

A 'how-to' guide to better engage young people to continue serving their communities through blood donation.



FOR POST-SCHOOL
BLOOD DONORS

**PLEDGE
25 CLUB**

**UNLOCKING THE
POTENTIAL FOR
BLOOD ADEQUACY
IN AFRICA**



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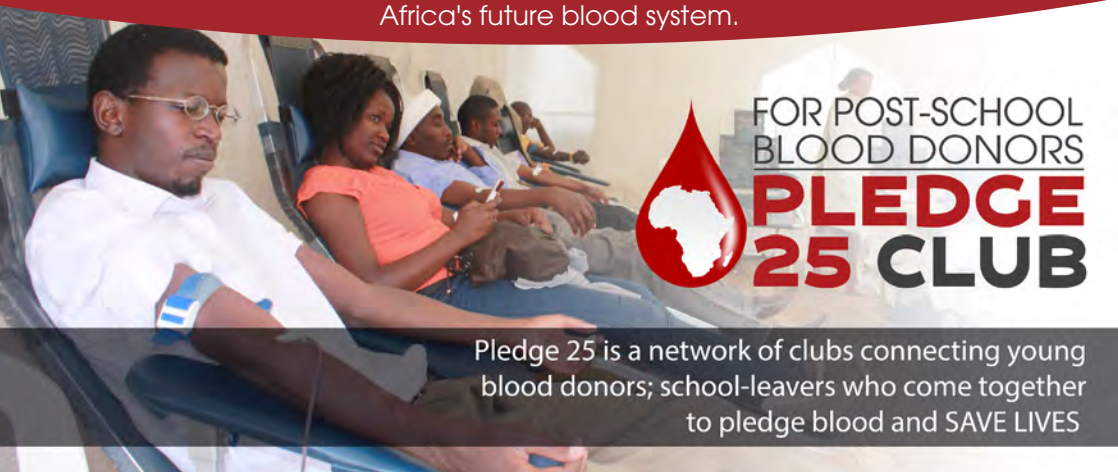
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Edington Muchokwani

'A blood service that strengthens its recruitment function at the expense of its retention capabilities is likely to suffer the same fate as that of a settlement with a large rainfall catchment area but a very small reservoir.'

This book explores how - like the youth-wing of any mainstream organisation - Post School Donor Clubs can form the foundation of Africa's future blood system.



Pledge 25 is a network of clubs connecting young blood donors; school-leavers who come together to pledge blood and SAVE LIVES

Edington Muchokwani



Edington is a blood donor recruitment and youth projects consultant, with over 11 years experience leading blood donor recruitment and Pledge 25 Club activities at National Blood Service Zimbabwe (NBSZ).

He has helped train and mentor blood donor recruiters from countries including Kenya, Rwanda, Botswana, Ethiopia, Eritrea and Swaziland and engaged in numerous international consultancy projects.

His qualifications include Bachelor in Education, Masters in Education Leadership and Admin, Masters in Business Administration and he is currently studying for a PhD in Health Services with Walden University (USA).

Edington is Married to Arorisoe and has three Children, Tsitsi, Tinovimba and Tumisang. His goal is to contribute to health and wellness in Africa through active youth participation.

UNLOCKING THE POTENTIAL FOR BLOOD ADEQUACY IN AFRICA

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Foreword

This book has arisen in-part from the work in Africa of the charity I lead; Global Blood Fund (GBF). We have been delighted to help coordinate and fund its development, as well as offer digital tools to expand the reach and encourage the adoption of the approaches it describes.

Since 2008, GBF has been dedicated to supporting blood services in low and middle-income countries. This book is part of GBF's ongoing efforts to create interventions that are effective, cost-efficient and measurable. We believe Post School Donor Club (PSDC) activity can be all of these and more.

It is helpful that the merits of the PSDC approach can also be so readily understood globally. Crucial to GBF's mission is creating greater awareness among well-resourced blood services and industry suppliers in the United States and Europe of the worldwide iniquities in blood banking. We aim to encourage their participation and support to help change our world to one in which patient access to safe blood is not so - crucially and unfairly - dependent on where a patient happens to live. In a post-PEPFAR world, we believe this collegiate, grass roots approach to international support is not only ethically superior to a reliance on government intervention but is now the only sustainable long-term approach.

