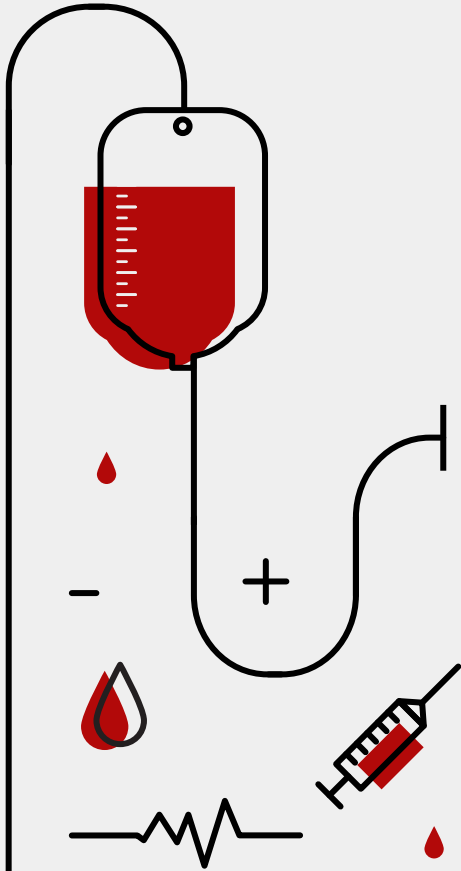


PDIA in Action: Tackling Blood Safety in Nigeria

Allan Franklin, Hesham Gaafar,
Dana Radojevic, & Lauren Truong

Authorizer: Dr. Adaeze Oreh,
National Blood Transfusion Service



The Problem

The Initial Problem Statement

“The problem is that **safe blood is still largely unavailable** in hospitals and health facilities leading to infections, disease, and death.”

Problem Analysis

“Safe blood is still largely unavailable in hospitals and health facilities leading to infections, disease, and death.”

What precisely is safe blood?

Is it an issue of supply, demand, or both?

Is this *the* problem?



Interviews

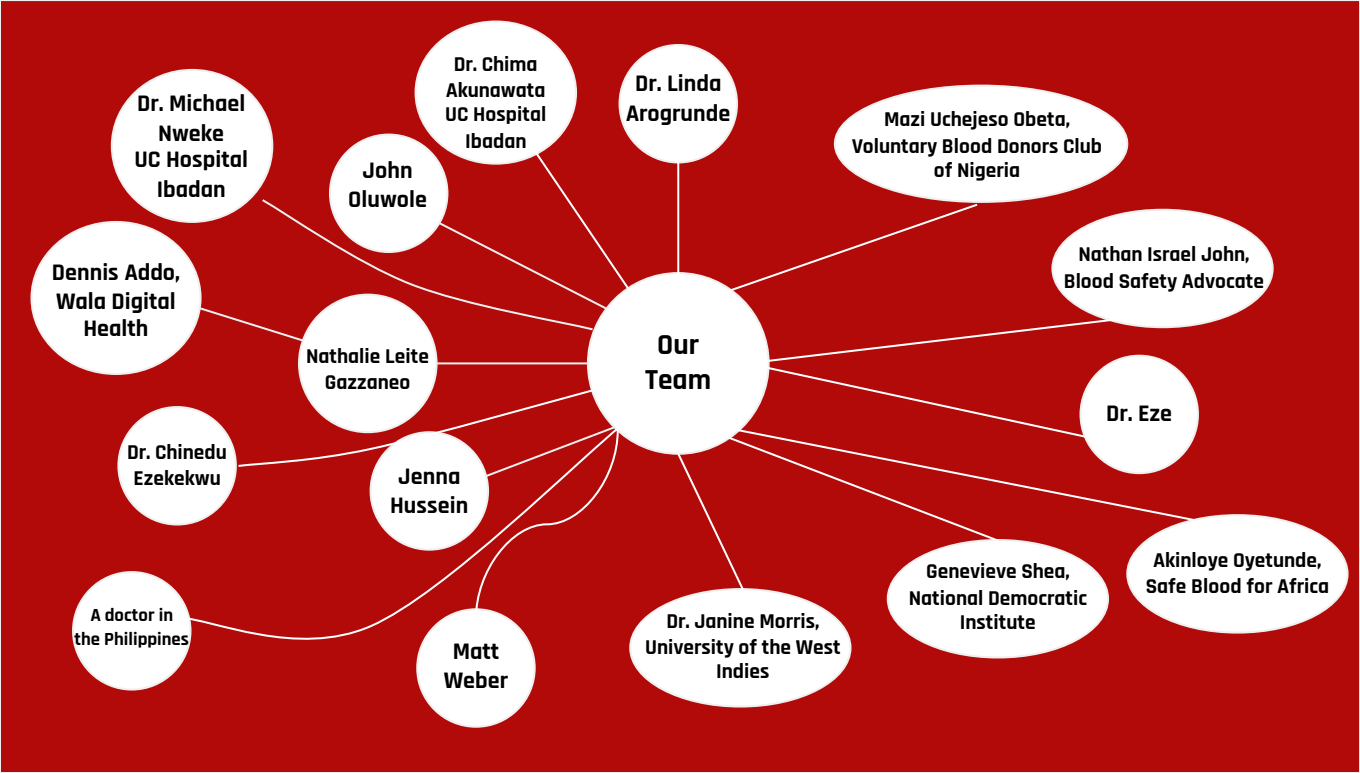
**Interviews opened doors
for more learning.**

