Transplantation of Human Organs Act (THOA)** functioning in coordination with **K-SOTTO** to grant **legal approval for living donor organ transplantation** in Kerala.
- ➢ SLAC considers **inter-district and inter-state donor–recipient cases**, **appeals from rejected or deferred DLAC cases**, and **special or high-risk cases** involving doubt about donor–recipient relationship, voluntariness, or suspected commercial transaction. Cases may also be referred by **K-SOTTO or the Appropriate Authority** for further scrutiny. SLAC functions as the **higher legal and ethical authority** to ensure transparent and lawful transplantation.

Finally, after approval from the designated authorities the transplant centre performs the **surgical procedure**, provides **post-operative care and long-term follow-up** of

donor and recipient, maintains records, and after transplant the donor should be mapped with the recipient through K- SOTTO website ensuring ethical and lawful transplantation.

Data management and maintenance are essential to ensure **transparency, traceability, and legal compliance** in organ transplantation. Accurate data recording helps in ethical allocation, monitoring outcomes, and preventing misuse.

All transplant-related data including **donor details, recipient registration, medical evaluation, consent forms, authorization committee approvals, allocation records, surgery details, and follow-up outcomes** must be properly recorded and securely maintained by the transplant centre.

Data should be **updated regularly**, verified for accuracy, and reported to the **State Organ and Tissue Transplant Organization (K-SOTTO)** and the **National Registry** as mandated under the **Transplantation of Human Organs Act (THOA)**. Confidentiality of donor and recipient information must be strictly maintained.

Proper data management enables **audit, monitoring, research, policy planning**, and ensures accountability of all stakeholders in the organ transplantation system.

Post-Transplant Aftercare Assistance:

Through the NOTP Fund, K-SOTTO provides **financial assistance to Below Poverty Line (BPL) transplant recipients from Government hospitals** for immunosuppressive medications. Applications (**Annexure 4**) shall be submitted through the concerned Government hospital with the assistance of the transplant coordinator, along with the prescribed proforma and supporting documents.

Conclusion:

A well-defined regulatory and operational framework is essential for maintaining ethical, transparent, and efficient organ transplantation services. Through standardized registration systems, statutory approvals, coordinated deceased and living donor workflows, structured allocation principles, and continuous monitoring mechanisms, K-SOTTO ensures that transplantation activities within the State are conducted in accordance with legal provisions and best clinical practices. Strengthening awareness, timely reporting, institutional compliance, and accurate data management further supports equitable access to transplantation services and promotes public trust in the organ donation programme, ultimately contributing to improved patient survival and the advancement of deceased and living donor transplantation in Kerala.

Chapter 5

Network of approved hospitals and empanelled doctors

Transplant hospitals, tissue banks and their licenses

All details pertaining to registered transplant hospitals and tissue banks in the State, including information on their facilities, available infrastructure, empaneled doctors, and other relevant resources, are systematically maintained and updated in the KSOTTO web portal. This centralized repository supports effective regulatory oversight, coordination, and planning of organ and tissue transplantation services across the State.

The below is status of licensed transplant centers registered with KSOTTO as of January 2026; (Detailed list in Annexure 8

Table 5.1

ZONE	No. of Licensed Transplant Centers
North	18
Central	27
South	17

Non Transplant Organ Retrieval Centre (NTORC):

1. INHS Sanjivani, Kochi

List of Empaneled Doctors for certification of brain-stem death for deceased organ donation activity

KSOTTO has established a structured and standardized system for empanelment of medical practitioners authorized to certify brain-stem death for deceased organ donation activity. Under this system, a unique empanelment number is assigned to each doctor following strict verification of eligible degree qualifications, in accordance with the provisions of the Transplantation of Human Organs and Tissues Act, Rules thereunder.

The empanelment is granted for a validity period of five years, after which the concerned doctor is required to undergo refresher training conducted by KSOTTO to continue their empaneled status. This mechanism ensures that empaneled doctors remain updated on recent developments, evolving guidelines, and globally recognized best practices, and that brain-stem death certification is carried out strictly in adherence to approved SOPs.

To support this system, KSOTTO organizes biannual training programs on brain-stem death determination. Pursuant to the implementation of this revised empanelment framework, empanelment has been granted to over 300 doctors, including practitioners from both Government and private hospitals. The process of assigning unique empanelment numbers to previously empaneled senior doctors is planned to begin shortly. The list is attached as Annexure.

Chapter 6

Funding and financial managements

1. Funding Sources

The activities of the Kerala State Organ and Tissue Transplant Organization (K-SOTTO) are primarily supported through National Organ Transplant Programme (NOTP) funds of the Government of India and Deceased Donor Multi Organ Transplant Programme (DDMOTP) funds administered through the Government Medical Education system. At present, there is no separate State Government budget allocation exclusively earmarked for K-SOTTO operations.

2. National Organ Transplant Programme (NOTP) Funds

Funds under NOTP are released by the Ministry of Health & Family Welfare, Government of India, through the Public Financial Management System (PFMS) based on approved Programme Implementation Plans (PIPs). The funds are credited to the designated NOTP scheme account of K-SOTTO and are utilized for programme activities such as:

- Training and capacity-building programmes
- Awareness and IEC activities
- Registry maintenance and IT systems
- Transplant coordination strengthening
- Programme manpower and operational support

Availability of funds depends on annual allocation and release schedules, and delays in fund release occasionally affect timely implementation of planned activities.

Indicative NOTP Allocation

- FY 2018–19 : ₹58 lakh
- FY 2025–26 : ₹60 lakh

Fund Flow:
MoHFW (GoI) → PFMS Release → K-SOTTO NOTP Scheme Account → Programme Implementation → SoE / UC submission

3. Deceased Donor Multi Organ Transplant Programme (DDMOTP) Funds

Under DDMOTP, the Director of Medical Education (DME) functions as the Controlling Officer and the Principals of Government Medical Colleges function as Drawing and Disbursing Officers (DDOs). At present, no separate Head of Account has been sanctioned for K-SOTTO, and since K-SOTTO functions within the premises of Government Medical College Thiruvananthapuram, expenditure relating to K-SOTTO

activities is met from the DDMOTP allocation available with the respective medical college, particularly GMC Thiruvananthapuram.

This arrangement sometimes results in procedural delays in accessing funds required for timely programme implementation.

Fund Flow:
Government → DME (Controlling Officer) → Medical College Principals (DDOs) → Bill Submission → Fund Allocation → Programme Expenditure

DDMOTP Allocation to Government Medical Colleges.

Table 6.1

Financial Year	GMC Thiruvananthapuram	GMC Kottayam	GMC Kozhikode
2023–24	₹1.60 crore	₹60.00 lakh	₹15.78 lakh
2024–25	₹1.12 crore	₹88.07 lakh	₹19.16 lakh
2025–26	₹1.72 crore	₹63.00 lakh	₹13.54 lakh

4. Registration Fee (Earlier Source)

Registration fees earlier collected through the Kerala Network for Organ Sharing (KNOS) and credited to the K-SOTTO Treasury Savings Bank (TSB) account constituted an additional operational resource. Collection of registration fees has subsequently been discontinued as per Government orders, and the currently available balance from this source is approximately ₹25 lakh.

5. Key Operational Issues

- Absence of a separate Head of Account for K-SOTTO under DDMOTP leads to dependence on medical college financial mechanisms.
- Delays in NOTP fund allocation and release occasionally create temporary funding gaps.
- Discontinuation of registration fee collection has reduced internal operational flexibility.

Accordingly, implementation of K-SOTTO activities is carried out based on the annual allocation and availability of funds under NOTP and DDMOTP schemes, in compliance with applicable financial rules and reporting requirements.

Chapter 7

Communication, public engagement and transparency

KSOTTO (Kerala State Organ and Tissue Transplant Organization), IEC (Information, Education, and Communication) activities are the lifeblood of the deceased donor program. Because organ donation involves sensitive cultural, religious, and medical themes, these activities are designed to build public trust and replace "myth" with "medicine.

The importance of IEC in K-SOTTO includes:

- Creating widespread awareness among the public about the importance and procedures of organ and tissue donation.
- Addressing myths, fears, and misconceptions associated with organ donation through accurate and reliable information.
- Motivating individuals and families to pledge organ donation and support deceased organ donation.
- Enhancing acceptance of organ donation across different sections of society, including students, youth, professionals, and community groups.
- Promoting ethical practices, transparency, and legal compliance in organ transplantation.
- Strengthening public confidence in the organ donation system.
- Ensuring effective communication among hospitals, transplant coordinators, NGOs, and other stakeholders.
- Contributing to increased registration of donors and improved organ donation rates in the state.

1. Community Engagement & On-Ground Events

K-SOTTO actively utilizes public gatherings to normalize the conversation around organ donation.

Pledge Drives: Setting up kiosks at major public events (IFFK, KLF, Ente Keralam, Navakerala Sadass, KA Fest, Vanitholsavam, GFSFK) where celebrities and the public can organ donation registration. Misconceptions regarding organ donation among the general public are being eliminated through pledge drives conducted in this manner.

Last year, the state was ranked 13th in organ donation registrations; however, it has now climbed to the 9th position. Currently, more than 11,000 people in the state have registered for organ donation.

Figure 7.1

Awareness Classes: Schools, colleges, government institutions, NGOs, and several other institutions across the state regularly organize organ donation awareness classes. These sessions are conducted by K-SOTTO staff, doctors from various transplant centers, transplant coordinators, and other resource persons. In the previous year alone, K-SOTTO directly attended and conducted around 60 such awareness programs.

Figure 7.2

2. **National Organ Donation Day Celebration (Aug 03)**

As part of the National and International Organ Donation Day celebrations, the Kerala State Organ and Tissue Transplant Organization (K-SOTTO) organized a state-level event titled **"Smriti Vandanam 2025"** at the Tagore Theatre in Thiruvananthapuram on August 13, 2025. The ceremony honoured approximately 120 deceased organ donors and their families for their noble contribution. Following the success of this event, it has been decided to institutionalize this practice; every year on National Organ Donation Day, the families of deceased organ donors across the state will be officially honoured. These families will be felicitated by either the Chief Minister or the Honourable Minister for Health, ensuring continued recognition of their selfless sacrifice.

2. Digital & Social Media Campaign

The Kerala State Organ and Tissue Transplantation Organisation (K-SOTTO) launched a state-wide social media campaign titled "Jeevanekam Jeevanakam" (Save Lives, Give Life) to promote deceased organ donation and raise awareness about its significance. The campaign was conducted from December 2024 to May 2025 and focused on creating awareness about organ donation across Kerala. through Facebook and Instagram. The objective was to educate the general public, healthcare professionals, and hospital communities on the importance of organ donation, dispel common myths, and encourage individuals to register as organ donors. The campaign also set measurable goals, including increasing K-SOTTO's social media followers by 30%, improving public awareness by 25%, and increasing organ donor registrations by 20% within six months. Overall, the campaign helped build a positive narrative around organ donation and strengthened engagement with key audience groups.

The organ donation awareness campaign has successfully enhanced public engagement, increased social media reach, and significantly contributed to donor registrations. Through strategic content distribution on Facebook and Instagram, we effectively targeted key demographics, particularly individuals aged 25-34 on Instagram and those above 30 on Facebook, with strong regional engagement in Kozhikode and Trivandrum.

The content strategy, which included social media posters, short videos, testimonial videos, and reels, played a crucial role in boosting visibility and audience interaction.

Figure 7.3

3. Social Media Presence/ Digital Outreach

K-SOTTO actively utilizes Facebook and Instagram as its primary platforms. Additionally, the organization maintains a presence on other social media platforms, including a WhatsApp channel and X (formerly Twitter). All K-SOTTO events, organ donation-related information, official announcements, and success stories are posted in real-time across these channels. Indeed, social media serves as K-SOTTO's strongest mass media tool for the widespread dissemination of information.

4. IEC Materials & Resources

K-SOTTO develops and distributes various educational resources, including videos, pamphlets and flyers, standees, and other IEC materials. In addition to K-SOTTO, brochures and posters are created and distributed to various government and private hospitals, skin banks, schools, and other NGO institutions. For all programs requested by them, K-SOTTO designs, prints, and provides all the required brochures and posters.

Initiatives

As part of the 'Jeevan Daan' initiative led by the Thiruvananthapuram District Collector, Smt. Anupama IAS, an organ donation awareness class and training session was organized for Kudumbashree CDS and ADS members. As part of the campaign,

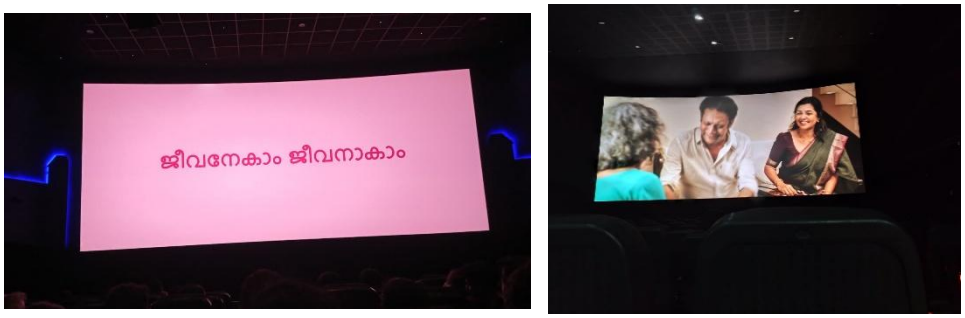
Kudumbashree members will visit households to distribute awareness brochures and share vital information regarding organ donation. The project has successfully delivered the message of organ donation directly to approximately 5,000 households, marking the beginning of a significant transformation within the community.

Figure 7.4

5. Outdoor and Field Publicity

As part of K-SOTTO's outdoor publicity activities, a one-minute video was produced with the support of KSFD, and the said video is screened at all K-SOTTO programs. During the Onam season of 2025, K-SOTTO's video was screened for 15 days in around 100 theatres across Kerala. In addition to K-SOTTO programs, the video is also being screened in various government and private hospitals. Moreover, with the support of K-SOTTO, display boards are being prepared and installed in government hospitals for promoting organ donation awareness.

Figure 7.5



6. Mass Media Outreach

All news and notifications regarding K-SOTTO are regularly shared with the media through official press releases. Additionally, the organization strengthens its brand by

collaborating with journalists to publish special stories, articles, and features.Comprehensive articles and advertisements related to organ donation are frequently featured in the state's leading newspapers and magazines. K-SOTTO also leverages visual media to produce diverse programs, including expert interviews and inspiring success stories. Furthermore, in collaboration with All India Radio (Akashavani), the organization has broadcasted several engaging programs and interviews to reach a wider audience.

Chapter 8

Key Achievements, challenges and way forward

Achievements:

1) **Fully Digital State Transplant Registry**

Established and operationalized a fully digital Central State Registry encompassing patients awaiting deceased organ transplantation as well as patients who have undergone transplant surgeries in the State, including both live donor and deceased donor transplants.

The registry is aimed at strengthening transparency, traceability, facilitating data driven decision making etc.

2) **Round-the-Clock Deceased Organ Donation Coordination**

KSOTTO ensures 24×7 coordination for deceased organ donation activities across the State. This includes seamless coordination for organ allocation, organ retrieval, organ transport through air ambulance and other rapid transport mechanisms, in close collaboration with hospitals, Police Department, Traffic Police, Airport Authorities, Aircraft Operators, and Railways as required, thereby minimizing ischemia time and improving transplant outcomes.

3) **Regulatory Oversight as Appropriate Authority**

KSOTTO has been designated as the Office of the Appropriate Authority (Section 13 of the Transplantation of Human Organs and Tissues Act, 1994). In this capacity, KSOTTO has instituted a robust system of continuous monitoring, inspection, and regulatory oversight of all registered transplant centres in the State, ensuring strict compliance with statutory provisions, ethical standards, and prescribed SOPs.

4) **Capacity Building Training**

KSOTTO has played an instrumental role in strengthening the capacity of healthcare professionals by regularly organizing structured training on brain-stem death determination, hands-on multiorgan retrieval and implantation techniques etc. These trainings ensure that the practices align with the SOPs and global best practices.