Within the context of WHO acknowledgement of the importance of a robust voluntary, non-remunerated donor programme, well-structured PSDC activity has the potential to transform African donor management practise. Most blood collectors in Africa have an evolved high-school programme that delivers a significant proportion – in many cases the majority – of blood collected. But retaining donors in the period following their school years is a much more haphazard affair. It is not that the need to do so has gone unrecognised: many countries have tried to implement such programmes, under a variety of names, definitions and approaches. But our observation - and that of many others - is that, over time, the distinction in many blood services between “youth marketing” and specifically “post-school” activity has become indistinct. This whilst African leaders in PSDC practise have evolved very specific and effective strategies.

This publication is an effort to consolidate, document and disseminate these successful strategies. We are grateful to Edington Muchokwani for

so-readily sharing his experience and expertise and for the long hours of work in structuring his insights to make them accessible to others. Thank you too to Jessica Sodeke, a blood banking, marketing and communications professional in the United States, and educator Gregg Hartley for their editorial assistance. And a final thank you to the Africa Society for Blood Transfusion (AfSBT), especially its Managing Director David Mvere. David has not only kindly shared his own considerable knowledge of PSDC activity but has committed his organisation to re-establish a long-term leadership role in this important area.

Gavin Evans - Executive Director, Global Blood Fund

About the Author

This book is an effort to consolidate, share and preserve knowledge, experience and ideas that were acquired from and inspired by my over 30-year journey with National Blood Service Zimbabwe (NBSZ); a journey which started with me as a voluntary blood donor way back in high school. My training as a secondary school teacher and my appointment later as an administrator revealed my passion for the youths. It also strengthened my relationship with NBSZ because, as a school administrator, I allowed them to collect blood at the school and also developed an active interest in their youth programmes, a development that saw me leave the teaching profession in 2001 to join NBSZ as a blood donor recruiter. The year 2003 saw me being elevated to Head of the Donor Recruitment Department and Pledge 25 Club programmes. This new position gave me an opportunity, together with my team of donor recruiters and club leadership, to think 'outside the box' and come up with a number of initiatives that saw an improvement in both donor recruitment and Pledge 25 Club management. With NBSZ being WHO's collaboration centre, my position gave me the opportunity to train and exchange ideas with donor recruiters from countries that included Kenya, Rwanda, Botswana, Ethiopia, Eritrea and Swaziland. When I left NBSZ in 2011 to pursue studies and some related personal ambitions, I did not cut ties with the organisation. My relationship with them continued and saw me appointed as their research fellow, a position under which I have led in some of the organisation's research, monitoring, and evaluation (M&E) projects. In 2014 I was a consultant in a PEPFAR-funded project where I led in the training and setting up

of the Pledge 25 Club in Tanzania. My experience and exposure there strengthened my conviction to write a book. I felt that training material alone did not do justice to the enthusiasm and eagerness shown by the trainees to implement that which they had learnt. There was need for some form of guide to refer to.

My combined experience, formal education (Bachelor in Education, Masters in Education Leadership and Administration, Masters in Business Administration and a pending PhD in Health Services with Walden University in America) and knowledge exchange with donor recruitment professionals in Africa convinced me that, if Africa consolidates its recruitment effort with a retention initiative like Post School Donor Clubs, much of its blood adequacy challenges would be addressed. After selling the idea to Gavin Evans (Global Blood Fund), my former boss, David Mvere, colleague Dr. Tonderai Mapako and seasoned editor Jessica Hartley Sodeke (who volunteered her service) it took five months of teamwork, facilitated by funding from GBF and support from NBSZ and AfSBT to transform these thoughts and wishes into the reality you are reading now.

I am proud to have taken my passion for youths and donor recruitment home; where myself, my wife, Arorisoe, daughters Tsitsi and Tinovimba



are all blood donors, with the youngest, son Tumisang, yet to be eligible and cheering from the terraces for now. With their support and permission to share their family time with this great cause, I look forward to contributing more in this field for which I have great passion.

Edington and family

CHAPTER 1

In units 1 and 2 you will learn first hand how youths in Africa are helping to ensure a stable supply of blood. You will appreciate, through the current activities of one youth donor club, the potential youths have in addressing challenges of voluntary blood donation, donor retention and blood adequacy and safety.

