



HEALTH SYSTEMS STRENGTHENING ACCELERATOR



HSS Accelerator Cross-country Learning to support strengthening of the safe blood systems in Liberia, Rwanda, & Malawi: Blood and Plasma Donor Mobilization and Retention

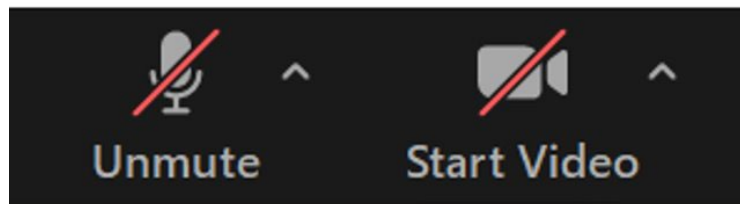
November 8, 2023



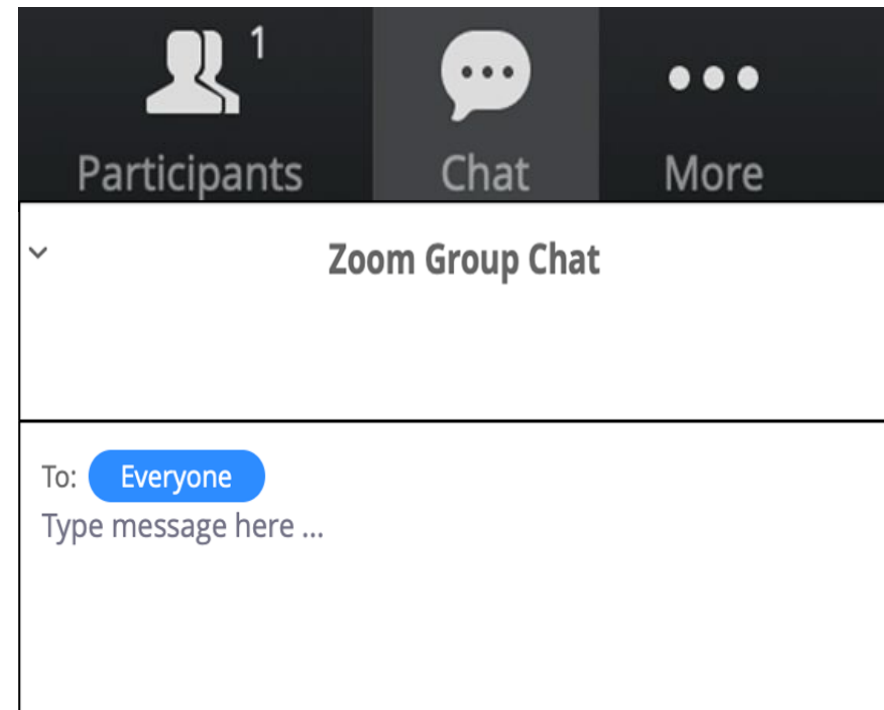
Zoom functionality

All users have been set to mute audio and video on entry

- Please **remain on mute** unless speaking



Use the group chat feature to submit questions



Agenda



Overview of the HSS Accelerator's
Strengthening Safe Blood Systems in Liberia,
Malawi, and Rwanda

Case Study: Malawi

Strategies for recruitment and mobilization of
donors in LMICs that covers the need for
culturally sensitive information to counter
misconceptions, safety and accessibility, setting
targets

Closing remarks & next steps

Objectives

- Explore effective strategies and approaches for safe blood and plasma donor retention, highlighting voluntary non-remunerated donors and retention strategies
- For participants to share successes and best practices on voluntary blood donation and retention towards increasing safe blood supply in the country.
- For participants to problem solve issues with their respective donor mobilization and retention strategies together, and arrive at country specific, sustainable solutions.
- For the participants to develop a network of safe blood experts between the countries - creating opportunities for future collaboration and learning opportunities between the countries

Icebreaker: Change your Zoom name

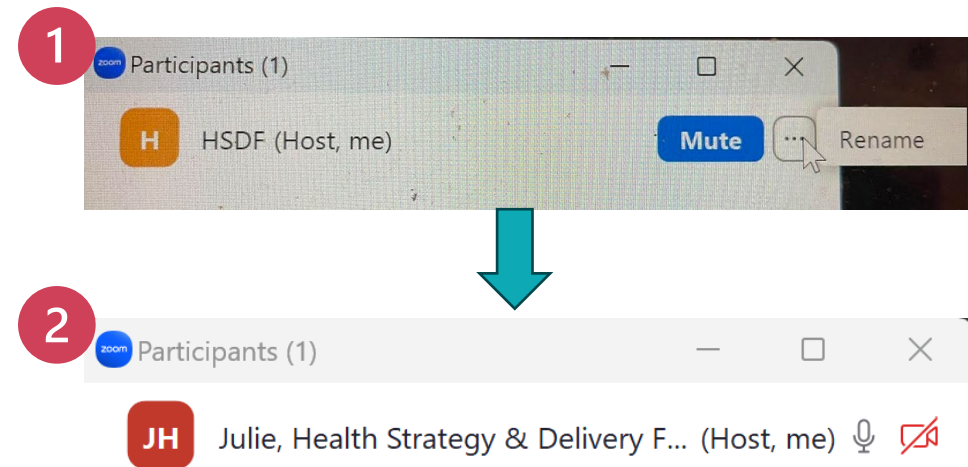
Please write your first name and your safe blood system's name as your username.