5) **Institution of State Level Technical Committee for Appeals**

The State Level Technical Committee has been constituted for consideration of appeal petitions preferred against decisions of the District Level Authorization Committees and the Appropriate Authority. Since its inception in September 2024, the Committee has examined and submitted recommendations on over 60 cases to the Government, contributing to fair and timely grievance redressal.

6) **Public Awareness and Community Engagement**

KSOTTO regularly conducts public awareness and outreach campaigns aimed at addressing myths, misconceptions, and doubts surrounding organ donation and

transplantation. These initiatives have contributed to increased public engagement and improved acceptance of deceased organ donation.

7) Financial Support for Post-Transplant Care of BPL Beneficiaries

KSOTTO has initiated steps to reimburse the expenses incurred by eligible BPL transplant recipients towards the purchase of immunosuppressant medications following their transplant surgery (first pay-out will be made by February 2026). By reducing the financial burden on economically vulnerable recipients, this measure is expected to improve medication adherence, and enhance overall post-transplant outcomes.

8) Smrithi Vandanam 2025 - State-level commemorative event

KSOTTO organized a State-level commemorative event, Smrithi Vandanam 2025, to honor organ donors and the families of posthumous organ donors, in recognition of their selfless act. The event paid tribute to over 120 donor families and facilitated meaningful reunions between donor families and transplant recipients, symbolizing the enduring legacy of organ donation.

In addition, hospitals demonstrating best practices in deceased organ donation were honored, along with individuals and organizations that have rendered exemplary support to the State's organ donation and transplantation efforts.

9) Honoring Posthumous Organ Donors at Their Last Rites

As a mark of respect and gratitude, KSOTTO representatives pay homage to posthumous organ donors by visiting their residence during the conduct of the last rites. This solemn gesture acknowledges the donor's noble contribution and conveys the State's appreciation and compassion towards the bereaved family.

10) Record Increase in Deceased Organ Donation

KSOTTO recorded the highest number of deceased organ donors in the calendar year 2025 since 2017, with a total of 25 deceased donors. This achievement represents a two-fold increase compared to the previous year, reflecting significant progress in the deceased organ donation programme in the State.

The positive trend has continued into the subsequent year, with January 2026 alone recording three deceased organ donors. This sustained increase underscores the impact of round the clock coordination, capacity building, public awareness and donor honoring initiatives which are gradually building up an organ donation culture in the State.

<u>Challenges:</u>

1. Delays in sanction and disbursement of budget.

KSOTTO is entirely dependent on State Plan funds and National Organ Transplant Programme (NOTP) scheme for carrying out its activities, without a dedicated

independent fund or separate Head of Account. As a result, delays in the sanction and disbursement of these funds impact the continuity of the activities.

2. **Human Resources at the Administrative Office.**

KSOTTO lacks a structured HR for administrative management, digital support, programme implementation, monitoring & evaluation and day to day operations.

KSOTTO handles a substantial volume of administrative and regulatory files, including Government communications, RTI, submissions, hospital licensing and renewal, empanelment of medical professionals, finances etc. However, there are no specialized administrative sections or clerical sections to manage this large volume documentation.

3. **Limitations of Existing Web Portal and Need for Upgradation**

The existing KSOTTO web portal requires comprehensive upgradation to address the evolving programmatic needs of the organ donation and transplantation programme. The current system has limitations in terms of functionality, usability, and scalability, which affect efficient data entry, real-time updates, reporting, and user experience.

Upgradation of existing portal or shifting to a new portal is critical for data driven decision making.

Way forward

1. **Central Brain Stem Death reporting and Organ allocation e-platform.**

A Central Brain Stem Death Reporting and Organ Allocation Platform is essential to address the current gap where many potential brain-stem death cases go unrecognized or unreported by hospitals. Such a platform would allow ICUs to directly report suspected cases in real time. Integrating reporting with allocation will create a transparent and seamless pathway.

2**. Digital portal for Services**

A digital portal for organ transplantation services is aimed for issuance of transplant licenses to hospitals, empanelment of doctors for brain-stem death determination, and authorization of donor–recipient pairs for altruistic transplants. The portal will ensure faster decision-making, accountability, and ease of monitoring.

3. Health Insurance Floater for Donor Families.

It is observed that, Deceased Organ donors are predominantly young male earning member of the family. Providing a health insurance floater to the donor family (for a period of 3 years) is both a token of gratitude and a tangible form of social support.

This will also enable public trust to the Government and also encourage participation in deceased organ donation.

4. War Memorial Model Park for Organ Donors

Establishing a dedicated memorial park will serve as a lasting tribute to organ donors, symbolizing their selfless contribution to saving lives. It can become a place for annual remembrance events, and community events and public park as a revenue generation model.

5. Organ Donation ICUs at Government Transplant Centres.

Dedicated ICU (2 bed) for donor maintenance and retrieval will reduce the burden on routine hospital services. These dedicated ICUs will be manned by Critical Care doctors, nurses, Transplant coordinator. In the absence of a potential donor in these units, the services of the posted doctors and nurses may be used in the general pool, ensuring optimal utilization of manpower.

6. Subsidized Post-Transplant Medicines.

Immunosuppressants and related medicines often place a burden on transplant recipients and their families.

Making these medicines available at subsidized rates through government channels, will improve transplant outcomes and strengthen confidence in transplant programmes.

7. New Administrative Office for KSOTTO

Currently functioning at Government Medical College Trivandrum, KSOTTO needs a dedicated office space for efficient administration and governance. The administration office shall also include training halls and conference rooms. These facilities may also be used by Government institutions through a nominal fee.

Chapter 9

Transplant Statistics and Performance Monitoring

This chapter presents a comprehensive analysis of organ and tissue transplantation activities coordinated through K-SOTTO. It compiles and documents key statistical data, including year-wise and organ-wise transplant trends, patterns of deceased and living donations, hospital-wise performance across Kerala.

5.1 Data Sources and Methodology

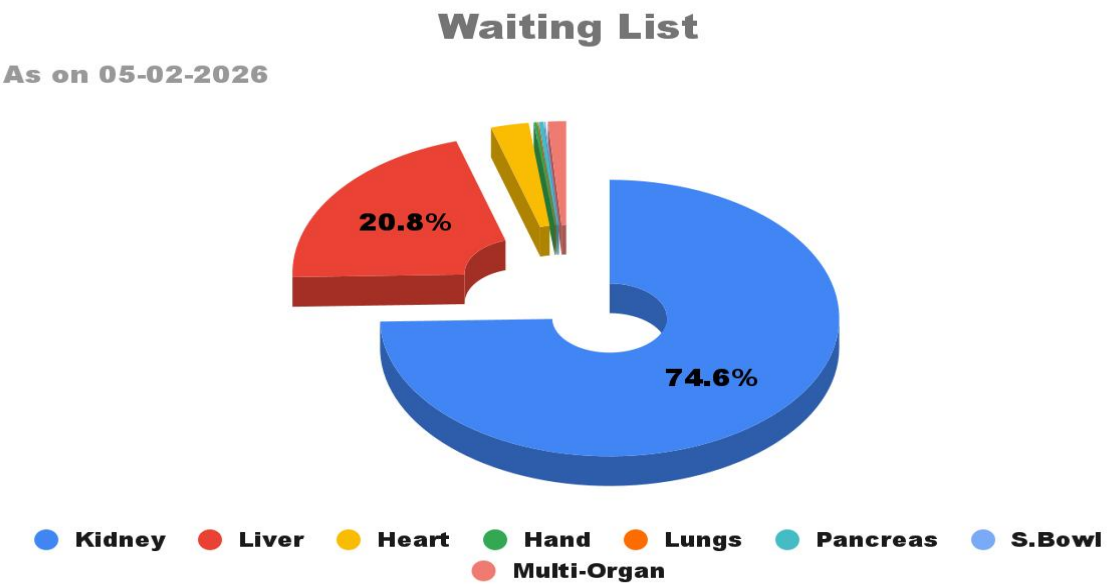
This section describes the sources and methods used for compiling transplant statistics. Data presented in this chapter are derived from the K-SOTTO online portal, monthly reports submitted by approved transplant hospitals, deceased donor coordination records, and allocation system logs. Standardized formats and validation mechanisms are used to ensure accuracy, consistency, and confidentiality of data.

5.2 Waiting List as on 05-02-2026

Table 9.1

Waiting List as on 05-02-2026	
Organ	**Total**
Kidney	**2405**
Liver	**670**
Heart	**86**
Hand	**7**
Lungs	**2**
Pancreas	**10**
S.Bowl	**3**
Multi-Organ	**41**

Figure 9.1



5.3 Deceased vs Living Donation

A). Year-wise summary of Deceased vs Living Donation activities.

Table 9.2

YEAR	DECEASED (%)	LIVE (%)	TOTAL
2021	17 (1.51)	1107 (98.49)	1124
2022	14 (0.97)	1424 (99.03)	1438
2023	19 (1.34)	1402 (98.66)	1421
2024	11 (0.74)	1474 (99.26)	1485
2025	25 (1.74)	1415 (98.26)	1440
Total	86 (1.24)	6822 (98.76)	6908

Figure 9.2

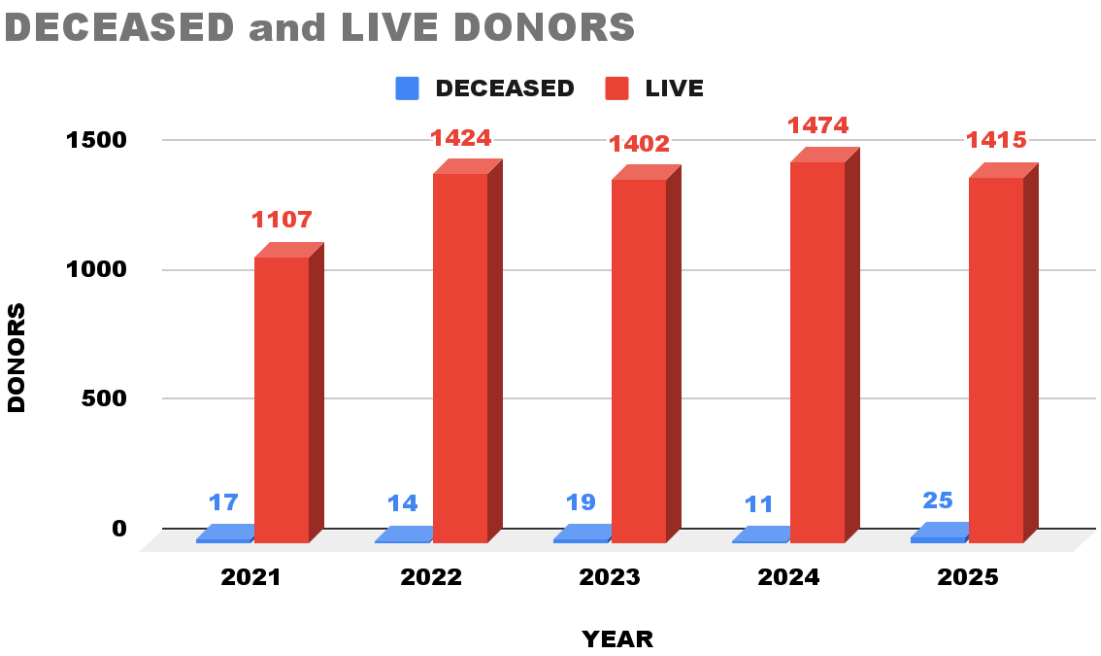
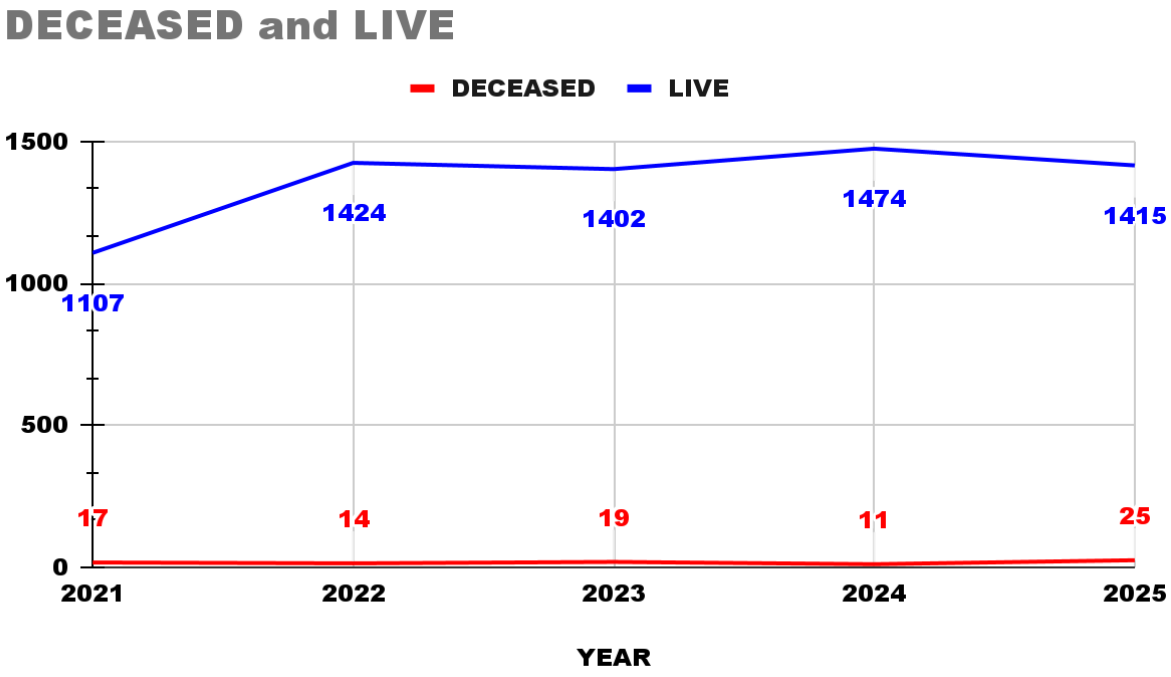


Figure 9.3



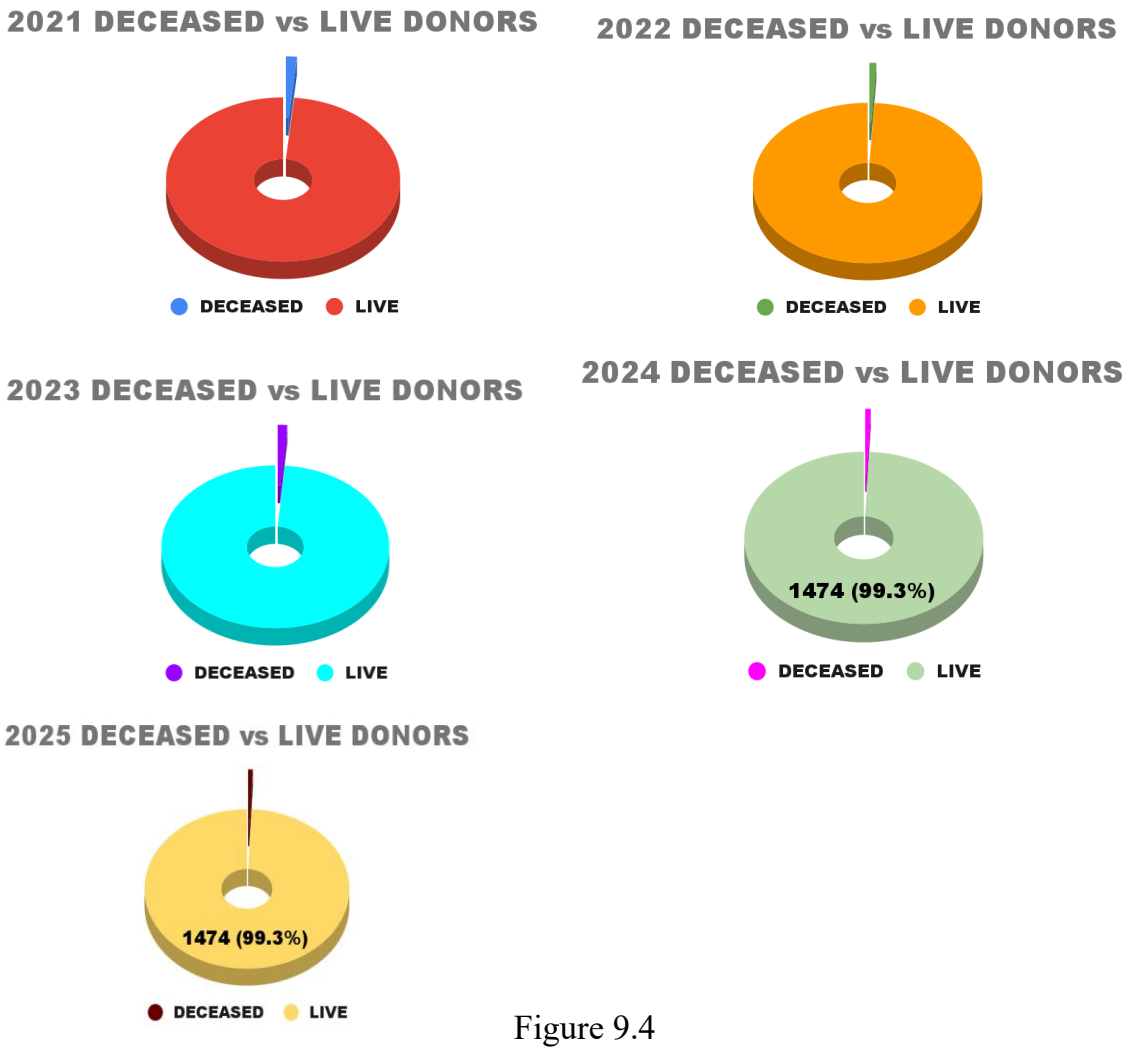


Figure 9.4

5.4 Organ-wise Transplant Trends

B). Deceased Organ Transplant Details 2021 – 2025

Table 9.3

Deceased Organ Transplant Details 2021 - 2025								
Year	Kidney	Liver	Heart	Hand	Pancreas	S.Bowl	Lungs	Total Transplant
2021	29	15	4	2	0	0	0	50
2022	28	13	6	6	2	0	0	55
2023	32	19	7	2	5	0	0	65
2024	19	8	4	2	0	0	0	33
2025	42	22	7	2	2	1	1	77
Total	150	77	28	14	9	1	1	280

