



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND
CHILDREN



NATIONAL BLOOD TRANSFUSION SERVICE

BLOOD DONOR RECRUITMENT, RETENTION, ADVOCACY AND COMMUNICATION
STRATEGY GUIDELINE

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FOREWORD

Blood transfusion is a core service within health care systems and individuals who donate their blood provide a unique contribution to the health and survival of others. Every country faces an ongoing challenge to collect sufficient blood from safe donors to meet national requirements.

Voluntary Blood Donation programme is the foundation of safe blood, furthermore the donation through voluntary non-remunerated blood donors (VNRBDs) is recognized as being crucial for the safety and sustainability of national blood supplies. Building a sustainable base of safe blood donors requires a long-term approach that requires not only the establishment of an effective recruitment of voluntary blood donors but also improved public awareness and acceptance of the importance of blood donation as a social norm. The blood donor recruitment is an activity performed to develop programs that aim to create awareness about the importance of the voluntary donation among the population. This activity not only ensure the availability and number of donors, but also enhance the donations profile, improving the quality standards of the collected and transfused blood.

In order to augment Voluntary Blood Donation in the country, there was a felt need to develop an operational guideline which can provide all the necessary information on recruitment, retention, advocacy and communication strategy of voluntary blood donors and guide organizations for this important activity. In order to improve upon the voluntary blood collection through a comprehensive voluntary blood donation programme, this guideline will serve as an important tool as it covers every aspect of the programme including the organization of the VNRBDs camps. This will also be of immense help to all those who are involved with the voluntary blood donation programme in the country including TPDF and Regional team.

The guideline will provide knowledge and skills to Blood donor recruiters in order to make difference in recruiting voluntary, non-remunerated blood donors in Tanzania. The Ministry of health, community Development, Gender, Elderly and children urges all actors to ensure that this strategy is implemented and outcomes realized.

Prof. Mohammad Bakari Kambi
CHIEF MEDICAL OFFICER

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In order for NBTS to address issues surrounding situation of blood supply in the country, this Blood Donor Recruitment, Retention, Advocacy and Communication Strategy Guideline is developed. Development of this guideline was done in a participatory manner aiming at creating ownership and imparting skills amongst NBTS, TPDF and Regional Team staff necessary to facilitate implementation on blood donor recruitment and coordination. Approaches employed are desk reviews, interviews with key stakeholders, focus group discussions and a stakeholder's workshop.

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ACRONYMS

AABB	American Association of Blood Bank
BAKWATA	Baraza la Waislamu Tanzania
CDC	Centre for Disease Control
CCT	Christian Council of Tanzania
AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immune Deficiency Virus
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
IEC	Information, Education and Communication
FBO	Faith Based Organization
VNRBD	Voluntary Non-remunerated repeat blood donors
NBTS	National Blood Transfusion Services
PTC	Pentecostal Council of Tanzania
PPP	Public Private Partnership
TPDF	Tanzania People Defense Forces
TRCS	Tanzania Red Cross Society
UNM	University of Minnesota
TTI	Transfusion Transmissible Infections
NGO	Non-Government Organization
WHA	World Health Assembly
WHO	World Health Organization

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background

Creating a stable base of volunteer donors is the biggest challenge being faced in developing countries. Thus a focus on developing a volunteer donor base is one of the most fundamental issues in developing a safe and effective blood supply. Increasing the number of voluntary non-remunerated donors by vigorous effective blood donor recruitment programs is also a major key to improving blood safety. Many countries depend to a large extent on replacement or “family donations” that is blood donated by family or friends. However, these individuals have a strong incentive to donate or may even be paid, thus making their blood less safer than that from general population donors. Both paid and “replacement” donors have a higher prevalence of transfusion-transmitted infection. Thus, replacement donations often constitute a hidden form of paid donation, although the major difference may be between first time donors and repeat donors regardless of whether they are voluntary or replacement donors.

In order to develop and maintain an adequate blood supply, an effective donor recruitment program must be in place. This involves community awareness, promotional or educational materials not just limited to brochures but including multi- media materials, ideally support from national and community leaders, a structured plan to gain commitment of community organizations to host blood drives, donor recruitment personnel to initiate all these activities, and structured data driven operations management to make all of this function effectively. This process requires not only training knowledgeable personnel but a unique combination of more “social” kinds of activities such as marketing and sales but also highly structured and managed operation based on extensive and useful data. However, the number of well-trained donor recruiters needed to obtain an adequate blood supply is not available in most developing countries. In the developing world there is little if any structured training for donor recruitment personnel. In addition, it is often difficult to introduce this combination of social and data driven management activity into the blood organization. Thus, donor recruitment personnel are often inadequately trained and function without effective tools and in an environment that does not lead to crisp decision making, planning, and follow up. This process is difficult enough in the developed world but that culture is often quite different from the culture in developing countries making increases in blood supply slow and difficult.

Donor recruitment, advocacy and retention of suitable donors in blood services are not an easy task because of the dynamic nature of the socio-economic environment and the human factors involved. While the effectiveness of recruitment, advocacy and retention is usually determined by degree of adequacy in blood supply, some qualitative but important issues such as donor satisfaction, Royalty, cultural and religious beliefs are frequently overlooked. Also in this era of HIV/AIDS, potential donors are reluctant to donate blood because of the fear they may be discovered to be positive after testing of their donated blood units. But also fears of sight of blood and pain associated with donation usually affects blood donors' decision to donate. Therefore a successful recruitment program occurs as a result of well-planned marketing and education campaigns that are firmly rooted in the culture, attitudes and expectations of the country population.

In Tanzania blood collected from VNRBD accounts for only 33% of the blood transfusion needs and the country continues to rely on donations by relatives in the event of patient requires a transfusion. The deficit of 67% blood requirements has been attributed to weak donor mobilization strategies, challenges in donor recruitment systems, failure to retain donors and limited component production. This presents a significant challenge to NBTS as it strives to maintain a continuous blood supply to health care facilities.

The blood policies of the Ministry of Health, Community Development, Gender, Elderly and Children, World Health Organization (WHO), and the International Federation of the Red Cross and Red Crescent Societies (IFRC), emphasize on voluntary, non-remunerated, repeat donations from pools of low-risk and well-informed donors.

Therefore NBTS as blood transfusion program must therefore educate low-risk donors' community so that they understand the need for donating blood and assure them of personal safety in taking this action. Also a program must ensure stability on retention of voluntary non-remunerated blood donors so as to have large low risk regular blood donors as a stable base of voluntary non-remunerated blood donors is essential in order to ensure an adequate, readily accessed safe blood supply.

Knowledge, Attitude, and Practice (KAP) surveys have been identified by numerous governments and agencies as an important tool to better understand the knowledge, perceptions, and behaviors of the general population on blood donation in developing settings. In 2012-2014 University of Minnesota (UMN) worked closely with NBTS to identify Knowledge, Attitude, Practice and Behavior surrounding blood donation that lead to better interventions to promote safe, voluntary blood donation in the country. In alignment to knowledge, perceptions, practice and behaviour, the following problem are identified as key hindering factors affecting voluntary blood donation in Tanzania.

Problem 1: Lack of knowledge about the importance of blood donation or donating readily available, safe blood. Many people are not aware of the important role that blood donation plays, particularly in providing safe, disease free blood suitable for transfusions. The underlying causes of this problem may be due to inadequate advocacy and sensitization, inadequate IEC materials, and a lack of integrating information about blood donation with other health or social services.

Problem 2: Lack of understanding of the process of donating blood and misconceptions about the side effects, fears of procedure and tests done. Many non-donors are unaware of what happens during and after blood donation. They may hear and believe on myths and misconceptions pertaining blood donation, or become over anxious about adverse effects, which cause the individuals to form negative opinions about blood donation.

Problem 3: Sale of blood in hospitals. Blood for transfusion in Tanzania is free to everyone with a need. It is illegal to sell or buy blood. However, some health workers are alleged to sell blood to those in need. Some patients are not aware of the law and trust health workers for payment of blood. This may demoralize potential blood donors who encounter such scenarios hence may feel cynical if they are asked to donate blood without remuneration.

Problem 4: Lack of recognition for both first time and repeat donors. Blood donors are doing a great service to their community and country. Some may feel unrecognized or unappreciated. This may be due to an over-whelming of collection team on site, or lack adequate customer and donor care training on daily activities.

Problem 5: Potential donors are not being asked to donate. Around the world, one of the most common reasons for not donating blood is that potential donors are not actually asked to do so. Even if a potential donor is well educated on blood donation and has a good opinion, he or she may not donate because of the lack of opportunity to make the decision.

Problem 6: Inaccessibility of the blood donation centers. Potential donors are unaware of the location of blood centers and as a result all potential donors who have already agreed to donate

may face a barrier to implement their decision if they cannot find the blood centers or satellite sites or they are far reached.