Unit 1: INTRODUCTION

KEY OBJECTIVES:

By the end of this unit you should be able to:

- **Highlight the challenges and threats faced by blood services in Africa.**
- **Identify the opportunities post school youths offer in addressing the challenges.**
- **Explain how the Post School Donor Club (PSDC) resonates with WHO's Global Framework for Action.**

1.1 Background

Post School Donor Clubs (PSDC) is a network for connecting young blood donors; school leavers who come together to have fun and save lives. Variably termed as Pledge 25 Club, Club 25 or youth donor clubs, this initiative creates a local and international young blood donor family who commit themselves to donate a specified number of blood units (25) ideally by a certain age limit (30 years).

Members serve their communities through personal commitment and generosity and help educate others about the transformative power of blood donation. Because of the PSDC initiative, some countries in Africa have seen improved donor retention resulting in the widening of the blood donor base as well as an increase in repeat donation. In Zimbabwe the club now accounts for 21% of total annual blood collections.

The problem to be addressed is simple, but nevertheless one experienced by many blood systems in Africa. Schools are the 'low-hanging fruit' of the potentially bountiful donor recruitment tree: offering a large, easily accessible, operationally convenient, cohesive, compliant prospect group

of blood donors who can help ensure a steady supply of blood in Africa. Over time, an excessive reliance has developed on secondary and high school donors to the extent that they may constitute 70% or more of a country's donor base (see annual reports on website: www.nbsz.co.zw). As a consequence, blood shortages frequently occur during periods of recess; alternatives to secondary/high-school collection events generally having been inadequately nurtured. Equally troubling is that without a plan to engage individuals after their secondary/high-school years end, the majority of nascent donors with 40+ years of future donation potential ahead of them are too often lost to the system. In few other fields of human endeavor would such neglect and wastefulness be tolerated, but in blood transfusion the impact can too easily be truly catastrophic. The negative impact on sufficiency directly leads to the unnecessary loss of life and, indirectly, acts as a barrier to the evolution of a fully-rounded national healthcare system, with all the positive benefits this bestows.

1.2 Overview of the situation in Africa

Cases of pregnancy and childbirth-related bleeding, malarial anemia, road traffic accidents and other forms of injury have seen Africa face a high demand for blood transfusions, the WHO Africa Region states. This is only likely to increase as health systems become more sophisticated. Blood intensive interventions that go hand-in-hand with improved oncology practice and the introduction of organ transplantation programmes will, in coming years, significantly increase the need for blood.

However, blood services on the continent have faced a number of challenges in trying to ensure universal and timely access to safe blood for their populations. The high burden of Transfusion Transmissible Infections (TTIs) is making it difficult to select low risk blood donors where reliance on family replacement and paid donors is a common practice in most countries on the continent. With an average donation ratio of less than 10 people per 1000 population compared to 30-40 people per 1000 population in high income countries, Africa needs to intensify strategies to increase voluntary non-remunerated blood donation from regular blood donors to ensure safe and adequate blood supplies.

1.3 Youths: Africa's window of hope

Youths constitute the majority of the population in Africa. Statistics by the United Nation state that nearly 70% of Africa's population is under the

age of 30 and this is thought likely to increase to 75% in most low income countries. The WHO indicates that more young people donate blood in low and middle income countries than in high income countries.

Effective, home-grown and evidence-based donor management strategies involving this growing constituency of the population could hold an answer to challenges of timely access to safe and adequate blood in Africa. When mobilised and empowered they can be a positive force for transformational change. Their great potential to influence peer-group behaviour can be tapped to benefit blood donor mobilisation. According to the UNDP, 45% of the world's internet users are youths below the age of 25. Blood services that actively involve youths in their strategies therefore stand to benefit from new ideas and innovations inspired by this exposure and access to the global village developments.

WHO states that a nation requires only 1% of its population to donate blood to meet its most basic requirements. The sad irony in Africa is that, despite having over 60% of voluntarily donated blood come from youths in school, most blood services' adult donor base remains narrow, leaving them struggling to reach this basic 1% needs mark.

The strategy of focusing attention on blood donors out of secondary and high school aims at consolidating this in-school recruitment advantage by 'closing the back door' on donors graduating and therefore leaving school. A growing post school youth donor base supported by an effective retention strategy should see a gradually widening adult donor base and a continuous improvement in safe blood supply.

1.4 What is a Post School Donor Club (PSDC)?

There is evidence that, when mobilised and empowered, youths can be a positive force for transformational change. Building on this knowledge, the PSDC initiative seeks to mobilise and empower youths out of school, most of whom would have started donating at school, to bring about the positive change required for blood services in Africa or any blood service facing similar challenges.