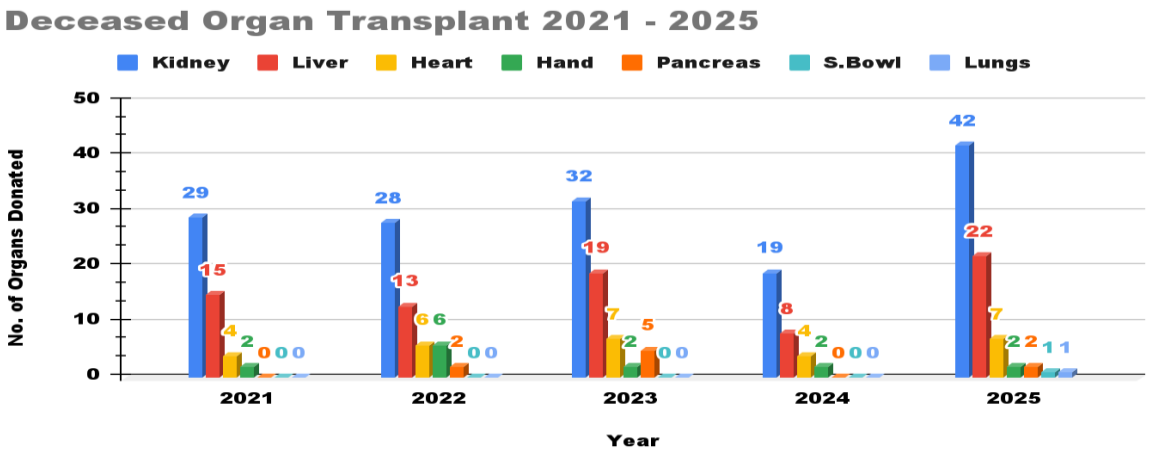


Figure 9.5

B). Deceased Organ Donation Details 2021 – 2025

Table 9.4

Deceased Organ Donation Details 2021 - 2025								
Year	**Kidney**	**Liver**	**Heart**	**Hand**	**Pancreas**	**S.Bowl**	**Lungs**	**Total Organ Donated**
2021	**29**	**14**	**4**	**2**	**0**	**0**	**0**	**49**
2022	**28**	**13**	**6**	**6**	**2**	**0**	**0**	**55**
2023	**32**	**17**	**7**	**2**	**5**	**0**	**0**	**63**
2024	**19**	**8**	**4**	**2**	**0**	**0**	**0**	**33**
2025	**42**	**21**	**7**	**2**	**2**	**1**	**1**	**76**
Total	**150**	**73**	**28**	**14**	**9**	**1**	**1**	**276**

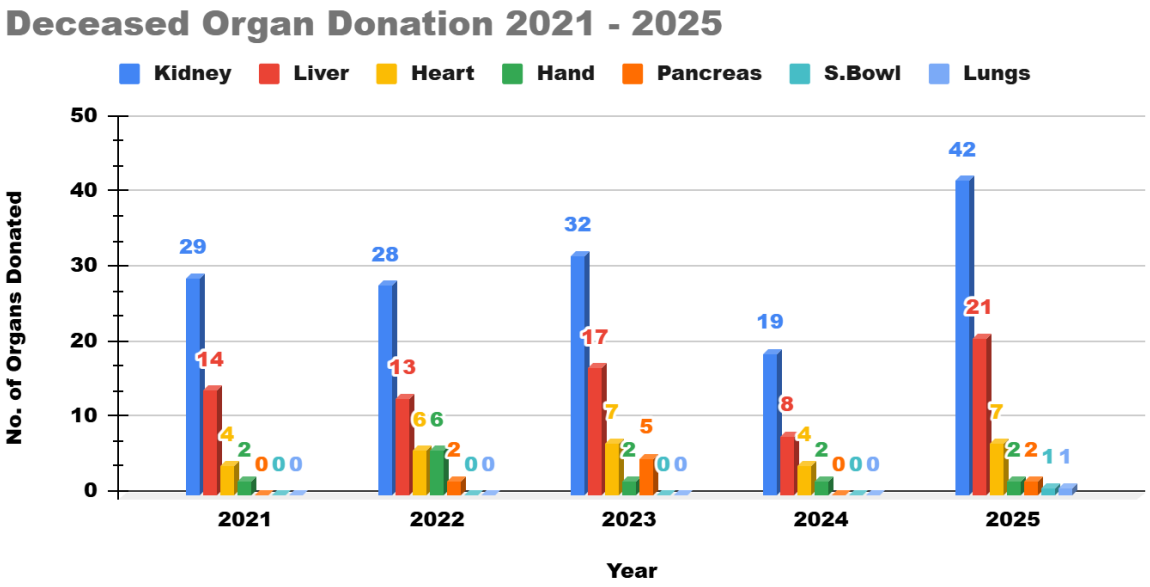


Figure 9.6

C). Deceased Donors Hospital Wise Details 2021 – 2025

Table 9.5

No	HOSPITAL	2021	2022	2023	2024	2025	Total
1	GMC Trivandrum	1	1	0	0	2	4
2	GMC Kottayam	0	0	1	0	1	2
3	GMC Calicut	0	0	1	0	0	1
4	GH Thalassery	1	0	0	0	0	1
5	SCTIMST	0	1	0	0	0	1
6	KIMS TVM	8	2	9	3	16	38
7	Baby Memorial	1	2	1	2	2	8
8	Rajagiri	2	2	1	2	0	7
9	Aster Medicity, Kochi	1	2	1	0	0	4
10	MIMS Hospital, Calicut	0	1	2	1	0	4
11	Amrita Hospital, Kochi, Ernakulam	0	1	0	1	0	2
12	Apollo Adlux	1	0	1	0	0	2

13	Caritas Hospital	0	0	0	0	2	2
14	Iqraa Hospital	0	0	1	1	0	2
15	SK Hospital	1	0	0	0	0	1
16	TMCH, Kollam	1	0	0	0	0	1
17	NS Hospital	0	0	0	0	1	1
18	LF Angamaly	0	0	0	0	1	1
19	Jubili Mission MC	0	1	0	0	0	1
20	Sreechand Hospital, Kannur	0	1	0	0	0	1
21	Smitha Hospital	0	0	0	1	0	1
22	WIMS, Wayanadu	0	0	1	0	0	1
	TOTAL:-	17	14	19	11	25	86

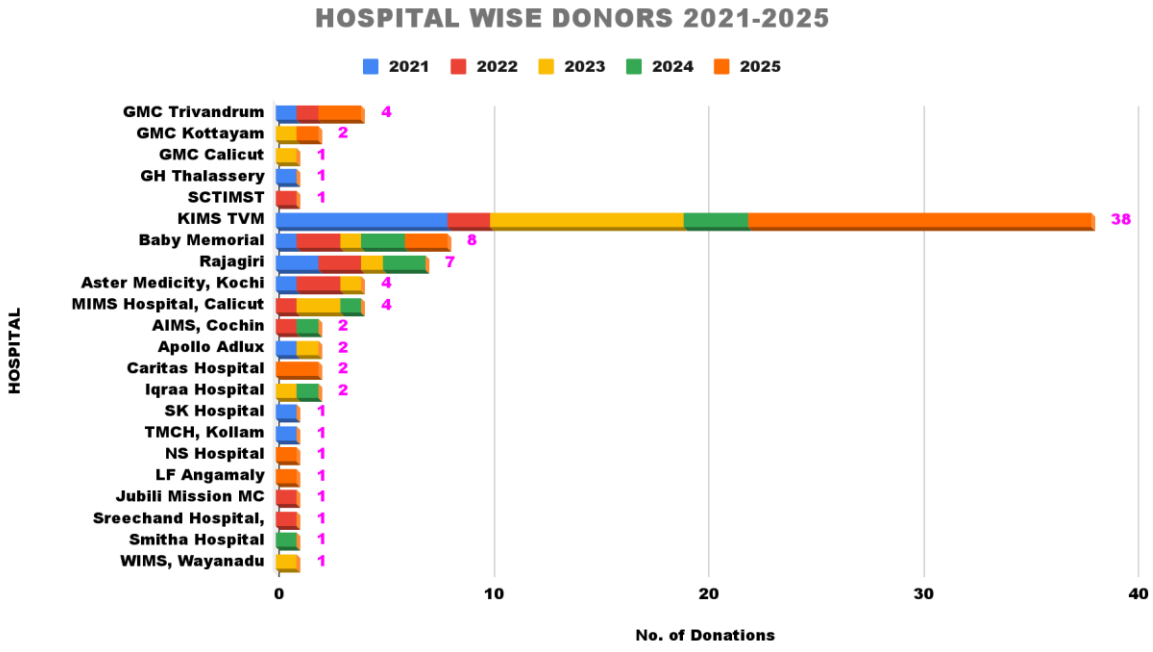


Figure 9.7

D). Deceased Transplant Hospital-Year Wise Details 2021 – 2025

Table 9.6

KIDNEY							
No.	**HOSPITAL**	**2021**	**2022**	**2023**	**2024**	**2025**	**Total**
2	GMC Trivandrum	10	4	7	3	10	34
2	GMC Kottayam	2	4	2	2	3	13
3	GMC Kozhikode	3	6	6	3	3	21
4	KIMS TVM	7	3	7	3	17	37
4	Pushpagiri	0	1	0	2	0	3
5	TMCH, Kollam	1	0	0	0	1	2
5	Amrita Hospital, Kochi, Ernakulam	0	2	2	2	1	7
6	Aster Medicity, Kochi	0	1	1	0	0	2
7	Lakeshore, Ernakulam	1	0	0	0	0	1
8	Medical Trust , Ernakulam	2	1	1	0	2	6
8	Rajagiri Hospital	0	1	1	1	1	4
9	Baby Memorial	1	2	0	1	1	5
10	MIMS Hospital, Calicut	2	3	4	1	2	12
11	Iqraa Hospital	0	0	1	1	1	3
	TOTAL: -	29	28	32	19	42	150

Table 9.7

LIVER							
No.	**HOSPITAL**	**2021**	**2022**	**2023**	**2024**	**2025**	**Total**
3	GMC Kottayam	0	0	1	0	0	1
6	KIMS TVM	6	4	8	2	17	37

9	Amrita Hospital, Kochi, Ernakulam	2	1	1	2	1	7
10	Aster Medicity, Kochi	2	4	1	0	0	7
11	Caritas Hospital	0	0	0	0	1	1
12	Lakeshore, Ernakulam	1	0	1	1	1	4
13	Lisie Hospital	0	0	0	1	0	1
15	Rajagiri Hospital	1	1	1	0	0	3
16	Baby Memorial	2	1	2	0	1	6
18	MIMS Hospital, Calicut	1	2	4	2	1	10
	TOTAL: -	15	13	19	8	22	77

Table 9.7

HEART							
No.	HOSPITAL	2021	2022	2023	2024	2025	Total
1	GH Ernakulam	0	0	0	0	1	1
3	GMC Kottayam	0	0	2	1	1	4
5	SCTIMST	0	0	0	1	0	1
9	Amrita Hospital, Kochi, Ernakulam	0	1	1	1	0	3
13	Lisie Hospital	1	0	2	0	3	6
17	Metro Int'l Cardiac Center	1	3	2	0	2	8
19	Meitra Hospital	0	1	0	1	0	2
21	Rela Hospital, Chennai	1	0	0	0	0	1
22	MGM, Chennai	1	1	0	0	0	2
	TOTAL: -	4	6	7	4	7	28

Table 9.8

LUNG		
No.	HOSPITAL	2025
1	GMC Kottayam	1

Table 9.9

PANCREAS					
No.	HOSPITAL	2022	2023	2025	Total
1	KIMS TVM	0	2	0	2
2	Amrita Hospital, Kochi, Ernakulam	2	2	2	6
3	Aster Medicity, Kochi	0	1	0	1
	TOTAL: -	2	5	2	9

Table 9.10

S.BOWEL		
No.	HOSPITAL	2025
1	Amrita Hospital, Kochi, Ernakulam	1

Table 9.11

HAND							
No.	HOSPITAL	2021	2022	2023	2024	2025	Total
1	Amrita Hospital, Kochi, Ernakulam	2	6	2	2	2	14

E). Live Transplant - Kidney & Liver From 2021 - 2025

Table 9.12

KIDNEY & LIVER - LIVE TRANSPLANT FROM 2021 - 2025			
YEA	GOVERNMENT SECTOR	PRIVATE SECTOR	G. TOTAL

R	GOV Kidney	GOV Liver	Gov. Total	PVT Kidney	PVT Liver	PVT Total	T. Kidney	T. Liver
2021	32	0	32	801	274	1076	833	274
2022	66	4	70	1004	350	1355	1070	354
2023	76	1	77	974	351	1325	1050	352
2024	70	4	74	1055	345	1400	1125	349
2025	51	0	51	1016	348	1364	1067	348
Total	295	9	304	4850	1668	6520	5145	1677

