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# Strategies for Blood Donor Recruitment

*Report of an Intercountry Workshop  
Dhaka, Bangladesh, 24-28 September 2000*



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Regional Office for South-East Asia  
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# CONTENTS

	<i>Page</i>
1. INTRODUCTION	1
2. OBJECTIVES	1
3. INAUGURAL SESSION	1
4. OVERVIEW OF DONOR RECRUITMENT PROGRAMME	2
5. ESTIMATION OF NEED OF BLOOD AND SETTING GOALS	3
6. DONOR EDUCATION AND MOTIVATION	4
6.1 Public Relations	4
6.2 Effective Communication Methods	4
6.3 Role of Media	4
6.4 Educating Potential Donors	4
6.5 Youth and School Programme	5
6.6 Use of Information Technology	5
7. RECRUITMENT, SELECTION AND RETENTION OF DONORS	5
7.1 Effective Strategies for Voluntary Non-remunerated Donor Recruitment and Retention Programme	5
7.2 Donor Selection	6
7.3 Post-donation Confirmation, Notification and Counselling	6
7.4 Organization of Blood Donor Service	6
8. DOCUMENTATION OF BLOOD DONOR PROGRAMME	6
9. MONITORING VOLUNTARY NON-REMUNERATED BLOOD DONATION PROGRAMME	7
9.1 Donor Satisfaction	7
9.2 Indicators for Monitoring the Implementation of Strategies	7

	<i>Page</i>
10. NATIONAL BLOOD DONOR RECRUITMENT PROGRAMME	7
10.1 Blood Donor Issues in Disaster Management	7
10.2 Role of Community-based Voluntary Organizations in National Blood Donor Recruitment Programme	8
11. CONCLUSIONS	8
12. RECOMMENDATIONS	8

### **Annexes**

1. List of Participants and Secretariat	10
2. Programme	12

## **1. INTRODUCTION**

An Intercountry Workshop on Strategies for Blood Donor Recruitment was held at Dhaka, Bangladesh, from 24 to 28 September 2000 to review the status of existing blood donor programmes and various strategies to promote voluntary non-remunerated blood donations. Twenty-four participants from eight Member countries of the South-East Asia Region viz., Bangladesh, Bhutan, India, Myanmar, Maldives, Nepal, Sri Lanka and Thailand, attended the workshop. Experts from Bangladesh and India, along with WHO staff members, facilitated the workshop. The list of participants and programme are at Annexes 1 and 2 respectively.

## **2. OBJECTIVES**

The following were the objectives of the workshop:

- (1) To review and exchange country experiences and status regarding the blood donor programmes;
- (2) To discuss various strategies for donor recruitment, retention and constraints in the implementation of blood donor programme;
- (3) To develop indicators to monitor and evaluate voluntary blood donor programmes and discuss various quality assurance procedures, and
- (4) To formulate an action plan on national blood programme by each Member country based on WHO guidelines.

## **3. INAUGURAL SESSION**

The workshop was inaugurated on 24 September 2000 by Mr Sheikh Fazlul Selim, Honourable Minister for Health and Family Welfare, Government of Bangladesh. He emphasized the need for safe blood and the role of voluntary non-remunerated blood donors in achieving this objective. WHO's support

for promoting safety, adequacy and quality of blood was reflected in the address of the Regional Director, which was read out by the WHO Representative to Bangladesh. The adoption of the theme of safe blood for World Health Day 2000 with the slogan *Safe blood starts with me: blood saves lives* also demonstrated the priority accorded by WHO to this subject.