Example: Julie, Health Strategy and Delivery Foundation

Hover over your name or phone number to see the **3 dots (...)** option

Click More to select the **Rename** option

Write your first name and the **full name** of your safe blood system name



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HSS Accelerator, with support from USAID, is implementing interventions to increase access to safe blood in 3 focus countries (Liberia, Malawi, and Rwanda)

- **PROBLEM:** Postpartum hemorrhage (*PPH*) remains a *leading cause of maternal mortality* worldwide. Despite significant progress made in skilled birth attendance and availability of proven interventions for prevention and management of PPH, timely *access to blood transfusions* as an essential component of emergency obstetric care remains a challenge in many low and middle-income country settings.
- **OBJECTIVE:** from January 2022 – June 2024, HSSA, in close collaboration with USAID Missions, will:
 - Co-facilitate the application of the *USAID Safe Blood Starter Kit* (SBSK) in 3 focus countries to assess existing blood systems and identify primary challenges to availability of safe blood for treatment of PPH.
 - *Co-create and implement interventions* with national governments in the 3 focus countries to provide targeted technical assistance to identified challenges.
 - Organize and facilitate *cross-country learning* and – where possible – *produce global resources* on “strengthening health systems for safe blood” to expand learning and impact beyond the 3 focus countries



HSS Accelerator, with support from USAID, is implementing interventions to increase access to safe blood in 3 focus countries (Liberia, Malawi, and Rwanda)

OPPORTUNITY: Organize and facilitate cross country learning among Liberia, Malawi, and Rwanda stakeholders to exchange knowledge, solutions, best practices, and learnings, between relevant stakeholders across Liberia, Malawi, and Rwanda, in the wider Sub-Saharan African region (and beyond), interventions of innovative organizations, and the expertise of global practitioners.

OBJECTIVE: from May 2023 – June 2024, HSDF, in close collaboration with R4D (HSSA) and USAID Missions, will:

- Strive to **assist blood system change agents** in learning from and replicating generated information for timely decision-making and evidence-building through peer learning.
- **Country-led, demand-driven joint learning** methods as a complementary form of technical assistance, this exchange will support leadership, decision-making, implementation, and analysis of impact to local experts and institutions that can drive health systems change.
- **Joint learning to accelerate progress and health systems strengthening**, foster relationship-building, deep-dive into the host country's safe blood implementation and facilitate experience-sharing and problem-solving.



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QR Code



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Blood Donor Mobilization and Retention: Malawi Case Study

November 08, 2023



The facilitators for today's webinar...



Mrs. Malvis Chirwa (MBTS) is a Management Nursing professional with over 18 years experience and 8 years as the Blood Donor Manager for MBTS. She is currently pursuing her Master in Global Health with an emphasis on system strengthening in blood transfusion.



Mr. Mernard Mutenherwa (Zimbabwe National Blood Service - NBSZ) joined the NBSZ in 1998 and was the first Principal Medical Laboratory Scientist heading the Transfusion Transmissible Infections. He currently serves as the Blood Supply Executive. He is a member of the African Society for Blood Transfusion and the International Society for Blood Transfusion.



Mrs. Janet Katonda (MBTS) is a passionate Associate Chartered Marketer with over 7 years of experience in the marketing field. She is working as a Marketing and Public Relations Manager at Malawi Blood Transfusion Service. Currently also pursuing a Master's degree in Health and Behavior Change Communication at the Malawi University of Business and Applied Sciences.



Agenda

1. Background
2. Context – Challenges Encountered
3. Lessons Learned
4. Key Success Factors
5. Recommendations
6. Questions and Comments

Background

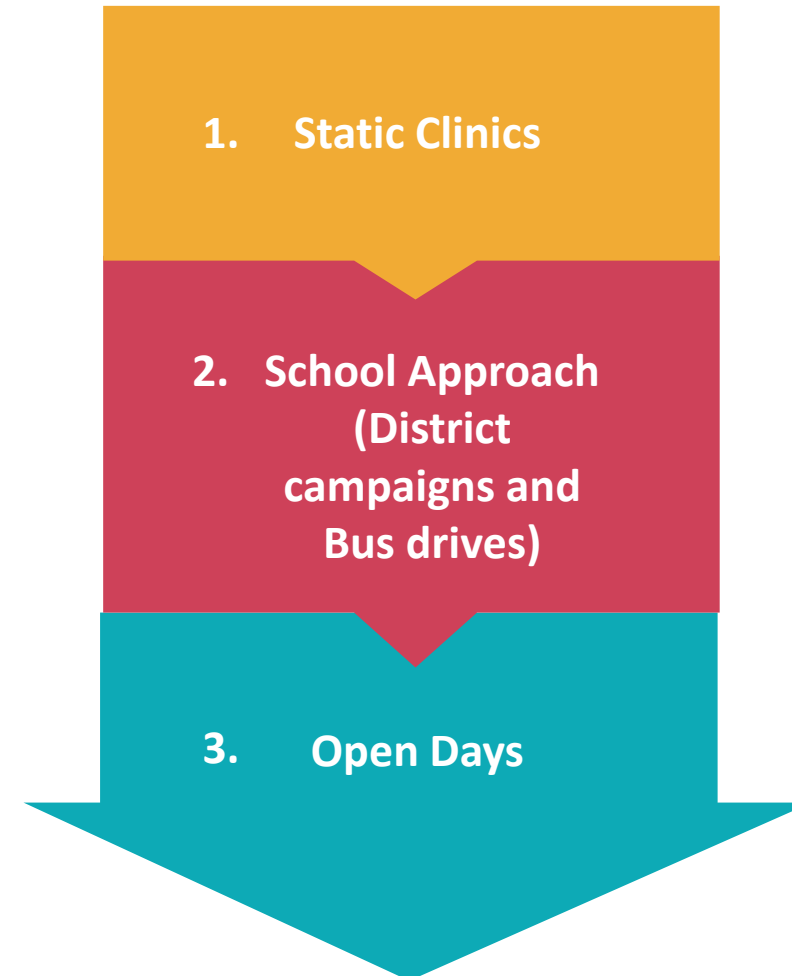
- The **Malawi Blood Transfusion Service (MBTS)** is a Trust which was established in **2003** by the Government of Malawi through the Ministry of Health.
- MBTS is mandated to collect and supply adequate safe blood and blood products in **all** the hospitals in Malawi.
- MBTS collects blood from **voluntary non-remunerated** blood donors of which **75% of these donors are students**. The students range in age from **16 to 25** years.
- MBTS plans blood drives in schools every **four (4) months**.
- MBTS prefers to collect blood from students because they are regarded as **low-risk** behavior donors. However, when schools are not in session, MBTS conducts **“open days”** clinics which are conducted in busy trading centers