Figure 9.8

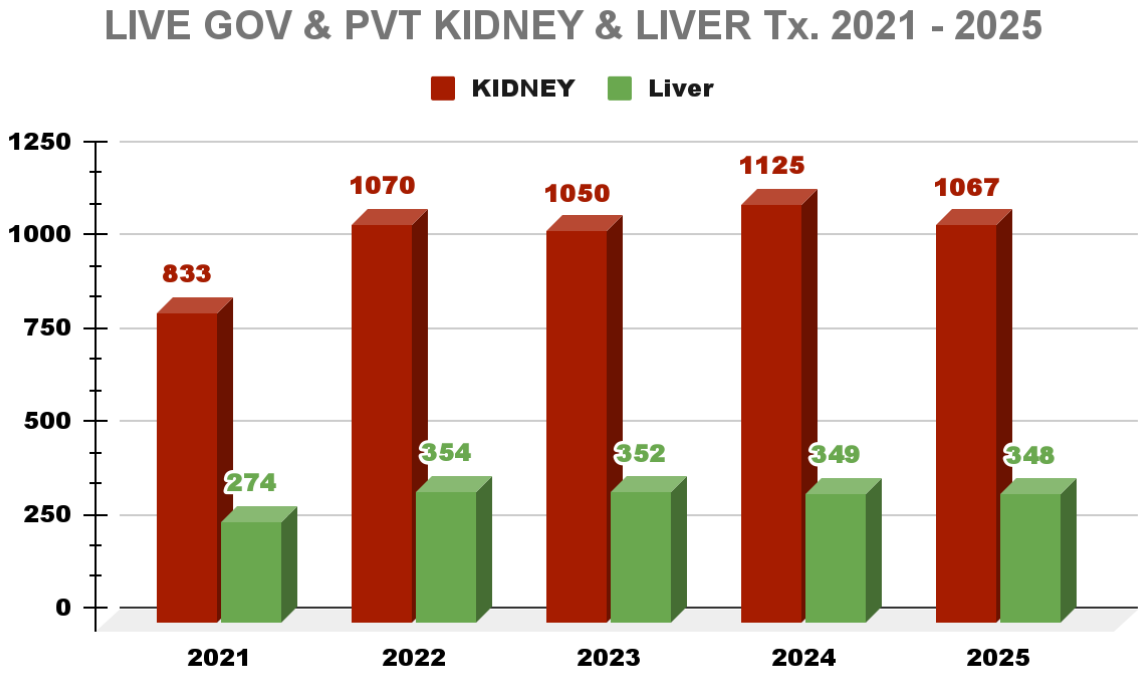
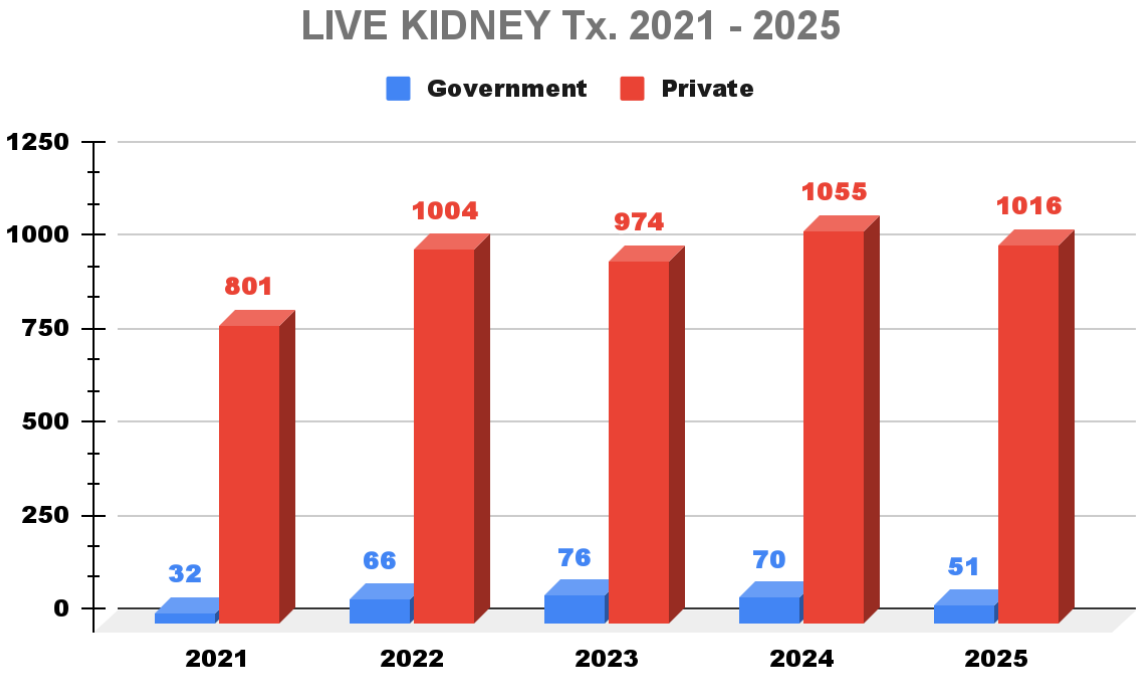


Figure 9.9



F). Live Transplant - Transplant Hospital-Year Wise Details 2021 - 2025

1). KIDNEY **Figure 9.10**

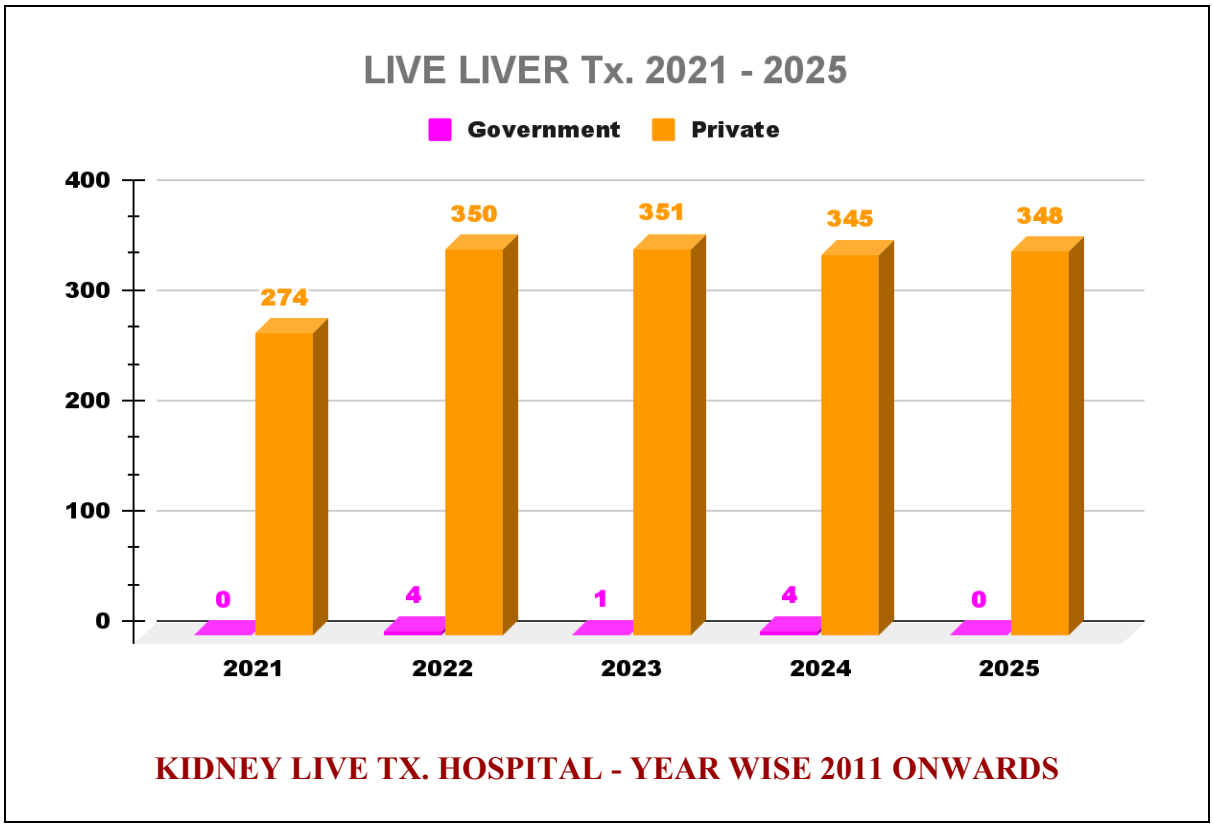
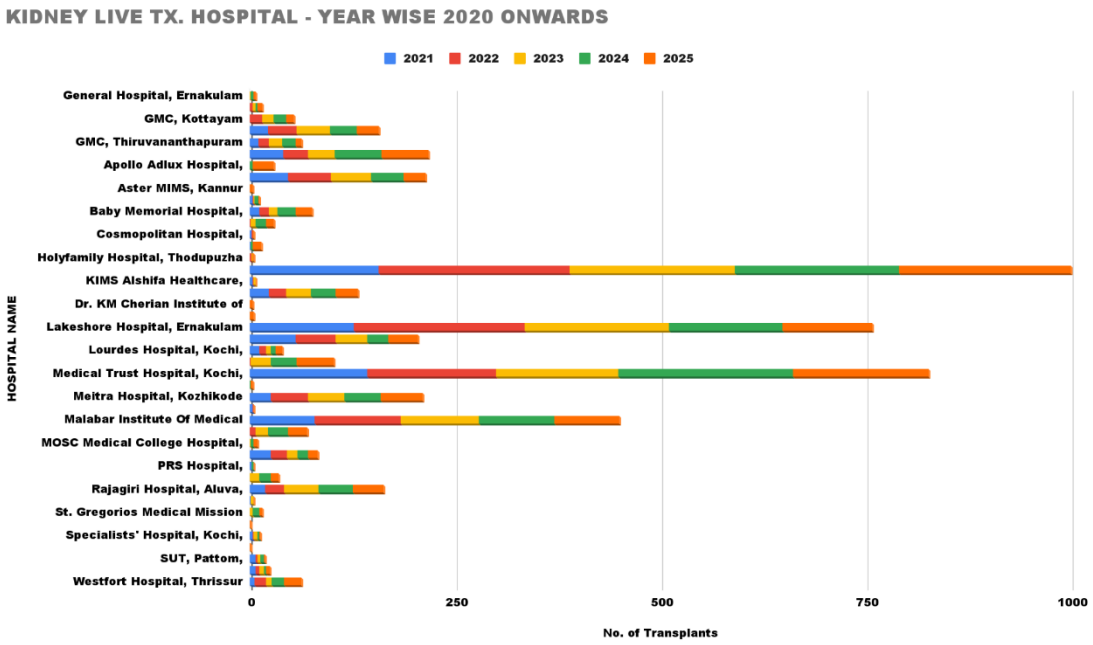


Table 9.13								
NO.	SECTOR	HOSPITAL NAME	2021	2022	2023	2024	2025	Grand Total
1	GOV	General Hospital, Ernakulam	0	0	1	4	2	7
2	GOV	GMC (TD), Alappuzha	0	3	4	2	6	15
3	GOV	GMC, Kottayam	0	15	14	15	9	53
4	GOV	GMC, Kozhikode	22	35	41	32	27	157
5	GOV	GMC, Thiruvananthapuram	10	13	16	17	7	63
1	PVT	Amrita Hospital, Kochi, Ernakulam	41	30	32	57	57	217
3	PVT	Apollo Adlux Hospital, Angamaly, Ernakulam	0	0	0	3	26	29
4	PVT	Aster Medicity, Kochi, Ernakulam	46	53	49	39	27	214
5	PVT	Aster MIMS, Kannur	0	0	0	0	3	3
6	PVT	Believers Church Hospital, Thiruvalla, Pathanamthitta	3	2	1	4	1	11
7	PVT	Baby Memorial Hospital, Kozhikode	11	12	11	22	20	76
8	PVT	Caritas Hospital, Thellakom, Kottayam	0	1	6	13	9	29
9	PVT	Cosmopolitan Hospital, Thiruvananthapuram	2	1	0	0	1	4
10	PVT	Daya General Hospital, Thrissur	1	0	0	2	11	14
12	PVT	Holyfamily Hospital, Thodupuzha Idukki	0	2	1	0	1	4
13	PVT	Iqraa International Hospital, Kozhikode	157	232	201	200	210	1000
14	PVT	KIMS Alshifa Healthcare, Perinthalmanna, Malappuram	3	1	3	0	0	7
15	PVT	KIMS Health, Thiruvananthapuram	23	21	30	30	27	131

16	PVT	Dr. KM Cherian Institute of Medical Sciences, Chengannur, Alappuzha	0	0	0	0	3	3
17	PVT	KMCT Medical College Hospital, Mukkam, Kozhikode	0	0	0	0	5	5
18	PVT	Lakeshore Hospital, Ernakulam	127	208	175	139	109	758
19	PVT	Lisie Hospital, Kaloor, Ernakulam	56	49	38	26	35	204
20	PVT	Lourdes Hospital, Kochi, Ernakulam	12	8	5	6	8	39
21	PVT	Mar Sleeva Medicity, Palai, Kottayam	0	1	25	31	45	102
22	PVT	Medical Trust Hospital, Kochi, Ernakulam	143	157	149	213	165	827
23	PVT	Meditrina Hospital, Kollam	0	0	0	1	2	3
24	PVT	Meitra Hospital, Kozhikode	25	46	44	44	51	210
25	PVT	Metromed International Cardiac Centre, Kozhikode	3	1	0	1	0	5
26	PVT	Malabar Institute Of Medical Sciences Hospital, Kozhikode	79	105	95	92	79	450
27	PVT	Aster MIMS, Kottakkal, Malappuram	0	7	15	24	24	70
28	PVT	MOSC Medical College Hospital, Kolenchery, Ernakulam	0	0	1	3	5	9
29	PVT	NIMS Medicity, Neyyattinkara, Thiruvananthapuram	25	20	13	13	11	82
30	PVT	PRS Hospital, Thiruvananthapuram	2	0	0	3	0	5
31	PVT	Pushpagiri Medical College Hospital, Thiruvalla, Pathanamthitta	0	0	12	14	9	35
33	PVT	Rajagiri Hospital, Aluva, Ernakulam	18	24	42	41	38	163
34	PVT	Renai Medicity, Kochi, Ernakulam	1	0	3	1	0	5

36	PVT	St. Gregorios Medical Mission Hospital, Parumala, Pathanamthitta	0	0	3	9	3	15
37	PVT	SK Hospital, Thiruvananthapuram	0	0	0	0	1	1
38	PVT	Specialists' Hospital, Kochi, Ernakulam	3	2	4	2	2	13
39	PVT	Sunrise Hospital, Kochi, Ernakulam	0	0	0	0	1	1
40	PVT	SUT, Pattom, Thiruvananthapuram	7	2	4	4	2	19
41	PVT	Travancore Medical College Hospital, Kollam	7	5	5	3	4	24
42	PVT	Westfort Hospital, Thrissur	6	14	7	15	21	63
		GOVERNMENT SECTOR	32	66	76	70	51	295
		PRIVATE SECTOR	801	1004	974	1055	1016	4850
		GRAND TOTAL: -	833	1070	1050	1125	1067	5145

Figure 9.11

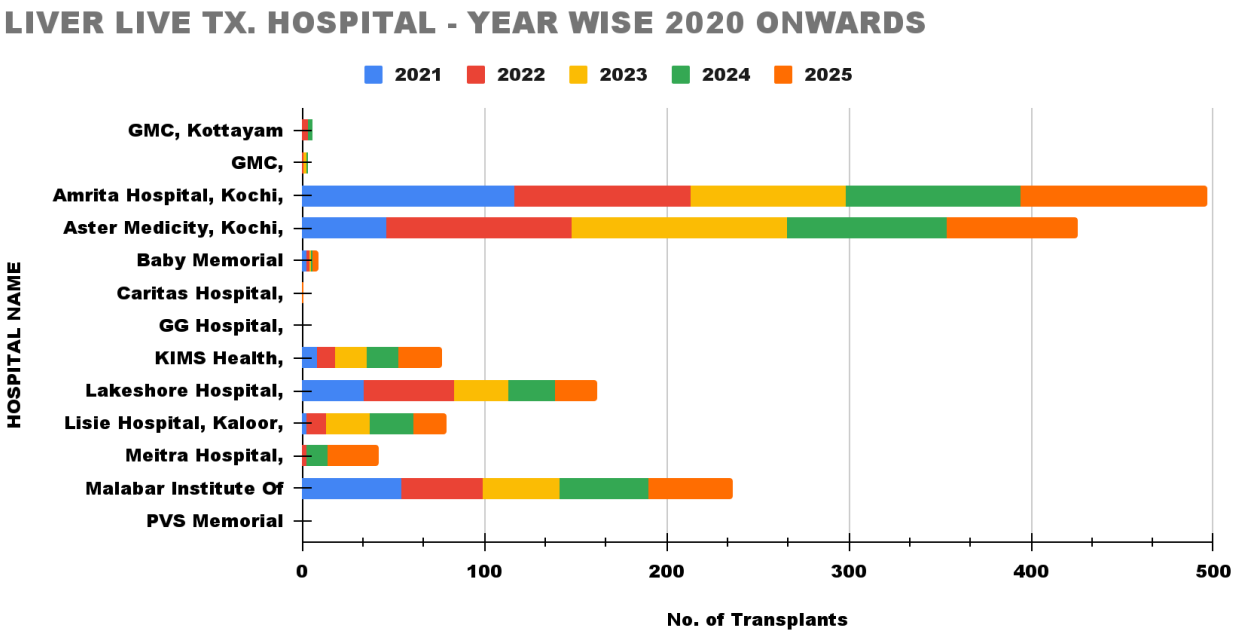


2). LIVER

Table 9.14

LIVER LIVE TX. HOSPITAL - YEAR WISE 2011 ONWARDS								
NO.	SECTOR	HOSPITAL NAME	2021	2022	2023	2024	2025	Grand Total
1	GOV	GMC, Kottayam	0	3	0	3	0	6
2	GOV	GMC, Thiruvananthapuram	0	1	1	1	0	3
1	PVT	Amrita Hospital, Kochi, Ernakulam	116	97	85	96	103	497
2	PVT	Aster Medicity, Kochi, Ernakulam	46	102	118	88	72	426
3	PVT	Baby Memorial Hospital, Kozhikode	2	2	1	1	3	9
4	PVT	Caritas Hospital, Thellakom, Kottayam	0	0	0	0	1	1
5	PVT	GG Hospital, Thiruvananthapuram	0	0	0	0	0	0
6	PVT	KIMS Health, Thiruvananthapuram	8	10	17	18	24	77
7	PVT	Lakeshore Hospital, Ernakulam	34	49	30	26	23	162
8	PVT	Lisie Hospital, Kaloor, Ernakulam	2	11	24	24	18	79
9	PVT	Meitra Hospital, Kozhikode	0	2	0	12	28	42
10	PVT	Malabar Institute Of Medical Sciences Hospital, Kozhikode	54	45	42	49	46	236
11	PVT	PVS Memorial Hospital, Kochi, Ernakulam	0	0	0	0	0	0
12	PVT	Rajagiri Hospital, Aluva, Ernakulam	12	32	34	27	30	135
13	PVT	SK Hospital, Thiruvananthapuram	0	0	0	4	0	4
		GOVERNMENT SECTOR	0	4	1	4	0	9
		PRIVATE SECTOR	274	350	351	345	348	1668
		GRAND TOTAL:-	274	354	352	349	348	1677