A Post School Donor Club can therefore be explained as a semi-autonomous community of voluntary blood donors just past their high school level who are mobilised and empowered by their respective blood services to commit to lead a healthy lifestyle and, through voluntary safe

blood donation among related activities, help offer solutions to challenges facing the national blood system. Like a youth wing to any mainstream organisation, the PSDC is the foundation for the future of the blood system.

Why club?

- **A single, centrally coordinated, club of post school blood donors has the following advantages:**
- **Enables easy communication and coordination and accountability because of its well defined structures.**
- **Facilitates creation of a culture of regular, voluntary non-remunerated blood donation.**
- **Aligns well with WHO Global Framework for Action on 100% voluntary non-remunerated blood donation.**
- **Makes it easy to engage in collaboration and partnership with like-minded groups.**
- **Increases attendance and collections as youths' desire to meet and socialise at blood drives.**
- **Enables activities to be carried out under some form of regulated environment.**
- **Offers the blood service an opportunity to benefit from the youths' vast knowledge and skills in such areas as information technology, research and innovation.**
- **Instills a feeling of security in parents and related stakeholders through knowledge that the youths belong to a formal and professionally monitored group.**
- **Makes it easy to stagger blood drives to manage resources and blood units expiries.**
- **Makes it easy to monitor and evaluate activities.**
- **Facilitates group inculcation of knowledge and values.**
- **Enables creation of a centrally coordinated group of voluntary non-remunerated blood donation ambassadors in their community.**

The PSDC programme is not a new concept. It started in Zimbabwe in 1994 under the name Pledge 25 Club. The concept has been recommended by WHO as a model that could help improve blood safety and adequacy. It was taken up by Safe Blood for Africa (SBFA) and spread to many countries in Africa and beyond under the banners “Africa Club 25” and “International Club 25”. In Zimbabwe today, the Pledge 25 Club is the mainstay of youth-based voluntary blood donation and is credited for significantly improving blood supply, particularly during school holidays, which had become traditional seasons of shortage.

The PSDC therefore aims at creating a nationally coordinated cohort of these young and highly nomadic donors as soon as they leave school. The key strategy is to harness the youths’ initiatives while inculcating in them healthy lifestyle habits and a culture of voluntary regular safe blood donation. As they grow and ‘graduate’ out of the club they are expected to join and widen the adult donor base and increase blood availability. A study carried out in Zimbabwe in 2010 showed that, after graduating from the club, members have a donor retention rate of 76% compared to that of 36% in the overall donor population. The same study also showed that 71% of this group of youths donated at least 3 times a year compared to 8% in the general donor population. The youth programme therefore strengthens the retention part of the donor management system. It also enhances blood safety as voluntary regular blood donors are known to be among the safest.

A blood service that strengthens its recruitment function at the expense of its retention capabilities is likely to suffer the same fate as that of a settlement with a large rainfall catchment area but a very small reservoir. A well-managed PSDC therefore, helps create a pool of reliable blood donors whose donation patterns can be adjusted to address prevailing blood safety and availability challenges.

The name ‘Post School Donor Club’ (PSDC) is a generic term used in this guide to cover many variations of Club 25, Pledge 25 Club and Club 20/25 that have been adopted in different countries. This has been done to minimise the geographical or historical bias that may come by using any established name. The Africa Society for Blood Transfusion, championing a reawakening of interest in the PSDC concept, is encouraging adoption of the term ‘Pledge 25 Club’ and a ‘corporate identity’ that emphasises

the post-school (not just youth) nature of the initiative. Indeed, the visual embodiment of this approach adorns the cover of this book. Yet while fully supporting this direction, PSDC is used here as the generic term so as to be inclusive of those with a history of different approaches. The underlying purpose of the PSDC and all its variations is harnessing the potential of the out of (secondary / high) school youths in promoting healthy lifestyles and safe and adequate voluntary blood donation.

