Voluntary Non-Remunerated Blood Donation in Bangladesh

National Strategic Plan
2013
## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tr>
<td>CBOs</td>
<td>Community Based Organizations</td>
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<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
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<td>KAPB</td>
<td>Knowledge, Attitude, Practice and Belief</td>
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<td>MoH</td>
<td>Ministry of Health and Family Welfare</td>
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<td>NBP</td>
<td>National Blood Programme</td>
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<td>NGOs</td>
<td>Non-Governmental Organizations</td>
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<td>NSBTC</td>
<td>National Safe Blood Transfusion Council</td>
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<td>NSBTEC</td>
<td>National Safe Blood Transfusion Expert Committee</td>
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<td>NSPVBD</td>
<td>National Strategic Plan for Voluntary Non-Remunerated Blood Donation</td>
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<td>NVBDC</td>
<td>National Voluntary Blood Donor Committee</td>
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<td>NVBDP</td>
<td>National Voluntary Blood Donor Programme</td>
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<td>SBTP</td>
<td>Safe Blood Transfusion Programme</td>
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<td>SRO</td>
<td>Statutory Rule of Ordinance</td>
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Acknowledgements

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Mission Statement

The National Strategic Plan for Voluntary Non-Remunerated Blood Donation (NSPVBD) aims to ensure an adequate supply of safe and efficacious blood and blood components available at all blood centres in the country, collected from voluntary non-remunerated blood donors who do not carry transfusion transmissible infections.

Objectives

1. Firmly reiterate the commitment of government to provide safe blood.
2. Launch extensive awareness and blood collection programmes through the establishment of a National Voluntary Blood Donor Programme (NVBDP) and mobilize resources in order to ensure adequate stocks of blood at blood centres.
3. Create an environment in which non-governmental organizations (NGOs), community based organizations (CBOs) and other partner organizations can coordinate with the NVBDP for effective blood collection and utilization.

Background

A blood transfusion service is one of the essential components of a health care system. In Bangladesh the blood transfusion service had not been given proper attention since its establishment in 1950 and most activities were limited to the use of blood from paid donors. Facilities were limited to blood grouping, cross matching, and occasionally, antibody detection.

In 1999, the Bangladesh government started the implementation of a Safe Blood Transfusion Programme (SBTP) for the improvement of the blood transfusion service.

There are 203 blood transfusion centres in Bangladesh which receive support from the SBTP of the Ministry of Health and Family Welfare (MoH). The support includes equipment, regular supply of kits, reagents, blood bags and training. These centres are integrated with hospitals in a multi-tier system of health infrastructure located in 7 divisions in the country. There are 60 blood centres licenced by government and operating in the private sector.

It is estimated that the annual need for blood in the country is 600,000 units. This figure includes the need within the private sector. National data in 2001 showed that paid blood donors provided the major portion (70%) of collected blood. However, the scenario has been dramatically changing as a result of the proactive role of some voluntary blood donor organizations and the introduction of mandatory blood screening in the country.

The report of the SBTP shows that since the introduction of mandatory blood screening in all centres, the number of paid blood donors has decreased and that the downward trend is steady. The increase in voluntary blood donors is very gradual and slower than that of family/replacement blood donors. At the end of 2010, data showed that 20% of blood was collected from voluntary donors and 80% from family/replacement donors. These figures include blood collection at both static and mobile blood donation sites.
It is reported that blood usage is highest in Medical College Hospitals which use approximately 56% of total blood collections. No mechanism has been developed for mobile blood collections except for blood donated by relatives of a patient. There is a chronic lack of blood in stock.

In Bangladesh there is no centralized blood collection system at national level and no organization has been delineated to support voluntary blood donation in the country. Various blood donor organizations in the country, working in the field of voluntary blood donation and including Red Crescent Blood Centres, Sandhani (medical college student-based organizations), Badhan and Quantum have the potential for development. Each collects blood by using their individual initiatives and distributes blood according to their organizational policies. However, there is no coordination between the organizations and the SBTP in terms of blood collection, awareness programme and distribution of collected blood. Therefore, there are significant shortages of blood in most centres, whilst blood collection via the various voluntary blood donor organizations fails to meet the demand of blood. Funds are always scarce, as are resources in organizations promoting voluntary blood donation. A national policy has not yet been developed for setting principles of coordination between government institutes and voluntary blood donor organizations. The national programme has insufficient manpower to routinely monitor the activities of different organizations. However, the SBTP has a vertical manpower chain to provide technical support which is always required during blood collection.

