National Blood Transfusion System
Strengthening MENDAMI 2
Study on Blood Donation Campaigning

Expertise France

SREO Consulting

Final Report

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ACKNOWLEDGEMENTS

SREO Consulting (SREO) would like to express its gratitude to Expertise France for the opportunity to undertake this study, which aims to help fill a gap in knowledge about the different factors limiting free and voluntary blood donations across Libya in order to inform its current programming and design of a future sensitization campaign.

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ABOUT SREO CONSULTING

SREO Consulting is an independent, non-partisan research, and monitoring and evaluation consultancy based in Istanbul, Turkey. SREO Consulting is committed to serving humanitarian and development actors operating in the most challenging environments around the world by providing unbiased and actionable data, analysis and research. The SREO team has experience working in Syria, Turkey, Iraq, Lebanon, Jordan, Tunisia, Libya, Yemen, Mali, Afghanistan, and Pakistan.

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ABOUT EXPERTISE FRANCE

Expertise France advises, trains and supports its partners by developing technical cooperation projects tailored to the regional and local context. It aims to build the capacities of actors (national or local administrations, civil society or the private sector) who contribute to the smooth functioning of a democracy, adaptation to climate change, strengthening health systems, education, and vocational training for populations. Expertise France's mission is to meet the demand of partner countries seeking to enhance the quality of their public policies. By making the transfer of know-how central to its action, Expertise France promotes working methods, legal and technical standards, but also a French and European vision of economic development and governance.

ACRONYMS

CBB	Central Blood Bank
CSO	Civil Society Organization
EF	Expertise France
EU	European Union
FC	Field Coordinator
FR	Field Researcher
FRD	Family Replacement Donor
GNA	Government of National Accord
HBB	Hospital Blood Bank
HoR	House of Representatives
KAPB	Knowledge, Attitudes, Practices and Behaviors
KII	Key Informant Interview
LC	Local Council
LNA	Libyan National Army
MoH	Ministry of Health
NBTSA	National Blood Transfusion Services Authority
NGO	Non-Governmental Organization
ODK	Open Data Kit
SEA	Sexual Exploitation and Abuse
SREO	Syria Research and Evaluation Organization
SSI	Semi-Structured Interview
ToR	Terms of Reference
UN	United Nations
VNRBD	Voluntary, non-remunerated blood donation
WHO	World Health Organization

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EXECUTIVE SUMMARY

CONTEXT

Libya's blood system enjoys broad public goodwill but is held back by fragmented governance, uneven facility readiness, and reliance on family/replacement donation. Under MENDAMI II, SREO conducted a mixed-methods assessment across seven cities (KAPB survey n=945, 40 semi-structured interviews, 9 key informant interviews) to understand behavioural drivers, gendered and operational barriers, and campaign effectiveness, building on SREO's 2020 baseline to inform the next campaign wave.

HEADLINE FINDINGS

1) Campaign visibility has declined overall since 2020, with stark city differences

In 2025, only 38.6% of respondents recalled a recent blood donation campaign, and 30.6% had seen notices about where/when to donate; 32.5% received written materials. Sebha is the outlier (campaign recall 87%; notices 92%) versus Tripoli (30%) and Al Marj (7%). In 2020, 60% reported seeing general notices and 35% had received written materials.

Implication: visibility and last-mile information need to be rebuilt in under-performing cities while codifying Sebha's approach.

2) Donor re-contact is improving but still too low to support retention

In 2025, 37.6% of past donors report being contacted again by a blood bank (up from ~22% in 2020: 78/352 donors followed up). Among those followed up in 2020, 92% expressed willingness to donate again, evidence that simple reminders convert intent into action.

Implication: deploy low-cost CRM (SMS/WhatsApp) and standardize post-donation follow-ups to lift repeat donation.

3) Intent exists, even among non-donors, but is not yet translating into behaviour

Among non-donors, 71.5% say they would donate for a non-family member in an emergency; many report having considered donating previously. This echoes 2020 patterns where non-donors were judged receptive to targeted sensitization.

Implication: focus messaging on "how/where" and eligibility clarity, then couple with direct calls-to-action and reminders.

4) The channel mix has shifted decisively toward social media

In 2020, 39% cited social media as a source of health information (with Internet 67%, TV 51%). By 2025, 72.5% prefer social media (Facebook/WhatsApp) for blood donation messaging. Wordings differ (source of information vs preferred outreach), but they point in the same strategic direction.

Implication: adopt a digital-first, measurable outreach plan with platform-specific creatives and weekly KPI tracking.

5) Gender barriers are persistent but attitudes on "permission" show movement

Awareness that women can donate stands at 85.3%, yet practical and social barriers remain: lack of private space, few female staff, and norms around male permission. In 2020, 83% of men and 71% of women agreed that husbands' permission was needed; by 2025, the picture is more mixed (e.g. 65.7% of housewives say permission is needed, while 69.3% of women overall say permission is not needed, and 48% of men say it's not needed).

Implication: pair women-only drives and female staffing with myth-busting content and family-oriented messaging.

6) Facility conditions and processes still discourage first-time and female donors

Key Informant Interviews (KIIs) cite cramped spaces, minimal privacy and inconsistent procedures as deterrents; accounts of very low female donor shares in some sites illustrate the stakes. These operational weaknesses mirror 2020 findings and reduce trust and comfort at the point of donation.

Implication: prioritize quick facility fixes (privacy screens, snacks, seating, queuing), standard pre-donation briefing, and visible infection-control routines.

HIGH-LEVEL RECOMMENDATIONS

A. Rebuild visibility in underperforming cities by adapting the "Sebha model"

The study shows modest overall campaign recall and uneven last-mile information, yet Sebha stands out with high visibility driven by predictable outreach and a coordinated set of local actors (blood bank, Red Crescent/NGOs, universities, mosque networks, municipal authorities). The recommendation is to document and transpose those core elements (regularly scheduled outreach and clear, practical notices on where/when/how to donate) into Tripoli, Al-Marj and Tobruk, adjusting only for local partners and venues. This treats Sebha not as an exception but as a transferable pattern for cities where visibility lags. *(Links to Finding 1)*

B. Make donor re-contact a default practice

Across sites, intention to donate again is high, but systematic follow-up is not. Donors report sporadic or ad-hoc calls (often only for rare blood types), which leaves a large retention gap. The recommendation is to standardise re-contact using tools already at hand: capture basic contact and eligibility information at registration, obtain consent, and schedule reminders when donors become eligible again. Emphasis is on consistency and safety (respecting eligibility intervals), not on technology per se. Moving from irregular outreach to a routine, opt-in reminder practice aligns directly with the evidence that reminders convert willingness into repeat behaviour. *(Finding 2)*

C. Shift to digital-first communication, paired with trusted messengers

Survey and interview data converge on social media and WhatsApp as the dominant channels for donation information, while health-care workers, imams, the Red Crescent and education institutions provide local credibility. The recommendation is to prioritise digital distribution of simple, locally relevant messages (including map/location information) and time those messages to moments when offline messengers are active (e.g., Friday announcements, campus sessions). Monitoring should remain light-touch and learning-oriented (which formats prompt enquiries or visits), with the purpose of refining content and timing rather than maximising marketing metrics. *(Findings 1 & 4)*

D. Reduce practical barriers to women's participation

Attitudes towards women donating are broadly favourable, yet participation is held back by concrete service factors: privacy/layout, the availability of female staff, and uncertainty about haemoglobin/iron. The recommendation focuses on practical adjustments—women-only sessions where useful, female screeners on duty, modest privacy measures, and clear eligibility/iron guidance—delivered through settings women already trust (universities, clinics, community groups). The aim is to translate permissive attitudes into comfortable, routine participation. *(Finding 5)*

E. Standardise the first-time donor experience

First-time donors often cite small frictions—uncertainty about procedures, occasional dizziness, wayfinding in large facilities, concerns about sterility—that disproportionately affect the decision to return. The recommendation is to implement a brief, consistent orientation at intake (what to expect, safety and after-effects), ensure straightforward wayfinding and visible hygiene practices, and close the visit with a simple acknowledgement. These low-cost steps address the precise points where narratives indicate confidence can be lost. *(Findings 2 & 6)*

2020 → 2025 AT A GLANCE (SELECTED INDICATORS)

Indicator	2020 *Base: all respondents; 2020 n=896*	2025 *Base: all respondents; 2025 n=945*	Trend
Campaign recall (% who recall recent campaigns)	60%	38.6%	Overall visibility appears lower
Saw notices about where/when to donate	60%	30.6%	Sharper fall in practical, last-mile information
Received written/educational materials on blood donation	35%	32.5%	Remained low, declined slightly
Donors followed up after donation	22%	37.6%	Slightly increased, still weak.
Willingness to donate again if reminded	92%	80.4%	Still strong, slightly lower, but consistent.
Channel preferences	Internet 67%, TV 51%, social media 39%	72.5% prefer social media	Clear shift toward digital/social media dominance.
Replacement vs. voluntary donors	78% voluntary, 22% replacement	71% voluntary, 29% replacement	Survey-based shares; operational data indicate much lower voluntary donor rates in practice (for instance Tripoli banks 2–5%)
Women's barriers: Need husband's permission	83% men / 71% women	52% men / 30% women	Restrictive gender norms may be easing, at least in self-reported attitudes
Women's barriers: Perceived health exclusions (anemia, pregnancy, weakness)	13% believed women ineligible	14.7% believed women ineligible	This barrier is persistent. Misconceptions around menstruation, pregnancy, and physical weakness remain.

1. INTRODUCTION

1.1 BACKGROUND

Libya's healthcare system has been severely weakened by persistent political instability, ongoing conflict, and deep-rooted structural deficiencies, rendering it incapable of delivering adequate public health services. Key challenges include disrupted medical supply chains, the emigration of skilled healthcare professionals, and limited access to essential medical infrastructure. These problems are further exacerbated by fragmented government commitment, insufficient training for health workers, poor infrastructure maintenance, and misaligned health policies that fail to address urgent national priorities.

The deteriorating healthcare environment has significantly undermined patient care. Latest WHO analysis highlights major disruptions in emergency, maternal, and chronic disease services, worsened by ongoing population movements, particularly the influx of over 240,000 Sudanese refugees since April 2023, and deep economic contraction.[1] Refugee settlements in regions such as Kufra and Al Qatrun are characterized by overcrowding and inadequate sanitation, increasing the risk of outbreaks of measles, diarrheal disease, and respiratory infections.

Blood transfusion plays a vital role in healthcare, serving as a lifesaving intervention in maternal and child health, emergency medicine, and complex medical procedures. Despite its recognized importance, Libya's inadequate data collection systems prevent precise measurement of its impact. The Director of the National Blood Transfusion Services Authority (NBTSA) acknowledges that the number of lives saved is likely substantial, yet the absence of reliable statistics makes it impossible to quantify its true benefits accurately.

Libya's blood transfusion system is hampered by two primary challenges: a fragmented institutional structure and a low number of voluntary, unpaid blood donors. These issues contribute to persistent shortages of essential supplies, funding, and qualified personnel, while also undermining adherence to quality standards. As a result, blood stocks remain critically low, leading to frequent service disruptions. Blood banks in regions outside major urban centers like Tripoli and Benghazi are particularly vulnerable, with some forced to suspend operations due to shortages worsened by political instability, security concerns, and the impact of the COVID-19 pandemic.

A lack of centralized oversight and leadership has further impeded necessary reforms, a problem highlighted in previous WHO reports. However, the establishment of the National Blood Transfusion Services Authority (NBTSA) in November 2022 represents a crucial step toward addressing these systemic weaknesses. Prior to this, blood transfusion services operated under the Ministry of Health within a fragmented framework that stifled development, neglected data collection, and failed to effectively integrate blood banks with hospitals.

[1] WHO "Public Health Situation Analysis" (2025): https://cdn.who.int/media/docs/default-source/2021-dha-docs/who-libya-phsa-2025.pdf?sfvrsn=dbf176f8_3&download=true

Since 2019, the Ministry of Health and Expertise France have worked together through the MENDAMI program to strengthen key aspects of Libya's blood transfusion system. In its first phase (2019–2022), the programme focused on training personnel, promoting the clinical use of blood, and conducting initial national awareness campaigns. This research builds upon the findings of the 2020 baseline study conducted by SREO Consulting, which identified major gendered and institutional barriers to blood donation. In its second phase (2023–2025), MENDAMI II is now anchored within the newly formed NBTSA and aims to develop a more coordinated, evidence-based and sustainable blood transfusion system across Libya. Against this backdrop, the study isolates three changeable levers (visibility, retention, and inclusion) to understand how Libya can shift from dependency on replacement donation to sustainable voluntary, non-remunerated blood donation (VNRBD).

Why these system challenges matter for VNRBD? The constraints described above translate directly into gaps in VNRBD. Fragmented governance and uneven facility readiness depress visibility (people do not reliably learn where/when to donate), weaken donor retention (irregular or ad-hoc follow-up), and reduce service comfort (privacy/layout, female screener availability, consistent briefing), especially for women and first-time donors. In such conditions, replacement and family donation remain the default. This study therefore focuses on the three levers most amenable to near-term change (visibility, retention, and inclusion) and tests how improvements in each can raise voluntary repeat donation.

1.2 STUDY OBJECTIVES

This study was commissioned by Expertise France under the MENDAMI II programme to generate decision-relevant evidence on the behavioural, institutional, and communication levers that determine VNRBD, and to inform the design and targeting of future awareness campaigns.

Primary objectives (decision-critical):

1. **Behavioural drivers & segmentation**: Identify the key behavioural, social, and gendered barriers/enablers to VNRBD and how they differ across sub-groups (women, youth/students, housewives, NGO members).
2. **Institutional & operational constraints**: Describe the facility-level conditions and practices that shape first-time and repeat donation (follow-up systems, staffing mix, privacy/layout, standard briefings).
3. **Campaign effectiveness & channels**: Assess current campaign visibility/recall, the fit of channels/messengers (e.g., social media, WhatsApp, HCWs, imams, Red Crescent, schools/universities), and practical last-mile information (where/when/how).

Supporting objectives (implementation & learning):

4. **Comparative perspective to 2020**: Where items are comparable, show movement since the 2020 baseline (notices/recall, follow-up, channel preferences), and note non-comparabilities transparently.
5. **Actionable guidance**: Translate findings into a prioritised set of recommendations for NBTSA/MoH/Expertise France and partners, indicating the lever (visibility/retention/inclusion) each recommendation addresses.

Scope and timing: The study was conducted between Libya's first (Winter 2024) and second (Summer 2025) national campaigns under MENDAMI II and is designed to feed directly into near-term campaign planning

1.3 STUDY LOGIC

The study starts from three observable gaps (visibility, retention, and inclusion) that suppress voluntary repeat donation even when attitudes are favourable. If audiences can reliably find where/when/how to donate (visibility), if donors are re-contacted when eligible again (retention), and if first-time and women donors experience practical comfort (inclusion), then intent is more likely to convert into repeat VNRBD. Our mixed-methods design links each gap to decision levers (channel/messenger mix; standardised follow-up; women-centred service adjustments) and tests their salience across cities and sub-groups. Evidence from 2020 is used where comparable to identify direction of change and to avoid over-interpretation where instruments differ.

***Table 1**: Study logic (short theory of change)*

Observed challenge	Evidence we collect	Decision lever we test	Expected near-term effect
Campaigns/info not reliably seen; notices inconsistent	Recall/notice measures; city variation; SSI/KII accounts of messengers	Channel + messenger mix (social/WhatsApp, HCWs, imams, RC; timing with campaign windows)	Higher visibility and turnout on drive days
Donors rarely re-contacted when eligible again	Donor follow-up rates; narratives of ad-hoc calls	Standard re-contact (opt-in capture; timed reminders; interval safety)	More repeat voluntary donations
Women/first-timers face practical barriers at facilities	Gendered barriers; first-time experiences; facility set-up	Women-centred & first-time service adjustments (privacy, female screeners, briefing)	Higher participation and better return intent

1.4 ALIGNMENT WITH MENDAMI II EVALUATION & LEARNING OBJECTIVES

MENDAMI II seeks to strengthen NBTSA-led, evidence-based blood donation by improving communication effectiveness, donor retention, and inclusive service delivery. This study's design and outputs align to those aims:

- **Communication effectiveness**: measures of recall/visibility and channel/messenger fit directly inform the national campaign cadence and asset mix.
- **Donor retention**: quantified re-contact rates and qualitative accounts of follow-up practices underpin a standardised, low-cost re-contact model.
- **Inclusion & quality**: gendered and first-time experience findings inform practical facility adaptations and briefing standards.
- **Learning & accountability**: a small set of comparable indicators to 2020 supports trend reading; non-comparable items are flagged to preserve validity.

2. METHODOLOGY

2.1 PURPOSE & SCOPE

The study used a mixed-methods approach, integrating both qualitative and quantitative techniques to generate actionable insights on public engagement with blood donation in Libya. The research aimed to assess public perceptions, behaviors, and barriers surrounding voluntary, non-remunerated blood donation, while capturing differentiated perspectives across gender, age, region, and socio-economic status. The design was shaped by a strong emphasis on gender sensitivity, geographic inclusiveness, and social vulnerability, ensuring that perspectives from youth, women, migrants, and underrepresented communities were adequately represented.

Strategically, the study sought to evaluate the effectiveness of the first nationwide blood donation campaign implemented under MENDAMI II (Winter 2024) and inform the messaging, targeting, and implementation of the second campaign (Summer 2025). The findings will serve the National Blood Transfusion Services Authority (NBTSA) and Expertise France in adjusting communication approaches, selecting impactful campaign ambassadors, and designing incentive structures to increase participation in voluntary blood donation.

The research builds on the baseline study conducted by SREO Consulting under the first phase of MENDAMI (2019–2022), which provided foundational insights into donation patterns and barriers. Findings from the 2020 study, including weak donor retention systems, gender-specific participation gaps, and emergency-driven motivations, were explicitly used to inform the 2025 study's research questions

and survey tool design. This continuity allowed for a comparative framing of progress over time. Informed by lessons from that phase, the current methodology expanded its reach and analytical depth, incorporating segmentation by donor status, socio-demographic group, and region.

***Box 1**: Comparability with the 2020 baseline (protocol)*

How we compare to the 2020 baseline

We use 2020 results for directional comparisons where constructs align. Rules applied:

1) **Full alignment → side-by-side figures:**
   - Donor re-contact among past donors (2020 vs 2025).
   - Written materials received (2020 vs 2025).
2) **Partial alignment (≈) → side-by-side with caption note**
   - Visibility: 2020 "saw donation notices" vs 2025 "recall of recent campaign."
   - Channel mix: 2020 "social media as health info source" vs 2025 "preferred outreach channel."
   - Permission norms / women's eligibility: question wording and bases differ by subgroup; report with subgroup labels.

Fieldwork was conducted in seven major Libyan cities: Tripoli, Sabratha, Misrata, Benghazi, Al-Marj, Tobruk, and Sebha. The seven cities were purposively selected to reflect variation in campaign exposure, operating capacity, and partner ecosystems, enabling comparative analysis of the three decision levers (visibility, retention, inclusion). Specifically:

***Table 2**: City selection and relevance to objectives*

City	Why here (variation captured)
Tripoli	Largest urban hub; multiple banks; uneven visibility; opportunity to observe complex facility flows and wayfinding issues.
Sabratha	Coastal city with active mosque and municipal networks for mobilisation; balanced male/female SSI set.
Misrata	High-throughput bank; male-leaning SSI availability; useful for first-time vs repeat contrasts.
Benghazi	Eastern hub with mixed follow-up practice (some systematic re-calls); strong RC/HCW presence.
Al-Marj	Lower recall/notice exposure; highlights visibility and inclusion gaps in smaller cities.
Tobruk	Border city; reliance on local elites and imams; ad-hoc rare-type follow-up practices.
Sebha	Outlier on visibility (strong recall/notices); model for coordinated partner mix and cadence.

This spread allows us to test whether channel/messenger fit (digital + trusted voices), retention practices (re-contact when eligible), and women-centred service adjustments perform similarly across different operational realities.

Data collection tools included:

- A Knowledge, Attitudes, Practices, and Behaviors (KAPB) survey administered to 945 individuals, stratified by region, donor status, gender, and socio-economic background;
- Nine Key Informant Interviews (KIIs) with health professionals and blood bank managers;
- Forty Semi-Structured Interviews (SSIs) with voluntary, non-remunerated blood donors (VNRBDs);
- A comprehensive desk review of national and international health policy documents, MENDAMI project documentation, WHO guidelines, and other relevant literature.

***Table 3**: Methods at a glance (tools, respondents, samples, and purpose)*

Component	Respondents / unit	Sample & coverage	Purpose in analysis	Primary outputs
KAPB survey	General adult population (donors & non-donors)	n=945, 7 cities; stratified by region, gender, donor status, and socio-economic profile (education level; neighbourhood income proxy)	Quantify visibility/recall, channel preferences, attitudes/norms, donor history	City and subgroup estimates; 2020→2025 comparisons (where comparable)
KIIs	Blood bank managers / senior HCWs	n=9, across 7 cities	Institutional practices, follow-up systems, staffing, coordination	Facility/ops themes; triangulation with survey/SSIs
SSIs	VNRBD donors (first-time & repeat)	n=40, 10 banks, 7 cities	First-time experience, motivations, gendered access, messengers	Narrative evidence; city boxes; quote tiles
Desk review	Policy / programme docs (MoH/NBTSA/EF/WHO)	National & project documents	Context, standards, and campaign design inputs	Data notes; definitions; instrument alignment

The methodology was anchored in behavior change analysis, with a particular focus on identifying structural and perceptual barriers to blood donation. Sampling approaches prioritized representativeness and diversity, and the study also drew on the National Communication Strategy and Quality Manual for Blood Banks developed in collaboration with NBTSA.

