ANNUAL REPORT 2008

2008 Annual Report
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2008 Annual Report
Editor’s Remarks

Despite the harsh operating environment the National Blood Service Zimbabwe is pleased to publish its 2008 Annual Report. This has been made possible by the committed efforts of Management and staff who remained focused during the trying times. The judicious guidance of Managers who compiled their departmental annual reports is quite commendable. This helps to make this publication quite informative to all our stakeholders. The final edition of this Annual Report is a collaborative effort of all NBSZ senior staff and the Service prides itself in the team work spirit behind the production of this Report. The Annual Report is available on NBSZ website www.bloodbank.co.zw. The Service continues to value the opinion of the readers on ways to enhance the quality of this publication. Comments and enquiries on the annual report can be directed to tmapako@bloodbank.co.zw. All readers are invited to share the experience of NBSZ in 2008.

T. Mapako
Executive Officer - Research, Development and Data Management

WBDD Highlights: WORLD BLOOD DONOR DAY, 14 June 2008, National celebrations were held at Zimuto High School, Masvingo.
Vision Statement
To be recognised internationally as the institution of excellence in the procurement, processing, storage and distribution of blood and blood products through innovative and contemporary technology in compliance with international standards.

Mission Statement
To serve the nation by the provision of a cost effective service that ensures adequate, low risk blood and blood products to all those in need, through commitment, dedication and care.

Quality Policy
The goal of NBSZ is to be the leader in provision of high-quality safe blood and blood products and related services that provide the best clinical value for our customers and patients. We will accomplish this by providing products and services that meet or exceed the expectations of our customers today and tomorrow through total commitment to continual improvement in everything we do. ISO 9001:2000 shall form the foundation of the Quality Management System encompassing Health, Safety and Environmental concerns. We are committed to compliance with legislation applicable to our products and services. Our operational values are based on the quality and strategic objectives, which are integrated in the quality policy. NBSZ Management and staff shall continually align our Mission and Goals to ensure adequate quality safe blood and related services “from vein to vein”. 
2008 National Committee Members
1. The Chairman Justice L G Smith (Retd.);
2. Vice Chairman Dr B Nyathi;
3. Harare Elected Members Mr P Baker; Mr A Mandisodza; Mr P M Ndoro;
4. Bulawayo Elected Members Dr P Moyo; Mr M Esat;
5. Co-opted members; Mrs S Sanyanga; Dr T Magure; Mrs E. Kundishora
6. Government Co-opted members Mr T A Zigora; Mr M Mabhande
7. NBSZ Management Mr D A Mvere; Dr M E Chitiyo; Mr N M Muchineuta
8. Pledge 25 Club, National Chairperson

2008 Executive Committee members
1. Chief Executive Officer - Mr D. A. Mvere
2. Medical Director - Dr M. E. Chitiyo
3. Bulawayo Branch/Laboratory Services Manager - Mr. N. M Muchineuta
4. Finance and Administration Manager - Mr Z. Musekiwa
5. Quality and Safety Manager - Ms L Marowa
6. Blood Procurement and Public Relations Manager - Mr E. Masvikeni
7. Assistant Blood Procurement and Public Relations Manager – Sr J. J. Parirewa
8. Assistant Laboratory Services Manager - Mr C. Mitala
9. Executive Officer - Research, Development and Data Management: Mr T. Mapako

2008 Worker’s Committee Members
1. Harare: Mr. R. Maumbe, Mr A. Wafawarova, Mr A. Makunura and Mrs B Dzikiti
2. Bulawayo: Mr Sitho Ndlovu, Ms T. Nyambanje and Mr. M. Mafu
3. Gweru: Mr B Chingoto
4. Mutare: Mr J. Masamba
5. Masvingo: Mr N Kanougwere
CHAIRMAN’S STATEMENT

Introduction
The year 2008 has brought more problems for the Service than any other year since the inception of the first Blood Service in this country, the Salisbury and Districts Blood Transfusion Service. I can say that from personal experience as I became a member of the Board of the Salisbury & Districts Blood Transfusion Service in 1979, was elected as Chairman in 1982, and have been Chairman since then. It is thanks to the dedication of the Chief Executive Officer, Mr. Mvere, and his management team, and Dr Chitiyo, our Medical Director, and the support that they have received from the members of Management and staff, that the Service has managed to keep afloat during the hyper-inflationary conditions that existed in 2008.

Operating environment
Towards the end of the year, when the rates of inflation exceeded figures experienced by any other country in the world during the past 100 years, it was extremely difficult to continue operating. It was not possible to budget for operating costs because prices increased on almost a daily basis. Charges for products supplied by the Service needed to be changed on a weekly basis, but it was not possible to do that because most of our blood is supplied to Government hospitals.