Figure 9.12



G). Relation-Wise Live Kidney Transplant

Table 9.15

KIDNEY RELATION-WISE - LIVE TRANSPLANT FROM 2021 - 2025						
	GOVERNMENT SECTOR			PRIVATE SECTOR		
YEAR	GOV Related	GOV Unrelated	GOV Total	PVT Related	PVT Unrelated	PVT Total
2021	28	4	32	456	342	798
2022	63	3	66	480	524	1004
2023	74	2	76	483	491	974
2024	70	0	70	537	518	1055
2025	50	1	51	538	478	1016
Total	285	10	295	2494	2353	4847

Figure 9.13

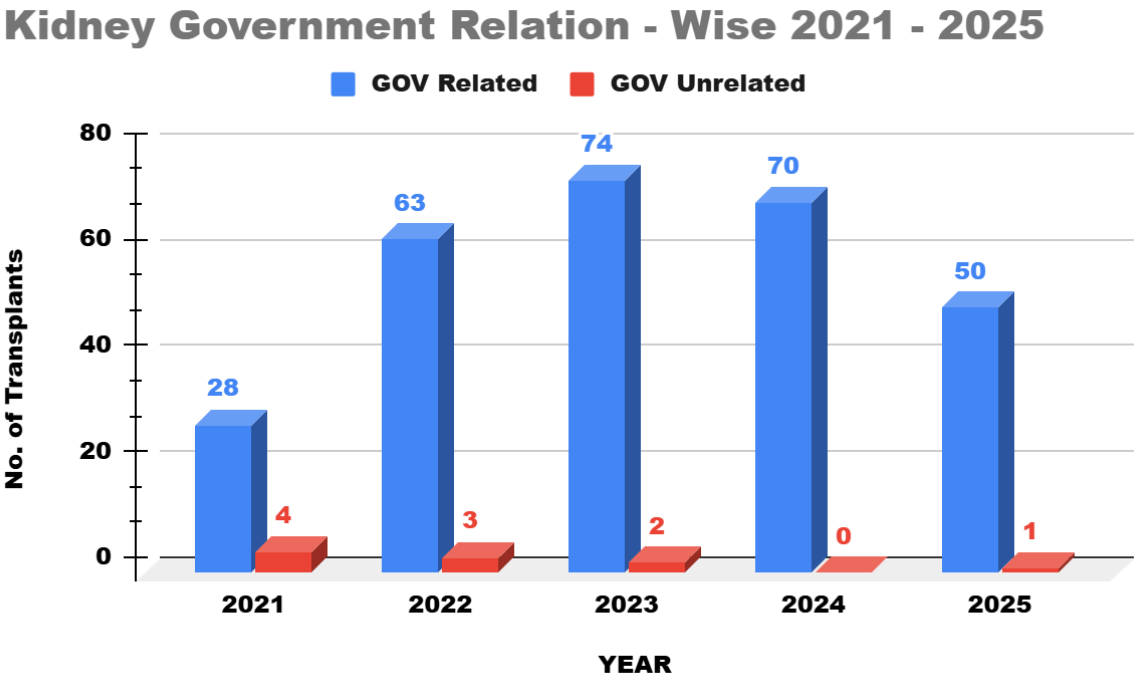
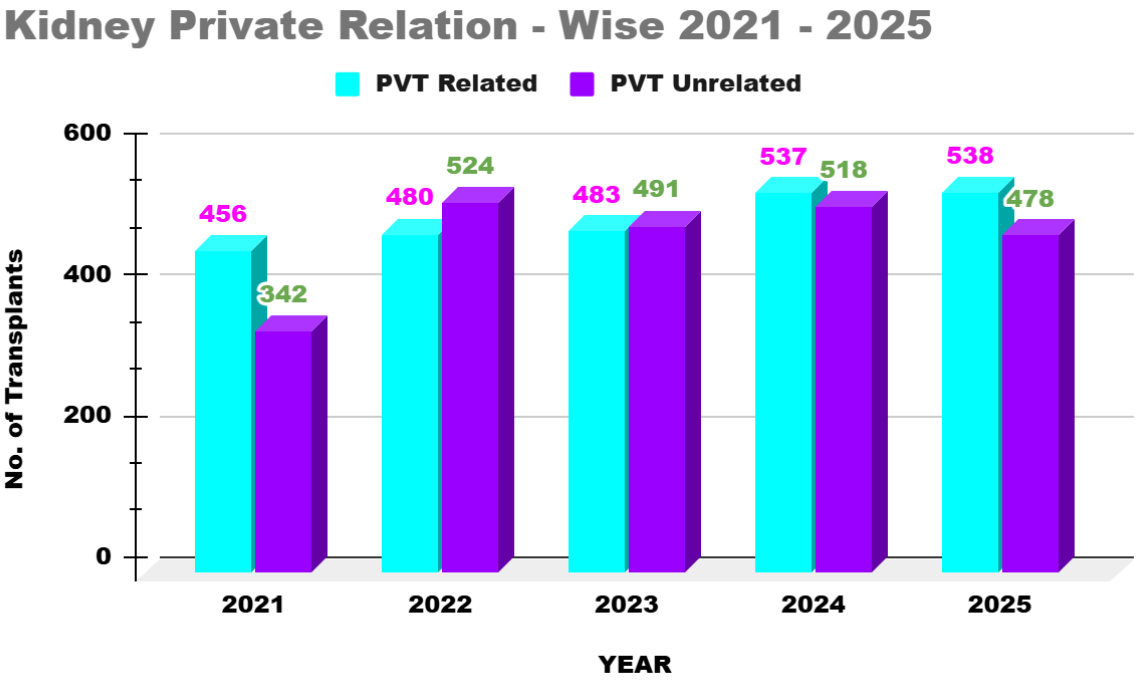


Figure 9.14



H). Relation-Wise Live Liver Transplant

Table 9.16

LIVER RELATION-WISE - LIVE TRANSPLANT FROM 2021 - 2025						
	GOVERNMENT SECTOR			PRIVATE SECTOR		
YEAR	GOV Related	GOV Unrelated	GOV Total	PVT Related	PVT Unrelated	PVT Total
2021	0	0	0	189	85	274
2022	3	1	4	212	138	350
2023	1	0	1	215	136	351
2024	4	0	4	198	147	345
2025	0	0	0	190	158	348
Total	8	1	9	1004	664	1668

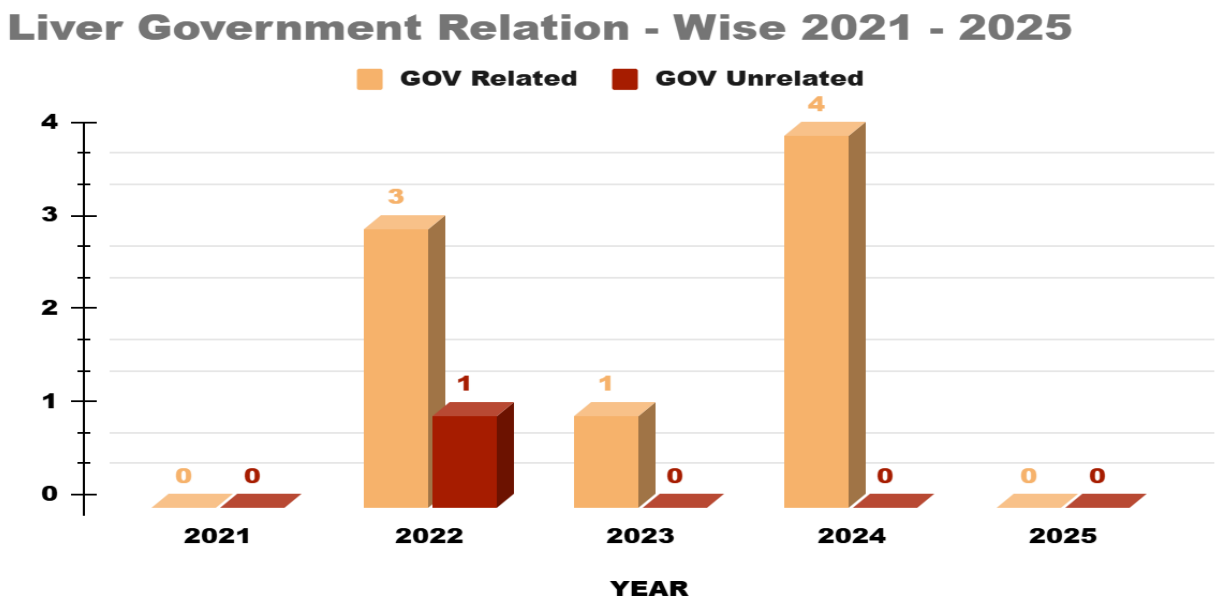


Figure 9.15

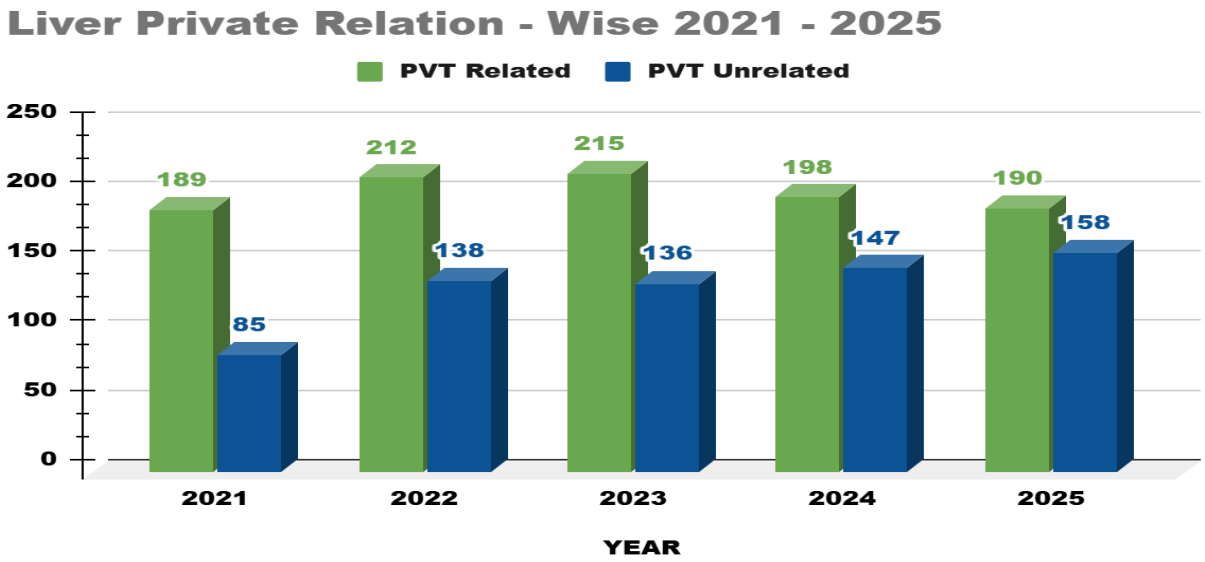


Figure 9.16

G). Hospital License Up To 2025

Table 9.17

K-SOTTO OTC LICENSE DETAILS UP TO 2025			
ORGAN/TISSUE	**GOVT**	**PVT**	**TOTAL**
KIDNEY	5	42	47
LIVER	2	14	16
HEART	3	11	14
LUNGS	1	8	9
PANCREAS	0	8	8
S.BOWL	0	6	6
HAND	0	1	1
LARYNX	0	1	1
CORNEA	3	17	20
SKIN	1	1	2
HEART VALVE	1	0	1
EYE BANK	5	4	9

SKIN BANK	1	1	2
HEART VALVE BANK	1	0	1
TOTAL:-	23	114	137

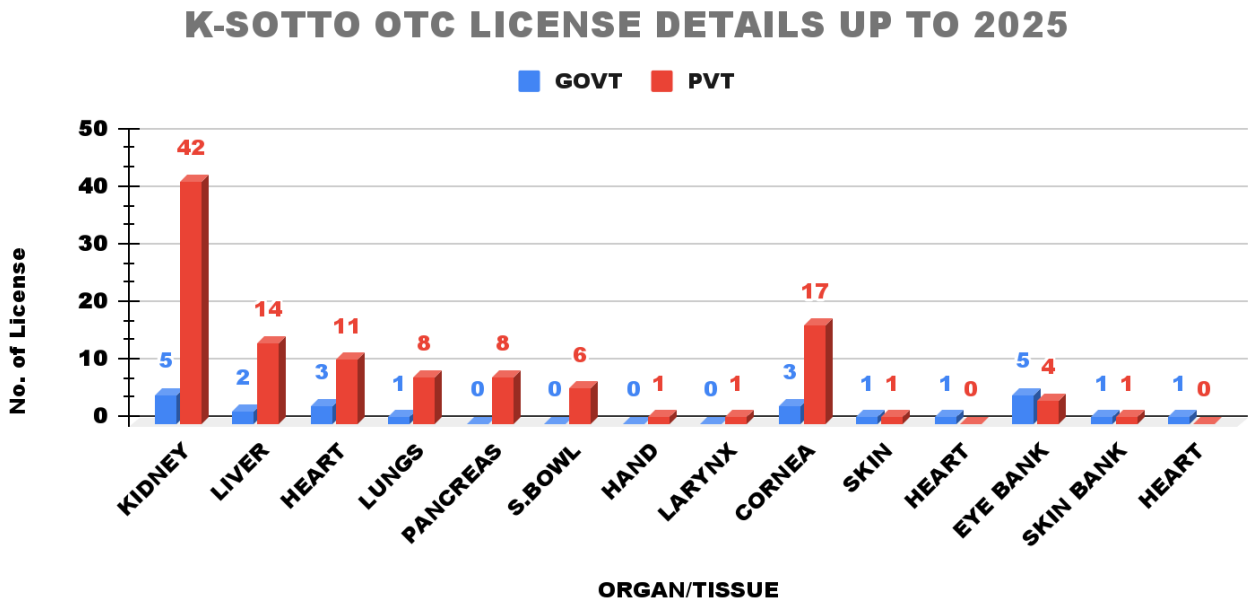


Figure 9.17

Annexure 1 (Chapter-3)

Requirements from institutions for empanelling doctors to certify Brain stem death for the purpose of deceased organ donation

I. Covering letter from head of institution to Executive director KSOTTO to empanel the nominated doctors.

II. Basic details of the doctor:

- Name of the doctor:
- Contact number·
- Designation at the institution:

Ill. A copy of below documents

- (a)MBBS degree certificate
- (b)PG/D1ploma degree certificate
- (c)Super speciality degree certificate (1f applicable)
- (d)Copy of registration of (a), (b), (c) with Kerala State Medical Council

Note; Neurologist. neurosurgeon, surgeon, physician, anesthetist or intensivist shall be considered for empanelment as per the THO Act 1994 and its amendments.