MBTS Has identified 3 Best practices for Donor Recruitment & Mobilization

The Malawi Blood Transfusion Service approaches **recruiting** and **mobilizing** blood donors in **3** primary ways.

They are listed in order of **decreasing** cost effectiveness:



Overview of Static Clinics

MBTS has **4** static clinics situated at its district offices in, **Lilongwe, Balaka, Mzuzu, and Blantyre**

The static clinics accommodate walk-in, voluntary blood donors.

The static clinic consists of **one** donor team.

The clinics operate from Monday to Friday, and sometimes during weekends and public holidays.

An average of **25 donors** visit and donate blood at the static clinic everyday.

The clinic contributes an average of **19%** of **total** blood collections.

While static clinics provide a cost-effective means of donating blood... long waiting times, and limited accessibility may deter potential donors.

ADVANTAGES	DISADVANTAGES
<ul style="list-style-type: none">• Cost effective	<ul style="list-style-type: none">• Operating hours do not align with other donor schedules.
<ul style="list-style-type: none">• Accessible and allows voluntary donors to donate blood at their convenient time.	<ul style="list-style-type: none">• Limited accessibility, only targets donors who stay close to the clinic.
<ul style="list-style-type: none">• More efficient processes may reduce waiting time.	<ul style="list-style-type: none">• Depending on center's efficiency and number of donors, donors may experience long waiting time.
<ul style="list-style-type: none">• There is good donor interaction.	<ul style="list-style-type: none">• Limited community engagement.
	<ul style="list-style-type: none">• Deferred donors may be demoralized after being returned back

MBTS uses two school-based approaches 1/2

School Approach (District campaigns and Bus drives)

I. District Campaigns :

Blood drives are conducted in schools with the MBTS team physically on-site to collect blood.

The process involves:

- Identifying an anchor school to conduct the blood drive, and attracting students from other nearby schools
- Two teams in one district, conduct 2-3 clinics everyday
- An average of **30 pints** of blood is collected per clinic.
- Motivational talks are given prior to actual blood drive.



MBTS uses two school-based approaches 2/2

School Approach (District campaigns and Bus drives)