At present, the system of blood collection in public hospitals and the quality of blood is inadequate. Providing sufficient safe blood at hospitals is only possible through blood collection from voluntary donors, and this is the biggest challenge.

Some organizations could be supported by the NVBDP as an auxiliary force as well as a partner for implementation of activities to improve the status of blood donation in the country. It falls to the State to protect valuable human resources and provide safe and adequate supplies of blood as per the objectives of the National Safe Blood Act. There is a directive in the statutory rule of ordinance (SRO) that makes provision for a National Voluntary Blood Donor Committee (NVBDC) to coordinate the implementation of a voluntary blood donation campaign by developing a strategic plan, mobilizing funds, developing collaboration between organizations, and forming a strategy for the distribution and proper utilization of blood and blood components. There is an urgent need to develop a NSPVBD under the National Safe Blood Transfusion Expert Committee (NSBTEC). Efforts should be made to develop a policy for joint collaboration between blood transfusion services and NGOs, potential blood donor organizations for needs-based blood donor motivation and blood collection programmes.

As per SRO-145, which is a supplement to the Act, there shall be a NVBDC to function as a sub-committee, under the NSBTEC of the national blood transfusion services, to organize a voluntary blood donation campaign and blood collection in the country. There shall also be a local voluntary blood donor committee to organize different activities at local level through coordination. Therefore, the NVBDC can take the initiative to establish a coordinated NVBDP in the country. It should consider engaging expertise and the professionalism of local voluntary blood donor organizations to create awareness and motivation for blood donation and initiate a campaign for disseminating blood donation activities throughout the country.
The SBTP has, over the past decade, set targets for an increase in the number of voluntary blood donations and has conducted awareness programmes along with a number of organizations, but according to statistics has failed to generate significant improvements. Voluntary blood donation encompasses more than the medical profession and a forum is needed to encourage and coordinate all stakeholders to support the initiative. Due to the lack of national policy, coordination is lacking, as is collaboration between government and NGOs. Therefore a vertical programme should be developed by the MoH within the government of Bangladesh to focus on blood donation; i.e. campaigns and collections. A broader platform should be created to encourage the participation by all stakeholders. The national SBTP should focus on capacity building; i.e. technical manpower, logistics and strengthened blood centres under the guidance of the NVBDP.

This draft of the NSPVBD was developed to support and implement the objectives of the NVBDC, to achieve the goal of 100% voluntary blood donation. The document focuses on the development of a NVBDC under the NVBDC. This programme will implement the activities identified in the strategic plan, by mobilizing the budget from the NSBTEC, which usually collects a monthly 5% service charge from all government blood centres. Additional funds can be allocated from the Health Nutrition Population Sector Development Programme through the SBTP.

This strategy document provides a roadmap to guide the NVBDC in improving blood supply by enhancing blood donor mobilization through cooperation with inter-agencies, collaboration with NGOs, CBOs and other partner organizations, strengthening human resources and capacity, mobilizing funds and communicating developments to staff and stakeholders responsible for carrying out the plan.

In conclusion, this strategy emphasizes the critical lack of safe blood in Bangladesh that could be overcome by adopting an integrated action plan developed by consensus. The MoH has identified blood safety as a public health priority in Bangladesh and has developed the Safe Blood Act as a major strategy in delivering this service efficiently, effectively and safely.

**Objectives of the Strategy**

The purpose of the NSPVBD is to sensitize and activate stakeholders to develop an action plan and work with the National Blood Programme (NBP) to meet the transfusion needs of the country. Six strategies, as summarized below, have been proposed to give direction in this document. These strategy guidelines comply with the objectives of the Safe Blood Act 2002 and the terms of reference of the NBP as per SRO-145.

- Formation and activation of the NVBDC
- Increased public awareness and motivation for blood donation
- Mobilization of target groups
- Mobilization of NGOs, CBOs and partner organizations
- Mobilization of resources for operation of the NVBDC
- Strengthened institutional infrastructure and service delivery capacity
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1 **Strategy 1:**
Formation and activation of the National Voluntary Blood Donor Programme

1.1 **Objective**
To establish integrated national voluntary transfusion services in the country.