The above requirements may be sent to the below address

Executive Director
Kerala State Organ and Tissue Transplant Organization
First Floor, Old House Surgeon Quarters,
Near Super Specialty Block,
Govt. Medical College,
Thiruvananthapuram
Kerala - 695011
+91 471 2528658, 2962748
ed.ksotto@kerala.gov.in
ed.ksotto@gmail.com

Annexure 2

The pathways for Centre Registration in the K-SOTTO web portal

1. **Register as a new User for obtaining user ID and password approval for Hospital Registration:**

Visit the K-SOTTO web portal, ***www.portal.ksotto.kerala.gov.in***.

1. Click on **'Hospital Login'** then on **'New User'** option to create a user ID and password.
2. The details entered in this section must be accurate, as they are used to generate login credentials for the Hospital Admin (OTC), particularly for the Nodal Officer's information. **Here the Nodal Officer refers to the individual in-charge of overseeing the transplantation process for the hospital.**
3. After submission, the application for new user credentials will be reviewed and approved by K-SOTTO.
4. With approval via email or call from K-SOTTO, the hospital can register their complete hospital details through the K-SOTTO web portal using their user ID and password created during the **'New User'** registration. This primary login credential for a registered hospital is designated as **'Hospital OTC'**.

2. Hospital Information Submission:

After receiving approval from K-SOTTO, the hospital should follow these steps:

Use the provided credentials to log in to the K-SOTTO web portal.

1. Once logged in, select **'Hospital'** from the main menu.
2. Click on **'Hospital Details'** , the hospital must fill out the following sections:
   - **Basic Details** (Hospital Name, Address, Contact Information, etc.)
   - **Facilities** (Type of facilities available at the hospital)
   - **Anaesthesiology** (Details of the anaesthesia department)
   - **Management** (Hospital management team and their roles)
   - **ICU/HDU Facilities** (Details of Intensive Care Units and High Dependency Units)
   - **Other Supportive Facilities** (Additional facilities relevant to transplants)
   - **Organ Specific Team** (Team members dedicated to each organ transplant)

- **Doctors for Certifying Brain Death** (Details of doctors authorized to certify brain death)*
- **Other Contacts** (Emergency contact details and relevant staff)

3. Once all tabs are completed, click **Submit** to finalize the hospital details. The hospital can preview the submitted information.
4. Next, navigate to **Verify Registration** and complete the verification process.

3. Apply for License:

After registration verification, the hospital can apply for license:

1. Go to **Hospital → Hospital Details → Apply for License** and submit the application.
2. The details in the registration fields are not exclusively for transplantation purposes; they encompass all hospital-related information.
3. K-SOTTO will review the application and conduct an inspection, including a hospital visit. Upon approval, the Appropriate Authority (K-SOTTO) will issue the license (Form 16).
4. The hospital admin can download the license from the K-SOTTO portal by navigating to:**Hospital → Hospital Details → License Issued.**

4. Creation of organ-specific logins for Transplant Coordinators and Hospital Approvers:

4:1. Hospital Admin(OTC) Login:

The Hospital Admin (OTC) holds overall control and supervision of their hospital's activities on the K-SOTTO portal, ensuring proper management and compliance.

1. This login must be managed by **a senior official, such as the Chairman, Managing Director, Medical Superintendent, Hospital Administrative Officer, or an individual holding equivalent authority; it should not be assigned to the Transplant Coordinator.**
2. The OTC is responsible for creating and managing user accounts for Hospital Approvers and Transplant Coordinators for each organ. This ensures centralized control and accountability.
3. The account creation process can be completed through the following path: **Hospital → User Management → Create User ID**s for Approvers and Transplant Coordinators (*organwise)*.

4:2. Hospital Approver:

1. Hospital Approvers will also have unique usernames and passwords provided by the Hospital Administrator for approving the Recipients/Donors registrations.

2. Hospital Approvers could be assigned specific organs for which they are authorized to review and approve.

3. Hospital Approvers are responsible for reviewing and approving registrations submitted by Transplant Coordinators by using the path:- login to Hospital Approver Login then Recipient → Recipient Approval/ Donor → Donor Approval.
4. The listing of the recipient/ donor in their respective lists is possible only by approving them. So approver is responsible for pending approvals/rejection.
5. These accounts should be managed by Senior or Junior Organ-specific consultants who are well-versed in the transplantation process and the specific organ they are responsible for.
6. Registrations of multi-organ recipients must be approved by the respective organ-wise approvers to ensure the recipient is listed in the multi-organ waiting list.
7. Hospital Approvers will have restricted access compared to Admins. They have access to view patient profiles, waiting lists and medical records relevant to transplant evaluations.

4:3. Transplant Coordinator:

1. Transplant Coordinators play a crucial role in facilitating organ transplantation processes within the hospital.
2. Similar to the other roles, Transplant Coordinators will have individual login credentials and they have access limited to the specified organ-related transplant requests and patient records.
3. Transplant Coordinator accounts should be managed by Organ-specific Coordinators who possess expertise in coordinating transplant-related activities for their designated organs.
4. If any corrections are required due to entry errors, the Transplant Coordinator should forward a request through their admin's email ID to K-SOTTO at ed.ksotto@gmail.com.

5. Recipient/Donor Registration:

1. All K-SOTTO registered Hospitals must register the recipient/ Donor for Live/Deceased to the K-SOTTO web portal.
2. For **single organ** registration of Recipient / Donor, the **Transplant Coordinator** must log in to the K-SOTTO website and add both the recipient and donor by navigating to 'Recipient → Add Recipient" and "Donor → Add Donor" respectively.

3. For **multi organ registration** login to Hospital OTC →Add Recipient → select the multi organs then register same as sec 5(2)

4. Once the details are added, the coordinator should forward the information to the approver for review.
5. In the case of **Live transplantation,** donor and recipient registration must be presented before the In-house Committee/DLAC. The registration documents (downloaded PDF from K-SOTTO web portal) should be submitted to the committee approval. Any exception in the registration of a donor or recipient should lead to the rejection of the transplantation committee, and the hospital's license will be revoked.
6. For **deceased** cases, donor registration must be completed by the hospital where brain stem death has been declared (i.e., the deceased donor hospital) prior to organ/tissue retrieval.
7. Once the registration is approved, it cannot be canceled, even if the recipient has passed away or undergoes transplantation at another hospital (outside Kerala).

6. Approval/ Rejection of Recipient/Donor:

1. The **Hospital Approver** must approve/reject the registration of Recipient/ Donor through their login.
2. The Hospital Approver must thoroughly review the details to ensure the registration approval is accurate and genuine.
3. After approval, the recipient and donor will appear on the respective 'Recipient List' and 'Donor List'.
4. In case of a rejection, the record will move to the 'Recipient Rejected List'. From there, the transplant coordinator can transfer it to the draft, make edits, and resend it to the Hospital Approver.
5. Before approval or rejection, the Approver can edit the recipient/donor details, except for basic details, if corrections are needed. However, after approval, modifications can only be made by re-entering the information in the Investigation section for follow-up.

7. **Organ Mapping:**The K-SOTTO portal is specifically designed to handle both live and deceased transplant processes.

1. After a live transplantation follow the steps:

    1. Log in to the K-SOTTO website using the Transplant Coordinator credentials.
    2. Add the recipient and donor under the respective sections, "Recipient → Add Recipient"
    3. Add "Donor → Add Donor,"
    4. Forward the entries to the approver.
    5. Once approved, both the recipient and donor will appear in the "Recipient List" and "Donor List," respectively.
    6. After the surgery, the admin can map the donor and recipient under the "Hospital → Organ Mapping" section
    7. Following this, both will be listed in the "Organ Mapping List" under the MIS report.

For Deceased cases:

1. Add "Donor → Add Donor," and forward the entries to the approver.
2. Once approved, the donor will appear in the "Donor List".
3. **For deceased cases, mapping is managed by K-SOTTO**. The deceased donor hospital must send the recipient's details in From D3 format and send it to the email address (ed.ksotto@gmail.com) by the day following organ retrieval. Form D3 is available on the K-SOTTO website under Downloads → K-SOTTO Forms.

Note:

1. *The mapped transplants will be listed in the MIS Report under the Mapped List.* ***Live transplant organ mapping should be completed on the same day or by the next day.***
2. *The absence of mapping will cause recipients who have already undergone transplantation to appear on the waiting list, resulting in a longer and unnecessary list.*

8. **Follow Up**:

The recipient/donor **follow-up prior to the transplant** must be updated in the investigation section by the Hospital Admin or Transplant Coordinator with the latest results.

1. **For donors**, update under Donors → Donor Investigation, and **for recipients,** update under Recipients → Recipient Investigation. This should be continued until the transplant surgery.

2. The recipients **follow up after transplant** can be done by the Hospital Admin through Hospital → Follow up with Recipient's registration Number.
3. The hospital admin can follow up with recipients by using the recipient's registration number under the "Hospital → Follow Up with Recipient" section.
4. Follow-up update should be continued for a minimum of three visits post-surgery.

9. Update OTC Registration:

1. Ensure that hospital details are up-to-date. The hospital administrator can update these details by navigating to: Hospital → Update OTC. In this section, can remove relieved faculties by specifying the relieved date in the 'To Date' field or add newly joined faculties as needed. The hospital Admin should renew their license before the expiry of that license.
2. Before renewal of license, the Hospital Admin should ensure the Hospital details are up to date in the K-SOTTO web portal.

3. Updates include; Facilities, Anesthesiology, Owner Details, I.C.U/H.D.U Facilities, Other Supportive Facilities, Organ Specific Team, Doctors for Certifying Brain Death, Other Contacts etc.
4. All update especially, Login credentials using persons updations must be communicated to the K-SOTTO office through an official email (not through transplant coordinators' mail id) or letter to obtain permission prior to making any changes. And also ensure the user ids are locked. For locking user ids login Hospital admin → Hospital → User Management, then disable the user.
5. If any corrections are required due to entry errors, the hospital should forward a request through their admin's email ID to K-SOTTO at ed.ksotto@gmail.com.

10. License Renewal:

1. The Hospital Admin must apply for license renewal at least six months prior to its expiry.
2. Before proceeding with the renewal, the Hospital Admin should ensure that all hospital details are updated in the K-SOTTO web portal.
3. To renew the license, follow these steps: Navigate to **Hospital → Hospital Details→ License Renewal** then select the **Organ/Tissue** and click **Apply**.
4. After inspection and verification K-SOTTO will issue the License (Form 17) and inform the centre via email/ letter.

Annexure 3

GOVERNMENT OF KERALA

Abstract

Health & Family Welfare Department – Transplantation of Human Organs – Duties and responsibilities of Transplant Centres in hospitals – Detailed instructions – Orders Issued

HEALTH AND FAMILY WELFARE (S) DEPARTMENT

O. (MS)No.39/2012/H&FWD Dated, Thiruvananthapuram, 04.02.2012

Read:- 1) GO(MS)No.36/2012/H&FWD dated 04.02.2012
2) GO(MS)No.37/2012/H&FWD dated 04.02.2012
3) GO(MS)No.38/2012/H&FWD dated 04.02.2012

O R D E R

1. Organ transplantation is a life saving procedure and a large number of patients with end stage organ failure are waiting to undergo transplant surgery at authorised transplant centres. The Transplantation of Human Organs Act, 1994 is the only enabling legislation in our country made with the objective of promoting and regulating the transplantation of human organs like kidney, liver, heart etc. both live as well as cadaver. As laid down in the Transplantation of Human Organs Act, 1994, and the Transplantation of Human Organs Rules, 1995 and the amendments made thereunder, the Government of Kerala have issued several orders and instructions including formation of Appropriate Authority, functioning of Authorisation Committees at Regional and State Level and so on. The Government have since issued orders implementing Cadaver Organ Transplant (COT) in the State and also issued procedures to be followed while dealing with Brain stem death declaration.
2. It is now felt that in the current scenario where more hospitals are expected of being registered as transplant centers/Non Transplant Organ Retrieval Centers, it become necessary to ensure that transparency, accountability, patient well being and quality care are adequately taken care of. Also, considering the fact that cadaver donation is done with altruistic motives and in a generous charitable manner as a willing contribution to society, it is necessary that cadaver donation be governed by transparency on all fronts to ensure that the sentiments of the donor's relatives are adequately respected. Hence, it is considered necessary that a certain degree of accountability is also insisted upon. Considering this, the following orders regarding further responsibilities of registered transplant centers are issued.

3. All transplant centres shall maintain all transplant surgery records as required in the Act and Government orders for a minimum period of ten years.

4. All transplant centre hospitals and NTORCs shall ensure the availability of a counseling department / wing to whom the task of counseling the individuals involved in organ transplant is entrusted. This counseling department / wing should be staffed with personnel who are adequately trained. The assistance of

NGOs professionally involved in counseling may be secured. In the case of non near relative live donors, the counseling department may assist in ensuring that there is no element of coercion or other pressure exerted on the donor and also assist in provision of post operative counseling.

5. Each transplant centre shall designate a transplant coordinator in the hospital, who may be in-house on account of interest / expertise and their role may be defined by the hospital concerned. Transplant coordinators shall play the coordinating role in all matters relating to organ transplant on behalf of the hospital that they represent.

6. A transplant centre hospital shall not reveal the identity or attract any form of media publicity earlier than the date of discharge of recipients. Even after discharge, while the positive aspects of organ donation may be highlighted to promote the cause of organ donation, neither should the details of the recipient nor should the ethics of the medical profession towards attracting publicity be compromised or violated in any manner.

7. No media coverage of the transplant procedure should be done.

8. In order to ensure transparency and accountability for the reason mentioned above, all transplant centre hospitals that wish to benefit from the cadaver transplant program are required to display the approximate range of cost of a transplant surgery by specifying the organ type on the website of the hospital and the website to be designated for this purpose by the Health Department.