Data collection took place in ten blood bank facilities across the seven cities, offering a broad and inclusive picture of Libya's transfusion ecosystem.

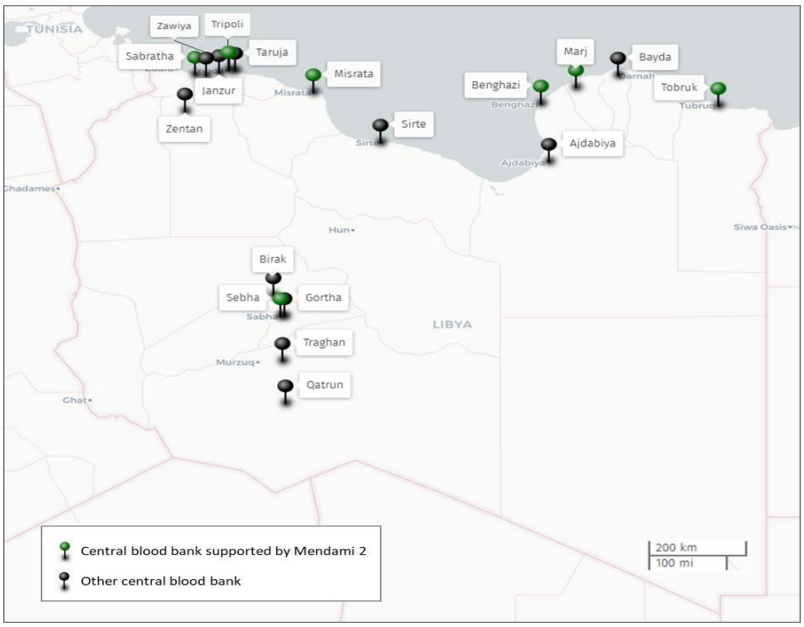

***Figure 1**: Data Collection Locations*

A detailed description of the data collection methods and respondent profiles is provided in subsequent sections.

Desk Review

As part of the preparatory phase, a comprehensive desk review was conducted to inform the study design, contextual analysis, and the formulation of survey instruments and interview guides. This review examined both Libyan and international documentation on blood transfusion systems, public health behavior change strategies, and communications for development (C4D). Sources reviewed included:

- MENDAMI I & II project documentation, including the technical proposal, narrative reports, monitoring and evaluation (M&E) frameworks, to ensure methodological consistency and build upon lessons learned.
- The National Communication Plan for Voluntary Blood Donation, which emphasizes the strategic role of trusted public figures or community “ambassadors” in shifting public perceptions toward blood donation.
- The National Quality Manual for Blood Banks, co-developed by Expertise France and Libyan partners, which provides key operational standards for blood safety and transfusion services.
- Reports and statistical data from the Ministry of Health (MoH), including health service utilization and blood supply figures.
- World Health Organization (WHO) guidance, Health Cluster Libya situation reports, and relevant global and regional medical guidelines on blood donation and transfusion safety.
- Expertise France’s Communication Strategy for MENDAMI II, detailing planned campaign messages, channels, and behavioral goals.

- Documentation from comparable public health campaigns, including the faith-based campaign "I am a Muslim, I am a blood donor," which was used to benchmark value-based appeals and community mobilization strategies.

This review provided essential background for refining key behavioral hypotheses, mapping systemic bottlenecks, and designing appropriate tools for barrier analysis and message testing.

Key Informant Interviews (KIIs)

To complement the survey and qualitative data collection with expert perspectives, nine (9) Key Informant Interviews (KIIs) were conducted with senior personnel at blood banks across Libya. Originally, ten interviews were planned to ensure full geographic coverage; however, in Benghazi, one key informant declined participation, and a substitute could not be secured despite multiple attempts. This minor shortfall did not compromise the overall analytical integrity of the study, given the high quality and consistency of the interviews conducted elsewhere.

The KIIs targeted managers and senior health professionals responsible for blood bank operations at the municipal or regional level. These individuals were selected purposively based on their institutional knowledge of blood donation trends, systemic bottlenecks, infrastructure gaps, and their role in implementing or supporting the MENDAMI II program. The interviews explored perceptions of blood donation behavior, operational challenges, relationships with hospitals and local authorities, and views on the effectiveness of past and ongoing awareness campaigns.

This component of the methodology built on the 2020 phase I findings, where gaps in coordination, supply chain management, and communication strategies were first identified. In the current phase, KIIs served to update institutional insights, assess the impact of structural changes such as the establishment of the National Blood Transfusion Services Authority (NBTSA), and triangulate quantitative and qualitative findings from public-facing research components.

All interviews followed a semi-structured guide developed by SREO and validated with Expertise France during the inception phase. Interviews were conducted in Arabic, audio-recorded with consent, and subsequently transcribed and translated for thematic coding and analysis.

***Table 4**: Data Collection Locations*

District	Location	Focal Point
Tripoli	Tripoli University Hospital Blood Bank	Abass Alhwasi
	Tripoli Central Hospital	Ahmed Abokeal
	Tripoli Central Blood Bank	Abdalrhman Fararh
Sabratha	Sabratha Central Blood Bank	Abolgasm Mohammed Imsalam
Misrata	Misrata Central Blood Bank	Mukhtar Abdalla Algaid
Benghazi	Benghazi Reference Laboratory	Participant Refused

	Benghazi Central Blood Bank	Ramzi Alamin
Al-Marj	Al-Marj Central Blood Bank	Najeeb Abo alhassan
Tobruk	Tobruk Central Blood Bank	Sanussi Alshari
Sabha	Sabha Central Blood Bank	Fathi Hassan Altib

Semi-Structured Interviews (SSIs)

In-depth qualitative data was gathered through 40 Semi-Structured Interviews (SSIs) with Voluntary, Non-Remunerated Blood Donors (VNRBDs) across 10 blood banks in the seven study cities. The objective was to explore deeper socio-cultural dimensions of blood donation, such as the role of altruism, religious values, family traditions, gender norms, and community trust in public health services.

Participants were identified in close coordination with blood bank staff using existing VNRBD lists and snowball sampling methods. SREO made concerted efforts to ensure diversity in age, gender, and background among participants. However, consistent with findings from the 2020 study, female donors were underrepresented in many locations, reflecting broader structural and cultural constraints on women's participation in blood donation. This gender imbalance was particularly notable in Sabha, Al-Marj, and Misrata, and is further discussed in the study's gender analysis section.

Each blood bank contributed four interviews on average, enabling city-level triangulation and thematic depth. Interviews were conducted using a semi-structured guide developed during the inception phase and refined through piloting. The interview guide incorporated questions about personal motivations, first-time versus repeat donations, views on campaign messages, perceived barriers and incentives, and the perceived role of public figures or community leaders in encouraging donation.

All interviews were conducted in Arabic by trained SREO field researchers, recorded with verbal consent, and transcribed and translated by the research team. Transcripts were analyzed using thematic coding and triangulated with findings from the KAPB survey, KIIs, and 2020 baseline study.

***Table 5**: Semi-Structed Interviews (M=Male; F=Female)*

District	Location	Interview Participants
Tripoli	Tripoli University Hospital Blood Bank	4 M
	Tripoli Central Hospital	3 M, 1 F
	Tripoli Central Blood Bank	2 M
Sabratha	Sabratha Central Blood Bank	2 M, 2 F
Misrata	Misrata Central Blood Bank	4 M
Benghazi	Benghazi Reference Laboratory	2 M, 2 F
	Benghazi Central Blood Bank	2 M, 2 F
Al-Marj	Al-Marj Central Blood Bank	4 M
Tobruk	Tobruk Central Blood Bank	2 M, 2 F
Sabha	Sabha Central Blood Bank	4 M
Total		**40**

Knowledge, Attitudes, Practices, and Behaviors (KAPB) Survey

To quantitatively assess public perceptions and behavioral determinants surrounding blood donation in Libya, SREO conducted a Knowledge, Attitudes, Practices, and Behaviors (KAPB) survey across seven key cities: Tripoli, Sabratha, Misrata, Al-Marj, Benghazi, Tobruk, and Sebha. A total of 945 individuals participated in the survey, which targeted both blood donors and non-donors to allow comparative analysis. The approach was rooted in the objective of informing Libya's national communication strategy and addressing the two key structural challenges identified in the Terms of Reference: institutional fragmentation and limited voluntary participation in blood donation.

The KAPB survey built on insights from the 2020 baseline study conducted under MENDAMI I, which indicated limited public awareness of safe blood donation practices and misperceptions about eligibility criteria. The 2025 survey was designed to measure the effectiveness of the Winter 2024 communication campaign and establish a comparative baseline before the Summer 2025 awareness push.

Sampling and Coverage

Due to the absence of up-to-date census data (Libya's last official census was conducted in 2006), SREO utilized LandScan Global 2023[2] population estimates to define a statistically representative sampling frame for each of the seven urban centers. A multi-stage stratified random sampling method was adopted to ensure robust representation across gender, age, and socio-economic status, with a 95% confidence level and 5% margin of error applied to the regional sample design.

Participants were selected from the host community aged 18 to 65, living within a 30–45-minute walking distance from blood banks. SREO's field researchers aimed for gender balance and a donor/non-donor ratio of 40% to 60%, respectively. This ratio was informed by the findings of the 2020 KAPB study, which indicated that approximately 40% of urban residents had donated blood at least once.

Sampling employed the Random Walk method, a validated field approach in low-data environments. Enumerators began from a central point in each neighborhood and selected every nth household (typically every 2nd or 3rd) along a randomized route. Prior to rollout, SREO conducted a pilot test of the questionnaire, adjusting terminology and structure based on respondent comprehension and enumerator feedback.

Survey Typologies and Hybrid Targeting

To deepen behavioral insight and better capture subgroup-specific barriers, SREO deployed four tailored survey instruments:

- General public survey (random adult population)
- NGO member survey (civic sector actors)
- Housewife survey (often excluded from public-facing campaigns)

[2] https://landscan.ornl.gov/metadata

- High school student survey (future donor population)

This hybrid targeting strategy was designed to provide nuanced understanding across different demographic and behavioral profiles, especially under-researched segments such as women and youth, whose roles in donation dynamics were underscored in EF's MENDAMI II communication strategy and 2020 project evaluation. Approximately 60% of surveys targeted non-donors, who were further segmented into:

- 30% living in proximity to blood banks (urban, lower-income)
- 15% middle-income respondents (neighborhoods identified through key informant mapping)
- 15% low-income respondents (outskirts or informal settlements)

This segmentation approach allowed for comparative analysis between income levels and proximity to donation infrastructure, which were both hypothesized as key determinants in previous SREO studies.

***Table 6**: Knowledge, attitudes, and practices survey conducted in each city*

Region	City	Population[3]	Number of surveys conducted	Confidence level by regional population (%)	Margin of error by regional population (%)
Tripolitania	**Tripoli**	960,043	196	93	7
	Misrata	881,963	158	92	8
Cyrenaica	**Benghazi**	840,598	291	94	6
	Almarj	233,954	102	90	10
	Tobruk	201,462	72	89	12
Fezzan	**Sebha**	173,764	126	91	9
Total			945		

Demographic Snapshot

The final sample was slightly male dominated (56.8% male, 43.2% female), reflecting gender imbalances in public health participation documented in the 2020 phase I study and corroborated in SREO's 2025 SSIs. The age distribution skewed young, with a majority of respondents aged between 18 and 44, consistent with Libya's population pyramid. Marital status was mixed, with 46.7% single, 44.9% married, and a smaller proportion widowed or divorced.

Linguistically, Arabic was the primary language for 92.7% of respondents. However, the survey successfully included linguistic minorities, such as speakers of Tabo (2.4%), Tawark (2.3%), Amazigh (1.7%), Nafusi (0.5%), and Tamasheq (0.3%), affirming the study's efforts to maintain inclusion and regional

[3] Population figures are from the LandScan Global 2023, an open geographic data published by Oak Ridge National Laboratory. It includes population count estimates within each of the original grid cells covering the entire surface area of Libya https://landscan.ornl.gov/about

diversity in alignment with Expertise France's emphasis on minority inclusion. A full demographic breakdown is provided in Table 7 below:

***Table 7**: Sample population characteristics*

CHARACTERISTICS	N=945, N (%)
Gender	
Female	43.2%
Male	56.8%
Age group	
Under 18	0.7%
18–24	26.9%
25–34	25.6%
35–44	24.3%
45–54	14.5%
55–64	6.1%
65+	1.8%
Marital status	
Single	46.7%
Married	44.9%
Divorced	5.1%
Widowed	3.4%
Primary language	
Amazeg	1.7%
Arabic	92.7%
Nafusi	0.5%
Tabo	2.4%
Tamasheq	0.3%
Tawark	2.3%

Education (highest completed)	
Master's university degree	4.2%
Bachelor's university degree	41.3%
Secondary school	37.9%
Primary school	3.3%
Other	7.0%
None	6.3%

2.2 DATA ANALYSIS

SREO applied a rigorous, multi-stage data analysis process to ensure the reliability, validity, and policy relevance of the study findings. The approach combined quantitative and qualitative techniques and emphasized triangulation to reflect the complexity of behavioral and structural barriers to voluntary blood donation in Libya. This section outlines the core analytical procedures, quality controls, and tools used.

Data Preparation and Quality Assurance

All Key Informant Interviews (KIIs) and Semi-Structured Interviews (SSIs) were audio-recorded, with informed verbal consent obtained from participants in accordance with the ethical standards outlined in the inception report and Expertise France's Do No Harm (DNH) guidelines. Transcriptions were completed in Arabic and subsequently translated into English by SREO's bilingual team. Each transcript underwent a dual review process for completeness, translation accuracy, and consistency with field notes.

Survey responses were digitized using SREO's custom mobile data collection tool, which was configured with in-built skip logic, range checks, and error flags. These digital controls were supplemented by a daily review protocol led by the Field Coordinator to identify and rectify anomalies or inconsistencies during the data collection phase. These adjustments were also informed by real-time communication between the data team and field enumerators.

Analytical Framework and Components

The study employed three interrelated streams of analysis, corresponding to the mixed-methods design and the behavioral focus of the Terms of Reference:

1. **Quantitative Analysis (KAPB Survey)**

Using cleaned datasets from the 945 KAPB survey respondents, the research team conducted descriptive and inferential statistical analyses using SPSS and Excel. Data were disaggregated by region, gender, donor status, age cohort, education level, and language group to examine the differential impact of campaigns and behavioral determinants. Measures of central tendency and dispersion were calculated, and cross-

tabulations, correlation analysis, and proportion tests were used to identify significant patterns across strata.

Data visualization was applied to highlight key trends, particularly regarding regional variation in awareness levels, gendered willingness to donate, and preferred communication channels. These findings fed directly into the behavioral insights discussed in Chapter 3.

2. Qualitative Analysis (KIIs and SSIs)

All 9 KIIs and 40 SSIs were thematically coded using MaxQDA by two SREO researchers. To ensure methodological rigor and reduce bias, each analyst conducted an independent round of coding based on a jointly developed codebook drawn from:

- The Terms of Reference;
- MENDAMI's national communication strategy;
- Behavioral science theory (especially social norms, perceived risk, and self-efficacy);
- Emergent themes from the 2020 study (e.g. fear of needles, shame, and religious beliefs).

The coding process followed an iterative inductive-deductive approach, enabling the team to capture both anticipated and emergent themes. Coded excerpts were triangulated with survey results and KII statements to validate consistency of findings across respondent groups.

3. Triangulation and Contextualization

SREO adopted a triangulation strategy at three levels:

- Data triangulation: comparing KIIs, SSIs, and survey data across regions and respondent types;
- Investigator triangulation: involving multiple analysts to validate interpretations;
- Theoretical triangulation: applying insights from behavioral science, social marketing, and public health communication frameworks.

The analysis was contextualized using secondary data, including 2024 WHO health system bulletins, MoH reports, Expertise France's 2020 MENDAMI evaluation, and recent academic literature on blood donation behaviors in fragile and conflict-affected settings.

4. Equity lens in analysis (gender and vulnerability)

Gender and vulnerability were not only sampling considerations but also analytic strata. Survey analyses pre-specified comparisons by sex, donor status, age cohort, and subgroup instruments (housewives, students, NGO members), with cross-tabs and proportion tests guiding where subgroup differences are meaningful. Qualitative coding tagged excerpts by sex, city, donor type (first-time/repeat) and messenger/channel to allow systematic aggregation (e.g. women's comfort/privacy; first-time dizziness; imam/HCW influence). Findings are presented with explicit subgroup labels and feed directly into women-centred service adjustments and channel/messenger pairing in the recommendations

2.3 CHALLENGES AND LIMITATIONS

2.3.1 Representativeness and bias

Urban and bank-proximate sampling

The KAPB frame sampled households within walking distance of blood banks in seven urban centres. As a result, rural and remote populations are under-represented, and the estimates should be interpreted as reflecting urban-area attitudes and behaviours. To mitigate this limitation, we triangulated survey findings with KIIs in banks that serve mixed urban–peri-urban catchments, and we avoid generalising quantitative levels to national rural populations.

Male-dominant SSI composition

Availability of voluntary donors on bank lists and on-site skewed the SSI set male in several locations, a pattern already observed in 2020. While this reflects the underlying participation gap we analyse in Chapter 3, it also narrows the qualitative lens on women's experience. To mitigate this, we incorporated women's perspectives from the KAPB sub-samples (housewives, students), foregrounded women-specific findings where present in SSIs, and framed recommendations around practical service changes (privacy, female screeners, iron/eligibility guidance) rather than assumed norms.

Self-report and recall bias

Key indicators 'campaign recall, exposure to notices, and donor follow-up) are self-reported and subject to recall and social desirability effects. We mitigated this by pairing survey signals with KIIs (institutional practice) and SSIs (lived experience), treating year-on-year changes as directional rather than precise magnitudes, and by highlighting city-level convergence across methods where present.

Comparability with the 2020 baseline

Some constructs differ between 2020 and 2025 (e.g. 2020 "saw donation notices" vs. 2025 "recall of recent campaigns"; 2020 "social media as a health-information source" vs. 2025 "preferred outreach channel"). We apply a comparability protocol: fully aligned items are shown side-by-side; partially aligned items are shown side-by-side with caption tags and footnotes; non-aligned items are discussed narratively. We also avoid mixing survey self-reports (e.g. voluntary vs. replacement shares) with operational registers in a single figure.

2.3.2 Operational and contextual challenges (fieldwork)

Despite robust planning and adaptive field coordination, several logistical, operational, and contextual challenges affected the implementation of this study. These limitations are outlined below, with corresponding mitigation strategies adopted to preserve data integrity and meet project objectives.

Key Informant Interview Availability

SREO originally planned to conduct one Key Informant Interview (KII) in each of the ten participating blood banks. However, in Benghazi, one targeted informant declined to participate. Efforts to identify an alternate respondent were unsuccessful due to limited availability and lack of consent. As a result, a total of nine KIIs were completed instead of ten. While this deviation slightly reduced geographic completeness, it was mitigated by triangulating findings with additional qualitative data from semi-structured interviews (SSIs) and site-level observations.

Gender Imbalance Among SSI Respondents

While the research design aimed for gender-balanced sampling in semi-structured interviews with voluntary non-remunerated blood donors (VNRBDs), the majority of available donors in all locations were men. This limitation reflects underlying gendered patterns in blood donation behavior in Libya, consistent with findings from the 2020 study. Cultural barriers, low female participation in public health activities, and scheduling constraints limited women's availability. To partially compensate, the analysis incorporated female perspectives from the KAPB survey and targeted high school student and housewife surveys.

Delays in Access Authorization

Following the resignation of the Minister of Health in April 2025, previously obtained institutional access letters were rendered void. SREO was required to reinitiate the authorization process for Tripoli and Tobruk, resulting in a delay of nearly three weeks. This administrative bottleneck necessitated a one-month no-cost extension to ensure comprehensive data collection and quality control in those locations.

Security Disruptions in Tripoli

During the final weeks of fieldwork, armed clashes erupted in Tripoli following the assassination of Abdel Ghani al-Kikli (commander of the Stability Support Apparatus) on 12 May 2025. The incident triggered violent confrontations between SSA forces and militias affiliated with the Government of National Unity (GNU), particularly the 444th and 111th Brigades. As a result, the field team temporarily suspended activities in southern Tripoli, where curfews, flight suspensions, and school closures disrupted normal civilian movement. Enumerators were redirected to less volatile districts within the city, and data gaps were addressed during a supplementary round of data collection following stabilization.