1.2 DEFINITION OF TERMS

1. **Voluntary non-remunerated Blood Donor(VNRBD):** A person who donates blood (and plasma or cellular components) of his/her own free will and receives no payment for it, either in the form of cash, or in kind which could be considered a substitute for money. VNRBDs are safer and play a key role in sustaining blood supply for patient in need of a transfusion. It is highly recommended in Tanzania.
2. **Family Replacement Blood Donor:** Donor who donate blood to replace the blood used by a patient who is family member or friend to him/her. Only recommended where there is no strong base for VNRBDs and during emergency. They are considered to be at a risk of TTIs due to the fact that they donate blood under pressure without stringent selection.
3. **Paid Blood Donor:** A person who donates blood in exchange for money or other form of payment. They carry high risk of TTIs and this type of blood donation is unethical and not recommended in Tanzania.
4. **Autologous Blood Donor:** A donor who donates his/her blood to be stored so that it may be transfused back to him or her during an upcoming surgery for him/her. This type of donation is also recommended in Tanzania
5. **Directed Blood Donors:** Donor who donates blood to be transfused to a specific patient. Directed donors can give whole blood, two units of red blood cells or apheresis platelets. This type of blood donation is unethical and not recommended in Tanzania as it may promote discrimination based on colour, place or religious.
6. **Apheresis Blood Donor:** A donor who donate specific blood component where blood is withdrawn and separated using a blood cell separator (Apheresis machine) from the donor and a portion (such as plasma, leukocytes, or platelets) is separated and retained, and the remainder is re-transfused into the donor. This type of donation is also recommended in Tanzania.
7. **First time Donor:** A voluntary non-remunerated blood donor who donate blood for first time and has never donated blood before.

8. **Regular Voluntary Blood Donor:** A voluntary non-remunerated blood donor who has donated at least three times, the last donation being within the previous year, and continues to donate regularly without any break for a longer duration between two donations.
9. **Repeat Voluntary Blood Donor:** A voluntary non-remunerated blood donor who donate blood atleast twice a year and does not fulfill the criteria.
10. **Lapsed Voluntary Blood Donor:** A voluntary non-remunerated blood donor who has donated blood in the past two years and does not fulfill the criteria for a repeat donor.
11. **Blood Donor Recruiter:** Blood donor recruiter is a person responsible for recruiting and enroll potential voluntary blood donors at community and corporate blood drives to ensure a drive meet desired projection.
12. **Qualities of Blood donor recruiter:** Blood donor recruiter must present with pleasant personality and friendliness, Good communication skills including public speaking, neatness and presentable.
13. **Donor incentives:** The term ‘incentives’ covers a broad range of both financial and non-financial payments, gifts, goods, and tokens. In this guideline, a non-financial small tokens, refreshment and reimbursement of direct travel costs will be assumed to be compatible with voluntary non-remunerated blood donation.

CHAPTER TWO

2.0 OBJECTIVES OF BLOOD DONOR RECRUITMENT, RETENTION, ADVOCACY AND COMMUNICATION STRATEGY GUIDELINE

2.1 Broad Objective

To promote, recruit and retain of voluntary non-remunerated blood donors through advocacy and communication strategies so as to ensure availability of safe and quality blood and other blood components, round the clock and throughout the year. This will lead to alleviation of human sufferings, even to the far-flung remote areas in the country.

2.2 Specific Objectives

1. To promote 100% voluntary blood donation in ensuring a safe and sustainable blood supply at all times
2. To improve and maintain pool of regular/repeat blood donor
3. To improve education, information and communication to the public on voluntary blood donation
4. To maintain standards in managing advocacy, recruitment, and retention of blood donors
5. To strengthen resource mobilization for blood donor recruitment, motivation and retention activities

CHAPTER THREE

3.0 STRATEGIES TO PROMOTE VOLUNTARY AND REPEAT BLOOD DONORS

3.1 Strategies to Promote 100% Voluntary Blood Donation

National Blood Transfusion Service is mandated in provision of adequate safe blood and blood product collected from voluntary non-remunerated blood donors. To maintain extensive awareness and promote recruitment and retention of healthy, voluntary non-remunerated repeat blood donors, NBTS has put in place strategies which promote 100% voluntary blood donation. NBTS will implement these strategies to achieve its goal of 100% voluntary donation.

1. **Develop, update and use effectively annual blood collection calendar:** NBTS will develop, update and use effectively annual blood collection calendar. This calendar will be adhered and monitored to ensure each sites visited twice a year.
2. **Convert Family Replacement Donors to Voluntary Blood Donors:** All eligible Family Replacement blood donors donating at NBTS sites will be educated and provided with information on importance of voluntary blood donation.
3. **Promote Collection of Voluntary Blood Donors within Regional Satellites Sites:** NBTS will continue to train and supervise regional council's collection satellite sites in order to promote blood collection from voluntary blood donors and discourage Family Replacement donations.
4. **Promote Donation from Institutions/Organizations:** NBTS will enter into memorandum of understanding (MoU) with organization and other institutions for their employee or community members to donate blood at least twice a year as part of their Corporate Social Responsibility.
5. **Establish and strengthen Blood Donor Club Community:** Blood Donor Clubs will be established and strengthened to ensure voluntary blood donation and repeat/regular blood donors.
6. **Develop, update and Promote effective use of IEC materials:** An up to date Information, Education and communication materials which promotes voluntary blood donation will be developed and aired through Social media, Television, Radios and Newspapers frequently.
7. **Promote and Strengthen Donor Recall System:** All Blood donors due for donation will be recalled through phone and/or text message for next donation. This strategy will increase number of repeat/regular blood donors.

3.2 Strategies to encourage repeated blood donation.

The National Blood Transfusion Service along with Regional Satellite Blood Centers and Councils Blood Collection team with support from NGOs has to carry out extensive donor motivation and retention. Repeat blood donors perceive that there is a constant need for blood and approach blood donation with feelings of duty, responsibility and pride. They tend to feel that the service they receive from staff is professional, caring and appreciative, and are more willing to forgive or ignore any negative experiences they might have had. Below are strategies that can help to recruit and retain blood donors.

1. **Session availability encourages repeat blood donation:** Donor frequency and donor retention are largely determined by session availability, each site shall be donated at least twice a year.
2. **All donors should be processed promptly:** If people are forced to wait for unacceptable periods of time they perceive the staff to be inefficient. If beds are empty while people are waiting to donate, negative impressions tend to be reinforced.
3. **Good treatment and customer care of donors promotes retention:** Donors must be treated as individuals. The manner in which thanks, rewards and recognition are offered has an effect on retention, as does giving more bedside care to first-time donors.
4. **The aura of a professional and organized "medical" environment is also essential to maintain motivation:** Donors tend to be put off if they have unpleasant experiences, such as failed puncture of the vein or bruises or double pricks.
5. **Continued reinforcement keeps donors involved:** Donors should constantly be made to feel good about belonging to a select group of people. They must be educated about the need of blood, as the knowledge that blood donation is essential to prevent deaths is a strong motivation.
6. **Recall infrequent, inactive and temporarily deferred blood donors by Telephone call or SMS.** Each blood donor recruiter must generate a list of blood donor who are due for blood donation on each Monday of the week and make a call reminding them to come for donation again, but also blood donor recruiter must coordinate and organize sms program to be sent to our esteemed customer as per following arrangement listed here below.

❖ SMS categories

- Category One - Post donation thank you message
- Category Two (option 1&2) - Notification of result availability
- Category Three - General public service message: reminders to come for blood donation
- Category Four (option1&2) - Blood shortage notifications
- Category Six - Specific events/holidays messages

❖ **Who is responsible for each category?**

- Category one - ICT Officer (each Friday)
 - Category Two (option 1&2) - ICT officer (end of each month)
 - Category 3- Blood donor recruiter- End of each month
 - Category Four (option1&2) - Shortage Notifications whenever there is shortage: ICT officer
 - Category Six - Specific Events/holidays Messages: ICT Officer
7. Recognize blood donors' contribution to society by issuing thanks note to all blood donors;
see blood donor incentive package
 8. Improve Donor care by minimizing adverse reaction and strengthen feedback mechanism
 9. Ensure 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.

CHAPTER FOUR

4.0 PRINCIPLES OF BLOOD DONOR RECRUITMENT

4.1 Blood Donor Recruitment Planning

One of the key secret of successful blood donor recruitment is to take blood collection procedure close to the blood donor, on their convenient date and time rather than expecting donor to come to the blood bank. The closer the blood collection site to potential donor, the stronger is likelihood of success. This is possible only through outdoor Blood donation camps.

Blood donor recruitment planning involve creating a plan in advance, meeting with session hosts to agree on dates, hours and logistics, and then confirming the plan with the host one to two weeks prior to the session. Adhering to this standard improves communication and reduces session cancellation and double booking. Blood drive planning is traditionally performed by donor recruiters who would contact the session host to arrange logistical details, then will closely follow up with session host until he/she return with the collection team to give a pre-donation talk to potential donors and assist with blood collection. Blood donation plan can be weekly, monthly, quarterly and/or annually. Blood donor recruitment planning process include;

- ***Identify low risk blood collection sites.*** Low risk donor populations are group of people who give blood with low level of TTIs prevalence. These groups can be identified through recognition and understanding of characteristics, behavior, practices that can lead to infections. all blood donor recruiters must identify low risk community population before engaging and planning donation sites through;
 - Various research report and Demographic health Survey (DHS) report indicating prevalence of TTIs.
 - Historical data on the prevalence of TTI from the sample tested at NBTS of the respective previous donation site

Blood donor recruiter must defer all donation sites found to have TTI prevalence above the current National prevalence. The current HIV prevalence in country as per 2012 DHS report is 5.3%. Therefore a donation site from the community with more than 5.3% HIV prevalence must not be planned for the donation session.