1.2 **Activities**

1.2.1 Form and activate the NVBDP as per SRO-145.
1.2.2 Establish NBDC as the apex body of NVBDP under the MoH.
1.2.3 National expert committee to allocate a budget to NVBDP.
1.2.4 NVBDP to support the activities of NGOs, CBOs and partners – potential blood donor organizations – in motivation and blood donor awareness campaigns.
1.2.5 NVBDP to support all local voluntary blood donor committees to achieve the goal of 100% voluntary blood donation.
1.2.6 NVBDP to organize nationwide awareness campaigns in mass media and organize programmes on World Blood Donor Day.
1.2.7 NVBDP to develop a blood donor database and monitor voluntary blood donation in the country in collaboration with NGOs and CBOs, and other partner organizations.
1.2.8 NVBDP to organize training workshops on voluntary blood donation.
1.2.9 NVBDP to organize activities through the network of regional, district, Upazila Blood Centres and other NGOs, CBOs and partner organizations.
1.2.10 NVBDP to ensure and integrate the involvement of other Ministries and other health programmes for various activities related to voluntary blood donation.
1.2.11 Recruit a professional team under NVBDP to be responsible for implementation of the programme.
1.2.12 Team to develop action plans and activities, and prepare the budget for NVBDP.
1.2.13 Team to support the regional and district voluntary blood donor committees to prepare budgets and plan activities for local level voluntary blood donation.
1.2.14 Team to maintain coordination between blood centres and NGOs, CBOs and partners, i.e. voluntary blood donor organizations and central, regional, district and Upazila voluntary blood committees.
1.2.15 NVBDP to gradually phase out current hospital based blood collection systems and replace with centralized collection in regional centres to support their catchment areas.
1.2.16 NVBDP to prepare strategy documents for communication and awareness campaigns and take responsibility for the implementation of strategies.
1.3 Output

1.3.1 NVBDP at the stage of becoming operational.
1.3.2 Collaborative activities initiated.
1.3.3 Guidelines developed.
1.3.4 Annual plans and funds mobilized.
1.3.5 Local level programmes conducted via government and NGO collaboration.

1.4 Outcome

1.4.1 Central and local level voluntary blood donation systems developed.
1.4.2 Increased awareness and recruitment of voluntary blood donors.
1.4.3 Adequate increase in stocks of blood at centres.
1.4.4 Financial support for blood donation related activities confirmed and sustained.
2 Strategy 2

Increased public awareness and motivation for blood donation

2.1 Objective

To develop a communication strategy and standard guidelines for donor motivation, addressing the needs of target groups in order to increase the number of voluntary blood donors.

2.2 Activities

2.2.1 Prepare a comprehensive communication strategy in collaboration with all stakeholders.
2.2.2 Conduct a knowledge, attitude, practice and belief (KAPB) survey for development of needs-based donor education and information materials.
2.2.3 Promote blood donor orientation by providing staff competence in counselling, motivation technique, public relations and donor mobilization.
2.2.4 Support public recognition of blood donors and promotional materials through mass media.

2.3 Output

2.3.1 Broader awareness and development of skills among staff of NVBDP and NGOs, CBOs and partner organizations concerning the needs of blood donors.
2.3.2 Generation of accurate data on public knowledge and attitudes, concerning blood donation.
2.3.3 Visibility campaigns to promote voluntary blood donation.
2.3.4 Production of blood donor friendly information materials.

2.4 Outcome

2.4.1 Strengthened confidence in blood donation amongst donors and the general public.
2.4.2 Communication strategy in place with improved communication amongst partners.
2.4.3 Increased mobilization of voluntary donors.
2.4.4 Dissemination of accurate and improved message targets based on scientific data.
2.4.5 Blood donor selection criteria reviewed.
2.4.6 In-house staff capacities in social mobilization/counselling improved.
2.4.7 Increased stock of donated blood.
2.4.8 Blood donor recognition mechanisms in place.
3 Strategy 3  
Mobilization of target groups

3.1 Objective
To mobilise and recruit low risk target groups and to identify and retain regular donors.

3.2 Activities
3.2.1 Assess potential target groups in the community.
3.2.2 Support public and private health service providers with promotional materials to encourage appropriate family replacement donors to become safe, voluntary blood donors.
3.2.3 Support partner organizations in formulating targeted messages and development of communication strategies to target groups.
3.2.4 Support local level blood donor organizations to conduct motivational and awareness programmes to create increased interest in blood donation.