Institutional Fragmentation and Data Sensitivities

Libya’s fragmented institutional landscape and limited coordination between the Ministry of Health and the newly established National Blood Transfusion Services Authority (NBTSA) complicated access to consistent program documentation and administrative records. In some locations, staff were reluctant to disclose internal procedures or performance indicators due to perceived political risks. These challenges limited opportunities for quantitative benchmarking of the blood bank system’s performance but were partly offset through desk review, triangulated interviews, and indirect qualitative insights.

3. FINDINGS AND DISCUSSION

This chapter presents the key findings of the MENDAMI II blood donation study, drawing on a triangulated analysis of 945 quantitative surveys and 49 qualitative interviews (comprising 40 semi-structured interviews with voluntary blood donors and 9 key informant interviews with blood bank and hospital managers). The integrated approach provides a multi-perspective understanding of blood donation behaviors, attitudes, and institutional dynamics across Libya.

Findings are thematically organized to reflect the study's central objectives, including the identification of behavioral barriers and enablers, the influence of communication strategies, and institutional challenges affecting voluntary, non-remunerated blood donation. The discussion aligns with the analytical framework outlined in the technical proposal and inception report and incorporates lessons learned from the first phase of the study conducted in 2020.

Each theme is presented as: Headline finding → Supporting evidence (quantitative + qualitative) → Implications for campaigns/operations, with 2020↔2025 comparisons where constructs align. Short quote tiles illustrate, but do not substitute, trend evidence.

3.1 BLOOD DONATION PRACTICES

Headline finding

Voluntary donation remains uncommon in operational terms, despite high stated willingness and sizeable lifetime donation shares in the survey; repeat donation is held back chiefly by weak follow-up.

Supporting evidence

- **Survey**: 50.4% (476/945) report ever donating; among donors, 71% say their last donation was voluntary (self-report).
- **Trend vs 2020**: donor re-contact improved from ~22% (78/352) to 37.6% (past donors). (Full alignment.)
- **KIIs/SSIs**: Multiple banks (Tripoli, Sabratha, Sebha) report very low VNRBD shares in registers, ad-hoc calls focused on rare types, and inconsistent post-donation contact.

Implications

Treat re-contact as the primary lever for repeat VNRBD (see Rec. B). Present survey-based voluntary/replacement splits narratively only and avoid mixing with operational registers.

Voluntary unpaid blood donor rates remain low across the majority of the visited blood banks in Libya. This is consistent with broader systemic challenges identified in national assessments, where the lack of voluntary, non-remunerated donors has been highlighted as one of the two most critical weaknesses of

the Libyan blood transfusion system, alongside institutional fragmentation.[4] [5] This also continues the trend observed in SREO's 2020 report, where certain locations such as Tobruk and Al Marj reported only 1–2 and 2 voluntary donors per week, respectively, confirming the chronic underdevelopment of a voluntary donation culture.[6]

According to the interviews with blood bank managers in Tobruk and Benghazi, daily donations range between 10 and 15, amounting to 4,000-5,000 annually in Tobruk. Al Marj reports the highest average, with daily donations varying from 20 to 40 and annual figures reaching up to 9,000. Sebha blood bank sees around 50 donors per day, but only about six of them are voluntary. Sabratha blood bank receives between 1,230 and 1,600 donations monthly, but only 15% of these are from voluntary donors. In Tripoli, the situation appears more concerning: according to the managers, Tripoli Central Hospital sees only 3-5 donations daily, while Tripoli Central and Tripoli Hospital blood banks report that VNRBDs make up no more than 5% and 2% of their annual donations, respectively. Misrata blood bank experiences significant fluctuations depending on emergencies, with daily donations ranging from 25 to 100, and an annual total between 15,000 and 18,000; however, no exact figures on voluntary donors were provided. This reflects a system in which paid, or replacement donations, remain dominant, and voluntary, unpaid donations are still uncommon.[7] [8]

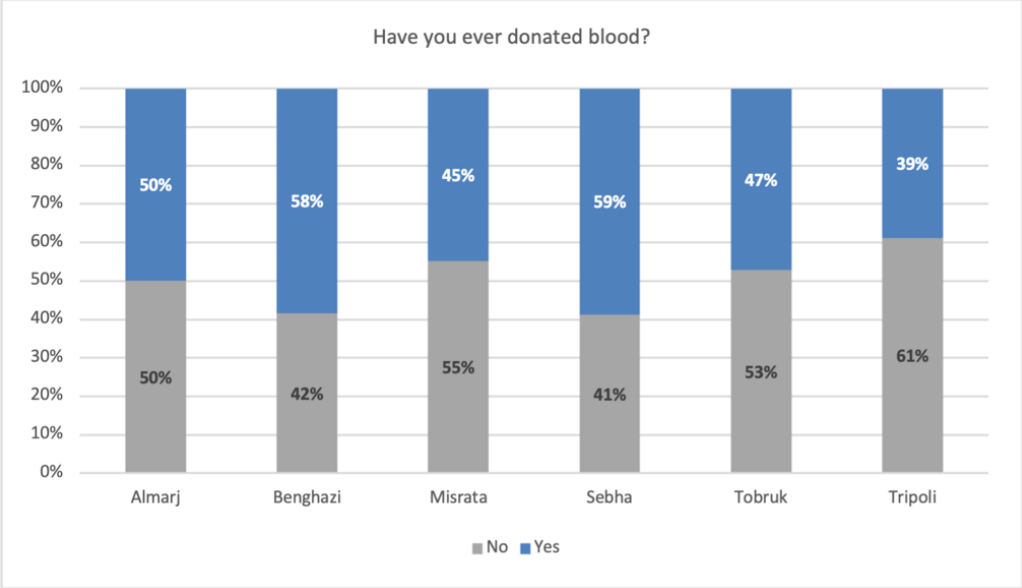

***Figure 1**: Percentage of people who have donated blood*

[4] Expertise France Libya "RESILIENCE OF THE LIBYAN BLOOD TRANSFUSION SYSTEM THROUGH QUALITY MANAGEMENT - MENDAMI 2" report (2023)
[5] Expertise France Libya "Resilience of the Libyan Transfusion System through Quality Management" presentation
[6] Expertise France Libya "Research Study on Factors Limiting Individual Blood Donations in Libya" report (2020)
[7] Expertise France Libya "RESILIENCE OF THE LIBYAN BLOOD TRANSFUSION SYSTEM THROUGH QUALITY MANAGEMENT - MENDAMI 2" report (2023)
[8] Expertise France Libya "RESILIENCE OF THE LIBYAN TRANSFUSION SYSTEM THROUGH QUALITY MANAGEMENT - MENDAMI 2" inception report (2023)

Re-contact remains the key bottleneck for repeat VNRBD and, while improved since 2020, is still low: 22% (2020) vs 38% (2025) among past donors (Figure 2).

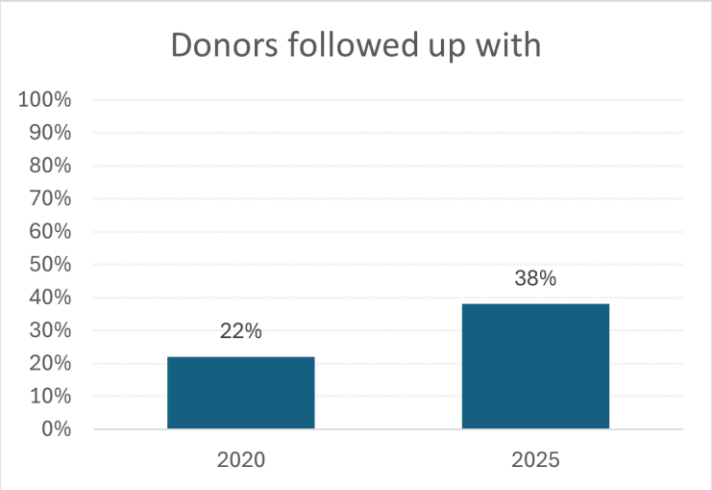

***Figure 2**: Donor re-contact among past donors, 2020 vs 2025*

These observations confirm trends first documented in SREO's 2020 study, which found that most blood banks relied heavily on replacement donors and lacked formal engagement mechanisms for retaining voluntary donors. The findings remain consistent in the current assessment, pointing to systemic inertia and limited behavioral change despite years of targeted awareness efforts.

In the survey, half of the respondents had experience with blood donation, as 50.4% (n=476/945) of people surveyed had donated blood at least once in their lifetime, with the highest being in Sebha, as seen in the chart above (see Figure 1). More specifically, 37.3% (44/118) of NGO members, 28.5% (73/256) of housewives, and 16.9% (25/148) of high school students, all between the ages of 18-24, reported having donated blood before. The survey further revealed important differences across population groups. Among NGO members, housewives, and high school students aged 18–24, donation rates varied substantially, with NGO members showing the highest rates of prior donation. These variations suggest that civic engagement and life experience may be influential predictors of blood donation behavior. Out of these individuals, 29% (n=140/476) had donated for a family member or friend while the remaining 71% (336/476) had donated on a voluntary, unpaid/non-remunerated basis. Out of those who donated, 44% (211/476) indicated that they had been asked to donate.

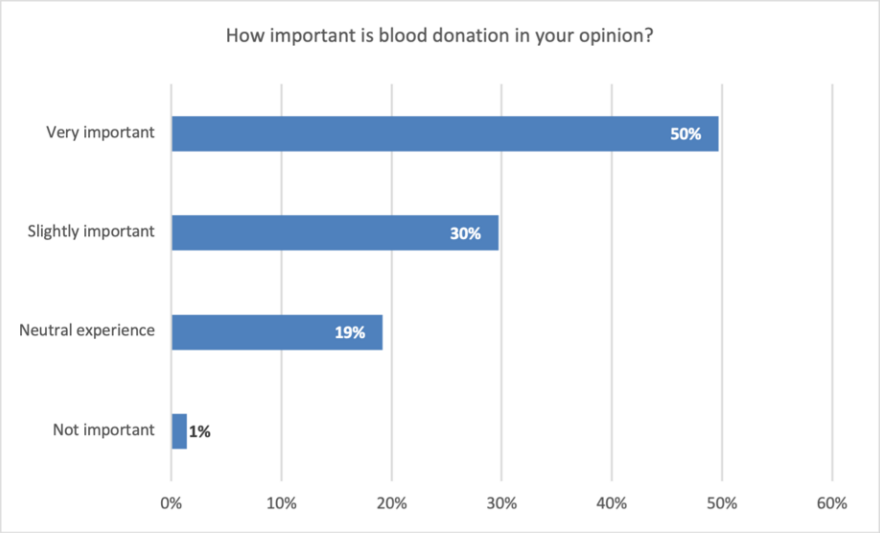

***Figure 3**: Perception of the importance of blood donation*

There is a generally favorable public perception of blood donation, as the majority of respondents recognize blood donation as important, with 49.7% describing it as "very important" and 29.7% as "slightly important." Only 1.4% viewed it as unimportant, and 19.2% expressed a neutral stance (see Figure 3).

There are certain trends according to the blood bank managers' observations. Neighborhoods with larger families show stronger participation, often driven by solidarity during crises. The people of Tobruk are reportedly deeply supportive, often responding to crises, for instance Derna floods, with large-scale blood donations. People who have experienced a medical emergency involving the need for blood are more likely to become repeat donors, which has been supported by the interviewed blood donors in this study, as many interviewed donors mentioned that their first experience donating blood was triggered by a specific case, often involving themselves, a family member, or a friend. This finding mirrors SREO's 2020 report, where first-time donations often dispelled fears and led to continued donations, reinforcing the value of a positive initial experience.[9] One female donor in Tobruk explained, *"When I gave birth, I needed blood, and this time I am the one donating blood to help others and save lives."* Many of these donors went on to become repeat donors. Finally, youth, especially university students and sports club members, are seen as more responsive to campaigns and enthusiastic about blood donation by the blood bank managers, as peer encouragement in these settings plays a key role in creating a culture of participation. This confirms findings from both the 2020 phase and stakeholder consultations, which highlighted the importance of youth-led and community-based mobilization strategies.

To inform future communication and outreach strategies, Table 8 outlines key factors associated with Voluntary Non-Remunerated Blood Donors (VNRBDs), paired with lessons for campaign design and suggested actors for implementation.

[9] Expertise France Libya "Research Study on Factors Limiting Individual Blood Donations in Libya" report (2020)

***Table 8**: Characteristics Commonly Associated with Voluntary Non-Remunerated Blood Donors (VNRBDs)*

Factor	Example	Best Practice/Lessons for Campaigns	Key Actors
Exposure to Blood Donation through Education or Work	University students and healthcare workers who learned about blood donation through their studies or workplace trainings.	Partner with universities and health institutions to deliver structured blood donation awareness sessions.	- Universities and medical schools - Ministry of Higher Education - Hospitals and clinics
Personal Connection to Blood Recipients	Individuals who donated for a friend, relative, or emergency situation and were later motivated to donate again.	Use storytelling campaigns featuring real-life testimonials from recipients and donors. Highlight personal impact to foster emotional connection.	- Blood recipients and their families - Community media outlets - Campaign ambassadors
Belief in Social Responsibility and Religious Values	Respondents who believe that donating blood is a moral or religious duty.	Frame messages around civic duty, solidarity, and Islamic teachings on saving lives. Involve imams and religious leaders in campaigns.	- Religious leaders and institutions - Civil society organizations - Local councils
Positive Donation Experience and Staff Interaction	Donors who were welcomed warmly and felt cared for at blood banks were more likely to return.	- Train blood bank staff in donor care and hospitality. - Improve the environment of donation sites to reduce stress and fear.	- Blood bank staff - Ministry of Health - Donor support units
Peer and Group Influence	First-time donors who came with friends or participated in a group campaign.	- Encourage group donation events in schools, workplaces, and communities. - Recognize group achievements publicly to encourage social incentives.	- Employers and workplace teams - Student unions - Local NGOs

Understanding of Donation Process and Eligibility	Potential donors who hesitated because of misconceptions about anemia, menstruation, or who can donate.	- Clarify eligibility criteria through clear, accessible materials and FAQs. - Correct myths about women's ability to donate.	- Blood banks and MoH campaigns - Women's health advocates - Community health workers

3.2 ACCESSIBILITY

Headline finding

Perceived access to a blood bank is high on awareness and location knowledge, yet physical distance, transport, heat, and layout still depress walk-ins, especially in Tobruk and parts of the South.

Supporting evidence

- **Survey**: 86% report a bank in their city; 75% know location; 54% rate the site as easily accessible (city variation: Sebha reports both high awareness and a notable minority citing poor access).
- **KIIs**: Managers in Tobruk/Benghazi highlight distance/transport and seasonality (Ramadan/heat) as turnout constraints; mobile units exist but are under-resourced.
- **SSIs**: First-timers cite wayfinding and uncertainty about procedures as barriers to returning.

Implications

Pair last-mile info ("where/when/how" with map pins) with mobile-unit days in outlying areas, and standard wayfinding signage inside/outside facilities (see Recs A & E).

Overall, voluntary donors across all locations described the process of accessing blood banks as generally easy and straightforward. This perception was most common in coastal urban centers such as Al Marj, Misrata, and Tripoli, where blood bank infrastructure is more established and centrally located. However, access issues were particularly highlighted by the blood bank manager in Tobruk, where the facility is located far from densely populated areas. This distance limits walk-in donations, especially during Ramadan, extreme heat or for individuals without private transportation. This discrepancy between staff and user perceptions highlights a common theme also documented in SREO's 2020 phase: infrastructural or operational barriers may be more visible to service providers, while users' views are shaped by their own situational constraints and expectations.

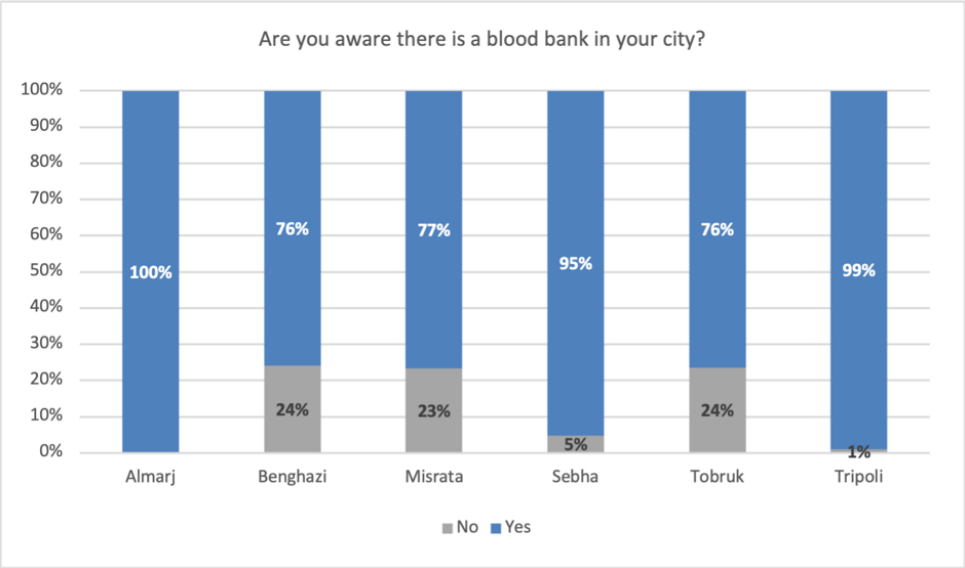

***Figure 4**: Awareness of the blood bank*

This sentiment was not entirely reflected in the survey data. In Tobruk, 76% (55/72) of respondents reported being aware of the existence and location of the blood bank, with 62% (34/55) indicating they had previously visited it (see Figure 4). All of these individuals noted that it was easy to access, suggesting that perceptions of accessibility may vary by socio-economic background or means of transport. This discrepancy between staff and user perceptions highlights a common theme also documented in SREO's 2020 phase: infrastructural or operational barriers may be more visible to service providers, while users' views are shaped by their own situational constraints and expectations.

In Benghazi, the blood bank manager similarly identified transportation as a key limitation, noting that more accessible public transit or dedicated donor transport would increase turnout, especially for women, elderly individuals, or those with limited time. Accessibility was also identified as a structural equity issue during the KIIs. Respondents noted that Libya's ongoing security fragmentation and weak municipal service provision have compounded regional disparities in access. Specifically, blood banks in southern and eastern Libya face greater operational constraints and receive fewer government resources, affecting both donor participation and service coverage.

A broader challenge in Libya's health system remains geographic inequality. As documented in the 2020 study and confirmed by KIIs and FGDs during this assessment, southern and eastern regions such as Sabha and remote eastern areas like Tobruk report significantly reduced access to essential health services, including blood donation infrastructure. This disparity is linked to ongoing conflict dynamics, chronic underinvestment, and the fragmentation of healthcare governance.

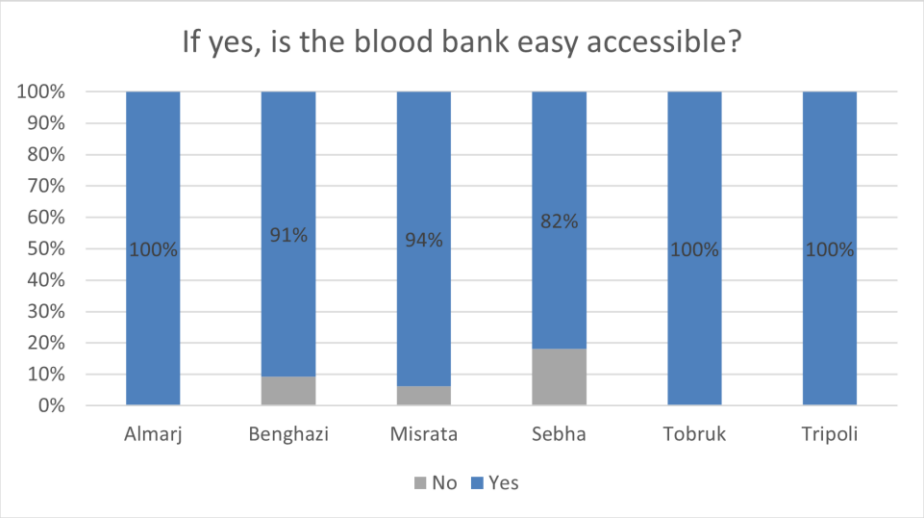

***Figure 52**: Perception of the accessibility of blood bank*

Community awareness about the location and physical accessibility of blood banks is high. Among total survey respondents, 86% (n=813/945) stated that a blood bank was present in their city. A similar level of awareness was noted in SREO's 2020 report (83%; n=741/896), indicating consistency in public knowledge about the physical presence of blood banks, though not necessarily ease of access.[10] This suggests that while general awareness remains stable, improvements in public transport, signage, and outreach are still needed to facilitate actual access. Out of those, 75% knew the exact location of the Blood Bank, 58% (n=469/813) had been to the physical location, and 54% (n=441/813) found the location to be easily accessible. All respondents in Al Marj (100%), most in Misrata (94%) and Benghazi (91%) found the blood bank easy to access, this dropped to 82% in Sebha (see Figure 5). Sebha also had the highest percentage of respondents reporting poor accessibility (39.2%). These trends reaffirm findings from both SREO's 2020 assessment and stakeholder interviews conducted for MENDAMI 2, which highlight that accessibility is not only geographic but also shaped by perceived safety, gender mobility constraints, and transport costs, especially in conflict-affected or underserved areas.