Government Grants
We have an agreement with the Ministry of Health and Child Welfare that the prices to be charged for blood supplied to Government hospitals will be agreed. That is because the Ministry has adopted a policy of making a grant, each month, to the Service to cover part of the costs incurred by the Service in collecting and testing blood before it is supplied to patients. The effect of making the grants is that the cost of the blood to patients at Government hospitals is lower than the cost of the blood supplied to patients at private hospitals. The shortfall is covered by the Government grants.

Quality Management System
In 2007 the Service attained ISO 9001-2000 certification status. It was thanks to the support we obtained from the Swiss Red Cross that we achieved that status. They provided both financial and practical assistance. The ISO certification applied to our Head Office and to our Bulawayo Branch. It was our intention to extend the certification to our Branches in Mutare, Gweru and Masvingo during 2008. However, because of the hyper-inflationary environment that prevailed, we were not able to do so. We are, however, committed to obtaining ISO certification for all our Branches and will do so as soon as we can afford it.

Human Resources
One of the biggest problems faced by the Service during 2008 was retention of staff and maintaining staff morale. Without a contented staff, it is not possible for any organization to operate successfully. The major problem that the Service faced was that it could not afford to pay the staff the salaries which they needed to support themselves and their families. It was very fortunate for the Service that the staff are dedicated to what the Service is providing and stayed on to help management to keep the ship afloat.

Humanitarian Support
A major factor that helped the Service to maintain staff morale was the assistance provided by the Swiss Red Cross. They agreed to provide humanitarian assistance to our staff. They paid a company in South Africa to send packages of food, cooking oil, soap,
candles, etc, to Harare and Bulawayo, which were distributed amongst all members of staff. That contribution worked wonders and our heartfelt thanks go the Swiss Red Cross. They can’t begin to understand how much their efforts helped to maintain the staff morale and keep the Service operating.

Blood collections
The amount of blood collected (48,916) by the Service during the year is much lower than it has been for very many years. The reasons were mostly financial. Most of the blood is collected by mobile teams which go out to schools and other centres to collect the blood. Fuel was expensive and, at times, difficult to procure. That meant that we had to cut down on the number of times the mobile teams were sent out. Also, our vehicle fleet is getting very aged so it proved expensive to keep the vehicles operational. Some of our vehicles were involved in accidents which kept them off the road for quite a long time. It was difficult to obtain donor comforts, such as bread, biscuits, cool drinks and beers and, at times, they were unaffordable. It was also very difficult and expensive to get donor incentives. In addition, supplies that were required in our laboratories were not obtainable because we were unable to pay the suppliers and they refused to supply us until we paid our accounts. In addition to our financial problems, the collapse of the Educational Sector played a major part in the difficulties the Service encountered in trying to collect blood. Almost 80% of the blood we collect is from school children aged 16 years or more. With so many teachers not going to their school, it was very difficult to organize bleeds at the various schools. Also, the number of children at the various schools, especially those doing ‘O’ level and ‘A’ level where the donors are sourced, were much lower than in the past.

Cash Flow
Towards the end of the year, although the Government had not officially permitted goods and services to be charged in foreign currency, more and more suppliers were requiring payment in foreign currency. Although the Service managed to procure foreign currency for the blood it supplied to the private sector, it could not get foreign currency for the blood it supplied to the public sector. As more than 70% of the blood we supply goes to the public sector, we had great problems obtaining foreign currency to meet our needs. Even in the case of local currency, we faced severe shortages. We could not demand payment in advance from Government hospitals. Because Government itself had financial problems, it could not give the various hospitals the finances they needed to operate efficiently. Most Government hospitals were late in paying their bills and so, by the time the Service received payment, the money was worth much less than half of what it had been worth when the bills were sent.

Visitors
Members of the senior management of the national blood programme of Tanzania visited the Service in February on a familiarization tour. They wanted to study our set-up and operations to try to emulate our Service in Tanzania. Their visit was facilitated by the American Association of Blood Banks (AABB). A similar delegation from the national blood programme of Kenya, also facilitated by the AABB, will be visiting the Service next year. A delegation of the Health Ministers of all the SADC countries had planned to visit the Service in March. However, because of the elections, the visit was put off and will probably be held later next year. It is a great tribute to our Service and the high standards that we have set that we are seen as a model for Africa.
Donors
I am sure that we would not have survived last year had it not been for the assistance we received from some well-wishers and donors. I have already mentioned the Swiss Red Cross. They helped procure basic necessities for our staff which were not available in the country. The Expanded Support Programme (ESP), which is funded by Irish Aid, the Canadian International Development Agency (CIDA), the Department for International Development (DFID) and the European Union donated money to purchase test kits and blood bags. Net*One sponsored the Provincial Schools Blood Donor Shield awards. Donor comforts in the form of soft drinks were provided by Delta Beverages and the Mutare Bottling Company and biscuits were provided by Lobels Biscuits. Throughout the year we have had great cooperation from the Ministry of Health and Child Welfare, which has been greatly appreciated. We will soon be getting new vehicles, courtesy of ESP. Our thanks go to the above mentioned donors. We greatly appreciate their assistance and I would appeal to them to keep up the good work. In order to keep the charges we have to make for the supply of safe blood as low as possible, we desperately need donor support.