1.5 The PSDC and the Global Framework for Action

In the Global Framework for Action to Achieve 100% Voluntary Blood Donation, WHO and the International Federation of Red Cross and Red Crescent Societies (IFRCRCS), recommend youth mobilisation programmes around the PSDC model. Although the framework was designed to target those countries yet to achieve 100% voluntary blood donation, most strategies suggested apply to any blood system wishing to achieve blood safety and adequacy. A well-managed PSDC will help contribute to the implementation of at least 8 of the 20 strategies proposed in the Global Framework for Action. These strategies are to:

- **Mobilise community partners and create networks.**
- **Maximise the impact of World Blood Donor Day and national blood donor events.**
- **Educate, motivate and recruit new blood donors.**
- **Mobilise youth as a new generation of voluntary blood donors.**
- **Recall infrequent, inactive and temporarily deferred blood donors.**
- **Retain suitable voluntary blood donors.**
- **Make blood donation a safe and pleasant experience.**

The PSDC therefore has the potential to play a key role in the recruitment and retention of voluntary safe blood donors. Engaging the youths in various outreach, educational, motivational and promotional activities will help in transforming family and paid donors into voluntary non-remunerated ones.

Perhaps one of the most important ways to engage youth is by sharing the

stories of the lives they are helping to save. Stories of hope and survival, stories like that of Ruvimbo Sungiso, shared below, whose life was saved because blood donations were readily available at the hospital when she needed them.



I had always wanted to donate blood. My school, Progress High, had won the National Blood Service Schools Blood Donor Shield for donating the highest number of blood units in the Midlands Province. I wanted to be among the heroes praised for saving people's lives. But each time I tried to donate, I would be told after a test, that I did not have enough iron in my blood, they told me. My sister Vimbai, now at Midlands State University, encouraged me to keep trying. She too would occasionally fail to donate for the same reason, but never gave up.

Vimbai, Ruvimbo's sister



She told me that she now had joined a club of young donors where members would promise to donate 25 times. I wanted to join this club too. When I completed Secondary school I visited the National Blood Service clinic to try my luck. I failed again. When I enrolled at the Polytechnic College as a media student, I tried again, without success. My wish was to join Vimbai at her club - in addition to saving lives it also sounded like they were having lots of fun there.

Vimbai told me that they are encouraged to donate at school holiday functions because there is blood shortage when schools are closed. I did not know that I was one of the people whose life was to be saved by that arrangement.

The year 2018 did not begin well for me. I started feeling funny. My joints, especially the knees, were very weak and painful. I felt dizzy more often and occasionally found it difficult to breathe. I discovered that it was getting more

and more difficult to do even simple household chores like sweeping, without having to sit down to take a rest. I thought all this would soon pass, but it got worse. Then my friends began to comment on how the skin lightening cream I was using was working wonders. I knew something was wrong. I never used any such creams. When I carefully looked myself in the mirror, I discovered that, not only was my skin turning light, but that my eyes and the palms of my hands were also turning very white. The pain, the weakness and shortness of breath increased. I knew was ill.

After I collapsed on my way to the market my mother rushed me to the hospital where a number of tests were made on me. When I came back I was feeling too weak even to sit upright. As I lay in my room at around 6 in the evening my mother received a call. It was the doctor who had ordered the tests on me earlier in the day. He said I should urgently be rushed to the hospital for immediate attention. Thanks to our helpful neighbours, in no time I was at the Gweru General hospital where I found a bed and some equipment I did not understand ready for me. My mother and I did not understand what it was until the doctor explained. Results from the lab showed that my blood count was critically low, at an hemoglobin of 5 when the normal is around 12. They suspected microcytic anaemia, and I needed blood, at least three units, urgently, he explained. I heard my mother say "Oh Lord, not again" as she sank on the bed nearby.

I knew what she meant. I remembered the past incident vividly. It was in 2005. I was 8 years old, my twin siblings Panashe and Munashe, were only 2, and my elder sister, Vimbai 11 when we lost our dad. He had driven from work that Friday complaining that he was feeling very weak, having collapsed at work earlier in the day. When they rushed him to hospital later that night they prescribed the transfusion of four units of blood. He passed away early Saturday morning when they were transfusing him with the fourth unit.

Here I was 13 years later, at the same hospital with most probably the same condition. I understood her for fearing for the same results. I feared the same too, but for her I had to look strong. What made my case even worse was that this was 23 April (2018), the middle of school holidays, a time traditionally known for shortage of blood in the blood banks! As I lay there waiting for the hospital staff's next move I silently wondered, "Could my sister's club have managed to donate enough for me to have a share?" I was too weak to ask aloud.

A ray of hope flicked in me when they inclined my bed, stretched my hand to look for the vein through which to connect me to the life-saving liquid. As it flowed

into my vein from the pack smiling down at me I excitedly thought to myself, "They got blood for me!" With each trickle, I could feel more energy and less pain. It was time for my mother to go back home. I waved at her with an assuring smile that all would be well, but I could see she was struggling to hold back tears. Her friend, Mrs. Tazviringa, who was also our neighbour and a nurse by profession, assured her all would be well and she reluctantly left. By 4 am the next morning I had downed my fourth unit and felt much better.