Mobile units, used for outreach and donation, are an important mechanism to improve access to blood donation services, particularly in underserved areas. However, several blood bank managers noted that logistical and budgetary constraints continue to hinder the full operationalization of mobile outreach, a gap that was also flagged during the stakeholder consultations. Most existing mobile units are outdated, limited in number, lack air conditioning, and cannot provide post-donation amenities such as water and rest areas. While outreach campaigns do exist, blood bank managers emphasized that coordination is weak and resources remain insufficient. These findings echo recommendations from the 2020 report, which called for upgrading mobile facilities and integrating them into a broader outreach strategy targeting remote and peri-urban communities.

[10] Expertise France Libya "Research Study on Factors Limiting Individual Blood Donations in Libya" report (2020)

3.3 EDUCATION, FINANCIAL SITUATION, AND AWARENESS

Headline finding

Visibility of campaigns has weakened vs 2020 (directionally), while preferred channels have shifted decisively to social/WhatsApp; education correlates with lower fear and higher knowledge.

Supporting evidence

- **Trend (≈)**: 2020 "saw donation notices" 60% vs 2025 "recall of recent campaign" 38.6%.
- **Trend (≈)**: 2020 written materials 35% vs 2025 32.5%.
- **Channels (≈)**: 2020 "social media as health-info source" 39% vs 2025 "preferred outreach via social" 72.5%.
- **City contrast**: Sebha leads on recall (87%) and notices (92%); laggards include Al-Marj (7% recall) and Tobruk (6% notices).
- **Education gradient**: fear of harm and concern about "where blood goes" fall with higher education.

Implications

Adopt a digital-first cadence (Facebook/WhatsApp) with concise wayfinding creatives; complement with low-literacy formats (visual/voice) for groups with lower formal education (see Rec C).

General Educational Level

Among the survey respondents, 41% had bachelor degrees while %38 had graduated from secondary school, as seen below (see Figure 6).

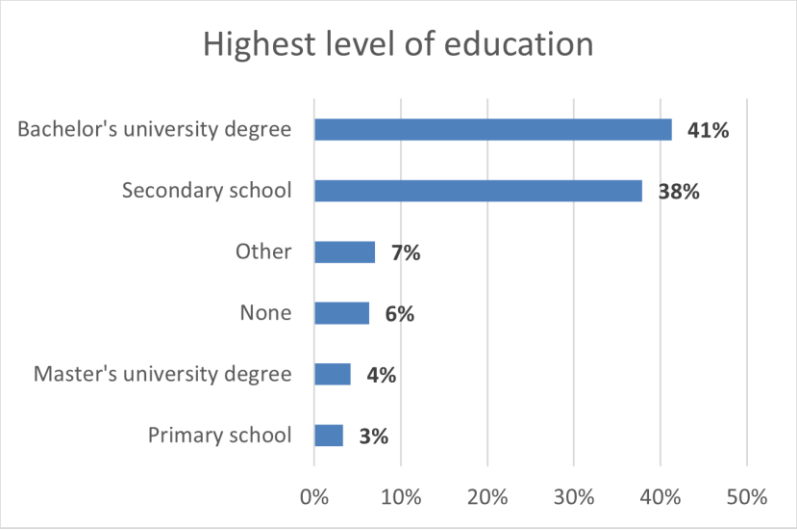

***Figure 6**: Education level*

Respondents with university degrees, both bachelor's and master's, demonstrated the highest awareness of blood donation, over 95%, compared to 87.5% among those with only primary schooling. This is reinforced by SREO's 2020 report findings, which also linked higher educational attainment with greater

knowledge about eligibility and frequency of donation.[11] Similarly, awareness of a local blood bank was nearly universal among those with higher education (100% for master's and 97.1% for bachelor's degree holders), but lower among respondents with no formal education (88.9%) and primary education (87.5%). Knowledge of the blood bank's physical location also followed the same trend, with university-educated respondents again showing the highest levels of awareness (96.8-96%), while 81.8% of those with secondary education and 87.5% of those with primary education reported knowing the location. While these figures do not demonstrate a significantly different level of awareness, it is worth noting.

These findings confirm patterns documented in the 2020 assessment, where educational attainment was positively correlated with both knowledge of donation criteria and motivation to donate. As highlighted during the inception consultations, targeted messaging adapted for low-literacy audiences remains a key gap, especially in rural and peri-urban areas. Future campaigns should therefore include visual materials and oral outreach formats to reach communities with lower formal education.

Respondents with a master's degree reported the most secure financial situations, with 68% stating they can both cover basic needs and save money, and none reporting difficulty meeting basic needs. Those with a bachelor's degree also fared relatively well, though less so, 44.3% said they could cover basic needs but not save, and 12.4% reported struggling to meet basic needs. In contrast, respondents with no formal education showed the highest levels of financial vulnerability: nearly half (48.1%) could not save, 22.2% often went without covering basic needs, and only 25.9% said they could both cover needs and save. Among those with only primary education, a striking 62.5% reported struggling to meet basic needs, suggesting significant economic hardship.

Knowledge of one's blood type has some relation to educational background. Nearly all respondents with a university degree, 98.6% of those with a bachelor's, and 100% of those with a master's, reported knowing their blood type. This awareness drops slightly among those with lower educational levels: 93.4% for secondary school, 87.5% for primary school, and 88.9% for those with no formal education.

[11] Expertise France Libya "Research Study on Factors Limiting Individual Blood Donations in Libya" report (2020)

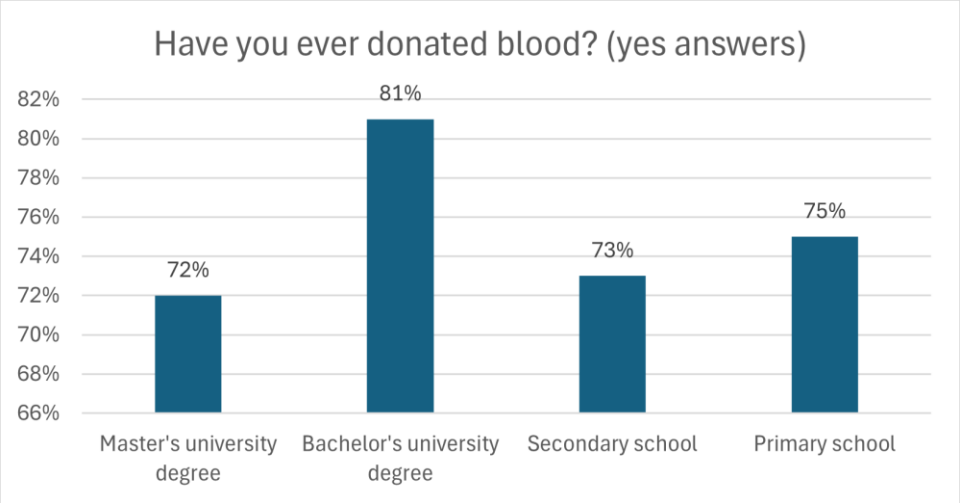

***Figure 7**: Education Status of those who donated*

According to blood bank managers, educated individuals are more inclined to donate, though blood bank managers stated that uneducated individuals may be willing to donate if properly motivated. In this study, those with university degrees reported high donation rates, as seen in the chart above (see Figure 7): 81.4% for bachelor's holders and 72% for master's holders. Interestingly, donation rates among those with no formal education (74.1%), primary education (75%), and secondary education (72.7%) are also relatively high, suggesting that lower education does not significantly deter blood donation in this context. These results suggest that while education plays a role in shaping awareness and knowledge, the willingness to donate may be driven more by personal motivation, peer influence, or exposure to emergency situations.

When looking at the financial status of the respondents who donated blood before, the majority of respondents across all economic groups reported having donated blood, and the willingness to donate blood appears broadly distributed across demographic groups. According to a similar study in Jordan, knowledge on blood donation was found to be significantly higher among those with a higher educational level, those with a medical or scientific study major, and those with higher income[12].

Levels of Awareness and Education about Blood Donation and Eligibility Criteria

Understanding whether people know that blood can be donated multiple times per year reveals gaps in awareness shaped by both education and financial status. Among those with higher education, particularly master's degree holders, knowledge is strongest, 84% correctly stated that repeat donation is possible. In contrast, just 50% of those with only primary school education and 50.4% of those with secondary education knew this fact, while uncertainty was especially high among these groups (50% and 39.7%, respectively). Similarly, economic status appears to influence awareness. Only 38.5% of those struggling to cover basic needs and just 16.7% of those who often go without basic needs knew that they

[12] SAGE Open Medicine "A survey assessing knowledge and attitude about blood donation among blood donors in Jordan" (2024): https://journals.sagepub.com/doi/10.1177/20503121241259340?utm

could donate more than once in a year. These knowledge gaps reinforce the need for simplified, targeted information on eligibility criteria and repeat donation intervals, a recommendation that emerged in the 2020 phase and was reiterated by stakeholders during the 2025 inception workshops.

The survey results show a general lack of visibility and outreach around blood donation campaigns in respondents' communities. Only 38.6% of participants recalled seeing or hearing any recent campaigns encouraging blood donation, while an even smaller share, 30.6%, had seen notices indicating where or when to donate. Although slightly more respondents (32.5%) reported receiving written materials or other information about blood donation, a majority (67.5%) still had not.

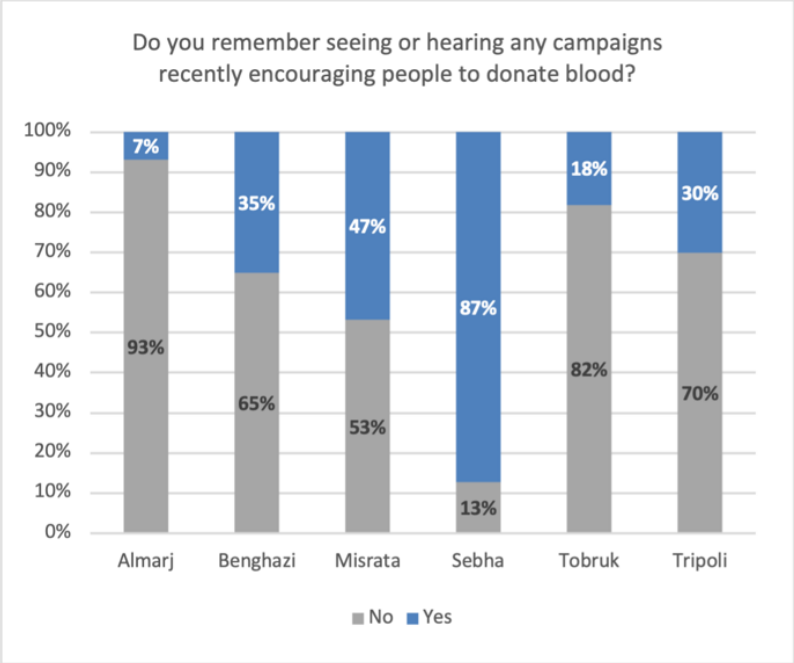

***Figure 8**: Awareness of the blood donation campaigns, by location*

The visibility of blood donation campaigns and information varies sharply across cities, with Sebha standing out as the most active in outreach efforts. At national level, campaign recall has shifted since 2020 (Figure 9).

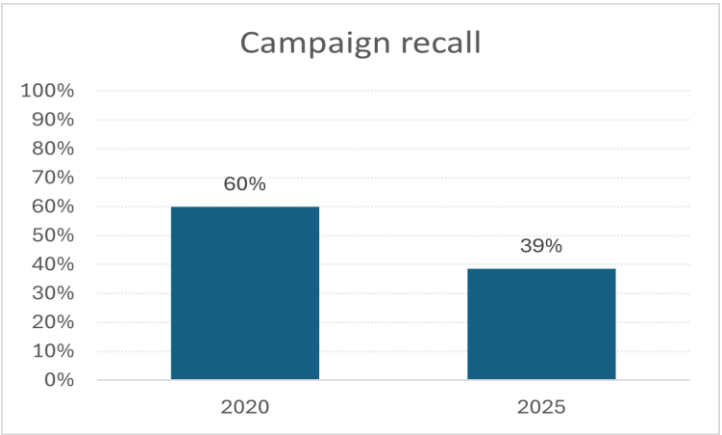

***Figure 9**: Campaign recall, 2020 vs 2025*

An overwhelming 87% of Sebha respondents recalled seeing or hearing recent blood donation campaigns, compared to just 47% in Misrata, 35% in Benghazi, 30% in Tripoli, 18% in Tobruk and only 7% in Al Marj (see Figure 8).

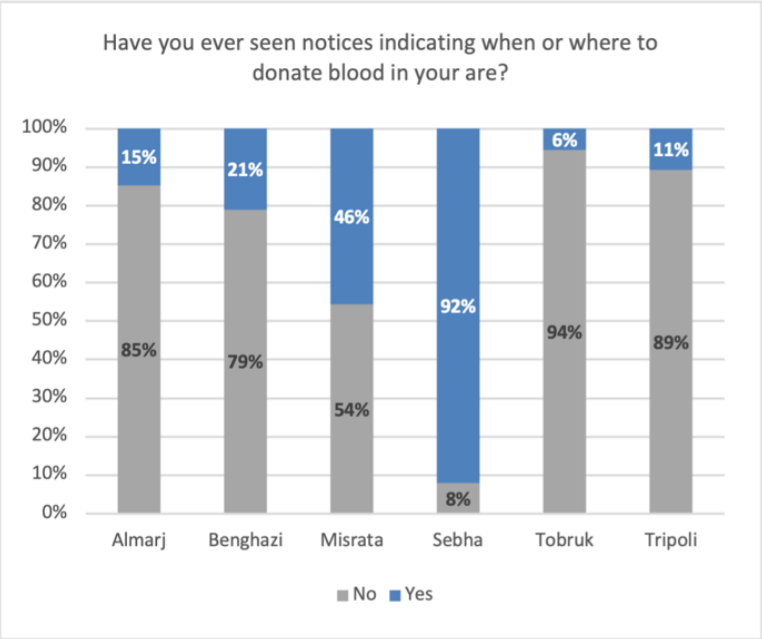

***Figure 10**: Awareness of the blood donation campaigns, by location*

Similarly, Sebha had the highest awareness of notices indicating when or where to donate blood, 92% of respondents had seen such notices, whereas awareness was much lower in Misrata (46%), Benghazi (21%), Al Marj (15%), Tripoli (11%) and Tobruk where 6% of the respondents reported seeing such notices (see Figure 10).

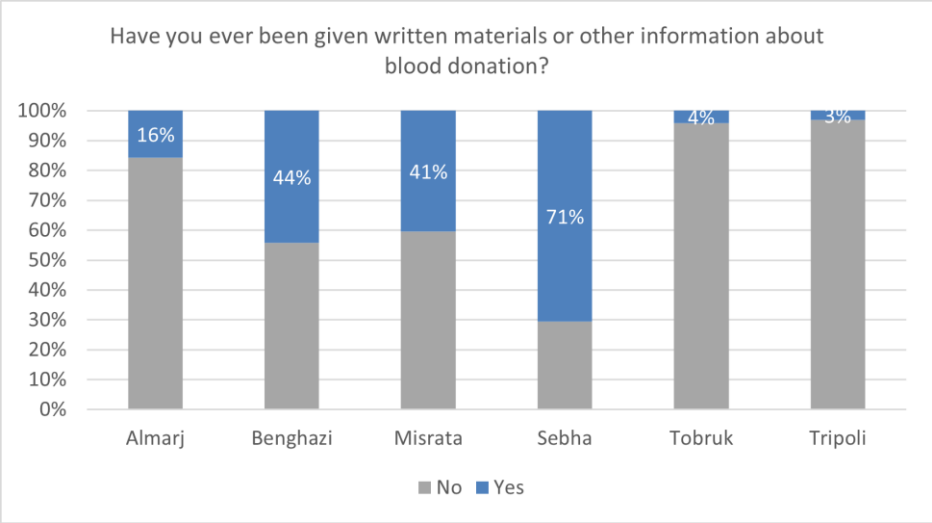

***Figure 11**: Percentage of people who report being given written materials about blood donation*

The distribution of written materials followed the same pattern: 71% of Sebha respondents reported receiving informational materials about blood donation, in stark contrast to Misrata (40 %), Benghazi

(44%), Al Marj (16%), Tripoli (3%) and Tobruk (4%) (see Figure 11). These findings highlight a regional disparity in communication and engagement efforts. While Sebha appears to have a well-established information and outreach system, the other cities, especially Tobruk and Tripoli, may require significant investment in campaign visibility and public education to raise awareness and promote voluntary blood donation. The sharp contrast in outreach effectiveness suggests that civil society partners and local media outlets played a more proactive role in Sebha, whereas other municipalities lacked coordinated visibility efforts, an issue flagged during inception consultations. Nationally, receipt of written materials shows the following change since 2020 (Figure 12).

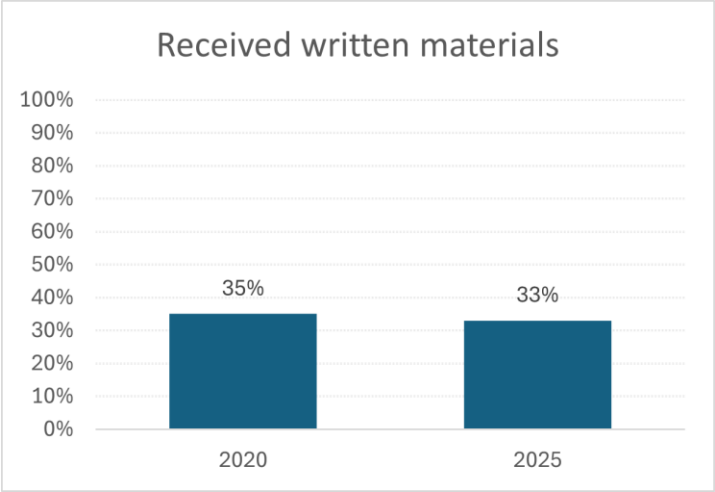

***Figure 12**: Received written materials about blood donation, 2020 vs 2025*

Levels of Awareness and Education Concerning Safety and the Blood Donation Process

The majority of respondents expressed little concern about physical or procedural risks associated with blood donation.

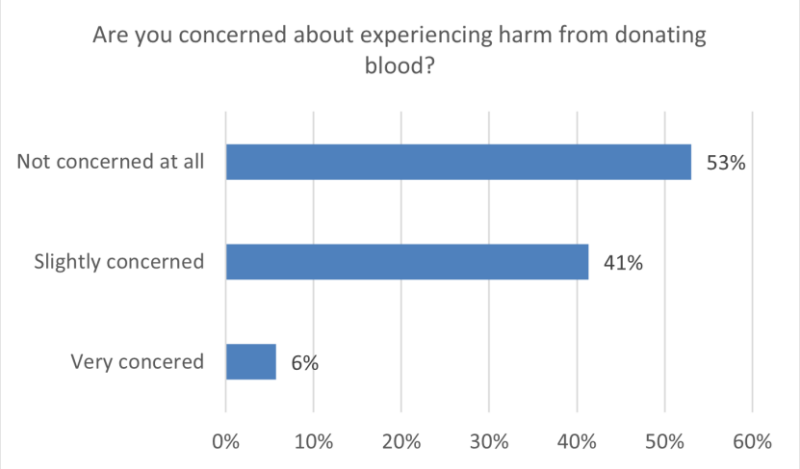

***Figure 13**: Perception of people about experiencing harm from donating blood*

When asked about fear of harm, 53% said they were not concerned at all, while 41.3% were slightly concerned and only 5.7% reported being very concerned (see Figure 13). Similarly, worries about what happens to their blood after donation were minimal: 67% were not concerned, and just 7.3% were very concerned.

Fear of experiencing harm from donating blood is lowest among respondents with higher education: only 1.9% of those with a bachelor's degree and 4% with a masters are "very concerned," compared to 14.8% of those with no education and 12.5% with only primary schooling. Similarly, concern about where blood goes after donation is lowest among those with advanced education and highest among those with lower levels. For example, 84% of master's degree holders are not concerned at all, while this drops to 62.5% for those with only primary schooling. This suggests that misinformation or lack of exposure to accurate information may contribute to anxieties among less educated groups, a barrier that should be explicitly addressed through culturally adapted education campaigns.