Trust Fund
The National Blood Service Trust was registered in 2007 to raise funds which the Trustees could use to support the Service in its hour of need. The Trust managed to build up a reasonable fund but, when the zeros were slashed by Reserve Bank Governor, Dr. Gono, the fund virtually disappeared. I would appeal to our members and to our well wishers, please try to source donations either to the Service or to our Trust Fund. Every donation, however small, would help. Many small donations could amount to a lot. The Service desperately needs support. PLEASE HELP.

Branch committees
The NBSZ now has a fully functional Branch Committee in Mutare in addition to the one in Bulawayo. Plans to set up similar branches in Gweru and Masvingo were deferred due to the economic challenges. The branches send representatives to attend the National Committee meetings and besides are there to provide general support to the management of their respective branches through mobilization of resources and donor recruitment.

National committee
I would like to thank the members of the Board, those elected by the blood donors in Harare, those elected by the blood donors in Bulawayo, and those representing the Ministry, the Association of Health Funders of Zimbabwe, the Zimbabwe Red Cross Society and the Pledge 25 Club. Your attendance at Board meetings is very much appreciated.

Conclusion
I know that 2009 will be a better year and that, by pulling together, we will be able to ensure that the Service attains greater heights.

JUSTICE L.G. SMITH (Rtd)
CHAIRMAN
JUNE 2009
1. Blood Supply
An often unrecognized critical component of a functioning health-care system is a safe and adequate blood supply that is accessible and appropriately transfused to patients in need. Our supply has progressively decreased from 8.3/1000 in the 1990’s to 4.2/1000 in 2005 and to 1/1000 in 2008. Most of the blood in developing countries, of which Zimbabwe is one, is given to children and women of child bearing age and the risk of a fatal outcome in these groups’ increases in proportion to the decrease in the blood supply. For example, an obstetric patient with post-partum haemorrhage can lose her total blood volume in about 10 minutes, leading to a fatal result.
Recent WHO figures indicate that world-wide more than 500 000 women die each year during pregnancy, childbirth or in the post partum period. Almost 99% of these deaths occur in the developing world and it is estimated that 34% of maternal deaths in Africa are due to this cause. The National Blood Service of Zimbabwe joins the pleas of parents, obstetricians and surgeons for an improvement in the blood supply in 2009. The biggest challenge faced by the Blood Service is funding, without which other issues cannot be addressed. These issues include shortages of fuel, donor incentives/comforts and blood collection consumables, and vehicle breakdowns and the retention of adequate staff. About 72% of the natural blood supply is donated by school children, so it is important that teachers report for duty in order that schools re-open fully. With regard to surgeons who deal with trauma victims, it is important to remember that not all blood losses require blood to replace the volume lost. Intravenous infusions of normal saline and Ringer’s lactate can save many lives and should be made easily available.

2. Post donation counselling
131 donors out of a total of 269 bled by Harare teams chose to be referred to the Harare Headquarters for counselling. Only 8 donors returned to get their results. This figure is disappointing as it denies the Service the opportunity to play its full part in the community by alerting and putting on guard individuals who have untoward serological markers. Perhaps a significant reason for failure to come for results is the cost of transport to the Blood Centre from wherever the donor was bled. The travel costs increasingly became more unaffordable.

3. Therapeutic Bleeds
As always, the Service continued to offer therapeutic bleeds to the medical profession, for secondary polycythaemia and haemochromatosis. 241 venesections were performed in Harare. The Bulawayo Centre attended to 6 patients with secondary polycythaemia and one with haemochromatosis and did a total of 25 venesections.
4. **Pre-operative Autologous Donations.**
No patients were referred for pre-operative autologous donations despite our efforts to encourage this procedure for cold surgical cases. In many countries abroad this procedure is widely used by orthopaedic surgeons. In Harare this procedure was very popular with one orthopaedic surgeon, but when he retired requests for the procedure reduced over a period of time, until zero requests this year. Surgeons may be constrained by shortages of the prostheses required for the procedure. There is also a misconception in the community regarding the cost of autologous donation. The misunderstanding is over why an autologous donor should pay for his/her own blood. It has been clarified to all concerned that the charges are not for blood but for blood bags, staff time and the mandatory tests performed on all donations which may be transfused.