II. Bus Drive: MBTS picks students up from various schools to donate blood at the static clinic.

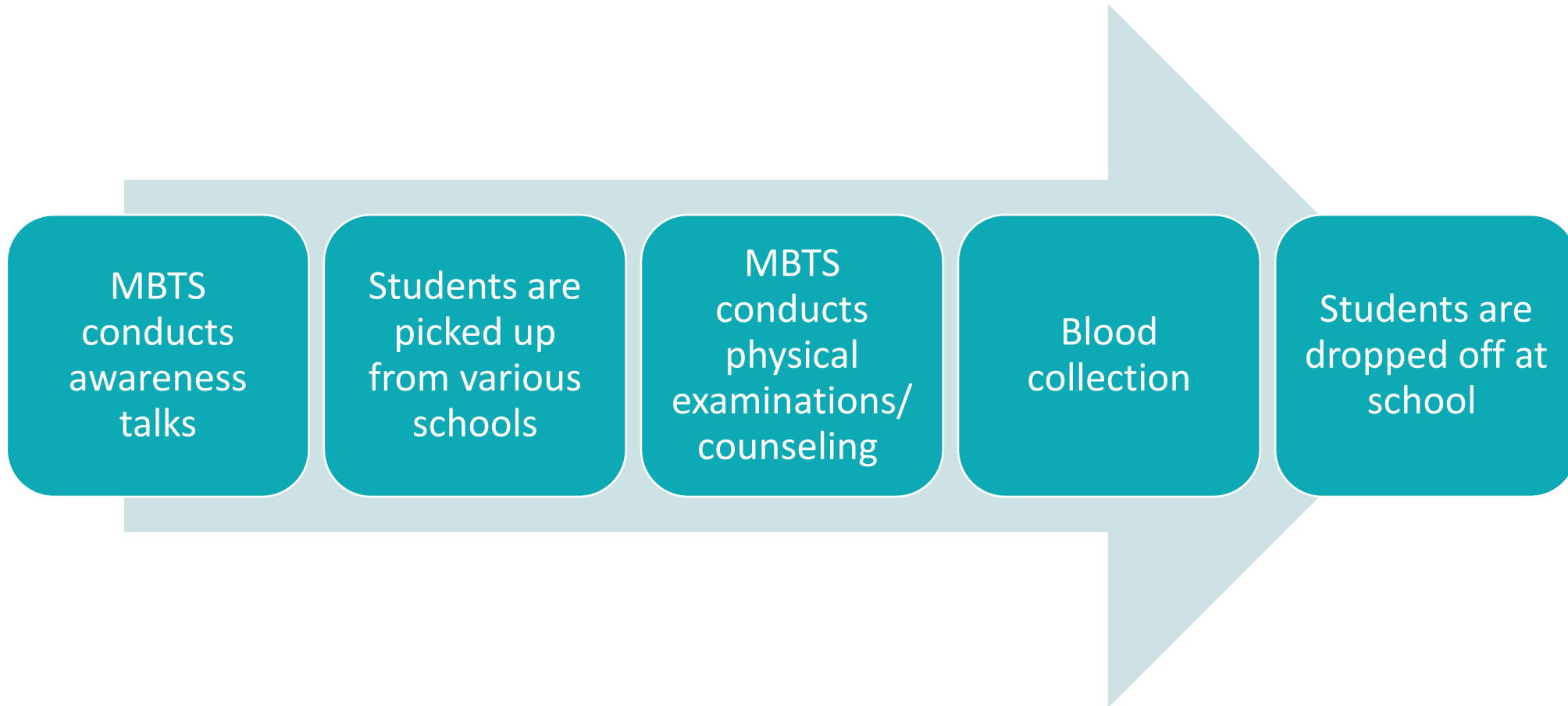


Students donating blood at Balaka static clinic



Blood donation registration in progress at Odalla static clinic

Process of conducting blood bus drives

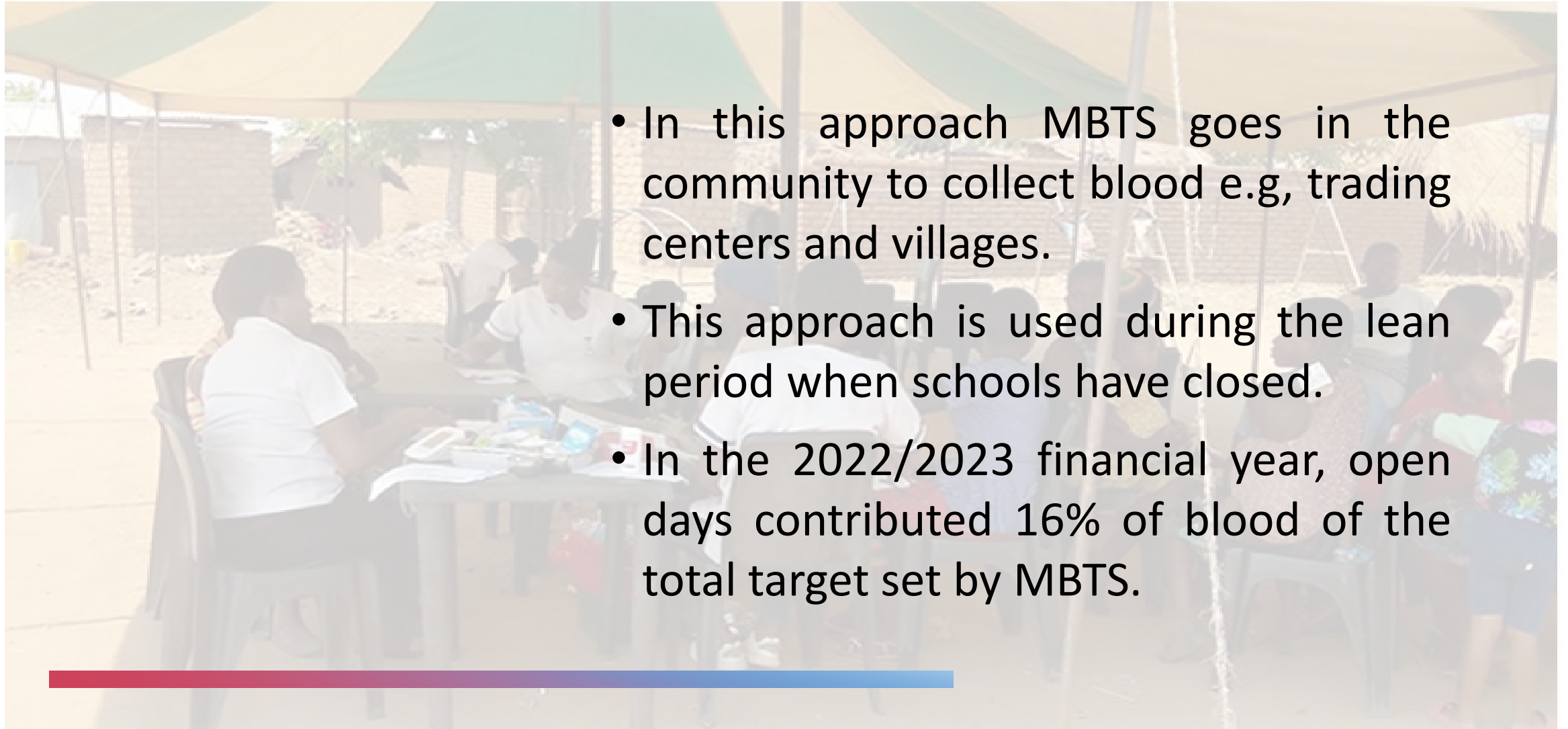


Schools provide a low-risk, high yield population of blood donors.

...however, gaps in donation can occur during holidays and rainy season

ADVANTAGES	DISADVANTAGES
<ul style="list-style-type: none"> • Low TTI rate 	<ul style="list-style-type: none"> • Low blood collecting during school holidays
<ul style="list-style-type: none"> • Easy to mobilize donors for blood donation and motivation 	<ul style="list-style-type: none"> • Some roads are impassable during rainy seasons
<ul style="list-style-type: none"> • High yielding clinics 	<ul style="list-style-type: none"> • Some students may not be eligible to donate blood due to age, weight or health condition
<ul style="list-style-type: none"> • Students encourage their peers to donate blood 	<ul style="list-style-type: none"> • Some students may still require to get consent from parents
<ul style="list-style-type: none"> • A good ground for creating a pool of potential blood donors in future 	