- ***Develop and Update a Database of Contacts of Government and Private Institution potential for Blood Collection:*** e.g. Secondary School, University/College, and open market, local Community-village, trading center/Malls, youth club, an industry/work place, church, mosque, religious congregation and Armed forces barracks.

- ***Develop an Annual Calendar of Events of National and Community level to be used by NBTs Advocacy and Blood Collection Activities:***

January- Press release

- To inform the public current situation of blood stock and about the need to donate blood

February-Press release

- During valentine days, to inform remind the public to show love by donating Blood

March-Press release

- International women day, Encouraging women to donate Blood-Talk show on Television and Radio about the need to donate blood and Wiki ya matendo ya Huruma Sabato, mobilize to donate around the country

April-Press release

- International malaria day, to educate about the need to donate blood to save children's under 5 who are frequently affected by malaria

May-Press release

- International Labors Day-To educate the public about the need to donate Blood to save lives

June-Press conference

- World Blood donor day-Talk show on Television and Radio about World blood donor day and Campaign to donate blood

September-Press release

- Army celebration day will be used to invite the civilians to join with army for blood drive

October-Press release

- Ashura Day-To inform the public country wide about where and when they can donate blood during commemoration of martyrdom of Imam Hussein

December-Press release

- World Aids Day-to educate the public about the need to donate blood to save aids patients

- ***Develop Weekly, Monthly, Quarterly and Annual Blood Collection plan for all low risk sites identified and National events:*** Make sure all National Events are indicated in your plan, the plan must also indicate internal session, external/camping session. Average session per week for internal donation must not be less than five sites and for external donation must be less than 10 sites per week.
- ***Appointment of Donation Sites:*** Fix collection date for each site for all sites identified and planned, Confirm of blood donation date must be done physically by blood donor

recruiter to site and meet all responsible authority of the organization one month prior blood donation session. Blood donor recruiter will be required to briefly introduce herself and explain to the authority about blood donation and submit letter from NBTS authority, requesting blood donation. All blood recruiter must seek permission to advocate the intended audience about blood donation. Blood donor recruiter must do telephone reminder and confirmation again latter at two weeks and one week interval before site visitation. Donor recruitment talks must be conducted preferably when making appointments for blood donation sessions, if not possible, to be conducted prior to the blood donation session by the donor recruiter, or in the absence of the donor recruiter, a trained member of the blood collection team as assigned by the team leader. In addition at the blood donation session the donor recruiter or the designated team member responsible for recruitment must continue to recruit donors either class to class or office to office.

- ***Set Target of Blood to be collected:*** Target of units' blood to be collected will depend on the need of blood units of the particular region/districts, the need of blood will determine. Number of units to be collected per day and number of donation session to be conducted to achieve a day target Units /session internal 50 and external must be 80. Number of units to be collected per month and number of donation session to be conducted to achieve a month target and Number of units to be collected per quarter.
- ***Education Material:*** Once blood donor recruiters have visited the donation site and confirmation made by the respective authority, the recruiter must leave with them all relevant blood donation education materials such as **blood donation process, thank you note, precautions after blood donation, family replacement brochure, frequent asked question flyer, banners to be displayed at the donation site, A3 posters posted on the notice board to assist with advertising the blood drive and brochure which discourage illegal blood sale.**
- ***Principles of Community Entry:*** All blood donors must use community recruitment form. Community is a group of peoples with various culture performing different activities. Once donor recruiters after they have identified the low risk communities for blood donation e.g. schools, college, religious Institutions e.t.c, must remember to use SOP and forms guiding them on how to enter the community appropriately for recruitment and mobilization of blood donation. The following are requirement before community entry for blood donation.
 - Review your annual or quarterly recruitment plan
 - Discuss with the blood center authority to approve your plan

- Prepare logistic plan for visiting the particular site (transports and introduction letter from your office to all respective authority of the identified community)
- Fix date and day, then give feedback to the blood center authority
- ***Host Evaluation:*** Each Blood Donor Recruiter must be able to identify the number of people or population of the respective host and determine the number of eligible donor who will be able to meet their set donation target. The minimum requirement for eligible donor in a given population must not be less 40% and you should target to get blood from more than 80% of the eligible age. Another parameter of host evaluation is to evaluate all previous donations and challenges and they were solved, if no do not attempt to plan such session as you will fail instead of planning ensure all challenges such reasons for delay of the last session, unattended adverse reaction, poor performance due to shortage of NBTS staff e.t.c.
- ***Engage Stakeholders that can Support NBTS Advocacy Initiatives such as***
 - **The general public.** These are mostly groups of people at community level who can support NBTS in advocacy and donor mobilization such as youths, women, to mention a few.
 - **Political and Religious Leaders.** These are political leaders of national and local level. These can be Members of Parliament, City Mayors, Councilors and Leaders of network religious institutions such as BAKWATA, CCT, PCT or individual religious institutions.
 - **Private Sector and Rotary Association.** These are institutions from the corporate world which can support NBTS in its advocacy and donor mobilization events.
 - **Government Institutions.** These are Ministries and other institutions which are directly linked to the functions of NBTS, or those which can be of potential use to NBTS such as Ministry of Education and Vocational Training.
 - **Development Partners.** These are potential and current development partners in support of both technical and financial resources. These are institutions which are working in the Health sector, particularly HIV/AIDS and reproductive Health.

4.2 BLOOD DONOR MOTIVATION AND CUSTOMER CARE

4.2.1 BLOOD DONOR MOTIVATION

Motivation is defined as the way a person is enthused to intensify his desire and willingness to donate blood. There are numerous motivations for why some people give blood, mainly these are altruism/humanitarianism, social pressure, extrinsic rewards, awareness of community/personal need and emotional benefit. Motivating people to donate is one of the most important aspects of a Tanzania National Blood Transfusion Services and specifically a unique role of blood donor recruiter.

There are two groups of motivation- intrinsic, and extrinsic motivation

Intrinsic motivation factors includes altruism or altruistic behaviour which is an act of doing something that benefits others at some personal cost without a reward. Altruism has been considered one of the main motivations for donating blood. Another intrinsic motivation for blood donor is self-identity. Self-identity reflects the extent to which individuals perceive themselves as performing a particular societal role. The more an individual perceives they fit a particular societal role, the more influence self-identity will exert on behaviour of donating blood. Development of a blood donor identity is suggested to occur after the third to fifth donations, thus more a donor donates the more they develop an intrinsically motivated. Thus all blood donor recruiter must approach the community using appeals based on altruism towards blood donations.

Extrinsic motivation includes incentives (especially monetary types) and this type of incentive is economically inefficient and ineffective, would have a negative motivational crowding-out effects and extrinsic monetary rewards are unethical, not recommended in Tanzania.

Non-financial incentives such as t-shirts, mugs, snacks, cold drinks, stickers, key chains and more and medical tests is considered a commonly acceptable way to incentivize blood donation. No cash incentive is allowed to be given in exchange for “voluntary” blood donations but fare refund to blood donor is acceptable.

It is well known that majority of the community members become demotivated as result of bad experience during the previous donation such as adverse reaction, poor customer care/services, and lack of recognition. Therefore it is responsibility of all blood donor recruiters to use the following key elements to motivate more blood donations are:

1. Acknowledge FTDs reduce/prevent adverse events and the blood donor's anxiety.
2. Use appropriate incentives to recognize blood donors.
3. Use personal aspects to motivate blood donors.
4. Make blood donations convenient.
5. Distribute information aimed at dispelling misconceptions
6. Fill in waiting times.
7. Support the role of the blood donor's identity.
8. Use social pressure and social responsibility
9. Create awareness of the need of blood and saving lives.
10. Compliment donors (they are saving lives after all).

4.2.2 BLOOD DONOR CUSTOMER CARE AND FEEDBACK

National blood transfusion service (NBTS) depend on the goodwill and motivation of its blood donors. Whether they are first-time donors or those who have given blood before, quality in donor service and care starts long before donors enter a blood donation centers and session.

Donors should feel safe, valued and assured that donating blood will not cause them any harm and that their blood will be handled and used carefully to help patients. This type of assurance should be demonstrated with high sense of professionalism, patience, integrity and proficiency from blood donation team. Once donors enter the blood center or mobile session, the quality of the donation experience and the personal care and attention given to them has a direct influence on donor satisfaction. This is critical for donor retention and plays an important role in building donor trust and long-term commitment.

Blood donor recruiter shall ensure that donor care be demonstrated at many different stages of the process of donation.