5. **Directed Donations**
One directed donation was conducted in November 2008 for Group A positive from a regular donor. Regular donors have a history and record of safe blood donations and are therefore preferred to friends or relatives of the recipient.

6. **Apheresis Procedures**
   
   **i. Single donor platelets**
   In Harare 127 donations were collected and these met the demand, especially in view of the fact that Public Hospitals had reduced activities or virtually closed towards the end of the year. The Bulawayo Branch obtained 4 bags of single donor platelets.

   **ii. Therapeutic procedures**
   In 2007 five patients were treated with 22 procedures but this year only one patient with Guillain-Barre Syndrome was attended to. He had a total of 5 plasma exchange procedures. With this procedure available all year round, it is amazing that only one patient was attended to. I am sure that there is no shortage of patients requiring total plasma exchange but the prohibitive cost of the procedure may well be the reason for reduced requests.

7. **Failed Copper Sulphate Test**
626 donors failed the copper sulphate test. The most common cause of anaemia is iron deficiency and so it can be postulated that the economic hardships faced by the community at large have resulted in diets that are short of iron. Ferrous sulphate tablets could not be dispensed to these donors as they have been out of stock for a long time. If each of these donors had been able to donate successfully three times per year, the benefit to the blood bank would have been 1878 units but instead this turned into deficit.

8. **Haemovigilance**
An attempt was made to start a haemovigilance programme with Parirenyatwa as the index hospital. A workshop on the concept was conducted and a vision of the programme portrayed but full implementation did not materialise and the project was suspended in November 2008. It became apparent to the Blood Service that the hospital was experiencing many challenges, which eventually led to the virtual closure of the institution.
9. **Paternity Testing**  
Unistel Laboratories in Cape Town continued to give us good service. From a total of 41 disputes in 2007 the number reduced to 24 in 2008. There were 13 inclusions and 11 exclusions. The general exclusion rate in the last few years in Zimbabwe is about 30%. In 2008 this rate was close to 46%. This is probably the result of an apparently financially able but wrong man being accused of paternity in order to get support for the child in these hard times.

10. **Transfusion reactions**  
There were 37 minor reactions in the eight Harare Hospitals, mostly febrile, non-haemolytic in type – compared to 59 in the previous year.

11. **Meetings**  
I gave a lecture at a ZiMA conference in Bulawayo and another lecture to ICU nurses at Avenues Clinic and St Anne’s Hospital. I attended the AABB meeting from 3-7 October in Montreal, Canada. The knowledge gained there will be shared with medical profession in Zimbabwe. I am very grateful to the National Blood Service for making the arrangements for me to attend this meeting.

DR. M.E. CHITIYO  
**MEDICAL DIRECTOR**
CHIEF EXECUTIVE OFFICER’S REVIEW OF OPERATIONS

1. Introduction
The prevailing hyperinflation worsened in 2008 resulting in difficulties in sourcing consumables for the blood donor recruitment and blood collection programme. Schools were operating at a much reduced capacity due to teacher shortages and failure of students to enrol or maintain themselves. As schools provide over 70% of the blood collected by NBSZ, there was inevitably a negative impact on total blood collections and also on such programmes as enrolments to Pledge 25 and Peer donor recruiters in schools. As if to naturally correct this shortage, the patient admission rates plummeted in the same period and demand for blood decreased. Thus, it is indeed arguable what the shortage was in this period. Below are highlights of operations performances in 2008.

2. Operational Performance

2.1 Blood Collection and Testing
Blood collections for 2008 were 48916 compared to 52077 in 2007, signifying a 6% decline. This was largely caused by the deterioration in the operating environment. The non-availability of cash made planning and overall management of the donor recruitment programme extremely difficult. The unstable school calendar which was interrupted by general elections and the teachers’ strike further affected blood collection activities. The availability of donor incentive was affected by supplier demanding cash upfront. This resulted in the Service failing to procure donor incentives and this adversely compromised the donor recruitment programme. However, in some instances the Service had to suspend blood collections due to limited blood demand from the ailing hospitals.