When my mother, family and friends visited at 10 am I could feel I was my healthy self again. My skin had restored back to its healthy, natural, chocolate appearance. The doctor said they had to monitor me for the whole day. When they discharged me the following day I was so energetic that I felt like running the marathon races I was known for at school. Four heroes I did not know had saved my life.



Ruvimbo and her mother, flanked by the twins, Munashe (left) and Panashe (right)

The whole family was very happy to see me home and healthy again. Panashe and Munashe were so grateful that they promised to start donating blood now that they had just turned 16. They said they too would like to be unknown heroes to someone in need. I believe them. Then I thought of my sister and her club and I felt grateful for all those who donated during the April holiday, because among them are my life savers. Thank you Pledge 25 Club. Thank you blood service and hospital staff!

Brief testimony by Ruvimbo's mother

The night of 23 April 2018 was the longest in my life. I spent it pacing up and down appealing to the Almighty to save my child. When I turned my back on

my child, I felt that was the greatest betrayal a mother would do to a child. In my mind I had a picture of my helpless child trying to hold on to life, fighting the death current trying to sweep her away. I knew she would not hold on for long, for what match would be her tender arms against the same current that swept away her father 13 years earlier? If I was by the bed side, though helpless, I would at least do the little in my power; pray and continue to urge her to hold on.



Little did I know that my prayers had been answered weeks earlier by some four selfless blood donors. Their precious donation had whisked my child out of the jaws of death and back to the safety of my arms. I wish God would briefly grant all blood donors some supernatural eyes to enable them see the joy and gratitude on the faces of all those related to the recipients of their blood. Accidents, maternal cases, microcytic anaemia and other transfusion cases do not close for school holidays.

Thank you and God bless you abundantly, Pledge 25 Club members!

Unit 2: ORIGINS AND KEY DEVELOPMENTAL MILESTONES OF THE PSDC

KEY OBJECTIVES:

By the end of this unit you should be able to:

- Describe the role of the youths in the creation of the PSDC concept.
- Track the key milestones in the growth of Pledge 25 Club Zimbabwe.
- Identify strategies that are transferable to the reader's environment.
- Appreciate the importance of blood services supporting this youth initiative.
- Appreciate the importance of business concepts to running PSDC.

While Pledge 25 has spread throughout Africa, it has humble beginnings among a small group of students in Zimbabwe who knew about countless lives lost due to blood shortages and wanted to do something to help. One such student, **Josiah Mushonga**, shares his story:

When I started donating blood it was in 1993 and I was in Form 5 at Harare High School. I had heard about lives being lost in hospitals because there was no blood for transfusion. My friends and I decided to help in the small way we could. In 1994 NBTS and DANIDA (a Danish non-governmental organisation) through a woman called Patricia Rudd, requested the school administration to select two student blood donors who would help with the promotion of blood donation to fellow students at the school. That is when I and a girl called Rudo Matiki were chosen to join a Peer Promoters Programme that involved 10 schools in Harare.

Funded by DANIDA and facilitated by NBTS we would meet very often to discuss how best we can promote blood donation in our respective schools. HIV was also at its peak and posing a great threat to life and blood safety in Zimbabwe. So, naturally leading a low risk lifestyle was one of the topics we would always discuss. Back at school we would encourage fellow students to donate blood and answer their questions to the best of our knowledge. When the blood donation team visited for blood collection, if we were free we would help them with setting up before moving to call other students for donation. We would also make sure the room to be used for blood donation was clean before and after the blood donation exercise.



The Pledge 25 Club founding members circa 1995. Standing from left, Rudo Matiki, Chido Chitsatse, Ernst Butawo, Rodreck Manzungu, Sunday Chibvongodze and James. Seated from left, Josiah Mushonga, Shalom Mkwakwami, and Weston Chidzinga.

It was during one of our meetings in the third school term of 1994 that we realised the happy fun-loving and life-saving family we had become would soon disintegrate when we left school at the end of the year. This is when we thought of forming a club of blood donors who had left school. After some brainstorming sessions we agreed that a member should join by pledging to donate at least 25 units of safe blood during their lifetime. To do this, the member should also promise to lead a safe lifestyle and refrain from practices that would risk the safety of their blood. We then agreed to call the club the Pledge 25 Club. We formed a committee, chaired by Shalom Mkwakwami from Girls High. She was the first club President. I replaced her as President two years later.