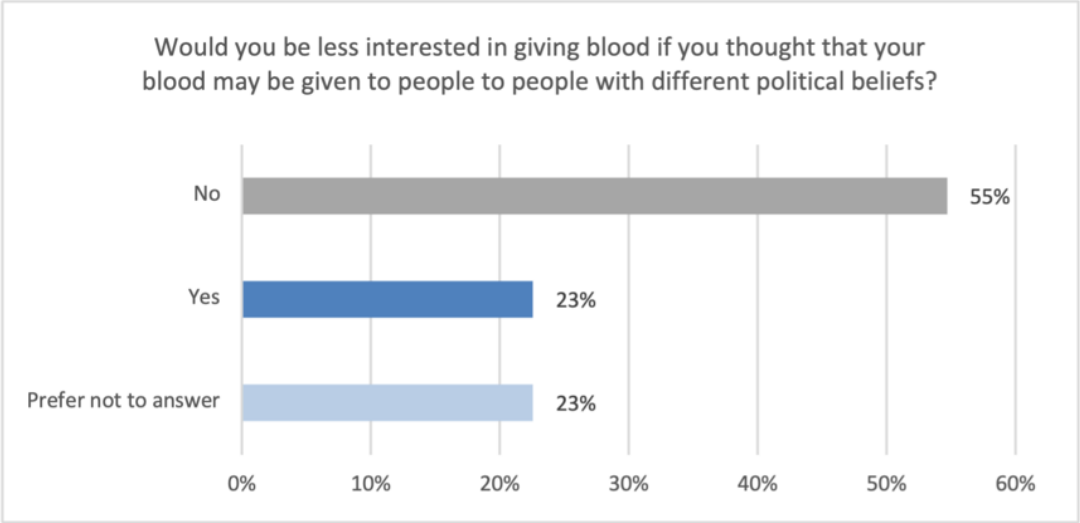

***Figure 14**: Blood donation related to political views*

While the majority of respondents were not concerned about risks associated with blood donation, attitudes shifted when the issue of political beliefs was introduced. Nearly a quarter (23%) of respondents stated they would be less interested in donating blood if they believed it might be given to someone with different political views (see Figure 14). This political sensitivity was also present in SREO's 2020 report, but it was less compared to this present study: in the 2020 report, 16% of respondents had expressed concern about their blood going to individuals with opposing political beliefs.[13] The same portion (23%) preferred not to answer this question, suggesting some sensitivity or discomfort around the topic.

[13] Expertise France Libya "Research Study on Factors Limiting Individual Blood Donations in Libya" report (2020)

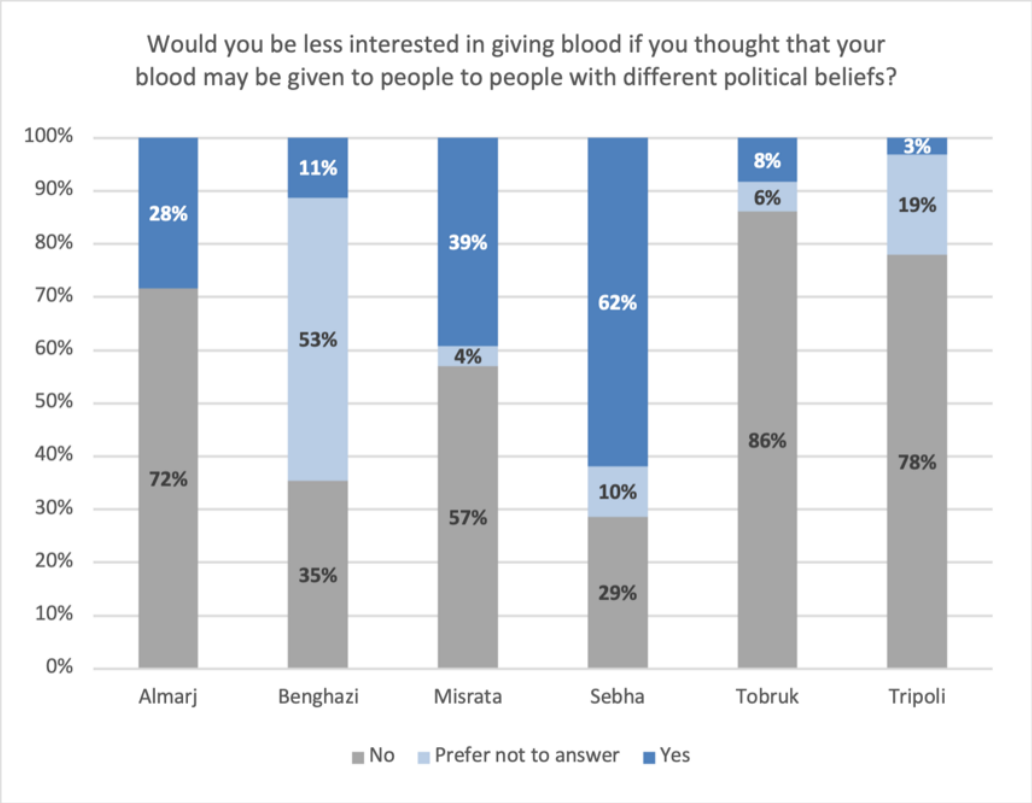

***Figure 3**: Blood donation related to political views, per location*

In Sebha, a city in the south with a history of political and tribal tensions, 62% of respondents said they would be less interested in giving blood if they knew it might go to someone with different political beliefs (see Figure 15). This is the highest rate among all cities surveyed.

Southern Libya is largely shaped by tribal structures, and in this context, political affiliations often overlap with tribal loyalties. Sebha is home to a diverse mix of ethnic groups and tribes, which can heighten a sense of in-group loyalty. This may help explain why respondents in Sebha appear more hesitant to donate blood outside their perceived group. While this suggests that blood donation is influenced by tribal affiliation in some locations, further research is needed to better understand the relationship between political identity, tribal dynamics, and willingness to donate blood. The 2025 inception report and stakeholder interviews also flagged these dynamics, emphasizing the need for “depoliticized” campaign messaging that focuses on shared national identity and humanitarian values.

While only 22.9% of bachelor's degree holders and 36% of master's holders said they would be less interested in donating if their blood might go to someone with different political beliefs, this jumps to 50% among those with primary school education. These findings suggest that political divisions in Libya can significantly influence trust and willingness to help others, even in life-saving activities like blood donation.

3.4 BARRIERS TO BLOOD DONATION

Headline finding

The dominant barriers are low salience ("never thought about it"), information gaps (eligibility/frequency), and access costs/time—not principled opposition.

Supporting evidence

- **Survey**: Among never-donors, top reasons: "never thought about it" (41%), lack of information (18%), few initiatives (12%), difficult access (9%).
- **Trend vs 2020**: political-belief concerns rose from 16% (2020) to 23% (2025); highest in Sebha (62%).
- **Qualitative**: SSIs/KIIs point to myths (infection, dizziness, "sold blood"), and to procedural opacity (unclear deferrals).

Implications

Make prompted salience and eligibility clarity the backbone of creatives; de-politicise messages (shared humanitarian duty) in high-salience cities; publish deferral reasons clearly at intake.

The barriers to blood donation are multifaceted, involving institutional and operational barriers, cultural barriers, and a lack of awareness.

There appears to be a low level of public understanding about the safety, benefits, and procedures of blood donation. Several informants described blood donation as a relatively new practice in Libya, introduced only in the late 2000s, and still not embedded in public consciousness. Many people are unaware of its life-saving potential unless they have had personal experience. Across all locations, a heavy reliance on family-based or emergency-driven donations was reported. Voluntary, habitual blood donation is rare. Donation is typically prompted by personal or social obligations, rather than a sense of civic duty. SREO's 2020 research confirms that Libya's blood transfusion system suffers from chronic blood shortages due to low rates of VNRBDs and that over 90% of blood donations are for family members or friends of donors, and only 1% of donors are women.[14] The interviews with voluntary blood donors also show that first-time donations are often driven by personal connections, not broad awareness campaigns, with interviewed donors explaining that they first donated as someone they knew was in need. Donors confirmed that awareness around blood donation is limited and often driven by personal emergencies rather than general public knowledge. This aligns with findings from a large-scale MENA study which found that youth and general populations often lack accurate information on blood donation and harbor myths about its health effects.[15] These findings also reflect a structural gap in national health promotion

[14] Global Journal of Transfusion Medicine "A knowledge, attitudes, and practices survey concerning blood donation among Libyans" (2023): https://doaj.org/article/5f6cb0b52b8a430a87c2e31d608cb6e2?utm

[15] Natureportfolio "Unveiling blood donation knowledge, attitude, and practices among 12,606 university students: a cross-sectional study across 16 countries" (2024): https://www.nature.com/articles/s41598-024-58284-4.pdf

strategies. The current national communication plan lacks mechanisms for sustained awareness efforts or integration of blood donation into broader public health education platforms.

> *"There is a lack of awareness, people don't know the importance of donating blood." - Voluntary Donor, Male, 42 (Benghazi)*
>
> *For their family members, almost 99% of the community are willing to donate blood, but for strangers and regularly, the percentage drops to less than 5%. (Tripoli Central Blood Bank)*

The most common barriers for blood donation reflect lack of awareness and access rather than fear or objection. This is consistent with SREO's 2020 report findings, where 37% of non-donors cited "never thought about it" and 12% cited lack of information as the main reasons for not donating.[16] In the current study, the leading reason for not donating was simply never having thought about it (41%), followed by lack of information (18%), lack of initiatives (12%) and difficulty accessing blood donation centers (9%). Other challenges include having pre-existing health problems (8%), lack of understanding of medical benefits (8%) and not having time (8%). These results show that people are not opposed to donating; they simply haven't been sufficiently informed, encouraged, or given the opportunity. A 45-year-old male donor in Sebha also confirmed that he only saw media campaigns when 'something bad happened'.

Blood bank managers report that the national blood bank strategy is not being implemented sufficiently, noting that staff are not sufficiently trained and that blood donation awareness is not embedded in public health awareness campaigns or in school curricula. Managers believe that campaigns are irregular, poorly designed, and minimally involve schools, media, or religious institutions. This lack of institutional coordination and campaign integration was also flagged as a key issue in the 2020 phase and remains unresolved.

Interviewed donors also noted the absence of effective awareness campaigns and a lack of blood donation education in schools or universities, with a 22-year-old male student donor in Benghazi stating that there were no campaigns encouraging students or explaining the importance of blood donation. The survey results show that indeed, information on blood donation is comparatively lower in high-school students, with 60.8% of them stating that they "didn't know" when asked if people could donate several times in one year. Only 27.7% recalled seeing or hearing any recent blood donation campaigns, just 25.7% had seen notices about when or where to donate, and a similar 23% had received any written materials about blood donation.

[16] Expertise France Libya "Research Study on Factors Limiting Individual Blood Donations in Libya" report (2020)

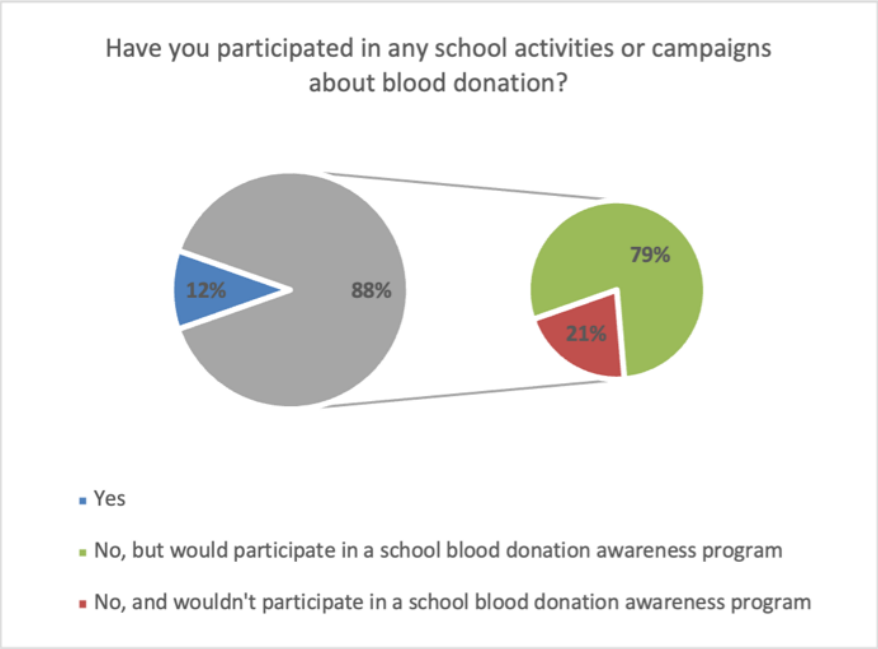

***Figure 16**: Blood donation campaign participation for high school students*

A large majority with 88% had never participated in any school activities or campaigns about blood donation; however, those who had not participated were willing to, with 79% among those stating that they would participate in a school blood donation awareness program (see Figure 16).

Among the high school students, 45.9% said blood donation is very important, and 24.3% said it's slightly important. 25% gave a neutral response, and 4.7% said it is not important. While most respondents didn't reject the idea of blood donation, only one-quarter saw it as a strong priority. There is hesitance in this group, as 58.1% were concerned about experiencing harm from donating blood and 37.1% were concerned about where their blood goes after donations. This is substantiated by previous research, which found that only 28.5% of university students across 16 MENA countries had good knowledge about blood donation, with 37% stating they had never been asked to donate and 18% fearing pain or infection. These results highlight the depth of public disengagement and the prevalence of misconceptions.[17]

> *Lack of awareness and education about blood donation is a challenge. There is no strong culture of blood donation, and awareness campaigns, lectures, and student involvement are insufficient. Even universities do not actively integrate blood donation into their educational programs. Social media should play a greater role in motivating people to donate blood. (Tripoli Central Hospital)*

Low awareness brings with it confusion, misinformation and fear about blood donation. For instance, even when people are willing to donate, they might not know where to donate, whether they are eligible or how frequently they can donate safely. In Tripoli, one interviewed donor observed that "*people are afraid*

[17] Natureportfolio "Unveiling blood donation knowledge, attitude, and practices among 12,606 university students: a cross-sectional study across 16 countries" (2024): https://www.nature.com/articles/s41598-024-58284-4.pdf

of donating blood and the complications after it" (male, 45). Misinformation and fear are based on concerns about acquiring infections, side effects like fatigue or dizziness, or discovering underlying health conditions through blood tests. Distrust in the system also hinders participation in voluntary blood donation. Some fear their donated blood might be misused or sold. According to research published in *Nature Portfolio*, 14% of participants expressed mistrust in the medical system as a barrier to donation, fearing either misuse of blood or unethical handling of test results. This mistrust has also been reported in other LMIC settings as a central barrier to voluntary blood services.[18] Interviewed donors described several fears and myths surrounding blood donation, ranging from pain and fatigue to distrust in the system. Others hesitate due to concerns about privacy, particularly regarding test results for infections.

The cultural practice of cupping therapy (Hijama) believed to offer health benefits, presents another significant barrier. Individuals who undergo Hijama become ineligible to donate for several months. This cultural norm, rooted in traditional medicine and spiritual beliefs, often supersedes biomedical understanding. As highlighted in public health literature, such practices reduce uptake of formal health interventions, including blood donation, across African and Middle Eastern contexts.[19]

> *There is a misconception that cupping, which is widely spread in the community, is better for health than blood donation. (Benghazi Blood Bank)*

Among those who have never donated blood, 21.9% considered donating many times, 53.9% had considered donating a few times, 24.1% had never considered donating. Among this latter group, 16.2% stated that they had refused to donate blood before. In an emergency situation, 71.5% stated they would donate blood for a non-family member. One male respondent in Tobruk, who has donated four times already, explained that he became a donor after his friend recommended it to him. While he also advised his friends and family, he observed that "*the majority of people believe that the blood donation process is a complicated one that has a lot of consequences, side effects and impact on health."* Looking at this data, it appears that many non-donors remain receptive to the prospect of blood donation and could be influenced by a sensitization and motivation campaign that clearly explains the procedures and corrects misinformation.

3.5 BARRIERS TO WOMEN DONATING

Headline finding

Attitudes towards women donating are permissive in the aggregate, but service conditions (privacy, female screeners), iron/Hb concerns, and household norms still constrain participation.

[18] Natureportfolio "Unveiling blood donation knowledge, attitude, and practices among 12,606 university students: a cross-sectional study across 16 countries" (2024): https://www.nature.com/articles/s41598-024-58284-4.pdf
[19] World J Surg "Barriers to Effective Transfusion Practices in Limited-Resource Settings: From Infrastructure to Cultural Beliefs" (2020) https://pmc.ncbi.nlm.nih.gov/articles/PMC7266790/pdf/268_2020_Article_5461.pdf

Key figures

- 85.3% answered Yes to "Can women donate?";
- 65.7% of housewives say they would need husband's permission;
- Overall 69.3% of women say permission is not needed; men 48% say not needed;
- **Qualitative**: Women cite discomfort in mixed-gender rooms and uncertainty about iron/haemoglobin concerns (refers to anxiety or ineligibility related to low iron or haemoglobin, including menstruation/pregnancy-related deferrals and uncertainty about testing/equipment consistency); managers acknowledge inconsistent equipment/procedures.

Implications for campaigns/operations

- Women-only windows and female screener on duty during campaign days.
- Myth-busting one-pagers on eligibility & iron at intake; link to maternal/primary care settings.
- Paired donations (come with a companion) promoted via universities/clinics.

(Feeds Rec D; see also Rec E on first-time experience.)

Across multiple blood banks, female participation in voluntary blood donation is low. This echoes SREO's 2020 report findings, which revealed persistent misinformation and social norms restricting women's participation in donation, including myths about physical weakness and the need for male permission.[20] Women represent less than 5% of blood donors in the Benghazi Blood Bank manager's experience. Several physiological factors, including menstruation, anemia, early marriage, and frequent pregnancies, medically disqualify many women from blood donation. This observation aligns with research indicating that female gender is independently associated with lower odds of blood donation, even after accounting for knowledge and health status.[21] The Benghazi Blood Bank Manager mentioned that women in Libya tend to marry young and have multiple children. As a result, they are frequently pregnant, breastfeeding, or recovering postpartum. These conditions medically disqualify women from donating blood for extended periods, limiting their eligibility over much of their reproductive years.

This barrier is compounded by a lack of targeted education and gender-sensitive outreach. As highlighted in the 2020 phase and during KIIs in Tripoli and Misrata, few public awareness campaigns explicitly feature women or address myths surrounding female donation eligibility.

Misconceptions such as all women having anemia also lower women's willingness to donate, despite a lack of screening first to confirm if they are indeed anemic or not. In addition, social norms might discourage women from participating in donation. In Sabratha, two female respondents noted that women often worry about their iron levels, experience social discouragement, or believe that donation may weaken them physically. One shared, *"Women often worry about their iron levels or feel they are too weak"* (Female, 61), while another observed, *"Some women don't donate because of social pressure or*

[20] Expertise France Libya "Research Study on Factors Limiting Individual Blood Donations in Libya" report (2020)
[21] Natureportfolio "Unveiling blood donation knowledge, attitude, and practices among 12,606 university students: a cross-sectional study across 16 countries" (2024): https://www.nature.com/articles/s41598-024-58284-4.pdf

myths" (Female, 34). This is further corroborated by blood bank managers noting that men might not give permission for female family members to donate, and a male donor in Misrata stating, *"It's not widely accepted for women to visit hospitals and interact with men".*

Survey data also supports these concerns. Women who had never donated blood cited health concerns, lack of family support, and discomfort in mixed-gender settings as key deterrents. This indicates that barriers are both structural and perception-based.

Regarding worries about anemia, blood bank managers confirmed that women undergo CBC blood tests to assess eligibility for donation, but equipment and procedures are inconsistently applied across facilities. An interviewed female donor in Tobruk blood bank noted that she hesitated at first to donate blood, however, her blood pressure, iron level, and blood components were checked, which ensured her that the process was going to be safe for her (Female, 32). The NCDC has attempted to address misconceptions with campaigns such as "Women Donate Blood", but cultural resistance remains strong.

> *Women in Libya believe that they shouldn't donate blood. This is catastrophic, as the percentage of females in Libya is very high. Therefore, to counter this belief, we, in the Libyan Centre for Disease Control, have raised up a motto saying "Women donate blood" last year, and we have been working in raising women's awareness accordingly, as women make up a significant component of society. (Tripoli Central Blood Bank)*

The blood banks lack gender-sensitive approaches, including targeted outreach, tailored materials, or infrastructure changes to make donation easier for women. The perception of blood donation as something "not for women" is culturally reinforced, with the blood bank managers noting that there is a low general expectation for women to donate, and they are less frequently approached as potential donors.

In the focus group held in Tripoli, some younger women stated that they were never directly encouraged to donate, even in university settings where awareness events had taken place. This underscores the need for inclusive engagement strategies that do not assume women will participate through general campaigns alone.

Multiple blood bank managers note that there's a gap in educational outreach specifically targeting women. The Misrata Blood Bank director emphasizes that most awareness efforts do not sufficiently reach women where they are. While health centers are full of women, they are usually too busy to receive proper awareness messages there.

> *The blood donation rooms aren't equipped appropriately for women, as all of these rooms open to each other and aren't gender segregated, and this makes men afraid of bringing their mothers or sisters to donate in fear of harassment. (Tripoli University Hospital Blood Bank)*

Women cannot donate in mixed-gender areas, and no separate accommodations are currently available. This concern was similarly documented in SREO's 2020 report, where blood bank staff highlighted the lack of private spaces and female phlebotomists as a barrier to women's comfort and participation.[22] In Tripoli University's blood bank, Tripoli Central Bank and Tripoli Central Hospital, it was noted by the managers that there is a lack of privacy and appropriate female-specific facilities in the donation rooms. This is cited as another reason why women might not prefer to donate, fearing harassment due to a lack of gender-segregated spaces.

In Tobruk, women reported preferring to donate only when a female nurse or doctor is present. However, due to staff shortages, this is not always guaranteed, deterring those who might otherwise be willing.