- Recruitment information must be clear to all blood donors
- Donor must be respected, valued and acknowledged
- Donor selection process must be performed professionally and with care
- Clarity and openness in discussing issues
- Sensitivity and confidentiality at all times
- Session venue accessible, clean and comfortable
- Staff clean, tidy, professional and competent
- Efforts be made for donor to give feedback, positive and negative feedback must be dealt with evenly and seriously. Response is made to donors, where appropriate
- Measures to ensure that identified errors/problems are corrected and prevented from recurring

Blood donor recruiters must remember that donor complaints may be useful in identifying areas of poor practice or poor quality. Donors themselves are the best people to assess how they are actually treated at a donor clinic. The NBTS must always be open to criticism and be willing to learn from it, positive response to a complaint may make it easier to retain the donor. Blood donor recruiter as representative marketing and public relation officer at zonal centers, satellites and regional team are responsible to ensure blood donors and other customer handled with care and be able to fill in the customer feedback form for evaluation and continue improvement. *See customer feedback form as appendix*

4.3 BLOOD DONOR INCENTIVE

Blood donor incentives are used as part of the donor recognition strategy so as to improve blood donation rates and donor retention by creating a social atmosphere of recognition and appreciation for blood donors. The desire to save lives is one of the strongest rationales for blood donors and seems to be a stronger and more common reason for blood donation than material incentives. The materials should be used to recognize the good will of voluntary blood donors, rather than incentivize individuals to donate blood.

Individual Donors for every donation:

Stickers: Stickers will be given out at each session to each donor every time they donate. The stickers should be cost effective, with attractive designs and phrases that recognize the donor's contribution.

Pens: Every donor should receive a pen in order to allow the donor to fill out his or her donor questionnaire form. If a large number of donors appear and there are insufficient pens, it may cause a problem with the flow of the collections. Ideally, pens should also be branded with the NBTS logo and “Changia Damu, Okoa Maisha” in order to increase recognition of the donors.

Individual donors after the 3rd donation: At the 3rd donation, each donor is given a permanent donor card. This card is made of cardboard and has room for recording about 17 donations.

After the 5th donation: each donor will receive badges, or pins, will be given out at the 5th donation. These pins will have similar phrases as the stickers, but will last longer and be more attractive.

Individual donor after the 15th donation will receive a Hero Card, This is a permanent donor card that is given to donors on the 3rd donation only has room for 17 donation records. Near the 15th donation, the donor will need to replace his or her permanent donor card. At the 15th donation, the donor should be given a “Hero card” that has additional donation record slots and a special logo or design recognizing the donor as a hero for donating so often.

The donor will also receive a t-shirt with the NBTS logo, which will also recognize the donor for their heroic contribution to Tanzania.

Individual donor after the 25th donation they are considered to be incredible valuable to the NBTS. They have provided a great deal of blood, have shown a high level of commitment to the NBTS, and are a proven source of safe blood. These donors should be warmly recognized as great contributors to the blood supply and safety of Tanzania. The 25th donation also corresponds to the goal and criteria for Club 25.

T-Shirt: The t-shirt for the 15th and 25th donations will have the NBTS logo and will recognize the donor for their momentous contribution to Tanzania. T-shirts will both recognize donors and advertise for the NBTS and blood donation. Therefore, the messaging on the t-shirt should be clearly visible, distinctive, and work well with other branding efforts by the NBTS.

Okoa Maisha Card: The Okoa Maisha card is a similar concept to the Hero card, but will be given out on the 25th donation. The Okoa Maisha card can be tied with Club 25 or a similar club. In addition, when donors have given 50, 75, and 100 times, they will receive the Bronze, Silver, and Gold cards, respectively. Due to the rarity of these cards and the important milestone that they represent, these cards will be produced with a higher budget and to higher quality standards than the Permanent card or the Okoa Maisha card.

Certificates and Ceremony on WBDD: In addition to the T-shirt and the Okoa Maisha card, the donors can be celebrated during a ceremony at the annual World Blood Donor Day celebration, where the donors will be given certificates and recognized for their contributions.

Recognition of Institutions

Session Sponsors: Should be given an NBTS calendar after the third session of the year. The calendar should have information on how often donors can give in a year and other information on voluntary blood donation. At every 5 sessions, sponsors should be provided a certificate congratulating them on their sponsorship. The NBTS should also endeavor to help spread recognition of these sponsors through the media in order to increase their recognition throughout the community.

Schools: A trophy should be awarded each year to the school that donates the most units of blood in each region or zone. One trophy and a small plaque should be given to the winning school with a small ceremony at the school. The next year, the trophy moves to the next winning school.

The headmasters and the education boards of each region should be involved with the planning and execution of this trophy system and ceremony. The NBTS should work with the headmasters and ministry of education to determine if the recognition event should be done at a regional level or a zonal level. This will determine the number of ceremonies, as well as the number of trophies and certificates that need to be awarded each year.

Cooperate and Community group: NBTS will organize blood drive controller event each year where cooperate organizations and community groups that run blood drives and with the most units of blood collected will be represented at the event, where the top six blood collectors will be announced and The Minister issue a trophy and recognition certificate. In addition, the local media should be invited to each ceremony to recognize the winning schools.

Cooperate companies, community groups, Universities and Secondary Schools donating blood should receive thank-you letters and blood group cards either individually or through their particular organization and it is responsibility of blood donor recruiters to continue with constant touch with blood donors should be maintained through birthday cards, anniversary Cards, etc.

Table 1: This table Indicates Summary of the Donor Recognition Package

No of donation	Items for individual donor	Items for Institution contributed on blood donation.
1	Stickers, Pen	
2	Stickers	
3	Permanent Donor Card	Blood Drive Calendar
4	Stickers	
5	Donor Badge	Certificate
10	Certificate at Zonal Center	Certificate
15	HERO card, T-shirt	Plaque
20	Stickers	Certificate
25	T-shirt, Certificates during Zonal WBDD, names in the media	National WBDD Recognition Ceremony
30	Stickers	Certificate
35	Stickers	Certificate
40	Stickers	Certificate
45	Stickers	Certificate
50	BRONZE card, Trip to and Recognition Ceremony at WBDD	To be decided by NBTS
75	SILVER card, Trip to and Recognition Ceremony at WBDD	To be decided by NBTS
100	GOLD card, Trip to and Recognition Ceremony at WBDD	To be decided by NBTS

4.4 PRINCIPLE OF ESTABLISHING BLOOD DONOR CLUB

The establishment of donor clubs creates an innovative solution through integration of HIV prevention and blood safety, whose twin interests and objectives are to support the members maintaining their HIV negative status and supporting the NBTS to meet the nation's need for a safe and adequate blood supply for transfusion.

Blood donor clubs have been formed in Tanzania with an objective of encouraging donor club members to donate blood and recruit their peers and advocate for blood donation in the community. The clubs will help the NBTS to deliver on its mandate to supply the nation with adequate and safe blood through increased and repeat-donor blood donation.

Blood donor recruiter are responsible to coordinate the formation of donor clubs in their locality. The name for all formed clubs in Tanzania must be named as ***Okoa Maisha Club*** which defined as a club that gives the gift of life through which blood donors join the club and donate blood regularly to save lives. Members are issued with a challenge to donate 20 units of blood or more.

In Tanzania, we recommend the formation of blood donor club from special groups who at constant need for blood transfusion such as ***O negative individuals, (relative/friends of sickle cell/ hemophilia, oncology patients*** and other special group such as ***pregnant women, children*** etc.). Therefore in this respect blood donor recruiter must encourage and inspire the individual direct or their relative to form blood donor clubs. We also encourage the formation of donor clubs from the organized community groups already donating blood such as ***Jumuia ya Akhla Isalam (JAI), Shia Ithna Asheri, Kanisa la Adventist Sabato na Jeshi la Wananchi (TPDF)***

The advantage of using of special community groups is that, it will be easy to establish the club, but also management and ownership of the club will be high and this create sustainability of Okoa Maisha Club.

Who is allowed to join the club?

- Individual with 18-65 years
- Have donated at least twice
- Pledges to start donating at least twice a year, till they reach 20 donations
- Young person who cannot donate due to medical reasons but chooses to volunteer in other donor club activities
- Committed to remain HIV negative by adopting safe sex practices
- Recruit two members to join Okoa Maisha annually
- Perform at least one AIDS related community service annually (HBC, OVC, support and coping groups, buddy to ARV program)
- Commit to not using banned substances
- Those who become HIV positive will not forfeit their membership if they continue to fulfil the minimum behavioral requirements. It is possible, therefore, to have non-blood donating Okoa Maisha members.

Membership Categories

- | | |
|---------------------|--|
| 1. Associate member | <i>First time donors</i> |
| 2. Junior members | <i>Donated x 3</i> |
| 3. Regular members | <i>Donated 3-10 times</i> |
| 4. Fellow members | <i>Donated > 10 - 20 times</i> |
| 5. Honorary members | <i>Those who can't donate but are willing to support the club</i> |

Goals of clubs are to educate, motivate and recruit Blood donors.