We set aside a day to meet and donate as well as recruit new members leaving school into the club. In consultation with NBTs we decided to set this day on the first Saturday after schools close and called it Youth Donors' Day. To invite members to this function we would use the home addresses the outgoing students

would have given us. Using what we called Postal Teams we would hand deliver invitation letters moving from door to door. I still remember for every letter delivered the postal team member would get 30c. There were no mobile phones then and this method of sending messages gave us a chance of interacting with the parents, explaining the club and gaining their trust. It also made donors in the same residential area know each other and form groups of like-minded out-of-school youths.

Then something that further opened my eyes on the need to donate blood happened in 1998. All along I had thought our blood benefited accident victims, maternal and a few other cases, until our club had a meeting with a person with a condition called hemophilia. This, I learnt, was a condition whereby blood doesn't clot normally because of insufficient clotting factors. Life threatening bleeding would happen internally, especially in the joints where it would be visible through swellings. The man explained that from the blood we donated a protein or clotting factor, called Factor 8, would be processed to help hemophiliacs to stop bleeding. I vividly remembered the man shedding tears and expressing gratitude to our club for coming up with the idea that would save more people like him. From that day I vowed to continue donating and share my blood and products from it with such people in need.

I fulfilled my pledge of 25 donations in 2002 and got honoured with a certificate and shield at a colourful NBTS Annual General Meeting. After graduating I did not look back. Giving blood was now part of me and each time I was due I would visit the NBTS clinic to donate. In 2010 I received my 50th Donation award and am looking forward to receiving my 75th donation award this June of 2018. My target is to reach 100 donations by 2025.



Josiah after receiving his 50th donation award in 2010.

I am now a professional and happy family man, married with three children. I am grateful to the Pledge 25 Club because through its low risk lifestyle values I was able to sail through the turbulent era of HIV and

AIDS where most of my age mates succumbed. As I saved other people's lives, the clubs' values were also saving mine.

2.1 1993: Peer Promoters' Programme

As Josiah explained, under the partnership, NBTS would liaise with school authorities to identify blood donors who would use their peer influence in mobilising their colleagues to donate blood

DANIDA would fund the training and related activities of these selected youths and teachers from various surrounding schools. Activities included lessons on how to lead healthy lifestyles in the face of the HIV pandemic, how to further promote this lifestyle among their peers and to encourage these peers to donate their safe blood each time the mobile blood collection teams visited their school. The Peer Promoters Programme became very effective in the recruitment of new blood donors and retention of those already recruited. Monthly meetings by these youths from different schools also managed to gradually unite them into one big family of fun-loving life savers.

2.2 1994 (October): Formation of Pledge 25 Club

At a peer promoters' meeting in Harare, a group of final year peer promoters decided to continue meeting after they graduating from school. Like their colleagues in other branches, they did not want to see the social, health-conscious and life-saving group disintegrate when they left school. In consultation with NBTS staff, the group proposed to form a club that would continue meeting and donating blood. Membership would be initiated through making a pledge to lead a low risk lifestyle and donate at least 25 units of safe blood in their lifetime (now limited to 30 years). The club was then named the Pledge 25 Club.

The meeting in December saw the first club leadership elected into office pending the crafting of the clubs' constitution. This marked the first general meeting which subsequently evolved to Annual General Meetings (AGM). AGMs have become another important feature on the clubs' calendar. At these meetings branch leadership present reports on how they fared in achieving agreed-upon goals.

Later the club and NBTS leadership added a key reporting item that is widely credited for the effectiveness of the clubs. Branch leadership, together with their NBTS coordinators, were encouraged to come up with and try new initiatives and strategies aimed at addressing NBTS challenges. These would be shared and discussed for possible adoption by

delegates at the AGM. If adopted, the new ideas would become club policy for implementation by all branches. This approach brought about such initiatives as Ladies’ Gala, Mens’ Splash, Mixed Galas, and Partnership blood drives that will be discussed later. Pledge 25 AGMs have become platforms to present, test and adopt new strategies with the potential to become the Pledge 25 Club Zimbabwe’s hallmarks.