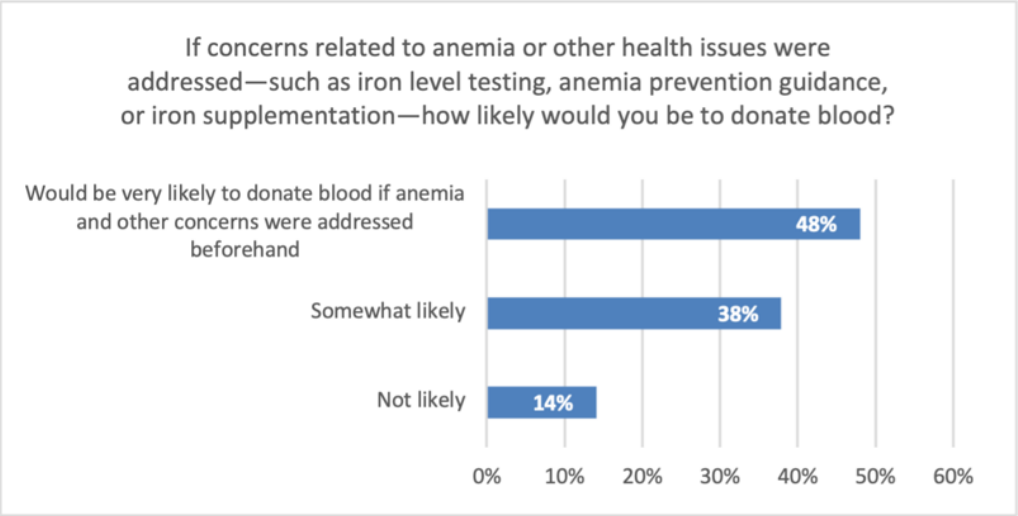

***Figure 17**: Likeliness to donate blood if concerns are addressed*

In the survey, the awareness that women could donate blood was high, with 85.3% stating that women could also donate. For housewives, it is important to address anemia and other health concerns beforehand, with 48% stating it would make them very likely to donate, and 38% noting it would make them somewhat likely to donate, as seen in the chart above (see Figure 17).

More men think women need permission to donate blood with 69.3 of % surveyed women and 48% of the surveyed men stated women do not need permission from their husbands/fathers to donate blood. Male respondents' views (2020 vs 2025) on permission norms are shown in Figure 18.

[22] Expertise France Libya "Research Study on Factors Limiting Individual Blood Donations in Libya" report (2020)

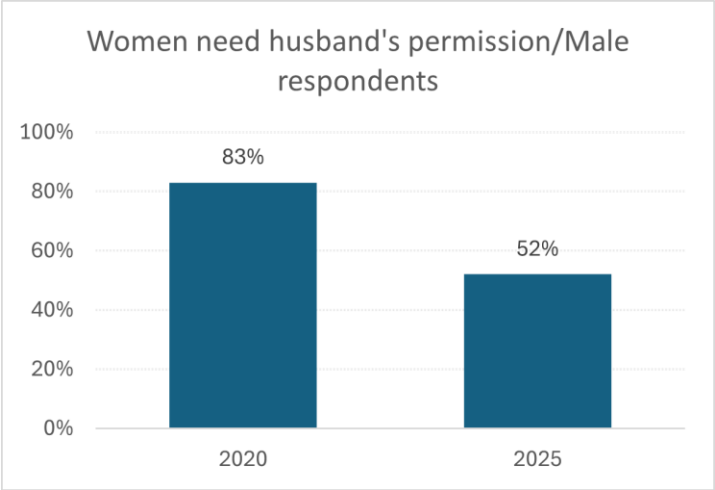

***Figure 18**: Women need husband's permission to donate" — responses from men, 2020 vs 2025*

Interestingly, in the survey with housewives, 65.7% stated they would need their husband's permission to donate blood, while 64.5% answered 'yes' and 25.8% said maybe when asked if they would donate for someone who is in need, even if they are not a family member. Female respondents' views (2020 vs 2025) on permission norms are shown in Figure 19.

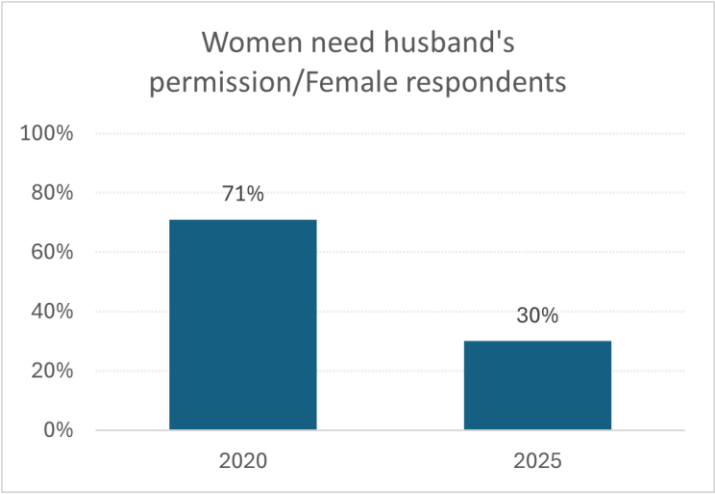

***Figure 19**: Women need husband's permission to donate" — responses from women, 2020 vs 2025*

This reflects a deep-rooted tension between personal agency and prevailing gender norms. It also suggests that awareness campaigns must go beyond factual education to challenge normative barriers within families and communities.

This indicates that married women might have opposing ideas about if they need permission from their husbands or not, despite majority being very willing to donate in case there was a need. However, the 25.8% being hesitant shows the need for more conviction.

To address these constraints, several blood bank managers recommended piloting women-only donation days, increasing the presence of female staff, and integrating blood donation education into maternal and

reproductive health services. These suggestions align with global gender-inclusive health promotion practices and may help bridge the current gender gap in Libya's donor pool.

3.6 OPERATIONAL CHALLENGES AS A BARRIER TO DONATION

Headline finding

Operational frictions at facility level (privacy/layout, inconsistent briefing & deferral feedback, absence of routine re-contact, and under-resourced mobile units) limit first-time conversion and repeat VNRBD. Most fixes are low-cost and procedural.

Supporting evidence

- **Process & experience (survey, donors only)**: 66.3% said staff explained the process clearly; 89% would feel more confident if all steps were explained beforehand; 77.3% rated their last donation good, 19.5% neutral, 3.1% bad.
- **Retention & follow-up (survey)**: Only 37.6% of past donors were re-contacted; 80.4% say reminders would make them more likely to donate again; 85% would register to be contacted.
- **Practices (KIIs/SSIs)**: Paper lists and ad-hoc calls common; Tripoli Central uses Al-Shafi, others rely on paper; donors report unclear deferrals and variable post-donation care; female screener availability intermittent; mobile units outdated and heat-vulnerable.

Implications for campaigns/operations

- Prioritise low-cost standardisation now: a 60-second intake briefing + deferral reason slip; privacy screens/flow zoning (women-only windows where helpful); a water/snack observation corner; and a minimal donor registry with timed WhatsApp/SMS reminders.
- Plan targeted refurbishment of mobile units via NBTSA. (Links to Recs B re-contact, D women's participation, E first-time experience; see Table 10 below).

***Table 10**: Operational barriers with cost/effort notes (indicative)*

Barrier (from KIIs/SSIs)	Evidence examples	Cost/effort	Primary owner	Practical fix
Privacy/layout gaps (mixed rooms; crowding)	Tripoli sites; female donors citing discomfort	Low (screens, zoning)	Blood bank	Add privacy screens; queue zoning; women-only slots
Inconsistent briefing & deferral feedback	Misrata rejection w/o explanation; Sabratha donors uninformed	Low (scripts)	Blood bank	60-sec intake briefing; deferral reasons slip

Irregular re-contact	Donors rarely messaged; phone lists ad-hoc	Low (registry + SOP)	Blood bank with NBTSA	Minimum registry; timed WhatsApp/SMS
Under-resourced mobile units	Managers report outdated units, heat issues	Med–High	NBTSA + MoH	Targeted refurbishment; route calendar
Snack/observation inconsistency	Variation across cities	Low	Blood bank	Water/snack corner; short observation time
Female screener availability	Reported as intermittent	Low–Med (scheduling)	Blood bank	Align staff roster/schedule with women-only windows

***Box 2**: Methods note: How "cost/effort" was estimated (indicative)*

How "cost/effort" was estimated (indicative)

Ratings reflect operational feasibility, not monetary costing. Each item was scored on the basis of:

- **Type of resources needed**: staff time and brief training vs. procurement/facility works.
- **Level of coordination**: can the blood bank implement alone, or is NBTSA/MoH involvement required?
- **Lead time**: can it be set up within existing cycles (weeks) or does it require multi-month planning?
- **Change management burden**: new SOPs/rota changes vs. capital refurbishment/new vendors.
- **Dependencies & risk**: reliance on external suppliers, approvals, or national IT/QA systems.

Interpretation of bands:

- **Low** = Implementable in-house with existing operating budgets and materials; weeks, not months; minimal training/SOP tweak; no capital works.
- **Medium** = Requires some procurement/coordination beyond the facility; 1–3 months; limited one-off purchases (small equipment/minor works) or multiple sites to align; modest training/QA updates.
- **High** = Capital refurbishment or multi-stakeholder rollout; >3 months; national approvals, vendor contracts, and sustained budget lines.

Why we do not show currency values here: unit prices and vendor availability vary by city and over time; precise costing belongs in implementation planning with NBTSA/MoH procurement.

There are institutional and operational limitations to blood donation. Blood bank managers noted that the blood donation centers are often unfit, cramped, uncomfortable, and lacking essential amenities. Despite handling ~40% of Libya's blood reserves, Tripoli's central bank operates without sufficient

resources, according to its manager. Lack of financial support limits the ability to offer incentives, expand outreach, or improve donor facilities. These infrastructural and resource deficits reflect long-standing structural neglect of Libya's blood transfusion system, as highlighted in SREO's 2020 study, which also reported persistent funding shortfalls and weak national-level coordination.

Blood banks generally suffer from inadequate infrastructure, including overcrowded or unhygienic facilities, poor ventilation, and insufficient staffing, particularly during peak periods. During peak periods, due to insufficient number of staff, information might not be explained clearly to donors, which impacts their experience. Many interviewed donors across all locations reported not being informed about basic health criteria, frequency limitations, or iron levels. In Sabratha, two male donors said they were not informed of any eligibility requirements, and in Misrata, one donor mentioned receiving only minimal information, stating, "*I only knew that healthy people who are not addicted to drugs should donate*". In Benghazi, a female donor noted she was not informed about critical health checks like haemoglobin or iron levels, which discouraged her from returning (Female, 27). Some also expressed unease with the donation process itself, one donor in Misrata recounted being rejected with no clear explanation, stating, "*I went home with several needle marks… and to this day, I still don't know why*" (Male, 23, Misrata), which points to a lack of procedural transparency and post-donation communication.

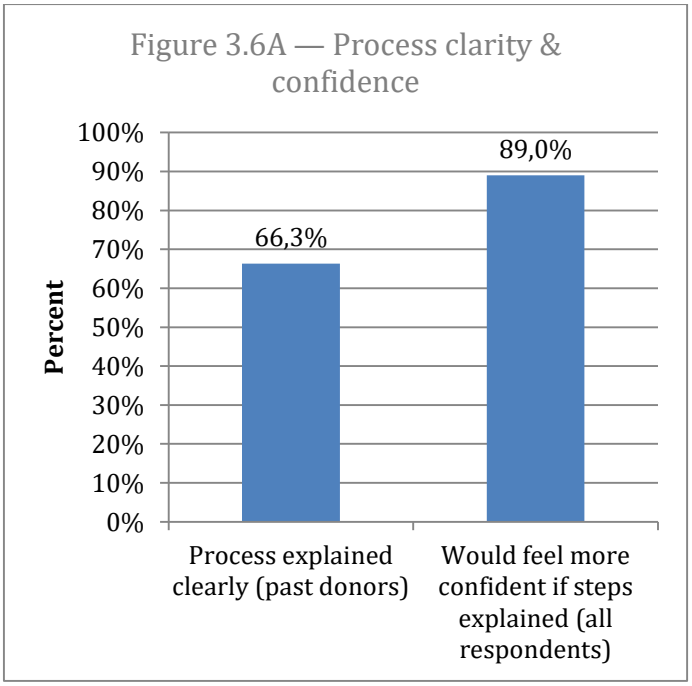

***Figure 20**: Process clarity & confidence among donors (2025)*

Survey results underline the point: 66.3% of past donors say staff explained the process clearly, and 89% of all respondents say clear explanations would increase their confidence (Figure 20). Such testimonies suggest systemic shortcomings in pre-donation briefing and post-donation follow-up. These challenges erode public trust in the donation process, particularly among first-time donors. Insights from stakeholder

consultations suggested that younger and female donors may be more sensitive to procedural uncertainty, which can discourage repeat donations.

Misrata blood bank manager suggested hiring social workers at blood banks, which can have a significant impact on attracting donors and motivating them to donate regularly. *"Nurses are often busy with the donation process and may not have enough time to explain everything clearly, as they might receive up to 100 donors a day."* This recommendation aligns with global best practices on donor retention, which emphasize the importance of well-trained non-medical staff to manage donor relations, offer psychological reassurance, and address first-time anxieties.

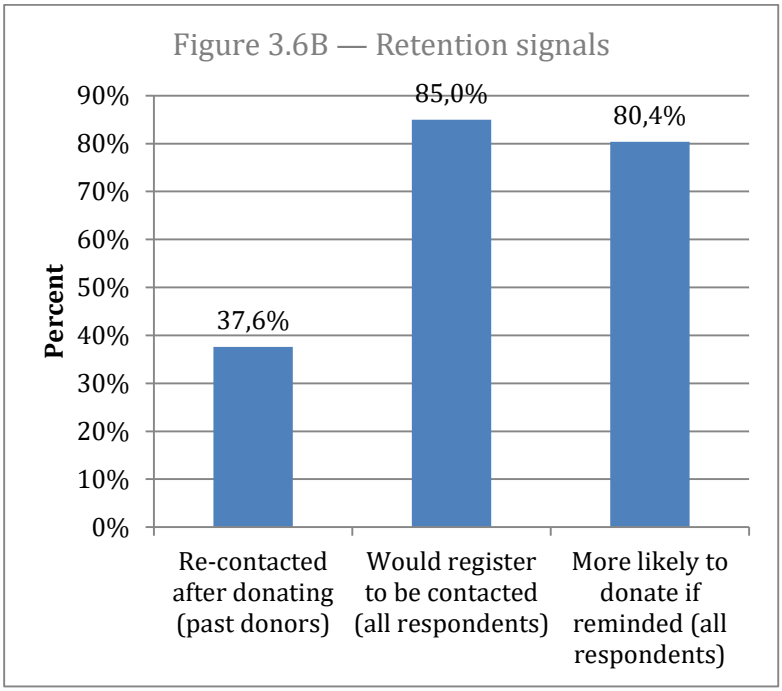

***Figure 21**: Retention signals (2025): re-contacted, would register, reminders help*

Follow-up remains inconsistent (37.6% of past donors were contacted again), but intent is strong: 85% would register to be contacted and 80.4% say a reminder would make them more likely to donate (Figure 21). There are supply shortages, especially blood bags and testing equipment, leading to canceled campaigns or rejected donors, undermining trust and reliability. These conditions not only deter donors but also limit the capacity for safe and efficient donation processes. For instance in Al Marj Blood Bank, periodic lack of essential supplies such as blood bags, syringes interrupts donation activities and reduce reliability, deterring potential donors. At the time of the interview, Al Marj Blood Bank was suffering from shortage of syringes.

These findings mirror the operational bottlenecks described in SREO's 2020 phase, where logistical constraints and inconsistent supply chains, especially in remote and conflict-affected areas, were found to limit the effectiveness of blood donation campaigns. The current study shows little progress on this

front, reinforcing the need for targeted investment in logistics and contingency planning at the national level.

3.7 MOTIVATIONS FOR DONATING

Headline finding

Motivation is primarily altruistic and relational; recognition and health reassurance help, while material incentives add little.

Supporting evidence

- **Survey (top motives)**: save lives 34.3%, help others 34%, someone known in need 33%; only ~2% cite gifts/money. 69.2% see no need for anything in return.
- **Qualitative**: Positive feelings/health reassurance commonly noted; donors value simple acknowledgement.

Implications - channel entry points

- **Altruism/story**: Social tiles & short videos with recipient outcomes and donor testimonials (Sebha-style).
- **Relational**: Promote group drives (campus/workplace); easy bring-a-friend calls-to-action.
- **Health reassurance**: Intake poster + 60-sec script on safety & after-effects; visible hygiene routines.
- **Recognition**: Light thank-you rituals (card/digital badge); occasional public shout-outs.

Table 11: *From motivator/barrier to campaign entry point*

Signal	Entry Point	Where to run it
Altruism / "saving lives"	Donor/recipient stories	Facebook + WhatsApp broadcast
"Never thought about it"	Timed prompts (monthly windows)	City pages, campus groups
Eligibility myths	4-tile myth-buster set (Hb/iron/frequency)	Posts + intake one-pager
Group influence	Group sign-up + photos	Universities, workplaces, clubs
Faith framing	Friday announcement + post	Mosque networks; city pages

Previous studies show that a range of personal and social motivators influence individuals' decisions to donate blood with the three main motivators being: prosocial, reciprocity, and self-image[23]. Prosocial motivation refers to altruism (a desire to help other people generally) or collectivism (a desire to help members of a target group, including the donor's community and friends/family. Meanwhile, reciprocity refers to donors donating blood after themselves or their families have received transfusions, or in the

[23] Wang, W., Li, S., Li, J., & Wang, Y. (2021). The COVID-19 pandemic changes the nudging effect of social information on individuals' blood donation intention. Frontiers in Psychology, 12, 736002. https://doi.org/10.3389/fpsyg.2021.736002

hope that blood is available when they have a future need. The third motivator, concern over self-image encourages individuals to behave in a more prosocial manner in order to avoid negative judgment from others and to protect their reputations (ibid.).

Within the context of this study, it was observed that the experienced benefits of donating blood are a great motivator, showing its potential in attracting new donors if promoted widely in awareness campaigns. As in SREO's 2020 report, altruism and religious duty were dominant themes, with most respondents citing community service and personal satisfaction as key motivators for donating.[24] Across the interviews with donors, it was noted that blood donation not only benefits recipients but also contributes to the donor's sense of health, altruism, and community connection. Interviewed donors across all locations described the act of donating blood as a positive and meaningful experience, both physically and emotionally. The majority of survey respondents place value on supporting their community through service, altruism, or charity. About 42.6% consider it "very important" and another 31.4% find it "slightly important," meaning nearly three-quarters of participants attach at least some importance to community-oriented actions. Most respondents (69.2%) do not believe it's necessary to receive something in return for donating blood, suggesting that a strong majority view blood donation as an altruistic act.

This trend was particularly pronounced among younger and university-educated donors, suggesting that appeals to civic identity, social solidarity, and public health benefits could be effective entry points in future campaigns.

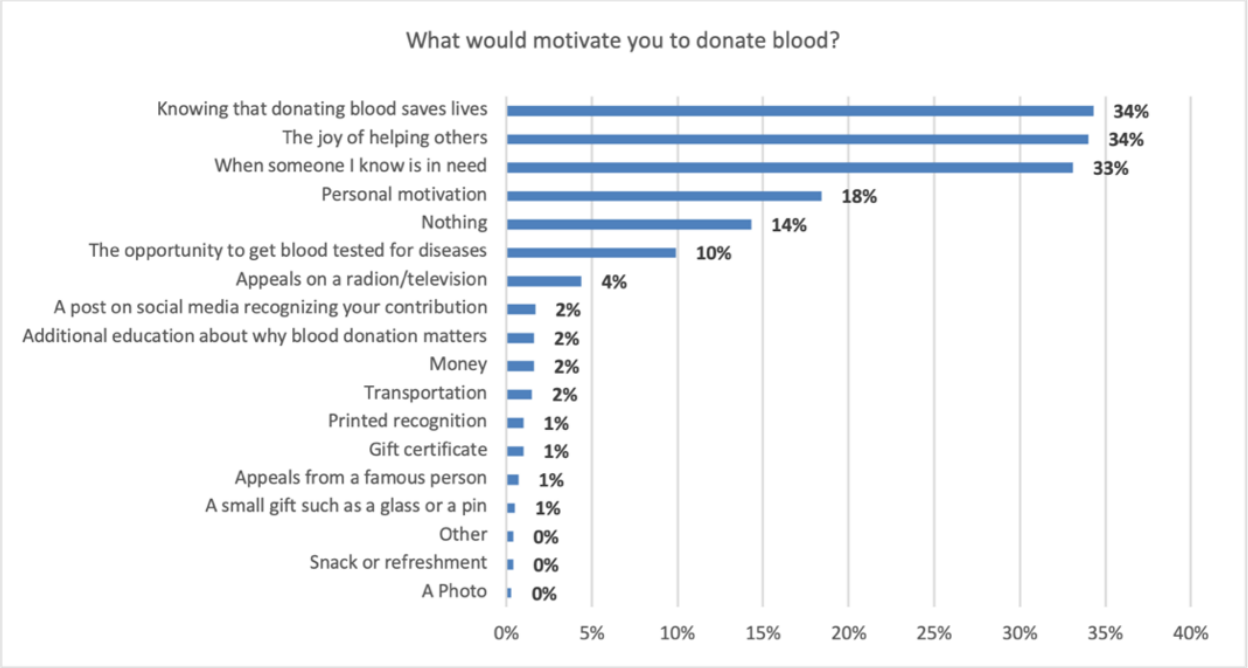

***Figure 22**: Motivations for donating blood*

[24] Expertise France Libya "Research Study on Factors Limiting Individual Blood Donations in Libya" report (2020)

As seen in the above chart (see Figure 22), according to survey results, the top three motivators of donation are rooted in altruism and personal connection: knowing that donating blood saves lives (34.3%), the joy of helping others (34%), and when someone they know is in need (33%). Personal motivation (18%) and the opportunity to get tested for diseases (10%) also played notable roles, while material incentives like gifts or money were largely ineffective (each under 2%). This confirms findings from SREO's 2020 report, which similarly highlighted that external material incentives had limited long-term impact on donor retention, whereas intrinsic and relational motivators were more influential.