Expected Outcomes

- Increased number of blood units collected from community
- Increased percentage (%) units donated by regular donors

CHAPTER FIVE

5.0 INFORMATION, EDUCATION AND COMMUNICATION TO THE PUBLIC ON VOLUNTARY BLOOD DONATION

5.1 Education and Public awareness of Voluntary Blood Donation

The lack of public awareness of voluntary, non-remunerated blood donation has been identified as a major impediment to blood donation in Tanzania as well as many developing countries. Knowledge of the NBTS among general community is low and brand recognition of its employees, vehicles, or logo is lacking in the general public. The low levels of knowledge of voluntary blood donation encourage myths to persist within the general public. These myths are often untrue but can be commonly held within a population and can discourage voluntary blood donation.

The basic goal of educating potential donors 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 are designed and developed in a manner that attracts the target

listeners. Messages 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. There should be a planned programme to create awareness amongst the general public so as to ensure a regular supply of good quality blood without having to experience seasonal shortages. The educational programme, therefore, should be so designed that the community understands in depth the advantage of regular blood donation.

The following strategies will be used raise awareness on blood donation among general population.

Campaign 1: Advocacy and Awareness of Blood Donation Services

Branding

In order to communicate effectively, the communicating group must have a unified and consistent message. This unified message is referred to as a brand. A brand can include the group's name, logo, and a primary message or slogan. Having a unified and consistent brand makes a group recognizable to an audience. Multiple and varying names, logos, and messages, can confuse an audience and prevent them from absorbing the intending message.

Branding needs to consider the existing IEC materials, guidelines on recruitment talks, the information being conveyed to blood session hosts, the level of penetration of previous efforts to spread knowledge, and the information being spread by third party blood drive organizers, and any other sources of information on blood donation for the general public.

Strategy 1.1: Increasing Visibility and Recognition.

Activity 1.1.1: Post large, easily recognizable signs or banners at blood centers, satellite sites, on NBTS vehicles, Taxi, daladala, faith based houses, public institution, universities and secondary schools.

Activity 1.1.2: Distribute print media: posters, signs, banners, and vehicle paint with clear logo and NBTS name.

Purpose:

- To sensitize potential donors to the presence and location of blood centers and satellite sites.
- To condition potential donors to recognize NBTS signage and associate it with safe and voluntary blood donation.

Target Audience:

- The general public; community members; faith-based; taxi drivers; daladala drivers and conductors; medical staff; celebrities and opinion leaders, Universities and Secondary school students.

Indicators:

- Number of signs posted and distributed.

Strategy 1.2: Emphasizing the important need for blood by providing statistics about the use of blood in children, pregnant women, and others in need of blood;

Activity 1.2.1: Publicize information on blood transfusion recipients, emphasizing the numbers of pregnant women, children, accident victims, and surgery who are in need to blood transfusions, with photos of the patients and their stories and statistics through quarterly report or recorded and print media.

Purpose:

- To sensitize the public on the need for donated blood.
- To make an emotional appeal to the public for the need to donate blood
- Publicize information about the shortage of blood supply to create a sense of urgency about the need for blood donation and make the public aware that the solution to the shortage of safe blood is voluntary blood donation.

Communication Channels:

- Radio: public service announcements stating statistics about the use of blood (50% children, 30% to pregnant women); human-interest stories about the recipients of blood donation; interviews with recipients.
- TV: public service announcements stating statistics; human-interest stories; interviews with recipients.

Target Audience:

- The general public

Indicators:

- The number of media with information on blood transfusion recipients that has been distributed.

Strategy 3: Emphasizing normality of blood donation

Activity 3.1.1: Showing highly recognizable public figures and everyday people giving blood.

Contact popular figures (sports stars, singers, actors, officials) and ask for blood donation. Pictures, audio, and video of the blood donation, as well as a statement should be taken and used as promotional material for blood donation.

Activity 3.1.2: Create promotional materials such as posters, flyers, videos, and others showing everyday people donating blood

Activity 3.2.3: Providing positive donor testimonials about the blood donation experience. Ask both popular figures and everyday people who support or have donated blood to appear at promotional events and blood drives to encourage the public to donate blood and talk about their donation experience.

Purpose:

- Use popular and respected figures to increase awareness of blood donation and demonstrate that blood donation is safe, easy, popular, and cool.

Target:

- The general public; everyday people who are potential blood donors; people who are influenced by opinion leaders or hold popular figures in high esteem; people who do not view blood donation as safe or popular.

Indicators:

- The number of media that show popular figures donating blood that has been distributed.

Strategy 4: Dispelling myths and rumors about blood donation, including the illegal selling of blood.

Most KAP survey results in Tanzania reported a major misconception for voluntary blood donation being the risk that a blood donor could get infected by donating blood, another most common false belief and myth noted among general community in Tanzania is that blood banks sell donated blood to patients, fear is another common reason for those not donating blood across all surveys. Fear of harm with needle or blood loss is the most common deterrent among Tanzania. Finally, a common motivating factor for donating blood include appealing to individual altruism.

Activity 4.1: Use posters, flyers, and short radio and TV spots that dispel common myths and false belief about blood donation, including the selling of blood.

Purpose:

- Reduce misinformation and minimize negative opinions of blood donation.
- Reduce barriers to donation by addressing unfounded fears.

Indicator:

- The number of flyers distributed that list FAQs and answers.
- The number of flyers distributed that address the illegal sale of blood.
- Publication of a webpage that lists a FAQ page.
- Publication of a webpage that addresses the illegal sale of blood.

Strategy 5: The Use of Social Media

Social media are websites designed to allow people to connect to one another in a unique and brand new way.

Facebook Page: These are website that continuously gets refreshed with information. This is a portal where viewers can view information, and connect with NBTS activities

Twitter Function: This is a great platform to use for chatting with users and obtaining more information.

YouTube Channel: Videos and or Audios

NBTS will use Social Media tools (Facebook, Twitter, Blog and Website)

- Enhance NBTS brand visibility and reinforce NBTS' corporate presence online. This will increase current donor confidence, loyalty and satisfaction and attract a new donor base.
- Enhance good relationship between NBTS, donors and other stakeholders through sharing of information in a fast and timely manner as well as enhance communication
- Enable audience to engage with each other and collaborate to the benefit of NBTS.
- NBTS will be able to gather accurate data such as age, gender, location as well as interest from the online community who uses these platforms to communicate with NBTS.

At the moment NBTS is using Facebook, Twitter, YouTube and Blog to communicate and interact with the online community. With these pages NBTS is able to

- Include section of FAQs on one of the Facebook Tabs
- Update on the locations “where donating activities” are taking place
- Provide information on upcoming campaigns
- Provide pictures of past campaigns
- Offer facts on blood donation as well as educating the online community on the reasons they should donate
- Answer followers questions regarding blood donation activities
- Inform Twitter followers of upcoming campaigns

Activity: 5.1.1 Encourage NBTS staff, managers, executives and other stakeholders to create Facebook and Twitter accounts to help promote NBTS online platforms. (Facebook, Twitter, YouTube and Blog)

Activity: 5.1.2 Produce videos of inspirational or “Good News Stories” to be distributed on YouTube and added to Face book pages for more interaction as well as use them to inspire more people to donate blood

Activity: 5.1.3 Work on the Blogs that will be monitored to protect the reputation of NBTS and establish a communication medium with stakeholders

Target audience:

- **Facebook:** More than 700,000 Tanzania's are currently on Facebook, 70% being between 18-25 years-old
- **Twitter:** There are more than 45000 twitter Users in Tanzania
- **Blogs:** There are more than 25 credible blogs online at this moment in Tanzania each getting at least 3000 unique visitors each day

Indicator

- Number of people aware of VNRBDs through social media and donated blood

Strategy 6: The Use of Television and Radio by NBTS

While television is highly attractive and has a high penetration in urban areas and the radio itself is easy to purchase, allow many people to listen from one radio, is pre-installed in almost all cars, trucks, taxis, and buses, and radio towers allow shows to be heard in rural and under developed areas on battery powered radios. Radio messages are audio, rather than visual, which requires carefully formed messages to convey all meaning through audio.

Activity 6.1: NBTS create relationships with the media taskforce, it may be possible to request news features or interviews with television news organizations. The NBTS should pursue their relationships with media organizations to maximize their television presence.

Activity 6.2 Recruiters organize periodic press conference, talk show and media events

Activity 6.3 Mass media approach for raising the awareness of the people and sensitizing them towards voluntary blood donation. All channels of media therefore, have to be utilized fully through a regular and sustained publicity campaign with a professional approach. To mobilize the media there should be a three prolonged approach:

- Mass approach: Newspaper advertisements, articles, supplementary/articles in periodicals, journals, house magazines, stickers, posters, hoardings, radio programme and TV spots should be used extensively.
- Group approach: Use of audio visual aids like posters, stickers, folders and hoardings are useful.
- Personal approach: Letters, face-to-face discussion, distribution of campaign material, newsletters and bulletins, telephone requests for repeat donation or on-call donations and emergency donations give good results.

5.2 Communication to the public on blood Shortage and Donation

Fleeting information to general public to create awareness pertaining blood donation can be done through various media such as Electronic (TV, Radio and Social Media) and Print (Newspaper,

article, brochures and Newsletter). Media competition nowadays is growing considerably; design and distribution should be taken into careful consideration when producing and realizing blood donation information.