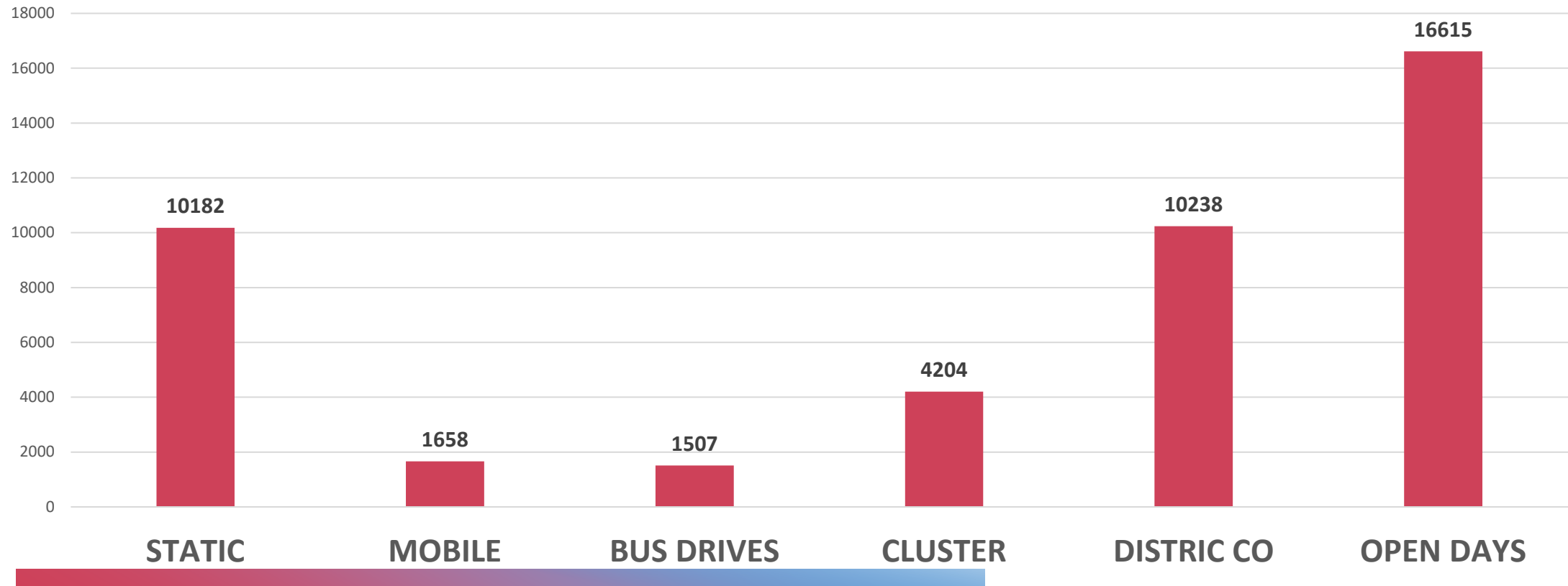
Blood Donation Open Days



- In this approach MBTS goes in the community to collect blood e.g, trading centers and villages.
- This approach is used during the lean period when schools have closed.
- In the 2022/2023 financial year, open days contributed 16% of blood of the total target set by MBTS.

Between April and August 2023, Open days yielded over 6,000 more donors than the next best strategy identified