All donated units were tested for HIV (0.50% vs. 0.33% in 2007), HBV (0.92%, vs. 0.94% in 2007), HCV (0.08%, vs. 0.04% in 2007) and Syphilis (0.24% vs. 0.42% in 2007). Table 2.1 summarises the essential statistics on blood collection and testing and Figure 2.1 and Figure 2.2 shows the Trends in blood Collection and HIV Seroprevalence. The 16-20 age group donated about 70% of the total collections. The estimated window period risk in 2008 for HIV is 11 units per 100,000 donations up from 7 units per 100,000 in 2007.
### Table 2.1: Blood collections and TTI’s statistics

<table>
<thead>
<tr>
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<th>Collections</th>
<th>HIV %</th>
<th>HBV %</th>
<th>Syphilis %</th>
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<td>21854</td>
<td>0.41</td>
<td>0.71</td>
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<td>Bulawayo</td>
<td>8977</td>
<td>0.84</td>
<td>0.78</td>
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<td>Gweru</td>
<td>5526</td>
<td>0.27</td>
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<td>6693</td>
<td>0.54</td>
<td>1.36</td>
<td>0.42</td>
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<td>Masvingo</td>
<td>5866</td>
<td>0.53</td>
<td>1.07</td>
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<td>III</td>
<td>3501</td>
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<td>0.57</td>
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<td>IV (High)</td>
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<td>Dry</td>
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<td>20928</td>
<td>0.58</td>
<td>1.36</td>
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</table>
The blood collections are on a decline trend. Strategies to reverse this trend are being pursued.
The monthly blood collections over the past seven years indicate that 2008 was a particularly difficult year.

### 2.2 Donor Profiles

A total of 36163 donors donated in 2008 compared to 37722 in 2007. Table 2.2 shows the profile of donors in 2008.

#### Table 2.2: Blood Donor Profiles in 2008

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<thead>
<tr>
<th></th>
<th>Donors</th>
<th>%</th>
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<td><strong>OVERALL</strong></td>
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<td><strong>Branch</strong></td>
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<td>Harare</td>
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<td>Bulawayo</td>
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<td>Gweru</td>
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<td>Mutare</td>
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<td>Masvingo</td>
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<td><strong>Gender</strong></td>
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<td>Females</td>
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<td>Males</td>
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<td>16-20</td>
<td>26141</td>
<td>72</td>
</tr>
<tr>
<td>21-29</td>
<td>6486</td>
<td>18</td>
</tr>
<tr>
<td>30-39</td>
<td>1783</td>
<td>5</td>
</tr>
<tr>
<td>40-44</td>
<td>502</td>
<td>1</td>
</tr>
<tr>
<td>45+</td>
<td>1246</td>
<td>3</td>
</tr>
<tr>
<td><strong>Donor Types</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>20256</td>
<td>56</td>
</tr>
<tr>
<td>Regular</td>
<td>10481</td>
<td>29</td>
</tr>
<tr>
<td>Lapsed</td>
<td>5422</td>
<td>15</td>
</tr>
<tr>
<td><strong>Blood Groups</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>O</td>
<td>18734</td>
<td>52</td>
</tr>
<tr>
<td>A</td>
<td>9062</td>
<td>25</td>
</tr>
<tr>
<td>B</td>
<td>6886</td>
<td>19</td>
</tr>
<tr>
<td>AB</td>
<td>1318</td>
<td>4</td>
</tr>
</tbody>
</table>
2.3 Donor Retention
Of the 37,722 donors who donated in 2007, 12,924 (34%) managed to come back to donate in 2008. This gives a year-to-year donor retention of 34%. **Figure 2.3** shows the percentage annual donor retention rates for a six-year period, these range from 30% to 36%.

![Figure 2.3: Trends in Annual Donor Retention Rates (%) (2003-2008)](image)

2.4 Donor Counselling
A total of 262 donors were referred for post donation counselling. Only 40 donors (15%) turned up to get their results and for post donation counselling. This low figure remains a cause for concern to the Service. Unfortunately, a study to review the donor notification and counselling programme that was earmarked for the year under review could not be carried out due to challenges in the operating environment. The aim of the study is to review the current donor notification as most donors are apparently not returning to receive their results. The study will enable the Service to come up with evidence based new approaches to donor notification.

2.5 Youth Programmes

**Peer Promoters Project**
As already alluded to, the high staff turnover in schools, an unstable school calendar which was interrupted by general elections and the teachers’ strike and general apathy arising from the harsh economic environment made planning and donor recruitment activities in schools a very difficult task. Consequently this affected the Peer Promoters Project. The unavailability of funds resulted in a scaled down peer promoters programme. Harare inducted 15 teachers and 48 students into the programme. However, the follow-up for Chitungwiza and other outstanding schools were not done. Peer promotion in other branches went on as planned.