(By Order of the Governor) RAJEEV SADANANDAN
Principal Secretary to Government

To

The Director Medical Education, Thiruvananthapuram The Director of Health Services, Thiruvananthapuram
The Principal, Medical College, Thiruvananthapuram, Kottayam, Alappuzha, Thrissur & Kozhikode
All the District Medical Officers (Health) (through DHS) Stock file/Office Copy

Forwarded by Order

Section Officer

Annexure 4

ട്രാൻസ്പ്ലാന്റനന്തര ഇമ്മുണോ സപ്രെസന്റ് മരുന്നുകൾ വാങ്ങുന്നതിനുള്ള ചികിത്സ ധനസഹായം (ബി പി ൽ വിഭാഗക്കാർക്ക് മാത്രം) - കെസോട്ടോ

A	വ്യക്തിഗത വിവരങ്ങൾ	തീയതി :	
1.	രോഗിയുടെ പേര്		
2.	കെ-സോട്ടോ രെജിസ്ട്രേഷൻ നമ്പർ		
3.	ട്രാൻസ്പ്ലാന്റ്റ് ചെയ്ത അവയവം		
4.	ട്രാൻസ്പ്ലാന്റ്റ് ചെയ്ത തീയ്യതി		
5.	ട്രാൻസ്പ്ലാന്റ്റ് ചെയ്ത ആശുപത്രി		
6.	സ്ഥിര മേൽവിലാസം		
7.	താൽക്കാലിക മേൽവിലാസം		
8.	റേഷൻ കാർഡ് നമ്പർ		
9.	താങ്കളാണോ കുടുംബത്തിലെ ഏക വരുമാനമാർഗം	അതെ / അല്ല	
	അല്ലയെങ്കിൽ നിങ്ങളുടെ കുടുംബത്തിന്റെ വരുമാനദാതാവ് ആരാണ്?		
	കുടുംബത്തിൽ 15 വയസ്സിൽ താഴെ എത്ര കുട്ടികൾ ഉണ്ട്		
	കുടുംബത്തിൽ 60 വയസ്സിൽ മുകളിൽ പ്രായമുള്ള എത്ര വ്യക്തികൾ ഉണ്ട്		
14.	ഏത് വിഭാഗത്തിൽപ്പെടുന്നു എന്ന് രേഖപ്പെടുത്തുക: (ബന്ധപ്പെട്ട വിഭാഗത്തിൽപ്പെടുന്നു എന്ന് തെളിയിക്കുന്ന രേഖ അപേക്ഷയോടൊപ്പം സമർപ്പിക്കുക)	☐ വിധവ ☐ വിവാഹമോചിത ☐ഏക രക്ഷകർത്താവ് ☐ഭിന്നശേഷിയുള്ളയാൾ(90%) ☐ ബാധകമല്ല	☐ കുടുംബത്തിൽ മാനസിക വെല്ലുവിളി നേരിടുന്നവർ ☐ കുടുംബത്തിൽ ഭിന്നശേഷിയുള്ള അംഗങ്ങൾ ഉള്ളവർ

			☐ കുടുംബത്തിൽ ഗുരുതര രോഗങ്ങൾമൂലം ചികിത്സയിലുള്ളവർ ☐ ബാധകമല്ല
15.	സ്വന്തമായി ഭൂമിയും വീടും ഉണ്ടോ? ഇല്ല എങ്കിൽ	ഉണ്ട് / ഇല്ല വാടക വീട് / ആശ്രിതർ	
16.	നിലവിൽ ഏതെങ്കിലും കേന്ദ്ര/ സംസ്ഥാന സർക്കാർ ആരോഗ്യ ഇൻഷുറൻസ് പദ്ധതിയിൽ അംഗമാണോ	അതെ / അല്ല	
	അതെയെങ്കിൽ ഏത് പദ്ധതി		
B	**ബാങ്ക് അക്കൗണ്ട് വിവരങ്ങൾ:**		
1.	ബാങ്ക് അക്കൗണ്ട് നമ്പർ		
2.	ബ്രാഞ്ചിന്റെ പേര്		
3.	ഐ.എഫ്.എസ്.സി കോഡ്		
4.	ആധാർ നമ്പർ		
5.	ഫോൺ നമ്പർ		
	അർഹത മാനദണ്ഡങ്ങൾക്ക് മുൻഗണന നൽകി തിരഞ്ഞെടുക്കപെടുന്നവർക്കായിരിക്കും ധനസഹായം നൽകുക		
	മേല്പറഞ്ഞ വിവരങ്ങൾ എന്റെ അറിവിലും വിശ്വാസത്തിലും ശെരിയാണെന്നു ബോധ്യപെടുത്തിക്കൊള്ളുന്നു രോഗിയുടെ ഒപ്പ്		
C	**For Office use only:**		
1.	ഹോസ്പിറ്റൽ ട്രാൻസ്പ്ലാന്റ് കോർഡിനേറ്ററുടെ ഒപ്പ്		

2.	ബന്ധപ്പെട്ട ഡിപ്പാർട്മെന്റ് മേലധികാരിയുടെ ഒപ്പും സീലും	
D	**For K-SOTTO office use only:** **Verified by:**	

1. താഴെ പറയുന്നവയുടെ കോപ്പി അപേക്ഷയോടൊപ്പം സമർപ്പിക്കുക

a. ആധാർ കാർഡ്
b. റേഷൻ കാർഡ്
c. പാസ് ബുക്ക്
d. ഡിസ്ചാർജ് സമ്മറി
e. ഇമ്മുണോ സപ്രെസന്റ് മരുന്നുകൾ വാങ്ങിയതിന്റെ ബിൽ (അവസാന മൂന്ന് മാസത്തിലെ)

Annexure 5

K-SOTTO
KERALA STATE ORGAN AND TISSUE TRANSPLANT ORGANISATION

PROFORMA FOR CANCELLATION / TRANSFER OF RECIPIENT/DONOR REGISTRATION

Cancellation / Transfer *(Please mention)*	
Name of the Patient	
Registration Number (K-SOTTO)	
Date of registration *(DD-MM-YYYY)*	
Name of registered transplant center	
Organs registered	
Hospital to which the registration transfer is requested	
UHID / MRD No.	
Transfer Request Date *(DD-MM-YYYY)*	
Reason for cancellation / transfer	
Recommendation by the consultant/ Physician *(Comments):*	

Note: All fields are mandatory. In case of a transfer, this form must be completed and sent by the hospital to which the patient wishes to transfer. Otherwise, it should be completed and sent by the registered hospital. Please attach the patient's request.

Annexure 6

Form- 10

For certification of brain stem death

(To be filled by the board of medical experts certifying brain-stem death)

[See rules 5(4)(c) and 5(4)(d)]

We, the following members of the Board of medical experts after careful personal examination hereby certifythat Shri/Smt./Km……aged about …… Son of /Wife of / Daughter of/Husbandof…….Residentof…… …… …… …… …is dead on account of permanent and irreversible cessation of all functions of the brain-stem. The tests carried out by usand the findings therein are recorded in the brain-stem death Certificate annexed hereto.

Dated:____ Signature: ___

1.R.M.P.- In charge of the Hospital
In which brain-stem death has occurred

2. R.M.P. nominated from the panel of names sent by the hospitals and approved by the Appropriate Authority.

3. Neurologist/Neuro-Surgeon 4 R.M.P. treating the aforesaid deceased person

(Where Neurologist/Neurosurgeon is not available, any Surgeon or Physician and Anaesthetist or Intensivist, nominated by Medical Administrator In-charge from the panel of names sent by the hospital and approved by theAppropriate Authority shall be included)

BRAIN-STEM DEATH
CERTIFICATE

A. PATIENT DETAILS:

1. Name of the patient: Mr./Ms_____
S.O./D.O./W.O. Mr./Ms_____
Sex____Age__

2. Home Address:

3. Hospital Patient Registration Number (CR No.): _____

4. Name and Address of next of kin or person _____
_____ respon
sible for the patient (if none exists,
_____
this must be specified) _____

5. Has the patient or next of kin agreed _____
to any donation of organ and/or tissue? _____

6. Is this a Medico-legal Case? Yes….....No….....

B. PRE-CONDITIONS:

1. Diagnosis: Did the patient suffer from any illness or accident that led to irreversible brain damage?

Specify details……
……..
……
…….. Date and time of accident/onset of illness…….
Date and onset of non-reversible coma…….....

2. Findings of Board of Medical Experts:

		First Medical Examination		Second Medical Examination	
		1st	2nd	1st	2nd
1.	The following reversible causes of coma have been excluded:				
	Intoxication (Alcohol)				
	Relaxants (Neuromuscular blocking agents)				
	Depressant Drugs				
	Primary Hypothermia				
	Hypovolaemic shock				
	Metabolic or endocrine disorders				

	Tests for absence of brain-stem functions				
2Cr	a				

3Cess	ation of spontaneous breathing
4Pupi	llary size
5Pupi	llary light reflexes
6Doll	’s head eye movements
7Corn	eal reflexes (Both sizes)
8Mot	or response in any cranial nerve distribution, any responses to stimulation of face, limb or trunk.
9Gag	reflex
10Co	ugh (Tracheal)
11Eye	movements on caloric testing bilaterally
12Ap	noea tests as specified.
13We	re any respiratory movements seen?

Date and time of first testing:
…….

Date and time of second testing:
…….

This is to certify that the patient has been carefully examined twice after an interval of about six hours and on the basis of findings recorded above, Mr./Ms… is declared brain-stem dead.

Date:_____

Signatures of members of Brain Stem Death (BSD) Certifying Board as under:

1.R.M.P.- In charge of the Hospital
In which brain-stem death has occurred

2. R.M.P. nominated from the panel of names sent by the hospitals and approved by the Appropriate Authority.

3. Neurologist/Neuro-Surgeon 4 R.M.P. treating the aforesaid deceased person

Note:

I. Where Neurologist/Neurosurgeon is not available, then any Surgeon or Physician and Anaesthetist or Intensivist, nominated by Medical Administrator Incharge of the hospital shall be the member of the board ofmedical experts for brain- stem death certification.

II. The minimum time interval between the first and second testing will be six hours in adults. In case of children 6to 12 years of age, 1 to 5 years of age and infants, the time interval shall increase depending on the opinion ofthe above BSD experts.

III. No.2 and No.3 will be co-opted by the Administrator Incharge of the hospital from the Panel of experts (Nominated by the hospital and approved by the Appropriate Authority).

Annexure 7

FORM 8

For Declaration cum consent

(To be filled by near relative or lawful possessor of brain-stem dead person)

[See rules 5(1)(b), 5(4)(b) and 5(4)(d)]

DECLARATION AND CONSENT FORM

I……...…..……S/o,D/o,W/o…… …… aged……..... resident of …….....……. ……in the presence of persons mentioned below, hereby declare that:

1. I have been informed that my relative (specify relation)..... .

S/o,D/o,W/o……aged… has been declared brain-stem dead / dead.

2. To the best of my knowledge (Strike off whichever is not applicable):

a. He/She. (Name of the deceased)..... had / had not, authorised before his/her death, the removal of (Name of organ/tissue/both) of his/her body after his/her death for therapeutic purpose. The documentary proof of such authorisation is enclosed/not available

b. He/She. (Name of the deceased). had not revoked the authority as at No. 2 (a) above (If applicable) .

c. There are reasons to believe that no near relative of the said deceased person has objection to any ofhis/her organs/tissue being used for therapeutic purposes.

3. I have been informed that in the absence of such authorisation, I have the option to either authorise or decline donation of organ/tissue/both including eye/cornea of..... .....(Name of the deceased) for therapeutic purposes. I also understand that if corneas/eyes are not found suitable for therapeutic purpose, then may be used for education/research.

4. I hereby authorise / do not authorize removal of his/her body organ(s) and/or tissue(s), namely (Any organ and tissue/ Kidney /Liver /Heart /Lungs /Intestine /Cornea /Skin /Bone /Heart Valves /Any other; please specify). for therapeutic purposes. I also give permission for drawing of a blood sample for serology testing and am willing to share social/behavioural and medical history to facilitate proper screening of the donor for safe transplantation of the organs/ tissues.

.....……. Signature of near relative /person in lawful possession of the dead body, and address for correspondence*.

Place …….....…..

Telephone No.…….....

Email: ……

* in case of the minor the declaration shall be signed by one of the parent of the minor or any near relative authorised by the parent. In case the near relative or person in lawful possession of the body refuses to sign this form, the same shall be recorded in writing by the Registered Medical Practitioner on this Form.

(Signature of Witness 1)

1.Shri/Smt./Km.……S/o,D/o,W/o……

……aged… resident of.....

Telephone No. Email:

.....

(Signature of Witness 2)

2.Shri/Smt./Km.…….....S/o,D/o,W/o……

……...…aged…… ….resident of ……

Telephone No.....

Email:.....

.....

Annexure 8

List of Licensed Transplant Centers

South Zone

No.	Hospital Name	Tx. Organ/Tissue
01.	Government Medical College, Thiruvananthapuram	Kidney, Liver, Skin, Skin Bank
02.	Govt. T.D. Medical College, Vandanam, Alappuzha	Kidney
03.	Regional Institute of Ophthalmology, Thiruvananthapuram	Cornea, Eye Bank
04.	Sree Chitra Institute of Medical Science, Thiruvananthapuram	Heart, Heart Valve, Heart Valve Bank
05.	Ananthapuri Hospitals and Research Institute, Thiruvananthapuram	Kidney
06.	Believers Church Medical College Hospital, Kuttapuzha, Thiruvalla	Kidney
07.	Chaithanya Eye Hospital and Research Institute, Thiruvananthapuram	Cornea, Eye Bank
08.	Cosmopolitan Hospital, Thiruvananthapuram	Kidney
09.	Dr. KM Cherian Institute of Medical Sciences, Chengannur, Alappuzha	Kidney, Heart

10.	**GG Hospital, Thiruvananthapuram**	**Liver**
11.	**KIMS Health, Thiruvananthapuram**	**Kidney, Liver, Heart, Lungs, S.Bowl, Pancreas**
12.	**Meditrina Hospital Pvt Ltd, Ayathil PO, Kollam**	**Kidney**
13.	**NIMS Medicity, Neyyattinkara, Thiruvananthapuram**	**Kidney**
14.	**Ozanam Eye Centre, Beach Road, Kollam**	**Cornea**
15.	**PRS Hospital, Thiruvananthapuram**	**Kidney**
16.	**Pushpagiri Medical College Hospital, Thiruvalla**	**Kidney**
17.	**Saraswathy Hospital, Thiruvanathapuram**	**Kidney**
18.	**S.K Hospital, Edappazhinji, Thiruvanathapuram**	**Kidney, Liver**
19.	**Sreenethra Eye Care Pvt Ltd, Thiruvanathapuram**	**Cornea**
20.	**St. Gregorios Medical Mission Hospital, Parumala, Pathanamthitta**	**Kidney**

21.	S.U.T Hospital, Pattom, Thiruvananthapuram	Kidney
22.	Travancore Medical College and Hospital, Thattamala, Kollam	Kidney

Central Zone

No.	Hospital Name	Tx. Organ/Tissue
01.	General Hospital, Ernakulam	Kidney, Heart
02.	Government Medical College, Kottayam	Kidney, Liver, Heart, Lungs, Cornea, Eye Bank
03.	Government Medical College, Thrissur	Eye Bank
04.	Aarya Eye Care, Near North Bus stand, Thrissur	Cornea
05.	Alphonsa Eye Hospital, Kottaramattom, Pala, Kottayam	Cornea
06.	Amrita Institute Of Medical Sciences, Kochi, Ernakulam	Kidney, Liver, Heart, Lungs, Pancreas, S.Bowl, Hand, Larynx, Cornea
07.	Apollo Adlux Hospital, Angamaly, Ernakulam	Kidney

08.	**Aster Medicity Hospital, Kochi, Ernakulam**	**Kidney, Liver, Heart, Pancreas, Lungs**
09.	**Caritas Hospital, Thellakom, Kottayam**	**Kidney, Liver**
10.	**Chaithanya Eye Institute, Palarivattom, Kochi, Ernakulam**	**Cornea**
11.	**Daya General Hospital Ltd and Speciality Surgical Centre, Thrissur**	**Kidney**
12.	**Dr. Agarwals Eye Hospital, Kochi, Ernakulam**	**Cornea**
13.	**Giridhar Eye Institute, Kochi, Ernakulam**	**Cornea, Eye Bank**
14.	**Holy Family Hospital, Muthalakkodam, Idukki**	**Kidney**
15.	**Lakeshore Hospital, Kochi, Ernakulam**	**Kidney, Liver, Heart, Pancreas, Lungs**
16.	**LISIE Hospital, Kaloor, Ernakulam**	**Kidney, Liver, Heart, Pancreas, S.Bowl**
17.	**Little Flower Hospital, Angamaly, Ernakulam**	**Cornea**