3.3 Output
3.3.1 Criteria for assessing and prioritizing low risk and easily mobilized target groups developed.
3.3.2 Priority target groups identified and strategies for successfully mobilizing them, formed in collaboration with partner agencies/organizations.
3.3.3 Brochures, leaflets and other promotional materials developed.

3.4 Outcome
3.4.1 Increased mobilization of voluntary donors from priority target groups.
3.4.2 Increased culture of family replacement donors converting to voluntary donors.
3.4.3 Increased and sustainable community involvement on a regular basis.
4  Strategy 4
Mobilization of NGOs, CBOs and partner organizations

4.1  Objective
To create an environment for NGOs, CBOs and partners to participate in blood transfusion services.

4.2  Activities
4.2.1  Develop guidelines for working with NGOs, CBOs and partners.
4.2.2  Initiate and support formal orientation and training of partners.
4.2.3  Initiate and organize support of a blood programme in collaboration with local voluntary blood donor committees.

4.3  Output
4.3.1  Procedures and principles for government-NGO collaborative programme agreed and developed.
4.3.2  Action plan for fostering a partnership developed.
4.3.3  Collaborative programmes at community level given visibility.

4.4  Outcome
4.4.1  Increased public awareness of blood donation campaigns through auxiliary support.
4.4.2  Sustainable government-NGO collaboration established.
4.4.3  Voluntary donor blood stocks at community level hospitals sufficient and accessible.
5 **Strategy 5**
Mobilization of resources for operation of National Voluntary Blood Donor Programme

5.1 **Objective**
To initiate and run a sustainable programme to support voluntary blood donation.

5.2 **Activities**

5.2.1 Budget for nationwide voluntary blood donation activities from the operational plan of SBTP by allocation of funds for NVBDP.
5.2.2 Finance operational expenses of the team, under NVBDP, from NSBTEC funds.
5.2.3 Line Director, SBTP to allocate funds in consultation of NVBDP.
5.2.4 Team under NVBDP to be responsible for action plans, liaising with various agencies and organizations, providing technical support to regional, district and Upazila blood programmes.
5.2.5 Team to be provided with adequate infrastructure and logistical support from SBTP, to run the programme.
5.2.6 NVBDP to recruit national and international consultants for the preparation of guidelines, strategy document and technical assistance for implementation of programme activities and training.

5.3 **Output**

5.3.1 A core team recruited for operationalizing the NVBDP.
5.3.2 Action plan developed.
5.3.3 Adequate funds secured for implementation of action plan.

5.4 **Outcome**

5.4.1 NVBDP operational.
6 Strategy 6
Strengthened institutional infrastructure and service delivery capacity

6.1 Objective

To improve donor retention by the development of professional donor recruitment staff, and technical and administrative infrastructures within NVBDP, blood centres and NGOs, CBOs and potential donor organizations.

6.2 Activities

6.2.1 Upgrade human resource capacity in areas of counselling and health education, donor recruitment, public relations and communication, and provide administrative skills and technical training in various areas.

6.2.2 Refurbish blood donation centres and make accessible to target groups.

6.2.3 Strengthen screening, component facilities, storage, cold chain, and transportation of blood.

6.2.4 Provide blood recipients with the most appropriate therapy, compatible with maximum safety.

6.2.5 Provide adequate donor care facilities at centres.

6.2.6 Improve and strengthen procurement, supply, processing, and distribution and surveillance systems for blood transfusion through policy guidelines.

6.2.7 Provide high standards of operation and safety through appropriate regulatory and supervisory mechanisms.

6.2.8 Provide guidelines for a blood donor recruitment system through public education and advertising, to be based on voluntary, non-remunerated potential blood donors.

6.2.9 Establish a system for data collection and management of blood transfusion, to form part of the national comprehensive BTS surveillance system.