Pictured at the right:

Nathan John, one of Nigeria's most
prolific and consistent blood donors.



People We Contacted



Problem Construction

“Local health facilities and organizations in Nigeria do not have the capacity to attain or maintain safe blood supplies.”

Insufficient blood screening

Profit seeking (cost cutting measures)

Cost and time constraints

ELISA not widespread

Lack of technology

- Expensive
- The government is prioritizing and funding other issues (e.g. COVID-19, interethnic conflict, terrorism)
- No ICT system to track blood, which leads to a lack of M&E system, which leads to poor and inefficient data collection/tracking. Ultimately leads to lack of accountability within system and wasted/contaminated blood but no one is punished

Limited Local Capacity

Urban vs. rural divide - electricity

Staff training (funds)

Brain drain

Storage

Ineffective communication strategies

Poor Infrastructure

Transportation

Funding

Many rural areas

Conflict areas and security concerns

Ineffective supply chain

Low Supply of Blood

Limited donors

Inadequate allocation

High TTI prevalence

Lack of awareness about blood donation

Tendency to give to family members and not to random

Beliefs about blood donation stem from negative experiences (e.g., contracting diseases)

PROBLEM: Local health facilities/organizations in Nigeria do not have the capacity to attain or maintain safe blood supplies.

Guidelines are not followed

- No incentive to follow them
- Not fit for function

Process is complicated by the number of organizations involved

Regulation process and implementation are unclear

Policy and Procedures

Blood is a commodity

Presence of for-profit blood collection centers

Health facilities may not make enough money to prioritize voluntary blood donation

Funds (technology is expensive)

Economic Issues

Limited and over-worked staff

Lack of training

Cycle of bad practices. No punishment for wasting blood

Myths surrounding blood donations affect health professionals too





People

Combo of brain drain, lack of funding, and no incentive to remain in rural villages

- Limited capacity on NBTS's, doctors'/hospitals', and organizations' ends.
- No incentive to get more training.
- Blood technicians are responsible for taking blood. Too few?



Entry Points & AAA

#	Entry Point	Authority	Acceptance	Ability	Change Space
 1	Staff Training and Capacity	Large	Large	Medium	Large
 2	Communications Strategy	Large	Large	Low	Medium
 3	Relationships with Key Stakeholders	Medium	Low, Medium, or Large*	Low, Medium, or Large*	Medium* <i>*Varies by Region</i>
 4	Policy and Procedures	Medium	Medium	Medium	Medium







Key Lessons Learned

- 🔴 The obstacles are **multidimensional** and **compounding**
- 🔴 The root causes are **not easily remediable**
- 🔴 There are ongoing NBTS efforts to address **most issues**
- 🔴 Team diversity aids in the development of **innovative ideas**



Lessons Learned about the PDIA Process

-  **Teaming helps us form stronger connections with one another, learn fast, and develop **creative ideas****
-  **Iteration is essential to **tackling complex problems****
-  **Talk to people. Your network will **surprise you****
-  **There is always more to learn. Make room for **reflection****



Final Key Lesson

“There is an element of fear with PDIA which ultimately **galvanizes us into action.**”

Dr. Oreh