#### **4. OVERVIEW OF DONOR RECRUITMENT PROGRAMME**

Dr Sudarshan Kumari, Regional Adviser, BCT, WHO SEARO and Dr Neelam Dhingra-Kumar, Blood safety Team, WHO headquarters, gave an overview of the regional and global situation. Data generated through the WHO Global Database on Blood Safety (GDBS) reveal that 20% of the global population residing in the developed countries have access to 80% of safe blood supply whereas 80% of the population inhabiting the developing countries have access to only 20% of safe blood. WHO has been advocating strategic planning on education, motivation and retention of voluntary non-remunerated blood donors since it is well established that infection rates for transfusion transmissible infections (TTI) were the lowest among voluntary non-remunerated donors and the highest among paid donors. This issue has assumed greater relevance with the increase in the incidence of TTI in most countries of South-East in the recent past. Against an annual requirement of 15 million, only 7 million units of blood are collected, a considerable proportion of which is from replacement donors. Various issues need to be addressed to promote voluntary non-remunerated blood donation in South-East Asia.

WHO has identified indicators to assess donor recruitment. These pertain to an identifiable set of donor selection criteria; defined standard operating procedures; maintenance of confidentiality; appointment/ designation of donor recruitment officer; development of donor motivational programme and donor counseling.

##### **Status of donor recruitment programmes in Member Countries**

The salient features pertaining to donor management and screening of donated blood, as presented in respective country reports, have been summarized in the table below:

**Salient features pertaining to donor management and screening of donated blood in the countries of SEA Region**

Feature	BAN	BHU	IND	MAL	MMR	NEP	SRL	THA
Units of blood collected/year ('000)	250	5	3500	5	170	60	43	396
Percentage of voluntary donor	10	6	40	100	70	77	82	94
Percentage of replacement donor	15	94	60	0	30	23	18	5
Percentage of paid donor	75	0	0	0	0	0	0	<1
National blood policy formulated/being formulated	-	+	+	+	+	+	+	+
SOP on donor management	-	+	+	+	+	+	+	+
Guidelines for donor recruitment	-	+	+	+	+	+	+	+
Training facilities for staff	-	+	+	NA	NA	NA	-	+
Guidelines for clinical use of blood	-	+	+	+	+	+	+	+
Screening for HIV	NA	100	100	100	100	100	100	100
Screening for hepatitis B	NA	100	100	100	100	100	100	100
Screening for hepatitis C	NA	-	v	100	NA	v	v	NA

NA: Information not available; v: variable

## 5. ESTIMATION OF NEED OF BLOOD AND SETTING GOALS

It is imperative to estimate the requirement of blood to set the targets for collection of blood. Major problems encountered in achieving the targets were cultural and social factors, myths and misconceptions, weak management of donor programmes, inadequate resources and inappropriate use of blood.

In the developing countries, blood requirement has been recommended to be estimated as approximately 2% of the total population of the geographical region. This method, however, ignores disparities between the size of the population and the availability of hospital beds. It was suggested that a realistic estimation of the annual requirement can be made by fixing 7 units per acute hospital bed per year. This estimation may be increased by

25-30% for specialized units dealing with haematological and oncological cases as well as specialized surgeries.

## **6. DONOR EDUCATION AND MOTIVATION**

### **6.1 Public Relations**

Dr Debabrata Ray, who has developed a successful programme in West Bengal, India, highlighted the importance of building good public relationships for promoting voluntary blood programmes. This programme could effectively transform hostility into sympathy, prejudice into acceptance, apathy into interest and ignorance into knowledge.

### **6.2 Effective Communication Methods**

Various techniques of public motivation were discussed. These addressed the issue of motivation in the form of individual, group or mass approach.

### **6.3 Role of Media**

Both print and electronic media are important tools for marketing. The print media is in the form of newsletters, posters, billboards etc. whereas the electronic media covers all aspects of radio programme and television as well as the creation of web sites and telephone information services. All components of the media can be effectively used to send messages about blood donation to all categories of the public.

### **6.4 Educating Potential Donors**

The basic goal of donor education is to promote knowledge, attitudinal change and beliefs and also to educate the donors about self-selection and self-exclusion. Donor education allays all fears and reinforces public confidence in safe blood supply. This can be facilitated through attractive messages that must be designed and developed in a manner that attracts the target listeners. Messages must refer to common experiences to match the value system of local populations. These must arouse the sense of need and reach at an appropriate time for the listeners to respond and act. The speech should be in a friendly local language, appropriate to the target audience - clear, lucid, concise, and informative.