6.3 Output

6.3.1 Blood centres refurbished.

6.3.2 New accessible blood donation sites established.

6.3.3 Blood centres well equipped with testing, storage and transportation systems.

6.3.4 Sufficient professional and skilled manpower available.

6.3.5 Blood used appropriately and safely.
6.4 Outcome

6.4.1 Congenial and attractive blood donation sites created.
6.4.2 Care facilities developed for all donors.
6.4.3 Staff training and upgrading programme in place.
6.4.4 Donor follow-up procedures systemized.
6.4.5 Policies and procedures for counselling and referral designed and implemented.
6.4.6 Human resource management strategies and procedures strengthened.
6.4.7 Increased absolute supply of donated blood, with reduced volatility of supply and wastage.
7 Broader issues

7.1 Promote blood donor orientation

The first step in a blood donor mobilization strategy is to foster donor orientation across the blood transfusion system by strengthening human resource capability. Through pre- and in-service training, as well as by targeted recruitment, the NBP provides for staff competence, particularly in areas of counselling, public relations and donor mobilization. This leads to uniformity in skills development.

7.2 KAPB survey

A KAPB should be undertaken to identify knowledge gaps, attitudinal problems and actual behaviour patterns among the different population groups. Much of the understanding concerning knowledge and attitudes, on which this strategy is founded, is sketchy rather than based on scientific data. No such survey was done previously, but perceptions are shared by all key stakeholders and strategies were guided accordingly, even though conflicting at times. Better information on knowledge and attitudes of the public regarding blood donation will help the NBP to develop strategies and launch more targeted interventions for mobilizing safe, voluntary donors. Information gathered by a KAPB survey will form the basis on which donor education and information materials can be developed. A unified donor recruitment campaign should carry the same theme through various media, and educational and information materials.

7.3 Develop targeted messages and IEC materials

Few materials have been developed since launching the SBTP. Materials that provide information, education and communication (IEC) need to be developed for all stakeholders concerned with the voluntary blood donation campaign. A comprehensive communication strategy will be prepared in collaboration with multicultural stakeholders. Resources will be allocated to disseminate messages through the public media.

7.4 Create incentive mechanisms

The country’s youth have played a key role in the voluntary blood donation movement. Students are engaged in effective collection and motivation programmes. However, continuity is a great challenge. Customized incentive mechanisms are an important component of the strategy to increase the base of voluntary donors who give blood regularly, and will foster positive attitudes in donors and organizations and increase interest in blood donation.

Examples of such incentive mechanisms are as follows:

- Donor clubs: Partner organizations support the establishment of donor clubs to encourage ongoing donor mobilization activities.
- Public recognition: strategies for recognizing donors at national and regional public events.
- Promotion materials: pins, T-shirts, awards and small tokens of appreciation, to be produced to support donor recognition efforts and raise public awareness and motivation.
7.5 Mobilizing target groups

Blood safety is a major issue in identifying potential voluntary blood donors in Bangladesh. Though prevalence of transfusion transmissible infectious diseases is low, an effective blood donor mobilization campaign improves blood safety. An optimal approach is to target the mobilization campaign at specific institutes, communities or profile groups where the prevalence of transmissible infections is known to be low. The first step in prioritizing target groups is to develop assessment criteria. The following priority target groups may be considered:

- Students
- Faith-based organizations
- Uniformed forces
- Workers
- Social service clubs
- Walk-in donors
- Registered blood donors
- Family replacement donors

Mobilizing these and other target groups will be done primarily through the collaboration of partner organizations and sharing of information.

7.6 Approach to suitable family replacement donors

Targeting family replacement donors is often seen as a cost-effective way to reach potential blood donors. Having experienced the donation process, it is easier to convert them to voluntary and regular blood donors. A family replacement donor strategy must be carefully selected in order to address risk reduction and cost-effectiveness. For this, a database must be introduced and updated with the profile of each replacement donor who enrolls as a voluntary donor, to minimize the risk of transmissible infection and other health issues.

7.7 Develop communication strategies

Development of communication strategies and messages is an important step in drawing the target group for blood donation. Various organizations have the potential and experience to formulate targeted messages. Supporting them in the development of specific communication strategies will be a key step for the NBP to consider. The NBP can also recruit a consultant for the development and coordination of this activity. This complex work requires a wider range of stakeholders for preparation of effective communication strategies.

7.8 Mobilizing NGOs, CBOs and partner organizations

A cornerstone of the national strategy for blood donor mobilization is the mobilizing of potential blood donor organizations, especially NGOs, CBOs and partner organizations as key players in the design and implementation of the strategy. It would be challenging for government alone, to implement the activities under each strategy outlined. Alternatively, a good partnership and collaboration between government and NGOs can lead to success of the programme. A number of issues need to be addressed, such as human, financial and technical resources to bridge the gap...
between blood supply and demand (substantially beyond the means of the NBP alone). The professionalism and expertise of blood donor organizations can be used to reach a large number of donors at community level; this is possible via organizations with substantial local influence.