In order to be able to ensure Blood safety issues are communicated effectively to both external and internal parties, NBTS need to make sure line of communication is properly followed from National level, Zonal, Regional up to the districts level. Blood donor recruiter and Public relation officer within NBTS networks and Regional Blood Safety team will have to follow the established chain of command which clearly define line of authority, decision-making and communication responsibilities for staff.

This should be adhered to ensure that blood donor recruiters are able to effectively communicate with both *internal* and *external* key parties through various media and should be geared towards organization staff, essential personnel, key departments, and senior leadership within the organization.

During high-profile events of acute blood shortage or disaster, NBTS through Head Public Relations, Advocacy and marketing (MPRO) should be prepared to contact local media and provide updates on its operational status and needs. Media messages should be coordinated with the NBTS Disaster Task Force to ensure that donors and the general public receive a clear and consistent message regarding the nation's blood supply. NBTS will need to inform the general public about its medical needs relating to blood. To communicate these needs to its current donor base and potential new donors, NBTS will contact both print and broadcast reporters (if reporters are not already calling NBTS) to provide them with an accurate and concise message. However, before talking to the media and NBTS should ensure that a consistent message is being delivered.

Whenever possible, NBTS should coordinate its media messages with other blood safety stakeholders. NBTS should update media lists (TV, newspapers, radio stations, wire services) on an ongoing basis. Decide who will be the spokesperson(s) and ensure that they receive media training. Draft as many template press materials (bios, fact sheets, etc.) as possible ahead of time. Consider preparing "message maps" to standardize messaging.

The role of Permanent Secretary, Program Manager, Regional Medical Officer, District Medical Officers and NBTS Head Public relations and Zonal and Regional Public Relation Officer/Recruiters in organizing internal and external communication.

In case of the blood shortage at the district level, Blood Donor recruiter at the local council will be required to inform District laboratory technologist who will be required to liaise with Regional Laboratory Technologist (RLT) to reallocate blood from other district and NBTS

centers while other means of resolving the matter is ongoing. In case Region fail to meet the required blood units RLT will be required to inform Regional Medical Officer (RMO) who will be required to inform NBTS zonal manager on the shortage of blood in his/her Region and District then the Zonal Manager will be responsible to resolve the matter including shifting of blood from other zonal centers and in case Zonal Manager fail all means to resolve the matter will be required to inform Program Manager who before declare the current acute shortage of blood will have to inform and agree on how to put the message by the permanent secretary of the Ministry.

Executive directors and public relation officer of the National and Zonal referral hospital may declare acute shortage of blood after meeting and agree with the respective Zonal Manager and NBTS program Manager.

Head Public Relations, Advocacy and marketing (MPRO) will be responsible to appeal to the public whenever there is major accident or natural disaster that require blood using electronic and print media at National level, Blood donor Recruiters will appeal to the community at Regional level using local media (Electronic and print) requesting individual at the community to come forward to donate blood, however blood donor recruiters at the Regional and District level before doing so should communicate and materials and key messages to be printed or aired should be standard and designed by NBTS blood recruiting team.

CHAPTER SIX

6.0 QUALITY MANAGEMENT SYSTEM IN BLOOD DONOR RECRUITMENT

6.1 Quality Management System Strategies under Blood Donor Recruitment

Strategy 1: To maintain adherence to the Quality Management System established by NBTS in day to day activities

Activity 1: To comply with the developed policies and SOPs in day to day activities

Activity 2: To utilize the available forms and records to capture information both electronic and written

Strategy 2: To educate potential donors regarding the donation process and the risk of transmitting infectious diseases through blood transfusions.

Activity 1: To provide donor health talk prior to blood donation that gives clear information on risk factors to encourage self-deferral.

Strategy 3: To ensure identification of low risk population of blood donors

Activity 1: To perform analysis of sessions to determine suitability of the population

Strategy 4: To ensure identification of suitable environment for blood donation as applied to mobile blood drives

Activity 1: To identify suitable environment/premises prior to blood donation during mobile blood drives (adequate in size, well ventilated, and adequately lit)

Strategy 5: To implement strategies in place for encouraging and retaining repeat (regular) blood donors

Activity 1: To encourage replacement donors to become regular voluntary blood donors

Activity 2: To enroll regular safe donors in order to create a database of regular donors

Strategy 6: To ensure information disseminated to the public is valid

Activity 1: To make sure that IEC materials that are used for advocacy, promotion or education on blood donation contain information that is genuine and valid (pre-tested)

Activity 2: To make sure any information delivered to the public be it orally or written is genuine and valid (pre-tested)

Strategy 7: To inform and motivate blood donors to give customer feedback in available suggestion box and standardized feedback form or any other means

Activity 1: encourage blood donors to give feedback using available tools (suggestion box and standardized feedback form or any other means)

6.2 Monitoring, Evaluation and Reporting

The Blood Recruitment, Retention, advocacy and communication strategy is dynamic and living document and it will be reviewed on a regular basis. NBTS will monitor at outputs level by making reference to the activities mentioned in chapter one and two of this document. It is important that actions from the guideline are monitored, evaluated, and lessons are learnt from this process are used for further planning.

It is essential to identify and monitor critical indicators in blood donor recruitment (including the required numerators and denominators) and to evaluate these indicators to ensure compliance. This will allow modification of strategies, and identification of areas for improvement.

Well-designed systems of data collection and analysis are central to monitoring and evaluation. Indicators such as number of units collected, number of session conducted is very crucial in monitoring and evaluation.

Blood Donor Recruiter Indicators are listed here below.

- Number of actual blood donors donating
- Number of new blood donors
- Number of repeat blood donors (donate at least 2x a year)
- Number of regular blood donors (regularly donates more than 2x a year)
- Number of lapsed donors (stop donating for a year or more)
- Number donation sites cancelled
- List causes of cancellation, in descending order
- Number of sessions and number of blood units collected per session per team quarterly for PREP analysis.
- Number of walk in donors (Replacement vs. VNRBD)
- Number community sessions conducted
- Number of sms sent and number donor recalled
- Number cooperate donated blood, number of units per cooperate companies
- Number, name and number units donated by community donor club.

- Number of sessions visited 2x per year for improving repeat and regular donors

CHAPTER SEVEN

7.0 APPENDICES

7.1 Community Entry Record Form

MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN

NATIONAL BLOOD TRANSFUSION SERVICE

Community Entry Recording Form

1. Date physical visit conducted / /
day month year
2. Appointment letter sent? Y ☐ / N ☐ (dispatch)
3. Date received / /
day month year
4. Letter received by: Name..... Signature..... Telephone.....
5. Request accepted ☐ rejected ☐ postponed ☐ ☐ Cancelled.
Reasons.....
6. Proposed date for blood donation talk 1st / / 2nd / /
7. Appointment date confirmed (three days before): Y ☐ / N ☐
8. NBTS centerTeam identity number .Name of team leader:
.....
9. Time start: : am ☐ pm ☐ 11. Start mileage
10. Time on arrival: : am ☐ pm ☐ 13. Mileage on arrival
11. Session venueType of community

Physical address:

12. Village / Street
13. Population: [F M
14. Ward Division
15. Municipality / district IDN
16. Number of expected attendees for blood donation-talk eligible for donation: (aged

≥18)

17. Name / Title of the contact person.....

Position.....

18. Contact phone:

19. Type of location: Donor club ☐ Walk in ☐ Field sites ☐

20. Types of IEC materials distributed: Leaflets: , Posters , Brochures:
Newsletters

21. Community mobilization events performed:

Name of the event Venue Date / /

Name of the event Venue Date / /

Name of the event Venue Date / /

Conducted by: Name Position

Signature.....

Approved by: Name AHR

Signature.....

--

7.2 Blood Donor Recall Record Form

MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN

NATIONAL BLOOD TRANSFUSION SERVICE

Blood Donor Recall Record Form

S N	Date	Name of Donor Recalled or received sms	Sex	Age	Phone Number	Last Donation	Expected next donation	Response
1								
2								
3								
4								
5								
6								
7								
8								
9								

Name of Donor

Recruiter.....Signature.....Date.....

7.3 Blood Donor Recruiter Checklist

MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN

NATIONAL BLOOD TRANSFUSION SERVICE

Blood Donor Recruiter Checklist

Name of Institution.....

Location.....

Village.....District.....Region.....

Distance from blood Centre to the site.....

Population.....Male.....Female.....Age > 18

Type of community (School/College/Industry/General Community).....

Things to consider before blood donation session is scheduled: -

1. Request accepted/Postponed. If postponed explain reason for Postponement
2. Session/Venue Identified YES/NO. If YES where (Specify)
3. When was the previous donation? State Month Date
4. Post donation test result done? Yes or No.
5. No of Previous Donation (Frequency).....
6. No of units Collected in the Previous Donation
7. Contact person – (Title)
8. Telephone No. (Mob.)

Other activities which might interfere blood donation exercise: -

9. Examination Yes or No.
10. Sports activities Yes or No.
11. Special events Yes or No.
12. Are there any other school visitors on that particular date of appointment site? Yes or No.
13. Identify peer recruiter or meet existing one, and existing clubs and mobilize their support
14. Request forum to chat with teachers and Students before the day of collection

Once all of the above have been cleared check the following: -

1. Distribution of IEC Material (Brunches, Posters, Leaflets)
2. Fixed date and time of confirmed appointment
(i) Date (ii) Time
3. Display poster for Venue, Day, Date and Time of blood collection
4. Reconfirm appointment 2 weeks, 1 week then one day before blood donation drive.