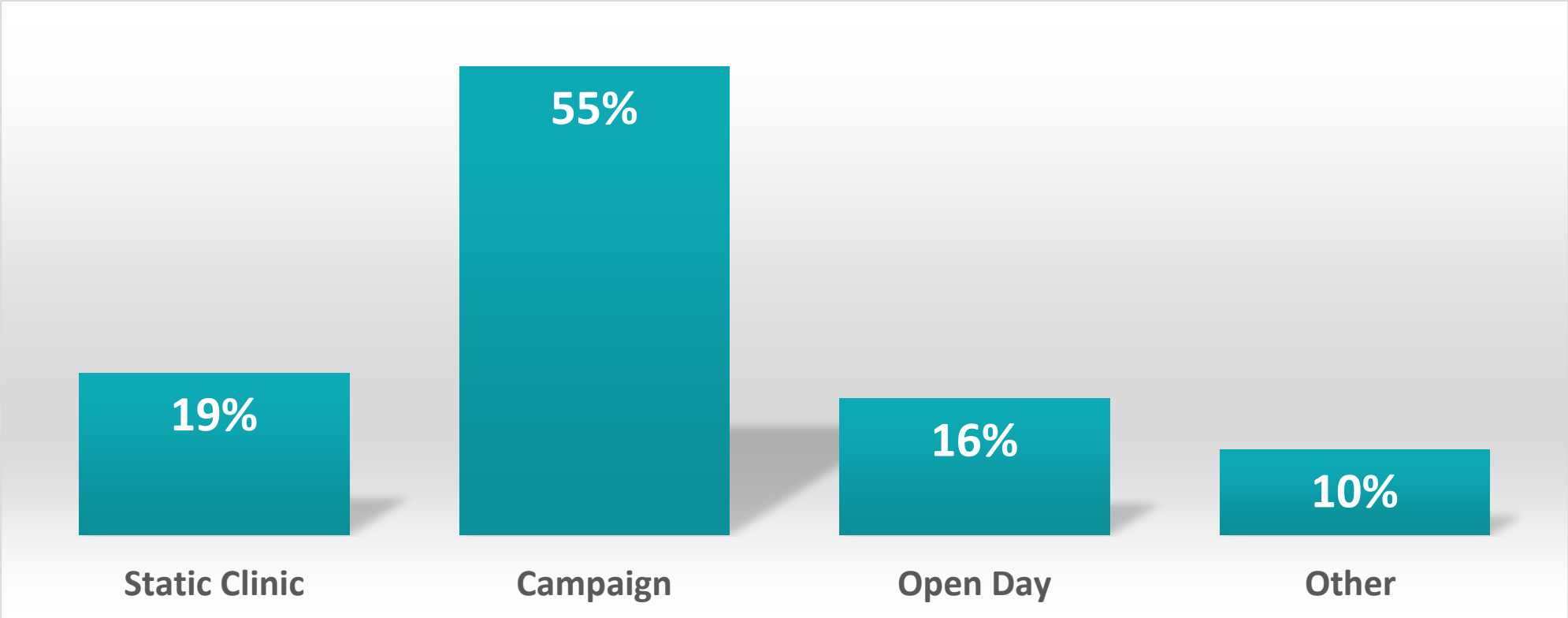
APRIL TO AUGUST 2023 COLLECTIONS




Open days have proven to be high yielding, although costly

ADVANTAGES	DISADVANTAGES
<ul style="list-style-type: none">• High yielding clinics	<ul style="list-style-type: none">• Mobilization is costly
<ul style="list-style-type: none">• Easy to mobilize donors	<ul style="list-style-type: none">• High rate of Transfusion Transmissible Infections (TTIs)

National Blood Collection Summary for 2022/2023



Key Success Factors for the school blood drive approach



Ability to collect adequate and safe blood.

1




Cooperation between schoolteachers and patrons at the school

2



Availability of resources to conduct the drives and ensure quality

3



Attitude and motivation of MBTS workers

4

Lessons Learned

The Blood transfusion process and concepts are taught in schools

- This will result in a well-informed future generation

MBTS has a feedback mechanism coordinated by the IT department

- Feedback channels include:
 - Social media
 - Donor comment cards
- Feedback responses are collected and sent to the IT department (IT department then sends priority feedback to concerned departments for their review and adaptive management)

For sustained donor retention, milestone rewards are used as motivation

Milestone Awards serve as motivators for blood donor retention

Name of Blood Donation Stage	Milestone Award Given
1 st and subsequent Donations	Be Nice Stickers and Wrist Band
2 nd Donation	ABO Card and a pen
<u>3rd Donation</u>	<u>A T-Shirt</u>
<u>5th Donation</u>	<u>A Cap and T-shirt</u>
7 th Donation	A Drinking Bottle
10 th Donation	A Certificate and a T-shirt
15 th Donation	A Certificate and Drinking Bottle
20 th Donation	A Certificate and a Golf Shirt
25 th Donation	A Golf (polo style/button) Shirt
30 th Donation	A Golf (polo style/button) Shirt
40 th Donation	A Golf (polo style/button) Shirt
50 th Donation	Certificate and Golf (polo style/button) Shirt
75 th Donation	Medal



Challenges Encountered

Some schools are in rural, hard to reach areas – This means the teams have to camp in the district for a week for easy mobility. This also requires additional allowances for the team

There is shortage of blood when schools close for holidays.

Yields from universities are not as high compared to secondary schools

- Average age of graduation from Secondary school is 16, and this is the threshold (age of consent) for donation.

Some donors stop donating blood once they graduate.

Recommendations on the status of the blood system for mobilization and retention

Ensure that all SOPs are drafted and circulated

BTS workers trained and certified

Proper feedback mechanisms in place. Review the feedback on monthly basis

School drives may be conducted 3 times a year at each school.

Plan activities in line with school calendar e.g examinations , short breaks etc

Consider road networks /seasons

Thank you!

- Questions and Answers

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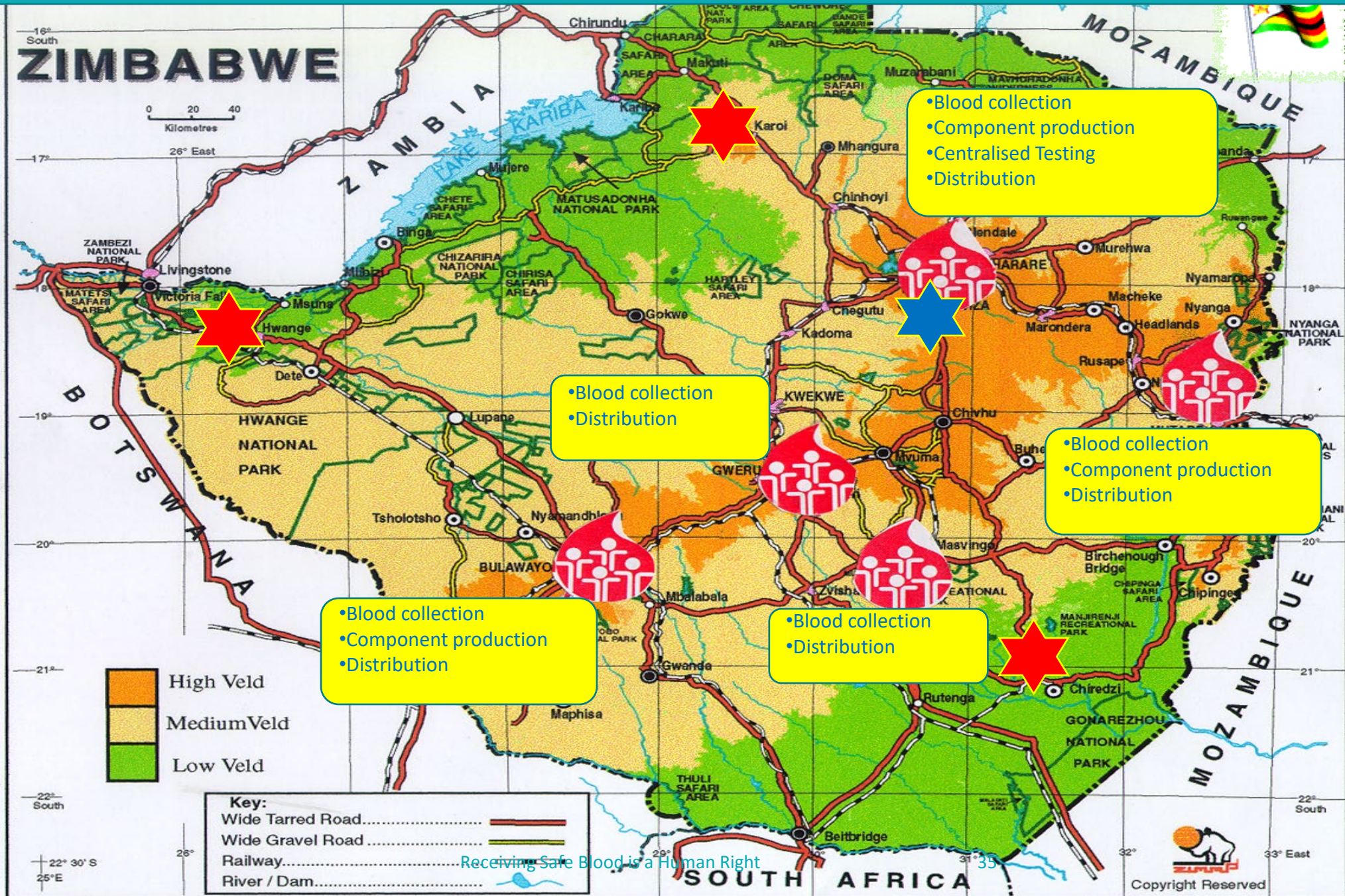
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Closing remarks & next steps