## **6.5 Youth and School Programme**

There is a need to develop school education programmes in the form of either introducing a chapter on blood donation in the curriculum or organizing special lectures and group activities. Examples of successful youth programme and involvement of school children in the state of West Bengal, India, were presented by Dr Ray.

## **6.6 Use of Information Technology**

The advancements in information technology and their application in donor recruitment programme were discussed. Though the capital and money costs are high, computerization would become necessary, especially with the expanding number of donor records that will have to be maintained. The details could also be a wealth of material available for statistical analysis and research.

# **7. RECRUITMENT, SELECTION AND RETENTION OF DONORS**

## **7.1 Effective Strategies for Voluntary Non-remunerated Donor Recruitment and Retention Programme**

The main problems in developing a proper donor recruitment programme were identified as the lack of a national policy, strategic plan, promotional and educational material and inadequate donor database. The need to overcome all these deficiencies and to have long-term and medium-term programmes in donor recruitment were highlighted.

Donor motivation programmes should be able to realistically assess community needs, with clear objectives, keeping in mind the ethical issues. There should be adequate and qualified staff. At the state level, donor recruitment officers with good organizational, marketing and communication skills should be appointed.

Donor retention is very important for getting regular and repeated voluntary blood donors for safe blood transfusions. Donors should be retained by giving them special care, a feeling of being an important person and reducing waiting period. A 'thank you' smile, 'thank you' letters and donor felicitation will go a long way in retaining voluntary non-remunerated donors.

## **7.2 Donor Selection**

Strategies to identify, recruit and retain donors from low-risk populations were highlighted. Donors should be made aware of TTI, risk behavior and window period of an infectious disease. The donor population could be made aware of the above through public awareness programmes. Stringent donor screening and selection criteria with opportunities for self-deferrals should be followed.

## **7.3 Post-donation Confirmation, Notification and Counselling**

It is an important aspect of blood safety. Blood Transfusion Service has to ensure the welfare of the donor, the patient and the larger public interest. But it was considered prudent to defer this aspect till systems were in place in the countries to carry it out effectively.

## **7.4 Organization of Blood Donor Service**

The practical aspect of organizing blood donation camps was discussed. Preplanning each aspect of organizing a mobile camp is necessary for its success. There was a need to train all staff and volunteers in communication and motivation skills to enable them to not only recruit but also to retain and recall volunteer blood donors. All parameters that need attention in regard to the care of blood donors before, during and after donation were discussed.

# **8. DOCUMENTATION OF BLOOD DONOR PROGRAMME**

## **Standard Operating Procedures and Record Maintenance**

The need to have Standard Operating Procedures for every activity in the blood bank was highlighted. The participants were informed that WHO was in the process of preparing 'generic' Standard Operating Procedures (SOP) which could be given to all the countries for further distribution to blood banks. The individual blood banks could then modify them to suit their national guidelines as well as local needs.

The importance of maintenance of records in blood banks was stressed. Donor records were not only a legal requirement, but were also necessary for all donor appreciation programmes and look-back procedures.

## **9. MONITORING VOLUNTARY NON-REMUNERATED BLOOD DONATION PROGRAMME**

### **9.1 Donor Satisfaction**

An insight into the many factors that were necessary to ensure donor satisfaction, thereby ensuring that the donor would return regularly to donate blood were discussed. A clean environment, use of sterile materials and aseptic precautions give satisfaction to the donor and stimulate him to come for repeat donation. A dirty environment makes the donor unhappy and discourages him to come again for blood donation. Post-donation care of the blood donor is also an essential activity for donor retention.