There are a number of specific issues that need to be addressed in formulating a strategy for mobilizing partner organizations. Guidelines need to be developed with consensus as this builds good partner relationships in the process and defines responsibilities and commitments; factors that – if absent – may impede harmonious collaboration. Government institutions are familiar with other governmental bodies and do not regularly meet with non-state players. The challenge for the NBP is to create a successful state/ non-state partner framework for the donor mobilization strategy; this challenge should not be underestimated. It is clear that an enabling environment with partners is important for good governance, management, operational structures and modalities that are focused on collaboration, in both the short and long term. Since the national strategy relies strongly on the mobilization of partners, this action plan needs to be addressed as a first priority.

Key Partners:

- Ministry of Education, Ministry of Tourism and Information, Ministry of Sports and Culture
- Religious organizations
- Red Crescent Society
- Private sector businesses, e.g. soft drink companies
- Media organizations
- Youth groups/organizations
- CBOs
- Lions Club, Rotary/Rotaract
- Scouts Assoc., Girl Guides Assoc.
- Uniformed forces

7.9 Infrastructure development

Blood donors are an essential part of the blood centre. Along with motivation, donors must be given a high standard of care before, during and after blood donation. Donors are likely to give repeat donations when collection sites are comfortable. So, each hospital blood centre should have standard facilities for blood collection. Site development requires the identification and establishment of locations for blood donor sessions that are easily accessible to target groups, with special attention given to “walk-in” donors. Larger hospitals particularly, in the region, should have modern blood collection vehicles for outdoor blood collections. Local NGOs, CBOs and partner organizations may have such facilities, which could be used with the technical assistance of the local blood centre. Blood centres should aim to have modern facilities for screening, blood component preparation and storage, and transportation. The NBP needs to source funding in consultation with the SBTP, foreign donors, private sector, and NGOs, for suitable site development and maintenance. Communication should include an inter-departmental approach, with good cooperation between partners, and referral links to medical care. The responsibility for addressing issues should be shared amongst all stakeholders involved. Technical capabilities within the blood transfusion service needs to meet high standards, as does the maintenance of facilities and equipment. Competence in the areas of social mobilization and care will need to be developed, including IEC, counselling and health
education. The follow up system with blood donors will likewise need to be strengthened. The NBP should work with the MoH as well as other partners to address all technical strengthening issues.

7.10 Enhanced administration for donor retention and care

Because of the chronic scarcity of blood, retention of donors is the main target of each blood centre. Donor retention depends on donor satisfaction, and measures must be aimed at improving the efficiency and effectiveness of the system to ensure an optimal return rate. Enhancing blood donor satisfaction increases the likelihood that the donor will return. Confidence in the skill of the team is required so that donors know they are in safe hands. An assurance of confidentiality is an equally important contributor to “satisfaction” of the blood donor. Another aspect is the clear sense that his/her contribution is appreciated. It is the responsibility of the team to convey to the blood donor that they have contributed to the good of society. Success in fulfilling all of these conditions is determined by the kinds of messages the donor receives before, during and after the blood donation session.

Each blood collection site should improve the quality of the messages they deliver to the donor. This may be achieved through a variety of steps:

7.10.1 Using the media to highlight the importance of blood donation
7.10.2 Thorough training of staff and volunteers on the need for confidentiality and how this should be maintained
7.10.3 Publication of health education materials aimed at providing helpful and reassuring information concerning the safety of blood donation, the various uses of blood and the programme within which their donation plays an important part
7.10.4 Recognition of donors
7.10.5 Donor cards, certificates and awards
7.10.6 Recognition at specific functions
7.10.7 Screening for diseases
7.10.8 Recognition of health problems and facilitating access to counselling and care
7.10.9 Formation of donor clubs

All of the above should be addressed to improve the likelihood that an initial voluntary donor will become a repeat donor. The follow up mechanism also plays an important role in building the repeat donor base. Partners will play the main role in mobilizing repeat donation sessions, but they require support from the NBP in the form of an efficient record keeping system, and guidelines and tools for providing recognition of repeat donors. Issues and solutions related to enhancing donor retention and care necessitate a high degree of collaboration with partners, and this is therefore proposed in the strategies. The NBP will also play a leading role in addressing human resource needs.