5. If appointment reconfirmed and accepted, arrange for the drive and if not request for new appointment

Name of blood donor Recruiter.....Signature.....Date.....

7.4 Host Evaluation Form

MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN

NATIONAL BLOOD TRANSFUSION SERVICE

Host Evaluation Form

Name of the site _____ Date of

Introduction: __/__/____

Contact Person's Name & Position: _____ Type of

Organization: _____

Phone #1: _____ Phone #2: _____ Other Contacts: _____ Number of

Peer promoters _____

Physical Address/Directions:

Region: _____ District: _____ Ward/Village:

Date of Donation: __/__/____

Population: _____

Aged 18 or

Above: _____

Contact Person's Name & Position: _____

Recruitment talk at APPOINTMENT given by _____ Recruitment talk at SESSION
given by _____

Units Collected: _____

Presented: _____

Deferred: _____ # Adverse

Reactions: _____

Date of Next Donation: __/__/____

Comments: _____

Date of Donation: __/__/____

Population: _____

Aged 18 or

Above: _____

Contact Person's Name & Position: _____ Phone #1:

Recruitment talk at APPOINTMENT given by _____ Recruitment talk at SESSION
given by _____

Units Collected: _____

Presented: _____

Deferred: _____ # Adverse

Reactions: _____

Date of Next Donation: __/__/____

Comments: _____

Date of Donation: __/__/____

Population: _____

Aged 18 or

Above: _____

Contact Person's Name & Position: _____ Phone #1:

Recruitment talk at APPOINTMENT given by _____ Recruitment talk at SESSION
given by _____

Units Collected: _____

Presented: _____

Deferred: _____ # Adverse

Reactions: _____

Date of Next Donation: __/__/____

Comments: _____

Date of Donation: __/__/____

Population: _____

Aged 18 or

Above: _____

Contact Person's Name & Position: _____ Phone #1:

Recruitment talk at APPOINTMENT given by _____ Recruitment talk at SESSION

given by _____		
# Units Collected: _____	# Presented: _____	# Deferred: _____ # Adverse Reactions: _____
Date of Next Donation: __/__/____ Comments: _____		

7.5 Customer Feedback Form

MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN

NATIONAL BLOOD TRANSFUSION SERVICE

Customer Feedback Form

As part of our commitment to improve the service we offer, we would appreciate if you take some time to complete this form.

Please indicate the service you received from NBTS

Blood Donation ☐ Post Donation Counseling ☐ Ordering blood product at NBTS
Laboratory ☐ Suppliers ☐ General Customer ☐

Please rate the service you received from 1-5 with 1 being the poorest service and 5 being excellent services

SN		1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
1	I was welcomed in a warm and friendly manner					
2	I was given sufficient information about blood donation before you donated					
3	The staff were professional, punctual and I was attended on time					
4	Staff were friendly, helpful and professional					
5	You were informed on the availability					

	of test results after your donation					
6	You ever been kept informed on post donation care and self-exclusion guideline					
7	You felt that your donation was highly appreciated					
8	You ever been requested to donate blood again after 3-4 months					
9	Were you satisfied with the service or product you received from NBTS					
10	Were you satisfied with the amount of blood components you were supplied					
11	Were you satisfied with the quality of service in relation to Accuracy of the ABO, Rh grouping and Transfusion Transmissible testing					
12	How do you rate our customer care in general					

Comments/Compliments/Complaints/Suggestions or any other information you may need to let us know.....

Customer Details (Optional) and please take note the information you provided is confidential

1. Your Full Name.....
2. Your address.....
3. Your daytime Telephone number.....
4. Email.....
5. Date.....


For further information, kindly contact NBTS on Telephone number **2181872/3** or mobile number **0715-339282**

KINDLY DROP THIS IN THE SUGGESSTION BOX NEAREST TO YOU OR FILL IT AND SEND IT TO info@nbts.go.tz

Thank you for your time

7.6 NBTS BROCHURE FOR BLOOD DONATION EDUCATION AND ADVOCACY

Blood Donation Process BROCHURE



**Donate Blood.
Save Lives.**

BLOOD DONATION PROCESS

Blood donation involves the following steps;

1. DATA CLERK
 - i Registration
 - ii Form filling
 - ii Weighing
2. COUNSELING
 - i. Haemoglobin check
 - ii. Blood pressure check
 - iii. Health assessment
3. DONATION

A specially trained nurse will attend donor and 450ml of blood will be taken from a blood donor
4. POST-DONATION (what donor is suppose to do after donating blood)
 - i. Rest and refreshment
 - ii. Avoid heavy physical activity
 - iii. Remove bandage after 3-4 hrs

**For more information contact Ministry of Health and Social welfare,
National Blood Transfusion service, Tanzania P.O. Box 65019
Dar-es-Salaam Tanzania. Tel: +255181872/3 Fax: +25522181872.**

Website www.nbts.go.tz, E-mail: info@nbts.go.tz, facebook.com/changiadamuTz,
twitter.com/changiadamuTz, youtube.com/changiadamutanzania

MAMBO UNAYOTAKIWA KUYAFAHAMU KUHUSU KUCHANGIA DAMU

- Huwaizi pata maambukizi ya ukimwi na magonjwa mengine kwa kuchangia damu, zote la kuchangia damu ni salama na huendeshwa na watumishi wenye ujuzi na vifaa vinavyotumika ni salama.
- Mtu mwenye umri uliopungua miaka 18 na uliozidi miaka 65 na ambaye anajitika vizuri anaweza kuchangia damu.
- Mtu yoyote anaye changia damu lazima apimwe wingi wake wa damu kabla ya kuchangia kupuka madhara husiani kwa watu wenye matatizo ya upungufu wa damu.
- Mtu mwenye Afya anawastani wa lita 6-7 za damu na anaweza kuchangia mara kwa mara, chupa moja ya damu inajazwa uliozidi mililita 450.
- Mtu mwenye uzito wa kilo 50 na kuendelea ana damu ya kutisha kuchangia.
- Watu huogopa kuchangia damu iki kuhofia madhara yataokea, uwazi kupata madhara yoyote kwa kuchangia damu, kuna watu ambao wameweza kuchangia damu zaidi ya mara 70-100 kadika maisha yao.

JE, UNAFAHAMU?

- Chupa moja ya damu inaweza kuokoa maisha ya watu zaidi ya watatu.
- Mwanamke anaweza kuchangia kila baada ya miaka 4 na mwanume anaweza kuchangia kila baada ya miaka 3.
- Kila unapotea damu unafanyika uchunguzi mdogo wa afya.
- Damu inayochangiawa huchunguzwa virusi vya HIV, kadawenda na homa ya ini (Hepatitis B&C). Matokeo ya uchunguzi hayataelewa hadharani, bali ni mtoaji wa damu tu ndiye atakayepewa matokeo ya uchunguzi wa damu yake.
- Kila wakati kunalazwa na mtu anayehitaji damu.
- Kujitolea kuchangia damu mara kwa mara kunakufanya uwe mchangiaji salama zaidi, kwa kuchangia damu unajihakikishia kuwepo kwa damu yako, au watu wangepo pamoja na watu watakuhitaji pia.
- Mahitaji ya damu kitalia ni wastani wa chupa 400,000 kwa mwaka.

UKWELI KUHUSU UCHANGIAJI DAMU TANZANIA

- Yafuatayo ni malumdi yenye uhitaji wa damu salama: Watoto chini ya umri wa miaka 5 (50%) Wajawazito na wana wake wenye matatizo ya uzazi (30%), washirika wa ajali (15%) na Marsdhi mengine kama kansa (5%).
- Mazao yatakanaye na Damu ina chembe nyekundu, chembe nyeupe, chembe rahani na pima.
- Si kwa ukichangia damu mara ya kwanza damu itaongopokea zaidi mwili kama ambavyo baadhi ya watu wanafikiri, mwili wa mwanadamu unafika wengi wa damu katika mwili, la kutokana na uhitaji wa damu unashauriwa kuendelea kuchangia mara kwa mara.
- Damu ni lili na haluzwi, wapo watumishi wachache ambao sio waaminifu wanajihusisha na uzazi wa damu kwa wagonjwa au mdugu wa wagonjwa. Mpango wa Damu Salama unatoa nai, ukuziwa damu taa taarifa efai ya mganga mfawidhi, hospitali hufika, Ofisi ya damu salama. Iyo karibu nawe, Damu Salama makao makuu namba ya simu 0712612000 na Takukuru kwa namba 113.
- Watu wote wenye sifa wanakaribishwa kuchangia damu na wanaoza kuokoa maisha ya wagonjwa wenye uhitaji wa damu.
- Mpango wa Taifa wa Damu Salama unahamutisha watu kuchangia damu kwa hali mara kwa mara kwa sababu mahitaji ya damu ni makubwa na chupa moja ya damu inaweza kuhifadhi kwa siku 35 hadi 42 kutegemea dawa inayotumika kuhifadhi baada ya hapo hali tana kwa matumizi kama tiba kwa binadamu.
- Utaratibu wa kuchangia damu unachukua wastani wa dakika 10-15 hii inajumuisha ujazaji wa dawa la mchangiaji damu (questionnaire).
- Watu wengi huhofia sindano, ukweli ni kuwa maumivu ya sindano ni kidogo ambapo hutoka pale mtaalamu wa utazaji damu anapoinzua sindano kwenye mahipa baada ya hapo hakuna maumivu yoyote yatakasendelea hadi mwisho wa zozidi la kutoa damu.
- Damu ya Binadamu hakiwa kuzalishwa nje ya mwili wa binadamu, hivyo mgonjwa akihitaji damu lazima aongezewe damu ambayo imetoka kwa mwanadamu.