**Pledge 25 Club**
The year saw a reduction of club activities as well as reduced turnout at club functions. The fickleness and high mobility of this group especially in the face of the difficult economic climate
made it difficult to maintain a stable register. The Annual General Meeting that was scheduled for September in Mutare was not held due to cash flow challenges. This equally affected other Pledge 25 Club meetings, Ladies’ Galas and Men’s Splashes. A total of 5744 donations (12% of total donations) were made by the Club. Blood collections during the Youth Donors Month (YDM) were depressed compared to 2007. A total of 1522 units were realised, representing a decrease of 28% from 2007. Figure 2.4 shows the trends in YDM donations.

Figure 2.4: Trends in YDM donations

2.6 Public Relations and Special events

Word Blood Donor Day, June 14 2008
Celebrations to commemorate World Blood Donor Day were held on 13 June 2008 at Zimuto High School which won the Provincial Schools Blood Donor Shield Award for Masvingo Province. The Deputy Minister of Health and Child Welfare, Dr Muguti graced the occasion as Guest of Honour. We are very grateful to WHO and Net-One who provided financial support towards hosting of the event. Net-One supports NBSZ’s blood donor recruitment activities by sponsoring the Provincial School Blood Donor Award, an award that is given to the school with the highest blood collections. The relationship with Net-One resulted in Net-One acquiring a custom built caravan for use by NBSZ when going for blood drives.

Annual General Meeting
Despite the low turn out by donors, the Annual General Meetings and Blood Donor Award ceremonies that were held in Harare, Bulawayo and Mutare were a success.

Blood Drives
The sound relationship between the Gweru Branch and the Kwekwe Chapter of Junior Chamber International resulted in Junior Chamber International taking much responsibility for organising and mobilising blood donors whenever we conduct a blood drive in Kwekwe.
3. Laboratory Services

3.1 Blood Products Made

Whole blood and packed cells constitutes 62% of the total blood products made. There is a downward trend on blood products.

3.2 Blood Supplies

<table>
<thead>
<tr>
<th>Product</th>
<th>Harare</th>
<th>Bulawayo</th>
<th>Gweru</th>
<th>Mutare</th>
<th>Masvingo</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole Blood</td>
<td>5888</td>
<td>2702</td>
<td>552</td>
<td>207</td>
<td>111</td>
<td>9460</td>
</tr>
<tr>
<td>Packed Cells</td>
<td>8907</td>
<td>872</td>
<td>295</td>
<td>1457</td>
<td>1084</td>
<td>12615</td>
</tr>
<tr>
<td>Fresh Frozen Plasma</td>
<td>1598</td>
<td>325</td>
<td>36</td>
<td>62</td>
<td>79</td>
<td>2100</td>
</tr>
<tr>
<td>Platelets</td>
<td>580</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>584</td>
</tr>
<tr>
<td>Paediatric Packs</td>
<td>0</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>Cryoprecipitate</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
3.3 Non-Serological, Serological and Expiries Discards

Fig. 3.3 Trends in Non-Serological Discards (% of total collections) due to weight problems
### 3.5 Equipment Performance and Testing

Generally, the equipment performance was poor due to age of the equipment in place. Preventive maintenance was a problem as no service providers could be engaged due to financial constraints by the Service as most of them (service providers) demanded cash up-front although staff managed to carry out their daily routines. Poor servicing of the testing machines was a major cause for concern as the down time affected testing turn – around time drastically. Delays in procurement of some key inputs, especially TTI testing kits during the last quarter, also affected operations. The semi automated blood group analyser has still to be repaired but thanks to the reduced workload manual micro titre plate grouping adequately coped.

### 3.6 Blood Cold Chain

This remained a big problem for the whole year. Most of the cold and freezer rooms were not performing as expected and the most affected site was Harare. The lack of capacity in the industry and lack of spares due to foreign currency shortages compromised the maintenance of the refrigeration plants. However, additional cold boxes were procured through WHO and these assisted in the storage of the blood. The Service also managed to procure two motorcycles and two Blood bank refrigerators through donation from WHO.

#### Table 3.2: Discards due to serological tests and expiries

<table>
<thead>
<tr>
<th>Discard Reason</th>
<th>PC</th>
<th>WB</th>
<th>PLT</th>
<th>FFP</th>
<th>PAED</th>
<th>S1</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. BROKEN</strong></td>
<td>8</td>
<td>0</td>
<td>1</td>
<td>9</td>
<td>0</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td><strong>2. UNUSEABLE PRODUCT</strong></td>
<td>28</td>
<td>11</td>
<td>17</td>
<td>32</td>
<td>0</td>
<td>127</td>
<td>215</td>
</tr>
<tr>
<td><strong>3. FAILED ESSENTIAL TESTS</strong></td>
<td>120</td>
<td>110</td>
<td>8</td>
<td>72</td>
<td>2</td>
<td>826</td>
<td>1,138</td>
</tr>
<tr>
<td><strong>4. EXPIRED STOCK</strong></td>
<td>1,711</td>
<td>776</td>
<td>292</td>
<td>54</td>
<td>13</td>
<td>1800</td>
<td>4,646</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,867</td>
<td>897</td>
<td>318</td>
<td>167</td>
<td>15</td>
<td>2755</td>
<td>6,019</td>
</tr>
</tbody>
</table>