Some of the key partners to be specifically engaged for solving donor retention issues will be:

- Ministry of Tourism and Information
- Partners in mobilizing constituencies, such as NGOs, community and religious groups, service clubs and youth groups
- Ministry of Education, Science and Technology and Ministry of Sports
- MoH
7.11 Human resources: capacity building

Development and mobilization of human resources at various locations of blood collection is a difficult task. Without strategic planning and an adequate budget it will be great challenge for the NBP. The issue of building confidence in the system on the part of blood donors, policy makers, funding agencies, partner organizations and the general public rests to a great extent on the ability of staff to implement the innovations required. This will be addressed through staff recruitment and training, and through management approaches. Human resource and training needs:

- Counselling and health education
- Donor recruitment
- Public relations and communication
- Technical training including the following:
  - Quality control systems
  - Blood group serology
  - Blood component production
  - Administrative skills
  - Information management for recruitment data

7.12 Core team to support the National Blood Programme

To support the NBP, a team is required to be recruited. This is because for day-to-day activities, structured manpower is required for the implementation of activities. This is one of the strategies outlined in the document. The team will consist of the following:

- Programme coordinator
- National consultant
- International Consultant – short term
- Expert on Communication Strategy
- Expert of Media and IT
- Accountant
- Three support staff members

7.13 Institutional framework

7.13.1 Resources needed

In preparing detailed plans for implementation of the National Strategy it will be necessary to do detailed costing of human resource requirements and tasks related to specific activities as determined by the strategies. Sources for financing these costs will need to be identified, and this exercise will in part determine the schedule of implementation. As a guide for preparing the budget, the NBP should consider the following overview of the likely areas where new resources will be required.

A detailed action plan with budget allocation was developed. The action plan addresses all the strategies, together with activities required to achieve them. Major areas of focus include costs for the KAPB survey, designing targeted messages, production of IEC materials, dissemination/communication activities, raising public awareness, donor recognition events, promotional materials (e.g. pins, T-shirts, awards), and monitoring responses to the communication strategy. Funds will be required for target group assessment and consultation, distribution of IEC materials
to health service providers (especially for family replacement donors), and monitoring the response of target groups.

Costs will also be incurred for hosting regular meetings, consultations, strengthening blood screening, blood testing, component preparation, modernization of blood donation processes, cold chain and transportation, orientation and training for organizations (including design and production of training packages), publication of a newsletter and/or electronic communication mechanisms, educational campaigns, client surveys, setting-up and maintaining new blood donor sites, enhancing human resource capacity especially in social mobilization and counselling, improving information management and blood donor follow up systems, producing guidelines and staff training, upgrading or recruitment in the areas of technical blood service skills, public relations and communication, and administrative skills.

7.13.2 Preparing an implementation plan

This strategy document provides a roadmap to guide the NBP in improving the blood supply through enhanced blood donor mobilization, but it does not provide the step-by-step instructions on how to implement. The NBP should develop an action plan for the implementation of strategies. This plan should be communicated to staff and stakeholders responsible for moving the plan forward. The NBP should prepare a medium term plan (2-3 years) for strengthening the institutional infrastructure as well as mobilizing partners and motivating the public to participate in the ongoing blood donation campaign.

A first step in this process will be dissemination of the National Strategy document to all stakeholders, who will become involved in the consultation process, for their review and comment. The success of the strategy will be fully dependent on continuous engagement in the process.

7.13.3 The way forward

Implementation of the NSPVBD will require a substantial commitment of time and resources on the part of the NBP and its major stakeholders. A target has been set to achieve 100% voluntary blood donation in Bangladesh by 2020. The current benchmark is approximately 30%. Ten years have been spent improving from 10% to 30% and this is considered to have been a preparatory phase during which the system was not sufficiently mature; no foundation was created at the time. The national SBTP is now in place and is consolidated. There is also the National Safe Blood Transfusion Council (NSBTC), the SBTP, and the resources to mobilize. Partners in the field can now participate in the drive to move forward. A stewardship role needs to be assumed and a process of consensus-building for mutual coordination in reaching an endorsed memorandum. The strategy offers multiple benchmarks to support oversight and monitoring, but these require an investment of responsibility by specific individuals and bodies. Key amongst these will be the NVBDC, regional and district blood programmes, the NSBTC, partner organizations, and the core team of NVBDP as proposed in this strategy document.