Several participants reported feeling healthier or more energized after donating. In Al Marj, one donor reflected, "*Donating blood is a humanitarian act that makes one feel positive*". In Sebha, donors emphasized both health and emotional benefits, with one saying, "*Blood donation is good for the health and body, the blood is renewed and the body feels more energetic*" (male, 45), and another adding, "*I am motivated to donate again*". In Sabratha, emotional impact stood out, with respondents describing the act as fulfilling: "*It made me feel good, like I did something meaningful*" (male, 19) and "*It made me feel proud and happy*" (female, 61). Across all locations, even first-time donors expressed a willingness to donate again, highlighting how the experience reinforced a sense of purpose and well-being.

Not all blood banks have the necessary funds to provide care to donors after transfusion. Tripoli Central Blood Bank manager explained that after donation, the donor needs rest in a comfortable, air-conditioned location with some nutrients, however these are not provided there. In Misrata Blood Bank, in the past, simple items like juice and yogurt were offered, but these practices have stopped. Meanwhile, Tripoli Central Hospital's blood bank manager noted that they offer snacks such as cake, juice, and water. In Tobruk blood bank, the four interviewed donors all mentioned that they were offered snacks after donation and were able to rest comfortably.

This shows that the blood banks do not have the same resources, and donors' experience may vary widely across locations. According to both donor interviews and blood bank staff, such inconsistencies in care and comfort directly affect donor satisfaction and willingness to return. That being said, if operational challenges regarding poor infrastructure were alleviated, donors could feel more comfortable and dignified, which could increase repeat donation rates. In SREO's 2020 report, donor comfort and respectful treatment were also emphasized as central to retention, with small gestures such as thank-you notes, refreshments, and friendly staff cited as key motivators.[25] The Mistrata blood bank manager emphasizes the importance of donors feeling safe, comfortable, and well-treated, stating: *"When blood banks provide good services that make donors feel comfortable, people are more likely to come forward to donate blood."*

All donors undergo detailed health assessments (vital signs, blood pressure, hemoglobin) before donation, with special attention to women. These checkups act as an incentive, especially for health-conscious individuals, and offer a practical personal benefit to donating. Some interviewed blood donors perceived or experienced health benefits as a reason for donating blood. This included beliefs about blood renewal

[25] Expertise France Libya "Research Study on Factors Limiting Individual Blood Donations in Libya" report (2020)

and improved energy levels. A few mentioned using blood donation as a way to check their own health status: *"What motivated me is checking my blood status." - Tripoli (Male, 45)*

Tangible incentives like gifts, provision of snacks, cards, or simple gifts on special days (such as International Blood Donor Day) are valued by donors. Blood bank managers suggested providing incentives to donors. In 2023, Al-Marj Blood Bank manager noted the gift of a laptop to the best donor. Simple thank-you gestures, such as messages, cards, and public recognition during events or conferences, make donors feel valued and can encourage repeat donations. In Sebha Blood Bank, every year top 3 blood donors are posted on the social media pages and given pens and keychains, which has been motivating.

According to the interviews with donors, incentives across all locations were generally minimal, with some donors recalling receiving water or juice, though most stated that these did not influence their decision to donate. For example, one donor from Al Marj noted, *"I received a bottle of water and a bottle of juice. However, this hasn't motivated me".* A similar experience was shared in Sebha and Benghazi, where refreshments like juice or small snacks were mentioned. Only one donor in Sabratha reported receiving a certificate in addition to juice.

In Tripoli Hospital Blood Bank and Misrata Blood Bank, the idea of a blood donor card, granting the right to receive blood in the future, was identified as a strong potential motivator for repeat donation. This idea was also supported during stakeholder interviews and is consistent with recommendations in the 2020 study, which advocate for symbolic and practical rewards that reinforce donor recognition. If implemented systematically, such mechanisms could strengthen trust in the system and contribute to sustained voluntary donations.

> *The most impactful step that would encourage individuals to donate blood is assuring their ability to receive blood when they need to via blood donor cards. By giving regular donors blood donor cards that can enable them to acquire blood whenever they, or any of their relatives, need blood, those individuals will become encouraged to continue to regularly donate their blood. (Tripoli University Hospital Blood Bank)*

3.8 BLOOD BANK COMMUNITY ENGAGEMENT

Headline finding

Trusted messengers (HCWs, imams, Red Crescent/NGOs, teachers) and parents for students are decisive; faith-framed messaging is widely acceptable.

Supporting evidence

- **Survey**: 85.3% would be encouraged if donation is framed as a religious value; 76.7% believe religion supports donation.
- **Students**: most influential figures = parents (≈40%); faith endorsement still raises willingness.

- **KIIs/SSIs**: Friday announcements, campus drives, and RC partnerships correlate with higher turnout.

Implications

Hard-wire mosque networks and campus institutions into monthly windows; pair imams/HCWs with digital posts (the message and the messenger travel together). (Feeds Recs A & C.)

Standardizing Blood Bank Hospitality Practices

A key motivator mentioned is the experience donors have at the blood bank. When services are efficient, professional, and respectful, people are more likely to return. If facilities are unclean, cramped, or uncomfortable, even motivated individuals may not return. The blood bank managers highlight the importance of friendly, hygienic, and respectful treatment at donation centers.

> *Even if a person is mentally prepared to donate their blood, when they arrive at the place and find it unprepared/unfit, they will change their minds and never come back again. (Tripoli Central Blood Bank)*

Proper equipment and trained staff also make the donation experience smoother and more reassuring, with Sabratha Blood Bank manager noting that all staff should be informed about how to communicate with donors, being aware that donors respond positively when told their donation can save multiple lives and motivating the donors.

In SREO's 2020 study, donor narratives similarly emphasized that respectful treatment and clean, well-organized facilities significantly increased their likelihood of donating again. Donors in both phases expressed that their perception of professionalism at the blood bank influenced their trust in the system.

> *If donors are received well by the staff who make them feel the significance of what they are doing (for instance, the nurse telling them that this blood bag will save up to three lives; one by the red blood cells, one by the platelets, and one by the blood plasma), they would feel encouraged to return again to donate. This would require personnel who are trained in the arts of communication and who are professional at this. (Sabratha Blood Bank)*

Among the respondents who reported donating before, 77.3% said they had a good experience, 19.5% had a neutral experience while 3.1% had a bad experience. 66.3% said blood bank staff explained the donation process clearly. Explaining the process and health checks clearly to donors is very important, with 89% noting that they would feel more confident donating blood if all processes were clearly explained beforehand. Despite the varying levels of experience with blood donation, 85% said they would consider registering in a system that allows them to be contacted when blood is needed.

Follow Up Procedures

The blood banks visited in this study lack a uniform donor tracking system, structured follow-up protocols, and mechanisms for retention or recognition. A similar concern was raised in SREO's 2020 report, where weak data collection and infrequent follow-ups were noted as key issues limiting repeat donations.[26] This lack of a digital system for tracking detailed donor demographics, motivations, or donation history limits data-driven outreach. In many blood banks, donor data is collected through forms.

> *Donors fill out a form, answer questions, and undergo tests to ensure they're eligible. We stress honesty, even about things that may feel shameful, because selecting the right donors from the start prevents problems later. Some donors may lie out of emotion when they are donating for their family members, but our system helps detect that. (Sabratha Blood Bank)*

The lack of a digital donor tracking system is important, as it would be much easier to collect and verify donor data with digitally filled forms, as multiple blood bank managers confirmed that donors might conceal information about their health condition in order to donate for their family members. A report dated 2022 emphasizes that many low and middle-income countries suffer from outdated blood bank systems, lacking both electronic infrastructure and retention strategies such as SMS reminders or automated feedback loops.[27] The collected data in this study also showcases that, without a consistent follow-up system, such as SMS or reminders, it is difficult to retain and encourage repeat donors. This absence of digital systems and structured communication hinders donor retention and relationship building.

Tripoli Central Blood Bank uses Al-Shafi, an electronic system to record donor data, ensure traceability, and maintain quality control. However, this system is only available in a few blood banks across Libya. In Sebha Blood Bank, and Benghazi Blood Bank a phone-based personal follow-up system exists, but there is no formal digital tracking system.

Consultations with blood bank staff highlighted a strong appetite for standardizing follow-up protocols and digitizing donor records across locations, especially to improve recall campaigns and reduce dependency on manual paper-based systems. Several managers suggested that donor retention rates would improve significantly if SMS-based reminders, automatic thank-you messages, and health status updates were institutionalized.

Across interviews with voluntary blood donors, there was little evidence of consistent follow-up from blood banks to retain donors or encourage regular donations, and few donors recalled receiving any

[26] Expertise France Libya "Research Study on Factors Limiting Individual Blood Donations in Libya" report (2020)
[27] HHS Public Access "The BLOODSAFE Program: Building the Future of Access to Safe Blood in Sub-Saharan Africa" (2022): https://pmc.ncbi.nlm.nih.gov/articles/PMC9643608/pdf/nihms-1835594.pdf

formal follow-up from blood banks. This same issue was noted in SREO's 2020 report, where only 78 of 352 past donors reported being contacted again, despite follow-up being highly correlated with repeat donations.[28] In Sebha, for instance, a donor noted, *"Yes, they took my phone number, but they didn't communicate"*. In Misrata, respondents unanimously reported no follow-up after donation, and in Sabratha, all four donors said the same. Only two Tripoli respondents mentioned being contacted after their donation, and even those described it as infrequent or need-based.

There does not appear to be sufficient efforts made by the blood banks to encourage repeat donations. Among the survey respondents who had donated before, 37.6% reported that they were contacted by the blood bank later on if they would like to donate again. The importance of follow-ups and reminders was seen with 80.4% of respondents noting that they would be more likely to donate if they were reminded or followed up with. This indicates that implementing effective follow-up protocols could significantly increase repeat donations.

Interviewed blood bank managers in Tripoli noted that there are no mechanisms to record donor motivations, experiences, and how donors learned about the bank. Blood banks do not systematically collect feedback on how donors heard about them or what motivated them, which could be valuable information to design operations to increase the number of donors. Donor tracking and follow-up should not only support operational management but also serve as a vehicle for relationship-building with the community. Integrating feedback loops, digital surveys, and donor satisfaction metrics would help improve trust, personalize outreach, and build a pool of regular voluntary donors.

Communicating with the Public

Successful campaigns were run in cooperation with universities, the army, hospital departments and local organizations. Campaigns targeting students, especially university students, are highly beneficial, as most blood bank managers stated this group is the most responsive. In Al Marj, targeting students at universities and high schools has shown strong results in changing attitudes toward donation. Schools and universities, especially female-dominated faculties (pedagogy, gynecology), are identified as the best locations for engaging women. In Tobruk, the Blood bank manager noted that campaigns at educational institutions (such as the Faculty of Medicine) have shown strong female turnout when awareness and screening are prioritized. Bringing services to public places and malls has been successful because it removes barriers of access and saves people's time and effort. Mobile blood units are seen as especially effective in increasing visibility and convenience.

Campaigns in the past have used television appearances and public lectures to promote awareness. In Tripoli, blood banks achieved 43,000 units out of Libya's total 80-100K supply (as of 2024) and there were 80 campaigns in 2024 despite limited resources. Two recent campaigns, at Al-Etihad club and Battalion 512, showed high participation rates (30-45 donors per day):

[28] Expertise France Libya "Research Study on Factors Limiting Individual Blood Donations in Libya" report (2020)

> *In the last two to three years, we conducted two successful campaigns. One was held at Al-Etihad club, where we had forty-five donors per day. We coordinated with the club management and distributed brochures a week before starting the campaign. In the past two months, we coordinated with the army, Battalion 512, to conduct a campaign and the rate was 30 donors per day. (Tripoli Central Hospital Blood Bank)*

In Misrata, a campaign in the Iron & Steel market free zone just before Ramadan succeeded by attracting working adults and customers on-site, accumulating 60 to 70 donors a day. In Sebha, successful campaigns were held in cooperation with the New Youth Association and focused on areas like the Sen community. The Sen region shows high voluntary donation rates, attributed to strong awareness and the presence of rare blood types in the population, Sebha Blood Bank showing them as a model for successful campaigns.

Campaigns included free lab tests and refreshments, which helped attract donors. Campaigns using mobile units to access communities that cannot visit the blood banks easily have been noted as successful. Working with different NGOs to raise awareness on blood donation also has potential. In the NGO member survey, 31.4% of the respondents noted their organization was focused on Humanitarian Aid, followed by health and mental wellbeing with 11.9%. Out of these organizations, 51.7% stated their organization has organized or participated in a blood donation campaign before. Most NGO members believed that voluntary organizations/NGOs are important in promoting blood donation, with 80.5%.

Despite these efforts, the study findings point to persistent gaps in targeted outreach, particularly toward rural, marginalized, and low-literacy groups. Very few campaigns appear to have been adapted linguistically, culturally, or visually for these populations. Campaign design remains primarily institution-driven, with limited co-creation with youth, women's groups, or community associations.

Improving Coordination Across Actors

Despite examples of successful campaigns, interviews with blood bank managers consistently highlighted the lack of coordination between key stakeholders, including hospitals, NGOs, media outlets, universities, and local authorities, as a major barrier to scaling impact. Several managers called for the establishment of a national coordination mechanism or joint platform that aligns messaging, schedules campaigns more efficiently, and reduces duplication of effort. Enhanced coordination would allow for resource pooling, targeted outreach, and standardized messaging, thereby reinforcing public trust and expanding the reach of voluntary blood donation campaigns across Libya.

The current blood donation campaigns have some challenges noted by blood bank managers. These challenges concern weak media presence, lack of continuity and coordination, and limited reach beyond specific institutional groups. There is no evidence of tailored messaging for underrepresented groups,

such as women or rural communities. Messaging relies on traditional formats (leaflets, lectures) and may not resonate with younger or less-educated audiences.

Key Populations to Serve as Community Advocates

Religious and tribal leaders hold significant influence in shaping public attitudes toward blood donation. Blood bank managers across Libya highlighted that these figures, especially imams, can play a powerful role in promoting donation culture through sermons and public announcements. Friday sermons, in particular, are seen as effective platforms to mobilize donors. For example, mosque announcements during emergencies have led to noticeable increases in donations. As one manager from Tripoli University Hospital Blood Bank explained:

> *"The most influential individuals when it comes to blood donation are religious leaders and elders. The growing popularity of blood cupping in recent years is a clear example, its rise is largely due to the praise it received from imams during mosque sermons."*

Similarly, the manager of Tripoli Central Blood Bank pointed to the success of Gulf countries in using religious platforms to foster a culture of voluntary blood donation. In Saudi Arabia, religious institutions have been directly involved in promoting blood donation. The Ministry of Islamic Affairs, in collaboration with King Faisal Specialist Hospital, launched a blood donation campaign across several mosques in Riyadh during Ramadan of 2015. Donations were organized after Taraweeh prayers, a time of high religious significance and community gathering, emphasizing spiritual incentives. Ministry officials publicly linked blood donation to Islamic values and divine reward, helping frame the act as both humanitarian and religiously commendable[29]. A more recent study in Al-Qunfudah, Saudi Arabia, found that 88.2% of participants donated blood to gain religious reward[30]. Similar trends are observed in the United Arab Emirates. A recent study among adult donors identified religious beliefs as one of the top motivators for donation, alongside ethical values and health awareness[31]. In Libya, in tribal regions like Tobruk, the community's sense of kinship also contributes to a natural spirit of altruism, where patients are treated as extended family.

Another blood donation strategy was described by the Misrata Blood Bank Manager who cited practices observed informally in Tunisia. He noted, *"In that context, there are some great blood donation ideas being run in Tunisia. For example, if you want to receive blood there, you must donate the exact amount back to the blood emergency fund for urgent cases. Another implemented idea is that they implement*

[29] Arab News, "Mosques host blood donation drive" (2015) https://www.arabnews.com/saudi-arabia/news/775311
[30] Alkalash, S. H., Alturki, O. A., Alzubaidi, W. S., Sabi, N. M., Almarhabi, N. A., Alnashri, M. H., Alsharidi, B. M., Alothman, A. O., & Alzubaidi, F. M. (2024). Knowledge, Attitude, Motivators, and Barriers to Blood Donation Among Adults in Al-Qunfudah Governorate, Saudi Arabia: A Cross-Sectional Study. Cureus, 16(4), e58732. https://doi.org/10.7759/cureus.58732
[31] Saleh, D., AlWawi, G., Tayyem, R., Al Hajji, A., Alketbi, R., & Albeetar, M. (2024). Blood Donation Practices and Awareness of Blood Types Among Adults in the United Arab Emirates: A Cross-Sectional Community-Based Study. Cureus, 16(1), e52044. https://doi.org/10.7759/cureus.52044

blood donation campaigns in military camps, collecting blood and distributing it to hospitals." However, this account should be interpreted as anecdotal. No official documentation or academic sources were found to confirm the formal adoption of these strategies in Tunisia despite extensive desk research. As such, it serves more as an illustrative suggestion based on cross-border perceptions rather than an evidence-based regional best practice.

The survey findings also highlight a strong connection between religious values and support for blood donation. A large majority of respondents (85.3%) said they would be encouraged to donate blood if public service were framed as a religious value, and 76.7% believe that blood donation is already encouraged in their religion. Only a small minority (5.8%) disagreed with this idea, and 13.2% said they didn't know. Moreover, when asked how likely they would be to donate if religious leaders officially endorsed it, responses skewed heavily toward the positive end of the scale. About 70% of respondents rated their willingness between 7 and 10, with 25.5% selecting the highest score of 10. This demonstrates not only a high level of respect for religious leadership but also the potential impact of faith-based endorsements in driving voluntary blood donation. Religious leaders, if mobilized, could serve as trusted messengers to significantly boost public engagement with donation campaigns.

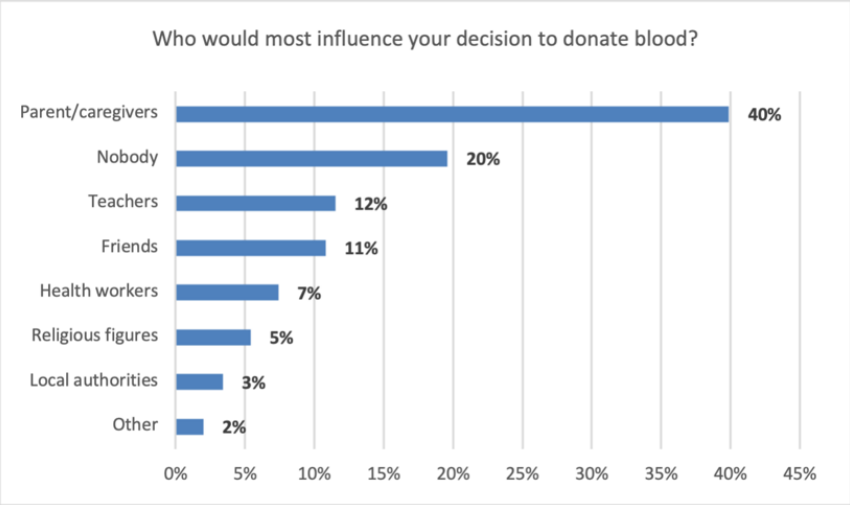

***Figure 23**: Influencing actors for blood donation, for high school students*

Meanwhile, for high school students, the most influential persons were their parents (40%), while 20% said nobody could influence them, and 5% said religious figures could influence them (see Figure 23). 73% said the importance of public service supported by their religious beliefs would influence them to donate blood, lower than the 85.3% of the general survey. However, 77.7% noted that religious leaders encouraging blood donation would make them more likely to donate, and 84.3% rated their willingness to donate between 7 and 10 if religious leaders officially endorsed blood donation.

Beyond religious and tribal leaders, public figures such as actors, football players, and social media influencers also play a critical role. Their visibility and popularity can encourage broader public participation.