About Zimbabwe National Blood Service (NBSZ)

- Background
 - NBSZ is a non-for-profit
 - Has a Board of Directors, comprised of 4 committees
 - Remuneration and Human Resources (RHR),
 - Audit, Risk and Compliance
 - Governance, Strategy and Finance and
 - Technical
 - Total staff of 210, operating in 5 regions:
 - Harare (Head Office), Bulawayo, Gweru, Mutare, and Masvingo

NBSZ COVERAGE



- Blood collection
- Component production
- Centralised Testing
- Distribution

- Blood collection
- Distribution

- Blood collection
- Component production
- Distribution

- Blood collection
- Component production
- Distribution

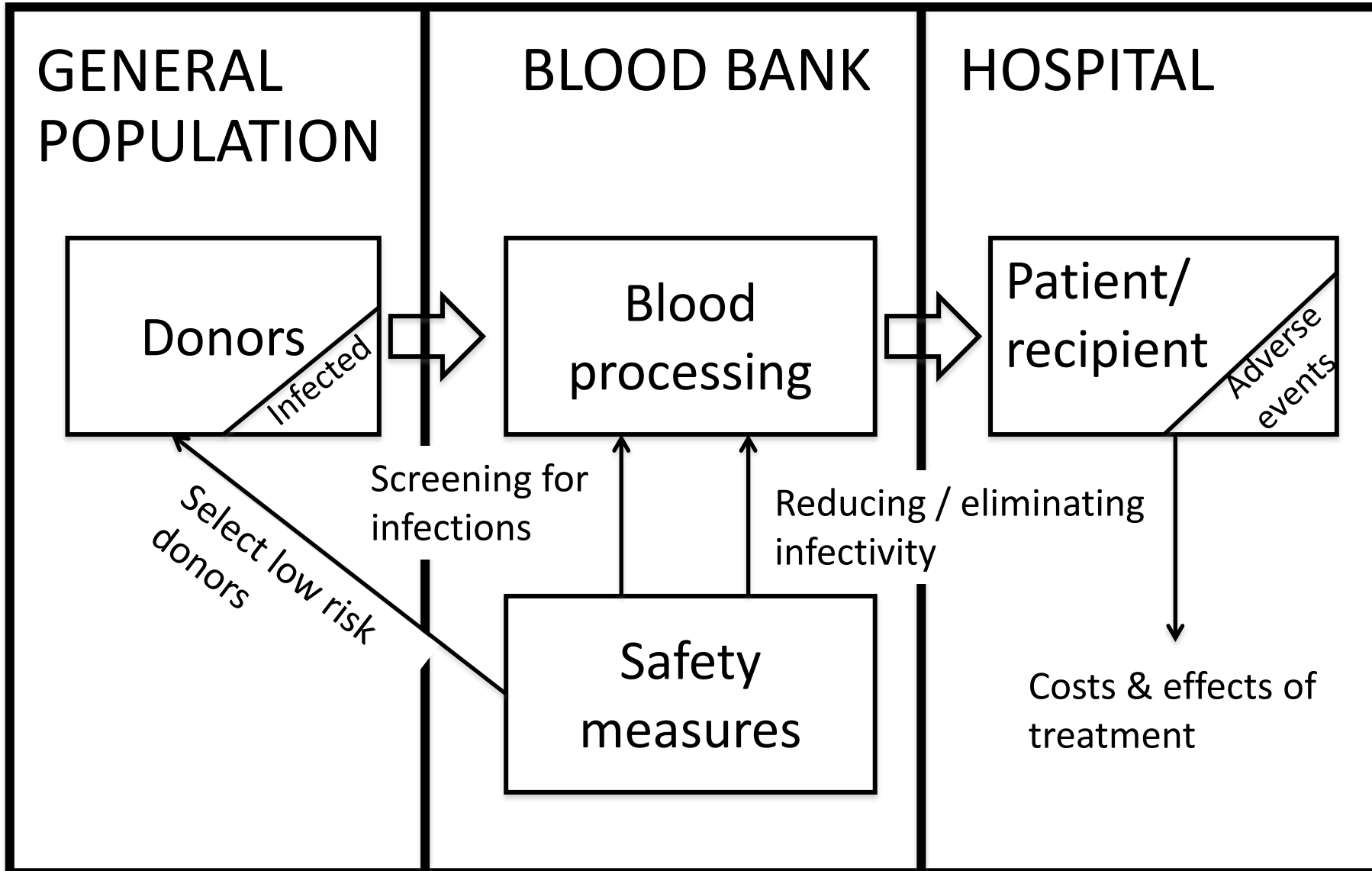
- Blood collection
- Distribution

Blood and Plasma Donor Mobilization and Retention in Zimbabwe

Blood Supply Chain



Blood transfusion chain



Blood donation sites used most often with the highest yield are: static and mobile