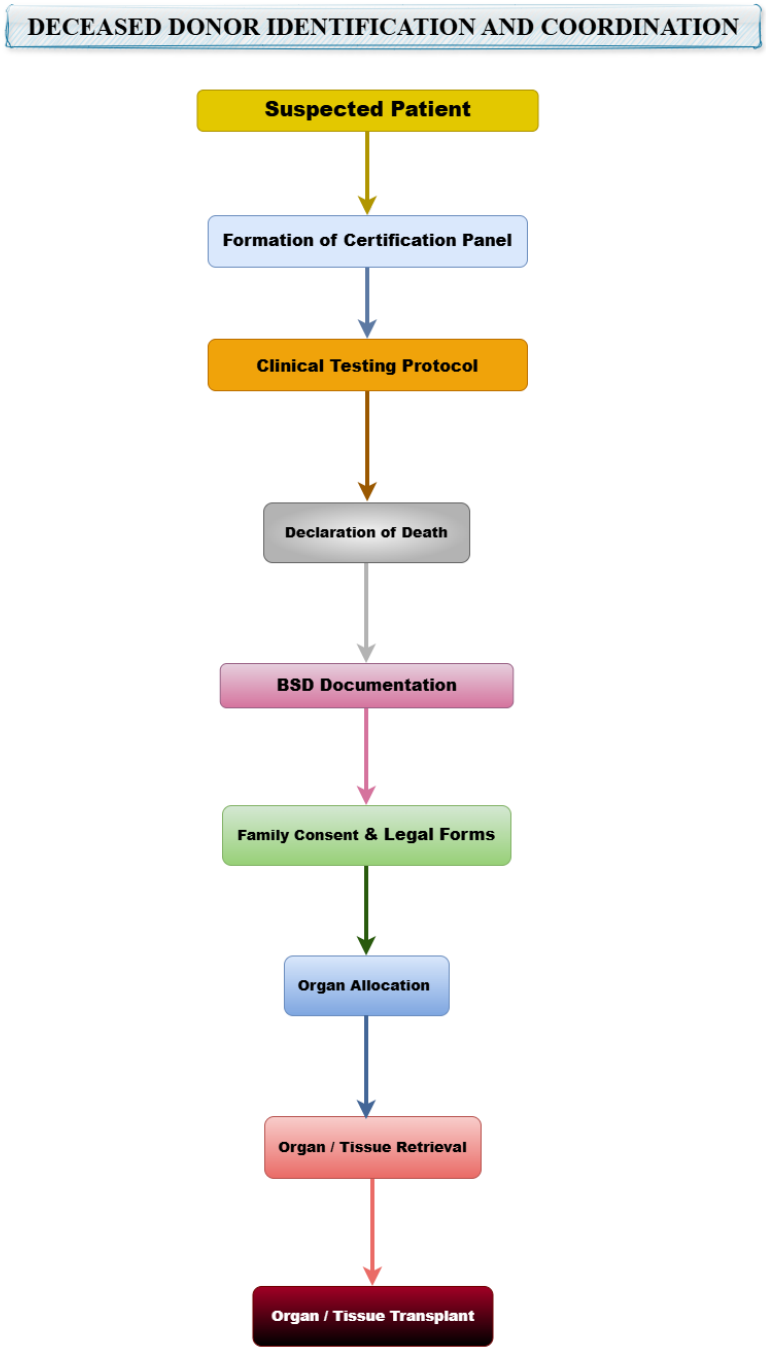
18.	**Lourdes Hospital, Kochi, Ernakulam**	**Kidney**
19.	**Mar Sleeva Medicity, Palai**	**Kidney**
20.	**Medical Trust Hospital, Kochi, Ernakulam**	**Kidney**
21.	**MOSC Medical college, Kolenchery**	**Kidney**
22.	**Rajagiri Hospital, Aluva, Eranakulam**	**Kidney, Liver, Heart, Pancreas, S.Bowl, Lungs**
23.	**Renai Medicity, Kochi, Ernakulam**	**Kidney**
24.	**Specialists Hospital, Kochi, Ernakulam**	**Kidney**
25.	**Sunrise Institute of Medical Sciences (P) Ltd, Kochi, Ernakulam**	**Kidney**
26.	**The Eye Bank Association Kerala, Angamaly, Ernakulam**	**Eye Bank**
27.	**West Fort Hospital, Thrissur**	**Kidney**

North Zone

No.	Hospital Name	Tx. Organ/Tissue
01.	Government Medical College, Kozhikode	Kidney, Cornea, Eye Bank
02.	Abate Eye Hospital, Perinthalmanna, Malappuram	Cornea
03.	Ahalia Foundation Eye Hospital, Elappully, Palakkad	Cornea
04.	Almadeena Institute of Medical Science Pvt. Ltd, Kottakkal, Malappuram	Kidney
05.	Aster MIMS, Chala East, Kannur	Kidney
06.	Aster MIMS, Kottakkal, Malappuram	Kidney
07.	Baby Memorial Hospital, Kozhikode	Kidney, Liver
08.	Dr. Binu's Sunrise Eye Care, Chettipeedika, Kannur	Cornea
09.	Dr. Damodarans Eye Hospital, Kuthuparamba, Kannur	Cornea
10.	IQRAA International Hospital and Research Centre, Kozhikode	Kidney, Liver

11.	Jyothis Eye Care Hospital, Pallikkunnu, Kannur	Cornea
12.	KIMS Alshifa Healthcare, Perinthalmanna, Malappuram	Kidney
13.	KIMS Swastha Private Ltd, Payyambalam, Kannur	Kidney
14.	KMCT Medical College Hospital, Mukkam, Kozhikode	Kidney
15.	Malabar Institute of Medical Sciences, Kozhikode	Kidney, Liver, Heart, S. Bowl, Pancreas, Cornea, Lungs, Skin, Skin Bank
16.	Malabar Medical College Hospital, Ulliyeri, Kozhikode	Kidney, Cornea
17.	Meitra Hospital, Kozhikode	Kidney, Liver, Heart, Lungs, Pancreas, S. Bowl
18.	Metro International Cardiac Center, Kozhikode	Kidney, Heart, Lungs

Annexure 9


DECEASED DONOR IDENTIFICATION AND COORDINATION
Suspected Patient
Formation of Certification Panel
Clinical Testing Protocol
Declaration of Death
BSD Documentation
Family Consent & Legal Forms
Organ Allocation
Organ / Tissue Retrieval
Organ / Tissue Transplant

Annexure 10

The fundamental principles governing the certification of brain stem death are laid down in the Transplantation of Human Organs Act, 1994 and the Transplantation of Human Organs Rules, 1995. Subsequently, amendments made to the Act and Rules in 1995, 2000, and 2011, together with the Transplantation of Human Organs and Tissues Rules, 2014, constitute the current legal framework governing brain stem death certification in India.

Based on the provisions of the above Central Act and Rules, the Government has implemented the protocol for brain stem death certification in the State through various Government Orders. The details of these Government Orders and their significance are presented in the table below.

Government Orders Related to Brain Stem Death Certification

Sl. No.	**Government Order**	**Subject / Amendment**
1	No.14931/S2/2009/H&FWD, dated 19.11.2010	Guidelines relating to living organ donation and transplantation.
2	G.O. (MS) No.36/2012/H&FWD, dated 04.02.2012	Introduced mandatory procedures for the certification and declaration of brain stem death in all Government and private hospitals in Kerala.
3	G.O. (MS) No.304/2012/H&FWD, dated 18.09.2012	Amended the earlier order (G.O. (MS) No.36/2012/H&FWD) by stipulating that one of the doctors in the brain stem death certification panel must be from outside the hospital where the patient is admitted.
4	G.O. (MS) No.16/2017/H&FWD, dated 01.02.2017	Mandated that, among the four-member medical board certifying brain stem death, two doctors shall be from outside the hospital, one of whom shall be an empanelled Government doctor approved by the Appropriate Authority. The order also made video recording of the certification process mandatory and required the use of the Peripheral Nerve Stimulation Test to exclude pharmacologically induced neuromuscular blockade.

5	G.O. (MS) No.53/2017/H&FWD, dated 03.04.2018	Issued the Standard Operating Procedure (SOP) for the certification of brain stem death.
6	G.O. (MS) No.7/2020/H&FWD, dated 19.01.2020	Latest Government Order governing brain stem death certification. It provides that, after certification of brain stem death in Form No.10 prescribed under the Transplantation of Human Organs Act, ventilatory support may be withdrawn with the consent of the next of kin. This order is presently in force.

Government Orders Facilitating Organ Donation and Transplantation

The Government has also issued several orders to strengthen and streamline deceased and living organ donation and transplantation activities in the State. The details are as follows.

Sl. No.	Government Order	Subject
1	G.O. (MS) No.37/2012/H&FWD, dated 04.02.2012	Prescribed procedures to be followed by Government and private hospitals authorized to perform organ transplantation.
2	G.O. (MS) No.38/2012/H&FWD, dated 04.02.2012	Prescribed standards for Non-Transplant Organ Retrieval Centres (NTORCs) engaged in organ retrieval from brain stem dead donors.
3	G.O. (Ms.) No.26/2018/H&FWD, dated 15.02.2018	Issued guidelines for altruistic organ donation and swap (paired exchange) transplantation.
4	No.14931/S2/2009/H&FWD, dated 19.11.2010	Guidelines relating to living organ donation and transplantation.
5	G.O. (Rt.) No.1134/2023/H&FWD, dated 12.05.2023	Constituted an Expert Working Group and organ-specific expert committees to develop protocols, policies, and Standard Operating Procedures for comprehensive reforms in the organ donation programme.
6	G.O. (P) No.78/2024/H&FWD, dated 28.08.2024	Constituted an Advisory Committee under Section 13A of the Transplantation of Human Organs Act and Rule 30 of the 2014

		Rules to assist and advise the Appropriate Authority.
7	G.O. (Ms.) No.242/2024/H&FWD, dated 25.09.2024	Constituted a State Level Technical Committee (SLTC) to consider appeals against the decisions of District Level Authorization Committees (DLACs) relating to organ transplantation approvals.
8	G.O. (Ms.) No.292/2024/H&FWD, dated 17.10.2024	Constituted a Steering Committee to implement the National Organ Transplant Programme, facilitate the smooth functioning of KSOTTO, and ensure implementation of activities in accordance with the National Organ Transplant Guidelines.
9	Proceedings of the DGP & State Police Chief No. D5-70443/2022/PHQ, dated 03.06.2024	Designated a Nodal Officer to facilitate inquest procedures in medico-legal cases involving organ donation.
10	G.O. (Ms.) No.56/2026/H&FWD, dated 19.02.2026	Prescribed professional remuneration for intensivists, transplant surgeons, grief counsellors, anaesthesiologists, ICU technicians, OT technicians, and empanelled doctors authorized to certify brain stem death, based on the services rendered in organ transplantation.
11	G.O. (Ms.) No.128/2025/H&FWD, dated 28.04.2025	Brought the zonal and regional offices of the District Deceased Donor Multi Organ Transplant Programme (DDMOTP) under the administrative, financial, and functional control of KSOTTO.
12	G.O. (Rt.) No.1688/2025/H&FWD, dated 19.06.2026	Implemented the empanelment of statewide taxi services to provide logistics support for enhancing the efficiency and effectiveness of organ donation activities and facilitating organ transportation across Kerala.
13	G.O. (Ordinary) No.2425/2026/FIN, dated 09.03.2026	Transferred the Drawing and Disbursing Officer (DDO) powers for the budget head "Deceased Organ Donation (2210-01-110-

		65-34(P))" to the Executive Director, KSOTTO, for administrative convenience.
14	G.O. (P) No. 24/2022/H&FWD dated 18th June, 2022	Appointment of the Director of Medical Education as the Appropriate Authority under the THOT Act for the Kerala State Organ and Tissue Transplant Organization and the Office of Kerala State Organ and Tissue Transplant Organization as the Office of the Appropriate Authority.

Annexure 11

Key achievements of Kerala State Organ & Tissue Transplant Organization (KSOTTO)

Kerala State Organ and Tissue Transplant Organization (KSOTTO) was established in 2021 under the framework of the National Organ Transplant Programme (NOTP), as the government apex body in the State for further strengthening and expanding the "Mrithasanjeevani" - Deceased Donor Multi Organ Transplant Programme initiated in 2012.

During the course since its establishment, KSOTTO became one of the first State in the country to formulate detailed SOPs and guidelines on organ donation and transplantation.

KSOTTO is also the only SOTTO that simultaneously functions as the Office of the Appropriate Authority, under Section 13 of the Transplantation of Human Organs and Tissues Act 1994, thereby serving both as the State's coordinating body for transplantation activities and as the regulatory authority.

Key achievements of the Organization include;

1) Established a fully digital state transplant registry, encompassing patients awaiting deceased organ transplantation as well as patients who have undergone transplant surgeries in the State, including both live donor and deceased donor transplants.
2) Enabled 24×7 coordination for deceased organ donation activities across the State. This includes seamless coordination for organ allocation, organ retrieval, organ transport through air ambulance and other rapid transport mechanisms, in close collaboration with hospitals, Police Department, Traffic Police, Airport Authorities, Aircraft Operators, and Railways as required, thereby minimizing ischemia time and improving transplant outcomes.
3) Continuous monitoring, inspection, and regulatory oversight of all registered transplant Centres in the State as the Office of the Appropriate Authority.
4) Functions as the institution of State Level Technical Committee for consideration of appeal petitions preferred against decisions of the District Level Authorization Committees
5) Plays an instrumental role in strengthening the capacity of healthcare professionals by regularly organizing structured training on brain-stem death

determination, hands-on multiorgan retrieval, implantation techniques etc. ensuring that the practices align with global best practices.

6) Organized Smrithi Vandanam 2025, a State-level commemorative event to honour organ donors and the families of posthumous organ donors. The event paid tribute to over 120 donor families and facilitated meaningful reunions between donor families and transplant recipients.

7) KSOTTO provides financial support for post-transplant BPL patients by reimbursing the expenses incurred for the purchase of immunosuppressants. This measure is expected to improve medication adherence, and enhance overall post-transplant outcomes.

8) The activities of the Kerala State Organ and Tissue Transplant Organization (K-SOTTO) are primarily supported through National Organ Transplant Programme (NOTP) funds of the Government of India and Deceased Donor Multi Organ Transplant Programme (DDMOTP) funds administered through the Government Medical Education system.

9) (KSOTTO) is the State implementing agency for the National Organ Transplant Programme (NOTP). Pursuant to the implementation of the National Organ Transplant Programme (NOTP), the Government of Kerala entered into a Memorandum of Understanding (MoU) with the Ministry of Health and Family Welfare, Government of India. Through this arrangement, central financial assistance and manpower support were channelized, leading to the formal establishment of KSOTTO as an autonomous body which functions as the nodal agency for organ and tissue transplantation in the State.

10) To strengthen the implementation of organ donation and transplantation activities in the State, KSOTTO has constituted various sub-committees comprising experts from different specialties. These committees provide technical guidance, develop policies and Standard Operating Procedures (SOPs), review existing practices, and recommend measures to improve the quality, efficiency, and transparency of organ donation and transplantation services. The sub-committees consist of subject experts from relevant clinical specialties, administrators, legal experts, and other stakeholders, as appropriate. They assist KSOTTO in areas such as brain stem death certification, organ retrieval and allocation, super urgent listings and much more.

Major reforms of State Government include;

1) The Government Order G.O. (MS) No. 7/2020/H&FWD dated 19.01.2020 on brain stem death is widely regarded as a landmark policy in Kerala, as order emphasizes that withdrawal of ventilatory support after brain stem death is permissible irrespective of consent for organ donation and affirms brain stem death certification should never be viewed solely for the purpose of organ donation.

2) Established a dedicated Rapid Organ Transport System by earmarking 15 hours of free flying time in the helicopter of Home Department exclusively for organ transportation. The Additional Director General of Police (Headquarters), PHQ, serves as the State Nodal Officer for coordinating human organ transportation. In addition, the Government has sanctioned a state-wide taxi service to aid making logistics arrangements for discharging its regulatory and donation coordination functions.

3) Government has sanctioned engaging legal counsel for KSOTTO, to provide legal opinions & legal aid in cases filed before courts, tribunals, or other authorities.

4) The Kerala Institute of Organ Transplantation (KIOT), located at Kozhikode, is a flagship Government of Kerala initiative established to provide comprehensive, affordable organ transplantation services, as well as education, research, and training in transplantation medicine. The Government of Kerala approved the establishment of KIOT through a Government Order issued on 1 July 2024, with an initial estimated project cost of ₹558.68 crore funded through KIIFB. In June 2025, the government granted administrative sanction of ₹643.88 crore based on the detailed project report, allowing construction and procurement activities to proceed. The foundation stone was laid in February 2026 at Chevayur, Kozhikode, marking the formal commencement of the institute's construction. The institute also works in close coordination with KSOTTO, as KSOTTO being the Project Management Unit of KIOT.

5) To ensure the timely and safe transportation of organs across the state, the Government employs an integrated logistics framework that combines police-designated Green Corridors, commercial aircraft, and helicopters leased from the Department of Home Affairs. These mechanisms enable uninterrupted, high-priority organ transport, minimizing ischemic time and maximizing transplant success

x-x-x