### **9.2 Indicators for Monitoring the Implementation of Strategies**

A number of indicators, both quantitative and qualitative, for monitoring the implementation strategies for recruitment and retention of voluntary non-remunerative regular donors were highlighted. These could be categorized as input indicators and output indicators. Though it was easy to monitor input indicators, the output depended on the indicators to measure programme implementation. It was suggested that it would be helpful if a software programme could be developed by WHO which could include some of the critical indicators.

## **10. NATIONAL BLOOD DONOR RECRUITMENT PROGRAMME**

### **10.1 Blood Donor Issues in Disaster Management**

Details of the requirement and procurement of blood supply for natural and man-made disasters were discussed. Good networking between all blood banks, hospitals and donor services, and an effective communication network are essential to meet the challenges arising from such disasters. An identified list of safe donors was also important.

## **10.2 Role of Community-based Voluntary Organizations in National Blood Donor Recruitment Programme**

The involvement of international voluntary agencies such as Red Cross, Red Crescent Societies and other community-based voluntary agents in donor recruitment programmes at the national and local levels were discussed. The participants shared their experiences with local voluntary organizations and their role in promoting donor motivation and donor recruitment in this Region.

## **11. CONCLUSIONS**

Blood transfusion services in the countries of South-east Asia Region are at different stages of development. All countries must have implementable national blood policies. Countries where a policy has been developed must strive to have a better infrastructure in terms of budget, trained personnel and recruitment of donors. Despite having a national policy, the blood donor recruitment programme of some countries is far from satisfactory due to lack of governmental commitment, frequent government changes, limited financial resources and lack of trained personnel.

To ensure safe and adequate supply of blood, Member countries must consider core strategies, i.e. establishment of a national blood programme, collection of blood from donors at low risk of transfusion-transmissible infections, use of appropriate technology in pre-transfusion testing of donated blood, appropriate use of blood/ blood products to minimize unnecessary transfusions, and education and training of BTS personnel and clinicians .

## **12. RECOMMENDATIONS**

The country representatives formulated the plans of action for their respective countries after discussions amongst themselves and with the facilitators. The following recommendations were made:

### **To Member Countries**

- (1) A national policy for recruitment of donors should be formulated. Based upon the national policy, suitable plans should be developed and appropriate resources allocated to provide a suitable infrastructure.

- (2) A comprehensive situation analysis must be undertaken and a realistic assessment of blood requirement be made. This should form the basis of the action plan for the national authorities as well as the blood banks to plan their activities and set targets.
- (3) National guidelines for donor management should be developed and made available to all the blood banks.
- (4) The donor programme requires the services of a variety of professionals for efficient working. They must be recruited urgently. Appropriate training for newly-recruited staff members as well as continuous training for those in-service should be provided.
- (5) An electronic network of communication for rapid communication and a retrievable database should be created at national as well as local levels.
- (6) The blood donors come from the local community. Awareness of the community and their motivation to voluntarily donate is essential. Effective IEC material must be developed and used extensively to sensitize the community to the issue of donations.
- (7) Community-based nongovernmental organizations (NGOs) must be encouraged and actively involved in donor education, recruitment and retention programmes.
- (8) Blood transfusion services come under great pressure whenever disasters strike. To meet this challenge, the role of blood transfusion services should be well-defined and integrated into comprehensive disaster management programmes. SOP must be available for disaster management.
- (9) To monitor the programme effectively, indicators may be used as per WHO guidelines.

### **To WHO**

WHO should continue to provide technical support to national programmes to promote safety, adequacy and quality of blood in all the Member countries.