- The **most important people at a collection site are blood donors** themselves. Without their blood, the service could not continue to operate.
- The conditions surrounding blood donation should therefore be safe , pleasant and convenient as possible for donors.
- If the service delivery is poor , it will create a bad image of the service and leads to loss of blood donors.
- There is considerable evidence that **a retained donor is safer, demands fewer resources , and is more reliable.**

Donor enrolment and assessment

- NBSZ uses a standard form (electronic) for donor recruitment and assessment
- Generally the questions include or exclude a donor focusing on:
 - Age: 16-65. Above 65 years requires Medical Doctor`s recommendation
 - **Basic Health Assessment**
 - **Low risk behaviour**

Definitions used within the NBSZ

- **Donor retention:** The ability to keep a recruited donor active.
- **VNRBD:** Voluntary non-remunerated blood donor .It's a humanitarian action taken by a person who wants to help others by giving blood with his or her own free will. Over 62 countries achieved 100% (or more than 99%) of their blood supply from voluntary unpaid blood donors.
- **Recruit:** to act of convincing a person to donate blood.
- **Retain:** the donor who donates blood twice in .
- **Realign :** inviting blood donors to meet the demands and help in sessional shortages.
- **Regularise:** The system that ensures the donor donates blood at regular intervals.

Creating a sustainable blood donor base

- Attracting eligible individuals to donate blood for the first time and to make a long-term commitment to donate requires the fertile ground of positive community attitude to voluntary blood donation.
- The first requirement is public awareness on the need for blood and blood products as an essential component of health care and understanding that only blood donations can help save a life.
- Public support must be fostered by confidence that the blood donation process is safe and confidentiality is the corner stone of blood service.
- Developing a strong blood donor base requires considerable patience and hard work to produce a stable pool of voluntary blood donors and a safe sustainable blood supply.

Creating a sustainable blood donor base

- The blood service should strive to develop positive community attitudes to VNRBD in order to educate, **motivate** with the objective to recruit and retain a sufficient number of safe blood donors.
- The ultimate goal is to promote changes in the individual behaviour that are manifested by an initial decision to donate blood followed by a commitment to donate on a regular basis.
- The retained blood donors will be realigned and regularised to ensure adequate supply of blood and blood products..
- The longer –term objective should be to create a positive culture of VNRBD and promote it as a normal part of a healthy lifestyle.
- Developing a strong blood donor base requires considerable patience and hard work to produce a stable pool of voluntary blood donors and a safe sustainable blood supply.

Identifying target populations for blood donations

- The most important consideration in targeting sectors of the population's potential blood donors – they should be healthy and that donating blood will not harm them or the recipients of their blood.
- Targeting specific donor populations helps to focus information and education campaigns on potential donors who are most likely to meet the selection criteria.
- This approach enables the most effective use of available resources by reducing unnecessary donor deferrals and discard of unsuitable blood.
- Identification of potential donors goes beyond identifying safe donor populations.
- Blood donors come from all walks of life.
- They vary in age, education, employment, religion, place of residence and socio-economic status (There is no “typical donor”).
- Communication strategies to be tailored to different audiences in order to maximise positive responses.

Pledge 25 Club

- The Pledge 25 Club Zimbabwe was formed in 1994 as a way to curb for blood shortages during the festive season and it is also meant to bring young voluntary blood donors together for discussions pertaining to their health and wellness.
- It is imperative that we ~~have developed~~ a system by grooming young people to join us in, rebuilding trust lost to individuals and their families, educating each other on dangers of drugs, uniting races and fulfilling the mission of Pledge 25 Club Zimbabwe (P25) in terms of having a morally groomed youth who values life and can save life by donating safe blood to others.

Setting targets for blood donation

- Blood services strive to meet the needs of medical institutions requirements for blood and blood products.
- There is need to set moving targets of blood and blood products based on:
 - a. Historical demand and supply patterns.
 - b. The blood service ability to collect, process, screen and distribute ~~blood and~~ safe blood and blood products.
 - c. The ability to scale up collections if the need arises.
 - d. The number of collection sites and mobile teams.
- The targets set should take cognisance of the need to meet other national and international obligations.
- The best way to set the targets should be set by the members at operational level.
- Mobile teams guide should be a minimum of forty (40) units per session.
- Static clinics should range from five to 30 depending on their location.


Source of Funds

- NBSZ charges hospitals a service fee for each unit of blood
- The processing fee covers the cost of recruiting, collecting, testing, storing and transporting blood components
- There's no charge associated with what's actually "in the bag"
- Processing fees cover the costs associated with providing a safe and adequate blood supply


Blood donor as a customer



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**THANK YOU
NDATENDA
NGIYABONGA**



Thank you!

- Questions and Answers

Breakout Rooms

Discussion Questions

- How can evidence-based, culturally competent blood donor retention strategies be implemented in the safe blood system?
- What are some immediate next steps (with timelines) you can employ from today's session?

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Closing remarks & next steps

The HSS Accelerator



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