Kwa maendeleo zaidi wasiliana na: Wito wa Afya na Utawala wa Jamii,
Mpango wa Taifa wa Damu Salama, S.L.P. 65019 Dar-es-Salaam, Tanzania.
Simu: +255181672/3 Mobili: 0712612000 Fax: +25522181672.
Tawuti: www.nbts.go.tz Barua pepe: info@nbts.go.tz



- Wasiwe na magonjwa sugu
 - Mtindo wa maisha ulio salama
- Ninaweza kuchangia damu mara ngapi?
Unaweza kuchangia damu mara tatu hadi mara nne kwa mwaka pasipo kudhurika kiafya.

Wito

CHANGIA DAMU KWA HIARI MARA KWA MARA UOKOE MAISHA YA WAGONJWA WENYE UHITAJI WA DAMU SALAMA.

Kama hutajaji tutakutumia ujumbe mfupi wa maandishi au kukupigia simu baada ya miezi miatu hadi minne ili kukumbusha tareheya kuchangia tena.

Kama jibu lako ni ndiyo acha namba yako ya simu ya mkononi na anwani ya barua pepe kwa mnasih.

Tunakushukuru sana kwa kuja kuchangia damu!

Changia damu, Okoa maisha.



Kimetayarishwa na:
Mpango wa Taifa wa Damu Salama - Tanzania
S.L.P 65019, Dar es Salaam
Tovuti: www.nbts.go.tz



**Changia Damu.
Okoa Maisha.**



Donate Blood. Save Lives.



ASANTE KWA KUOKOA MAISHA LEO

Please look after yourself by;

- Remain in the donor area for at least 15 minutes
- Leave the arm bandage in place for 3 hours. If you experience bleeding, put pressure on the site and elevate your arm above your head until the bleeding stops.
- Drink more fluids than usual for next 24 hours and eat heartily at your next meal
- If you get dizzy, sit down and put your head between your knees or lie down with your legs elevated
- Normal activities may be resumed when you are finished with your refreshments. Please avoid strenuous activities e.g (football, parade, and marathon)
- Please donate again to ensure there is enough blood for every one every time, including you
- Visit us after 4 months and donate again to keep blood bank full
- Please bring a friend, relatives or your spouse along next time



Changia Damu. Okoa maisha.



ASANTE KWA KUOKOA MAISHA LEO

Tafadhali zingatia yafuatayo;

- Pumzika katika eneo la kuchangia kwa dakika 15
- Usiondoe plasta uliyowekewa. Acha kwa saa 3
- Endapo utaona damu inaendelea kutoka, inua mkono wako juu ya usawa wa kichwa mpaka damu itakapocha kutoka
- Pendelea kutumia (vitu vya maji maji/ vinywaji) zaidi kwa muda wa saa 24 na upate chakula bora (mlo kamili) kwa mlo unaofuata
- Kama utajisikia kizunguzungu inamisha kichwa chako katikati ya magoti au lala chini ukielekeza miguu juu. Unaweza kuendelea na shughuli zako za kawaida baada ya kumaliza kinywaji chako. Tunakutahadharisha usifanye shughuli zitakazosababisha mwili kuchoka sana k.m kucheza mpira, kukimbia, gwaride) n.k
- Tunakukaribisha uchangie damu tena ili kuhakikisha damu inakuwepo hospitalini wakati wowote, mlete rafiki yako, ndugu au mwezi wa ndoa ili mshiriki kwa pamoja kuokoa maisha
- Unaweza kuchangia damu tena kila baada ya miezi minne katika kituo cha damu salama au hospitali yoyote iliyo karibu nawe inayotoa huduma ya damu



Blood is Free and not for Sale BROCHURE



BIDHAA HIZI ZINAUZWA

DAMU HAIUZWI

Ubichangia damu, atapelewa mtu anayehitaji. Ni kosa la jina kuwomba wagonjwa walipie damu. Kama wewe au mtu unayemfahamu akiomawa alipie damu toa taarifa mara moja kupitia namba hi ya dharuru 0712612000





Changademile

Family Replacement BROCHURE

KUHAMASISHA WACHANGIAJI DAMU (WANAFAMILIA) KUWA WACHANGIAJI WA HIARI WA MARA KWA MARA.

Mwaliko wa Kuchangia Damu kwa Hiari Pasipo Malipo yoyote (VNRBD).

Unaalikwa kuchangia damu mara kwa mara kwa kujitolea, sio kwa ajili ya wanafamilia bali kwa ajili ya wagonjwa walioko hospitalini wenye uhitaji wa damu.

Asante mchangiaji damu kwa moyo wa kujitolea kuokoa maisha ya wanafamilia wenye mahitaji ya damu. Kutokana na upungufu mkubwa wa damu salama hospitalini kumelazimisha kuendelea na utaratibu wa uchangiaji damu wa kwa wanafamilia pamoja athari zake. Takwimu zinaonyesha hadi sasa Mpango wa Taifa wa Damu Salama unaweza kukidhi asilimia 30 tu ya mahitaji ya damu nchini Tanzania.

Takwimu kutoka Shirika la Afya Ulimwenguni (WHO) linaonyesha asilimia 5 -10 ya maambukizi ya VVU yamesababishwa na uongezwaji wa damu isiyo salama hususani ile inayotolewa na wanafamilia kutokana na maandalizi yake ya haraka pasipo kufuata mfumo wa upatikanaji wa damu salama ikiwa ni pamoja na ubora wa vipimo. Kwa kujitokeza kwako katika zoezi la uchangiaji damu umeweza kufahamu mengi juu ya uchangiaji damu. Hivyo unashauriwa kuchangia damu kwa kujitolea mara moja kila baada ya miezi

mitatu kwa wanaume na mara moja kila baada ya miezi minne kwa wanawake. Kwa kufanya hivi, itatoa uhakika wa kuwa na akiba ya kutosha ya damu salama wakati wote na kuondoa uchangiaji damu unaolenga wanafamilia na tabia ya uuzwaji wa damu kwa watumishi wasiowaaminifu katika hospitali itakwisha.

Faida za kuchangia Damu kwa hiari

- Kupunguza hatari ya magonjwa ya moyo:

Kuwepo kwa madini chuma mengi kupita kiasi katika damu, hudhoofisha utendaji kazi wa endotheliamu, kuchangia damu mara kwa mara, hurekebisha madini chuma ya ziada katika mfumo wa damu na huchoma kalori 650 kwenye damu ya mchangiaji kila baada ya kuchangia damu milimita 450.

- Upimaji wa afya pasipo gharama: Kila wakati unapochangia damu, mtaalamu wa tiba, daktari au muuguzi atakupima shinikizo la damu, mapigo ya moyo na kukufanya vipimo vingine vya magonjwa yaambukizwayo kwa damubila malipo yoyote.

- Kitendo cha kuokoa maisha ya mgonjwa kitakufanya ujisikie vizuri:

Kuchangia damu kunakufanya ujihisi vizuri sana, hususani wakati unapoelewa kwamba dakika 15 za muda wako unaweza kuchangia

chupa moja ya damu itakayo okoa maisha ya watu zaidi ya mmoja.

- Huongeza utambuzi wa kiwango cha chembechembe za damu katika mfumo wa uzalishaji damu:

- Seli za damu hupungua katika mzunguko wa damu yetu baada ya kuchangia, uchangiaji damu huchochea uzalishaji wa seli mpya za damu na kuchangamsha mfumo wa uzalishaji damu.

Mijibizo inayoweza kutokea baada ya kuchangia damu kwa hiari

- Baadhi ya wachangia damu hupata kizunguzungu, kichefuchefu au kupoteza fahamu kwa muda mfupi. Hata hivyo mijibizo hii mibaya hutokea hutokea kwa nadra sana. .

- Utafiti umeonyesha kwamba ni asilimia 2 tu ya wachangiaji damu hupata mijibizo wowote wakati au baada ya kuchangia damu.

Vigezo kwa wachangiaji damu

Wachangiaji damu lazima:

- Wawe na afya njema siku na wakati wa kuchangia damu
- Wawe na umri wa miaka 18 hadi 65
- Wawe na uzito wa kilo 50 na zaidi
- Uwingi wa damu (Hemoglobin) > 12.5g/dl
- Shinikizo la damu la kawaida

NBTS-Logo for Branding



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