**Key**
- **PC**: Packed cells
- **WB**: Whole Blood
- **FFP**: Fresh Frozen Plasma
- **PAED**: Paediatric cells
- **S1**: Serum

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2008 Annual Report
4. Human Resources
The monthly staff establishment for 2007 and 2008 are shown in Fig 4.1.

![Figure 4.1: Staff Establishment (2007 and 2008)](image)

In July 2008, staff started receiving food hampers from Makro South Africa. The hampers are being sponsored by the Swiss Red Cross. These alleviated the plight of staff in these harsh economic times. This assistance was instrumental in the organisation maintaining high staff levels in 2008 and having a year to year (2007-2008) high staff retention level of 74% as shown in Table 4.1.

![Fig. 4.2 Staff category (2007 and 2008)](image)
A staff satisfaction survey was carried out in 2008. The study results indicated areas which the Service needs to focus on to maintain high staff retention and the survey recommendation are being implemented.

**Staff Training and Development**

Continual staff training is on course as various staff was trained in SHATCO level, Auditing, Data Management, Customer Care and Public Relations, Systemic Counselling, Defensive Driving and General Training (Accounts & Finance). However, most training activities were deferred to 2009 due to financial constrains.

**5. Quality Management System**

One cycle of internal audits was done between March and May 2008. All branches were audited. There was also a surveillance audit for Harare and Bulawayo in July, where 20 and 6 non-
conformances were raised respectively. Follow-up on these findings was conducted in September 2008. SAZ audit results showed that a clause on control of records had the highest number of non-conformances raised. This was mainly due to obsolete versions of forms being used when new forms are not supplied due to non-availability of stationery. Internal audits highlighted that Control of documents and records, calibration and competence/training were the major areas that need to be strengthened and corrective actions were taken to address these areas.

Quality Control on regents recorded pass rates from 90-100% and this is a remarkable performance. Proficiency test results are shown in Table 5.1.

<table>
<thead>
<tr>
<th>Name of scheme</th>
<th>No. of cycles</th>
<th>No. passed</th>
<th>% Passed</th>
</tr>
</thead>
<tbody>
<tr>
<td>SANBS</td>
<td>6</td>
<td>5</td>
<td>83.3%</td>
</tr>
<tr>
<td>NEQAS</td>
<td>4</td>
<td>4</td>
<td>100%</td>
</tr>
</tbody>
</table>

The CAPA system was revised and decentralised to the branches. The preventive action system was implemented through the Health and Safety Committees at each branch and these were well received.

6. Purchasing, Infrastructure and Maintenance

6.1 Purchasing and Supply
In 2008, the high inflation lead to price distortions and shortage of basic commodities. Substitute goods imported from neighbouring countries were prohibitively expensive. The Service also faced difficulties in procurement due to the scrapping of credit facilities by all suppliers due to instability in the economic environment. Shortages of commodities in the local market affected the constant supply of donor incentives, consumables and refreshments throughout the year.

The Service carried out supplier evaluation in the first quarter of 2008. 103 local suppliers and 7 foreign suppliers were approved and latter in the year 44 suppliers were pre-qualified, representing 28.6% of the suppliers. This high percentage was mainly attributed to the shortages of goods and price instability in the local market. Only one supplier was dropped from the prior year approved list.

The Service received part of the ESP donation that includes mainly test kits and blood bags in November 2008.

6.2 Infrastructure
The refurbishment of all buildings remains outstanding. The plan for refurbishment was deferred due to the prevailing macroeconomic challenges, hyperinflation and industry constraints to provide the desired materials.

6.3 Vehicles and Stand-by Generators
At the end of the period under review we had four cars and three trailers which were not working. The percentage breakdown for the year 2008 is 38%. The major cause of breakdowns is caused by normal undetected wear and tear of component, poor operational procedure and maintenance failure due to inflation pressures. Five road traffic accidents were recorded. All the generators functioned well with only minor breakdowns recorded.