> *"When a football player or an actor donates blood, it has a significant impact," shared the Tripoli Central Blood Bank manager. "At a recent conference in Egypt, we saw how artists and athletes were used to promote blood donation. It's an approach that works, both locally and internationally."*

When respected professionals such as doctors, educators, or trained campaign staff are seen donating themselves, they set a strong example and lend credibility to the effort. In Al Marj, interviewed blood donors showed support for involving local influencers such as university instructors, doctors, and athletes. One donor noted, "*Influencers such as university instructors and football players should be promoting blood donation, as football is popular in our community*", while another added, "*Well-known influencers who have a strong impact on the community*". This view was echoed in Tripoli, where respondents recommended leveraging both formal institutions and social media figures, such as doctors and influencers. In Sebha, the inclusion of religious leaders was highlighted as particularly important. Similarly, in Misrata and Benghazi, donors supported involving doctors, imams, and social media influencers to normalize blood donation and expand its reach.

Humanitarian values like solidarity, compassion, and civic responsibility also drive voluntary blood donation. In this aspect, donors could be valuable in encouraging others to donate. Survey results suggest that personal conversations play a meaningful role in shaping attitudes toward blood donation. About 41.4% of respondents reported that friends or family had spoken to them about their own experience donating blood. Among those, a significant majority of 81.8% said the conversation made them consider donating themselves. This indicates that direct, personal stories can be a powerful motivator and could be leveraged in future awareness strategies.

Across the interviews with donors, donors' involvement in encouraging others to donate blood varied across regions, with many reporting informal influence on friends or family, even if not actively promoting donation. In Sebha, several respondents shared that they had successfully encouraged others to donate: "*One of my friends came and donated. My brother also donated*", and "*Yes, my brothers donated*". Similarly, in Tripoli, some respondents reported positive reactions from their social circles. In Sabratha, the influence of blood donors was also visible, one 19-year-old male donor encouraged his brother to donate with him while a 61-year-old female brought her daughter to donate as well. However, in other cases, donors either did not take active steps to engage others or encountered mixed responses. Overall, while some donors served as role models within their communities, proactive peer-to-peer mobilization was limited. There is room for more structured efforts to harness donors as advocates for voluntary blood donation.

Research based on an international blood donation campaign suggests that successful blood donation campaigns often go beyond appeals to altruism and instead build on community ties, workplace culture,

and trusted relationships[32]. Social capital appears to have a large effect on blood donation. For instance, group donation drives organized through workplaces, paired with public recognition of the most active organizations, helped foster a sense of pride and peer encouragement in a blood campaign in Canada. Similarly, people who are in the same communities as donors proved highly effective in encouraging participation through their personal networks. Long-term donors often cited civic duty and community reciprocity, rather than abstract altruism, as their primary motivation, suggesting that messages framed around collective responsibility ("today you give, tomorrow you may receive") may resonate more deeply. Faith-based messaging also played a central role, with many donors describing blood donation as aligned with religious obligations. These findings of the study reinforce the importance of leveraging community influencers, such as local leaders, educators, religious figures, and respected professionals, to normalize blood donation and foster a culture of participation.

There are strong preferences and trends in how people access and wish to receive health-related information, including messaging about blood donation. The most commonly cited current sources of health information are the internet (60%), television (37.2%), and social media (27.6%). Healthcare workers also play a notable role, mentioned by 27.9% of respondents. When respondents were asked where they had previously received information about blood donation, blood donation campaigns (27.1%), health centers/hospitals (23.2%), followed by NGOs (15.8%), and healthcare workers (9.8%). This suggests that institutional and medically affiliated sources are more central to existing blood donation outreach than more informal or community-based channels.

Looking ahead, social media stands out as the overwhelming preference for future communication, selected by 72.5% of respondents. Mobile messaging platforms like SMS or WhatsApp (30.2%) and health centers/hospitals (21.6%) were also popular. Facebook, is another powerful tool. Campaigns using targeted Facebook ads have proven effective in reaching younger demographics and expanding outreach. Preference for social media as the primary channel evolved since 2020 (Figure 24).

[32] Smith, A., Matthews, R., & Fiddler, J. (2014). *Blood donation and community: Exploring the influence of social capital*. Transfusion and Apheresis Science, 50(3), 403–411. https://doi.org/10.1016/j.transci.2014.03.013

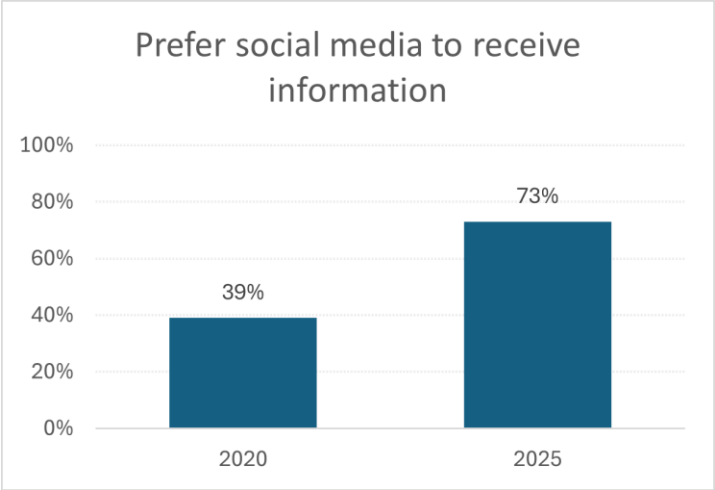

***Figure 24**: Influencing actors for blood donation, for high school students*

> *According to some of my own statistics, the most effective method is social media, and particularly Facebook and its paid ads, as these Facebook ads can draw a significant number of donors. (Tripoli University Hospital Blood Bank)*

These results point to a clear opportunity: for maximum reach and engagement, future blood donation campaigns should prioritize digital channels, especially social media, while continuing to involve health professionals and institutions as trusted messengers.

4. RECOMMENDATIONS BASED ON FINDINGS

The findings of this study highlight both the potential and the current limitations of Libya's blood donation system. While public perception of blood donation is generally positive and many individuals express a willingness to donate, especially in emergency contexts, systemic issues continue to hinder participation. These include low campaign visibility, limited donor follow-up, misinformation, under-resourced facilities, and gender-specific barriers.

The following recommendations aim to address these gaps through coordinated, evidence-based action. They focus on strengthening outreach and education, improving infrastructure and service delivery, and building trust and motivation within communities. Each recommendation is grounded in the data collected through surveys and interviews and is tailored to the social, cultural, and institutional realities across different regions. Recommendations are grouped under five themes. Each action lists its evidence link (chapter/figure/table refs), feasibility (L/M/H), primary actor(s), and indicative resources (brief), so the line from finding → action is explicit.

Feasibility legend:

- **Low (L)** = implementable in-house within weeks; SOP/script/printing; no capital works.
- **Medium (M)** = some procurement/partner coordination; 1–3 months.
- **High (H)** = refurbishment/multi-stakeholder rollout; >3 months.

4.0 TRACEABILITY MAP (FINDINGS → RECOMMENDATIONS)

***Table 12** - Where each recommendation comes from*

Theme	Core Evidence References
Communication & Outreach (Visibility)	3.2 Accessibility (city contrasts); 3.3 Education/Channels (city panels); ES indicators panel
Digitalisation & Retention (Re-contact)	3.1 Practices: 3.6 Operational (retention signals)
Gender Inclusion	3.5 Barriers to Women (women/housewives permission figures; Hb/iron notes)
Operational Strengthening (Service quality)	3.6 Operational challenges (quotes/SSI examples)
Coordination & Partnerships	3.8 Community engagement (imams/HCWs/NGOs); 3.2 mobile units; 3.3 city disparities

4.1 COMMUNICATION & OUTREACH (VISIBILITY)

Objective: Increase campaign recall and practical last-mile information ("where/when/how") in low-visibility cities (Tripoli, Al-Marj, Tobruk), while codifying what worked in Sebha.

Action (what to implement)	Evidence link	Feasibility	Primary actor(s)	Indicative resources
Stand up a monthly micro-campaign calendar per city with templated assets (banner + map pin + hours)	3.3 (visibility; city contrasts)	L	NBTSA comms + blood banks + municipalities	Asset pack; page admins; small ad credits
Run two-day campus/workplace drives per month in lagging cities; replicate Sebha partner mix	3.2; 3.8	M	Blood banks, universities, employers, NGOs	Venue, nurse hours, refreshments
Publish "Where/When/How" posts every Thursday for the next week	3.2; 3.3	M	Blood banks	Routine posting; WhatsApp broadcast list
Create story/testimonial tiles (donor/recipient outcomes) to anchor altruism	3.7	L	NBTSA comms; NGOs	Content collection; basic design
Low-literacy visual/voice formats (Arabic dialect; WhatsApp voice)	3.3 (education gradient)	L-M	NBTSA comms; NGOs	Script + recording; print pictograms
Develop a curriculum insert (1–2 lessons + poster) with the Ministry of Education; integrate annual campus blood week.	3.3 (education gradient); 3.8 (campus influence).	M–H (curriculum approvals).	MoE + NBTSA + universities.	Teacher guide; campus toolkit.
Institutionalise annual recognition events (e.g., IBDD), plus monthly social "Top Donor / Top Group" shout-outs.	3.7 (recognition motivates); KIIs/SSIs (Sebha examples).	L–M	Blood banks + NBTSA comms	Event script; certificates; social tiles

KPI examples: weekly campaign reach; clicks to map/location; on-site first-timer count; city recall % (spot checks).

4.2 DIGITALISATION & RETENTION (MAKE RE-CONTACT THE DEFAULT)

Objective: Convert high willingness into repeat VNRBD through routine re-contact at eligibility.

Action	Evidence link	Feasibility	Primary actor(s)	Indicative resources
Implement a minimum donor registry (name, phone, group, last/next eligible date, consent, preferred channel)	3.1; 3.6	L	Blood banks	Spreadsheet/Al-Shafi export; consent field
Send timed WhatsApp/SMS at +24h (thank you), +90d and +180d	3.1; 3.6 (80.4% say reminders help)	L	Blood banks	SOP; message templates
Standardise deferral slips (reason + re-eligibility date)	3.6	L	Blood banks	Printed pads; staff briefing
Expand Al-Shafi or batch-upload to a central list monthly	3.6	M	NBTSA IT + blood banks	Light IT support; data sharing MoU
Pilot a donor recognition card linked to verified donations, specifying entitlement rules in emergencies (policy note with MoH/NBTSA).	3.7 (motivation / recognition); KIIs (manager suggestions).	M (needs policy sign-off)	NBTSA + MoH + blood banks	Card design/printing; SOP; comms note.
Segment registry by donor type (family/replacement vs VNRBD) and run conversion nudges (thank-you + first VNRBD invite at next	3.1; 3.6	L	Blood banks	Two message templates; registry flag.

KPI examples: % donors recorded with next eligible date; message delivery rate; return-within-6-months %; conversion by channel.

4.3 GENDER INCLUSION

Objective: Reduce women's practical and normative barriers via service changes and tailored engagement.

Action	Evidence link	Feasibility	Primary actor(s)	Indicative resources
Schedule women-only windows and ensure a female screener and phlebotomist are on duty.	3.6	L-M	Blood banks	Staff roster/schedule alignment; signage
Install privacy screens; queue zoning	3.6	L	Blood banks	Off-the-shelf screens; floor tape
Intake myth-busters (Hb/iron/menstruation/pregnancy) as a one-pager + social tiles	3.5	L	Blood banks; NBTSA comms	One-pager; 4-tile set
Co-locate mini-talks at maternal & primary care clinics	3.5	M	MoH/NBTSA + clinics	Micro-sessions; leaflets

KPI examples: women as % of donors per window; % sessions with female screener on duty; deferral reasons distribution (Hb).

4.4 OPERATIONAL STRENGTHENING (SERVICE QUALITY AT SITES)

Objective: Remove low-cost frictions that deter first-time and repeat donors.

Action	Evidence link	Feasibility	Primary actor(s)	Indicative resources
60-second intake briefing + visible hygiene steps	3.6	L	Blood banks	Script card; posters
Deferral reasons slip handed at the desk	3.6	L	Blood banks	Print pads
Water/snack observation corner	3.6	L	Blood banks	Minor operating costs (water/juice/cups) and basic furniture (table + chairs) for the observation corner.
Privacy screens and women-only slot signage	3.5; 3.6	L	Blood banks	Screens; signage
Mobile unit refurbishment (HVAC, seating) and route calendar	3.2; 3.6	M-H	NBTSA + MoH	Refurb budget; maintenance

Publish a quarterly mobile route calendar prioritising workplaces, campuses, peri-urban/rural nodes; co-host with local partners.	3.2; 3.6	M	NBTSA + banks + municipalities	Calendar; liaison time

KPI examples: % donors reporting clear explanation; % first-timers returning; observed wait time; mobile-day turnout.

4.5 COORDINATION & PARTNERSHIPS

Objective: Reduce duplication and expand reach via structured calendars and shared assets.

Action	Evidence link	Feasibility	Primary actor(s)	Indicative resources
Establish a monthly national campaign calendar (who/where/when)	3.3 city contrasts; 3.8	M	NBTSA + banks + NGOs	Shared sheet; focal points
Issue a campaign toolkit (templates, SOPs, scripts, myth-busters)	3.1–3.8	L-M	NBTSA comms	Design; PDF/pack
Convene quarterly coordination calls (banks, MoH, NGOs, universities, mosque reps)	3.8	L	NBTSA	Agenda; notes
Mosque & campus anchor partnerships (Friday announcements; monthly campus drive)	3.7; 3.8	M	Banks + Imams + Universities	Liaison time
Launch micro-grants + training for NGOs/youth groups to run templated drives; joint planning workshops.	NGO survey (51.7% already engaged); 3.8.	M	NBTSA with donor support	Small grant pool; training pack; reporting template

KPI examples: # coordinated events/month; duplication incidents; partner participation rate.

4.6 MONITORING, EVALUATION & LEARNING (MEL)

Objective: Track reach, conversion, and retention with light tools.

Action	Evidence link	Feasibility	Primary actor(s)	Indicative resources
One-page MEL sheet per event (reach, first-timers, returns, reasons for deferral)	3.6; 3.7	L	Blood banks	Printed sheet
Monthly dashboard (reach → visits → donations → re-contacts sent → returns)	3.1; 3.3	L-M	NBTSA + banks	Spreadsheet; focal point
Spot checks of recall/notice exposure (phone/online micro-surveys)	3.3	L	Banks/NGOs	5–10 calls per city

KPI examples: conversion rate; return within 6 months; city recall; women's share.

Quick Wins (0–90 days)

- **Standardise re-contact**: thank-you at +24h, reminders at +90d/+180d (template + SOP). (Feas: L; Actors: Blood banks.)
- **60-sec intake briefing and deferral slip**; print once, use daily. (Feas: L; Blood banks.)
- **Privacy screens & women-only windows** with aligned rota. (Feas: L–M; Blood banks.)
- **Thursday "Where/When/How" posts** + WhatsApp broadcast list per city. (Feas: L; Banks.)
- **Myth-buster one-pager** (Hb/iron/frequency) at intake; 4-tile social set. (Feas: L; NBTSA comms.)
- One-page MEL sheet for every drive; start the monthly dashboard. (Feas: L; Banks.)

5. SUMMARY OF RECOMMENDATIONS BY STAKEHOLDER

This chapter provides a consolidated summary of key recommendations drawn from the study's findings, structured by stakeholder group. It is intended as a practical reference tool for policymakers, campaign implementers, and institutional partners involved in strengthening Libya's blood donation ecosystem. Each set of actions is tailored to the roles and capacities of the respective actors, namely the Ministry of Health, the National Blood Transfusion Services Authority (NBTSA), blood banks, non-governmental organizations (NGOs), religious and community leaders, and media partners.

The recommendations are based on the data gathered through surveys, key informant interviews, and semi-structured interviews, as well as insights from the previous study conducted under MENDAMI I.

This format is designed to support clear division of responsibilities, facilitate cross-sector coordination, and enhance the operational planning of the upcoming MENDAMI II campaign activities.

For each stakeholder, we indicate why their role matters, priority actions tailored to their mandate/capacity, 1–2 uptake KPIs, and synergies with others to avoid duplication.

5.1 MINISTRY OF HEALTH (MOH)

Section	Content
Why MoH	Sets national policy/standards; integrates blood donation into public health; enables education/IT/procurement levers.
Priority actions	• Endorse national campaign calendar and toolkit (via NBTSA); • Issue gender-sensitive service standards (women-only windows, privacy, female staff on duty); • With MoE, approve curriculum insert + Campus Blood Week; • Approve minimum donor registry fields and opt-in consent language.
KPIs & synergies	**KPIs:** # MoH circulars issued; # governorates adopting Campus Blood Week. **Synergies:** MoH↔NBTSA (standards/toolkit), MoH↔MoE (curriculum), MoH↔Municipalities (venues/permits).

5.2 NATIONAL BLOOD TRANSFUSION SERVICES AUTHORITY (NBTSA)

Section	Content
Why NBTSA	Technical lead; coordinates banks/partners; owns data standards and campaign orchestration.
Priority actions	• Publish monthly national calendar and host quarterly calls;

	• Issue Campaign Toolkit (assets/SOPs/scripts/myth-busters) with a 1-hour induction per bank; • Stand up light MEL (event sheet + monthly dashboard); • Provide Al-Shafi export specifications / CSV template; compile central re-contact list monthly.
KPIs & synergies	**KPIs:** % banks submitting CSV/exports on time; Coordination call attendance rate; # calendar events executed as scheduled. **Synergies:** NBTSA↔Banks/NGOs/Universities/Imams/Media.

5.3 BLOOD BANKS

Section	Content
Why blood banks	Control donor experience, intake/deferral, re-contact, and site setup, where conversion and retention actually happen.
Priority actions	• Implement 60-second intake briefing + deferral-reason slip + water/snack observation corner; • Maintain minimum donor registry (spreadsheet or Al-Shafi export) and send +24h / +90d / +180d messages; • Schedule women-only windows with female screener/phlebotomist on duty; • Install privacy screens; • Post weekly Where/When/How notices; • Run two campus/workplace drives per month in low-visibility cities.
KPIs & synergies	**KPIs:** % donations with registry completed (incl. consent & next eligible date); reminder send-rate; # women-only sessions; women's share during those sessions. **Synergies:** Banks↔NBTSA (data/calendar), ↔NGOs/Universities (events), ↔Imams/Media (promotion).

5.4 NGOs / COMMUNITY ORGANISATIONS

Section	Content
Why NGOs	Extend reach to low-literacy/marginalised groups; co-host drives; produce locally trusted content.
Priority actions	• Co-host mobile/campus/workplace drives using toolkit; • Run peer stories and WhatsApp voice notes; • Distribute myth-busters; • Join monthly city huddles; • Return event MEL sheets to banks.
KPIs & synergies	**KPIs:** # drives co-hosted/quarter; # first-time donors via NGO events; % NGO events submitting MEL sheets. **Synergies:** NGOs↔Banks (events/MEL), ↔Media (distribution), ↔Imams (faith framing), ↔Universities/Employers (group sign-ups).

5.5 EDUCATIONAL INSTITUTIONS (UNIVERSITIES/SCHOOLS)

Section	Content
Why education	Dense youth networks; high leverage for first-time donors and norm change.
Priority actions	• Host two-day drives per month in term; • Integrate 1–2-lesson insert (eligibility/intervals/safety) and mini-talks in health faculties; • Promote paired donations (come with a companion), especially for women's sessions.
KPIs & synergies	**KPIs:** # campus drives/term; # first-time donors/drive; # faculties using the insert. **Synergies:** Universities↔Banks (on-site teams), ↔NBTSA (toolkit), ↔Media/NGOs (content & outreach).

5.6 RELIGIOUS & TRIBAL LEADERS

Section	Content
Why education	High trust and weekly reach; can de-politicise messages, legitimise women's participation, and activate solidarity norms.
Priority actions	• Deliver Friday announcements with weekly Where/When/How and a religious framing; • Publicly endorse women's participation and co-promote women-only windows; • Host mosque-adjacent mobile sessions (evenings/Ramadan) with banks.
KPIs & synergies	**KPIs:** # Friday announcements/month; donor turnout on announced weeks; # mosque-adjacent sessions/quarter. **Synergies:** Leaders↔Banks (scheduling), ↔NBTSA (scripts), ↔Media (amplification), ↔NGOs (volunteers).

5.7 MEDIA & INFLUENCERS (TV/RADIO/FACEBOOK/WHATSAPP)

Section	Content
Why media	Scalable reach; strongest channels per survey (Facebook/WhatsApp) and effective for reminders.
Priority actions	• Weekly Where/When/How posts; 4-tile myth-busters (Hb/iron/frequency); • Short testimonials; boost Thursday posts in low-visibility cities; • Share event recaps; air 30–60s radio/TV spots for older/rural audiences.

KPIs & synergies	**KPIs:** post/spot reach and CTR; # shares; on-site visits referred (event sheets). **Synergies:** Media↔NBTSA (assets/KPIs), ↔Banks (timings/locations), ↔Leaders (faith endorsements), ↔NGOs (stories).

5.8 MUNICIPALITIES / LOCAL AUTHORITIES

Section	Content
Why municipalities	Provide venues/permits; operate high-reach local pages; enable signage/wayfinding.
Priority actions	• Grant venues/permits for mobile/bank pop-ups; • Post events on city pages; • Improve signage to blood banks.
KPIs & synergies	**KPIs:** # municipal venues granted; # city-page posts/month. **Synergies:** Municipalities↔Banks/NGOs (events), ↔Media (city channels), ↔NBTSA (calendar).

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