## Annex 1

### LIST OF PARTICIPANTS AND SECRETARIAT

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## Annex 2 PROGRAMME

### Day 1: Sunday, 24 September 2000

0930-1000 hrs. Registration of participants

1000-1100 hrs. Opening Session  
RD's address

### Session 1 – Technical Session (General)

1130-1145 hrs. Introduction and objectives of the workshop S.Kumari

1145-1200 hrs. WHO strategies for safe blood transfusion N. Dhingra

### Session 2 – Overview of Status of Voluntary Blood Donation

1200-1215 hrs. Regional view - Blood donation in Member countries S.Kumari

1215-1230 hrs. Global view - Blood Donation in Member countries N.Dhingra

1230-1300 hrs. Discussion

### Session 3 – Estimation of Blood Needs

1400-1530 hrs. Country reports - National voluntary blood donation programme

1545-1615 hrs. Estimating blood requirements and setting goals Z. Bharucha

1615-1715 hrs. Group Work I – Estimating blood requirements.  
– Moderator N. Dhingra

1715-1830 hrs. Presentation and discussion of Group Work I

### Day 2: Monday, 25 September 2000

### Session 4 - Donor Education and Motivation

0900-0930 hrs. Public relations D. Ray

0930-1000 hrs. Effective communication methods and developing messages D. Ray

1030-1100 hrs. Educating potential blood donors N. Dhingra

1100-1130 hrs. Role of media Z. Bharucha

1130-1200 hrs. Youth and school programme D. Ray

1200-1230 hrs. Research in blood donor motivation Z. Bharucha

**Session 5 – Donor Recruitment and Retention**

1230-1300 hrs.	Effective strategies for voluntary non-remunerated donor recruitment and retention programme	N. Dhingra
1400-1615 hrs.	Group Work II – Problems and solutions in recruitment & retention of blood donors – Moderator	Z.S. Bharucha
1615-1700 hrs.	Presentation and discussion of Group Work II	

**Day 3: Tuesday, 26 September 2000**

**Session 6 - Donor Selection**

0900-0930 hrs.	Identifying low-risk population groups	Z. Bharucha
0930-1000 hrs.	Pre-donation information/ counselling/ consent/ confidentiality	N. Dhingra
1030-1100 hrs.	Selection criteria and deferrals	Z. Bharucha
1100-1130 hrs.	Post-donation confirmation, notification and counselling	N. Dhingra

**Session 7 - Organization of Blood Donor Service**

1130-1200 hrs.	Planning and organization of static and mobile sessions – Staff, equipment, logistics of materials	D. Ray
1230-1300 hrs.	Care of blood donors before and during donation	M. Rahman
1400 -1430 hrs.	Training of staff and volunteers in donor recruitment	D. Ray
1430 -1615 hrs.	Group Work III – Novel ideas for donor recruitment and success stories – Moderator	D. Ray
1615-1700 hrs.	Presentation and discussion of Group Work III	

**Day 4: Wednesday, 27 September 2000**

**Session 8 – Documentation for Blood Donor Programme**

0900-0930 hrs.	SOP and record maintenance	A. Aziz
0930-1000 hrs.	Use of information technology	Z. Bharucha

**Session 9 – Monitoring Voluntary Non-remunerated Blood Donor Programme**

1030-1100 hrs.	Donor satisfaction	Z. Bharucha
1100-1130 hrs.	Indicators for monitoring the implementation of strategies	N. Dhingra
1130-1200 hrs.	Discussion	

**Session 10 – National Blood Donor Recruitment Programme**

1200-1230 hrs.	Planning National Blood Donor Recruitment Programme	D. Ray
1230-1300 hrs.	Blood donor issues in disaster management	N. Dhingra
1400-1430 hrs.	Role of voluntary (nongovernmental) organizations in national blood donor recruitment programme	D. Ray
1430-1500 hrs.	Video film	
1530-1700 hrs.	Group Work IV – Action plan of member states and recommendations – Moderator	S. Kumari

**Day 5: Thursday, 28 September 2000**

**Session 11– Action Plans and Recommendations**

0900-1115 hrs.	Presentation and discussion of Group Work IV
1115-1130 hrs.	Action by WHO
1130-1145 hrs.	Conclusion and Recommendations
1145-1215 hrs.	Closing ceremony