6.4 Information Technology
Our network (LAN and WAN) have been generally stable for most of the year. This includes all the
centres. There is need for network upgrade nationally. The network uptime for the year averaged 95%. The main reason for the downtime was the issue of power-cuts and technical problems at Tel*One. In November, the Internet Service Provider (ISP) was changed for operational reasons. The Service website needs to be updated and maintain it to improve the corporate image of the organization. The SafeNet project to upgrade the donor database is in progress.
7. Research, Development and Data Management
The Donor Records which is responsible for managing all donor records has been put under the Research, Development and Data Management. This will greatly assist in the timely compilation of the essential donor data that will be useful to inform operational decisions on donor management. The staff is receiving orientation to better prepare them to address the data management issues on donor information. Research presentation at International fora remains the commitment of the Service. The Service participated and presented a scientific paper at the ISBT congress held in Macao, SAR China. Mr. T. Mapako and Mr. N. Muchineuta attended on Service behalf. Mr. Mapako was awarded the ISBT Dr. Harold Gunson Fellowship and was given an ISBT exempt membership for four years. The Service is grateful to the ISBT. In AFSBT, the Service participated at Africa Blood Transfusion Service Research workshop that was held in Mombasa from 22-25 September 2008 to identify key research priority areas in Africa. The AFSBT has appointed the Service to manage the Webmaster and Research coordinator Portfolios of the AFSBT. The Service through its Research, Development and Data Management arm is striving to make evidence based decision a priority and be a centre of Excellency in this regard. In order to achieve this, collaboration with various key stakeholders is being pursued. Efforts to implement the MoU signed in 2007 with SANBS are being hampered by financial constraints. The implementation of the 5-year strategic plan for Service remains strained due to the operating environment.

8. Financial Performance
The financial information presented is in Zimbabwe dollars. Conversion to United States dollars suffers from serious distortions due the use of multiple exchange rates and wild changes in the exchange rates during the course of one month. Prior year figures reflect nil figures due to inflation and the debasing of the Zimbabwe dollar on 1 August 2008 by the removal of 10 zeros. This has made comparative analysis difficult. The unique circumstances prevailing in the Zimbabwean economy in 2008 have made it impossible to provide meaningful financial reporting in respect of the year. The year has been characterized by the following economic factors.

- The service operated under very difficult environment, characterized by excessive hyperinflation, supply side constraint, transactions occurring at different cash and cheque rates.
- There are multiple prices for the same commodity/service, largely dependent on the modes of settling transactions from cheque/transfer, cash, fuel coupons, foreign currency.
- Inputs costs were increased without corresponding consumer price adjustments due to price controls.
- Shortages of foreign currency and supplies of utilities persisted.

The service’s operational revenue totalled Z$407 quadrillion.

For the full audited financial statements, refer to the Insert!

9. Conclusion
The commitment of the management team and staff during this harsh year is highly commendable. The Service looks forward to re-build itself in 2009 and continues to seek the support of stakeholders and the blood donors, our lifeline.
ANNEX I

Insert!!!

Audited Financial Statements
ANNEX II

1. Whole Blood
2. Autologous donations
3. Red cell concentrates
   • Red cell concentrates in additive solution, buffy coat removed
   • Leucocytes poor red cell concentrates
   • Red cell concentrates, washed
   • Red cell concentrates, paediatric
4. Frozen blood products
   • Fresh frozen plasma
   • Cryoprecipitate
5. Platelets
   • Platelets concentrates – single random donor
   • Platelets concentrates – aphaeresis
6. Viral inactivated plasma derivatives
   • Immunoglobulins
   • Albumin
   • Factor VIII
   • Factor IX
7. Donor sample testing
   • Blood Group serology
   • Compatibility testing
   • Transfusion transferrable infections testing
8. Therapeutic Services
   • Therapeutic venesection
   • Therapeutic aphaeresis
9. Paternity Studies
10. HLA / Tissue Typing
11. Any other related services as deemed appropriate by the Service or Ministry of Health & Child Welfare
ANNEX III
Branch Network

Harare, National Headquarters
Mazoe Street North
Next to Parirenyatwa Hospital
P.O. Box A101, Avondale
Telephone: +263-4-707801- 4
Fax: +263 – 4 - 707820
E-mail: bloodbank@bloodbank.co.zw

Bulawayo
Central Hospital Grounds
Khumalo
Telephone: +263-9-232454
E-mail: bulawayo@bloodbank.co.zw

Gweru Show Grounds
Telephone: +263-54-63976
E-mail: gweru@bloodbank.co.zw

Mutare
27 George Silundika Street
Telephone:+ 263-20-62789/63397
E-mail: mutare@bloodbank.co.zw

Masvingo
Corner Hayles St/Emsle Close
Telephone: +263-30-63573
E-mail: masvingo@bloodbank.co.zw

Website: www.bloodbank.co.zw

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