2.3 1994 (December): The 1st Pledge 25 Club blood drive

With NBTS staff coordinating the first club blood drive, the group notified outgoing blood donors from schools in other branches. They set their first meeting after leaving school at each group’s respective NBTS branch premises. There they would invite other final year students from surrounding schools to come and donate. The meeting, which came soon after final year national examinations, became a stress relief social event for the youths. With “Fun, but sober fun” as their slogan, the group of youths gathered to donate and have fun in three of NBTS’s five branches; Harare, Masvingo and Gweru. A total of 89 units of blood were collected.

The members, together with NBTS, arranged to make this an annual event, to be held every first Saturday after schools closed in December. The event was called Youth Donors’ Day (YDD). Since then YDD has been celebrated annually, and has been strategic in recruitment of new members and boosting the blood bank for the festive season, normally characterised by an increased demand for blood.

Pledge 25 Club Youth Donor Month Collection Trends



Clubs’ Youth Donor Month (YDM) blood collection trends 2003–2017.

On Youth Donors' Day, NBTS would motivate the youths by giving attendants T-shirts, providing entertainment and offering refreshments. They would also invite a guest speaker to address the youths on life skills. YDD has remained on the NBSZ calendar since then. Club membership has continued to grow and its presence spread from 5 to just over 50 towns and growth points across the country. The blood drives, now too many and scattered to hold in a day, are spread across the month of December prompting the name to change to Youth Donors' Month (YDM). Total collections for this event have grown annually from a humble YDD collection of 89 units in 1994 to a total YDM collection of 4174 in 2017 (see graph - previous page).

2.4 1995: KAP study on blood donation

NBTS carried out a Knowledge, Attitude and Practice (KAP) study to establish the Zimbabwean population's knowledge, attitude and practice towards blood donation. The study results made management acknowledge the relevance and potential of the Pledge 25 Club to address most recommendations made, some of which were:

- **Dissemination of accurate information on blood donation issues.**
- **Use of appropriate and effective communication channels to disseminate the information, particularly use of the 'communication through friends' channel to complement those made through the print and electronic media.**
- **Reinforcement of the existing positive attitude towards voluntary blood donation.**
- **Dispelling of fear and anxieties through practical donation of blood.**
- **Maximisation of collections by increasing donation events and location and publicising these effectively.**
- **Shifting from generalised calls for social responsibility and instead highlight acts of the blood donors demonstrating it.**

One of the key findings of the KAP was that people thought that blood transfusion took place at the blood service premises which (in Zimbabwe) are separated from hospitals. This misconception most likely came from the organisation's name, which as we have seen was to be later rebranded

from National Blood Transfusion Service (NBTS) to National Blood Service Zimbabwe (NBSZ).

In light of these KAP study recommendations and the already existing conviction of the clubs' potential, NBTS has since made the Pledge 25 Club a priority when it comes to material, technical and financial support. The club has not disappointed either.

2.5 1996: Pledge 25 Club represented on NBTS governing board

In recognition of the Pledge 25 Clubs' potential to contribute solutions to blood service challenges, NBTS made a provision in their constitution that co opted the sitting president of the club onto the Board. The move helped to:

Remove the red tape that would otherwise be experienced if the club wanted to present its suggestions, requests or grievances to the top governing office.

Constantly and consistently appraise the Board of successes achieved and challenges met.

Instill confidence and a feeling of belonging to the club membership, knowing they have a voice in the highest office of decision-making.

Promote transparency in dealings between the club and its mother body.

2.6 1996: Peer promoters induction

As a build up to the DANIDA initiative and in acknowledgement of the role that in-school peer promoters have in forming the foundation of the Pledge 25 Club, an induction programme of peer promoters and their contact teachers became a permanent feature on the NBTS Pledge 25 Club calendars (see unit 3 for a fuller discussion of peer promoters). Held between January and March every year, the programme was mainly aimed at equipping the peer promoters and teachers with correct information about the blood service. (see Annexes for the peer promoters' induction programme).



Peer promoters pose for a group photo after an induction exercise.

The peer promoters' induction programme has undergone some improvements since this first launch. As of 2018 it now includes pre and post-induction tests on blood donor issues. This is to enable assessment of participants' level of knowledge before and after training. Participants now tour the NBSZ facilities to appreciate its function and allow them to understand the 'price' placed on blood otherwise donated free. Another common and popular feature is distribution of T-shirts with the same colour and motto as the one given to their Pledge 25 Club siblings during the December YDM.

2.7 1996: Pledge 25 Club constitution

NBTS and Pledge 25 Club created the first club constitution with legal advice from the organisation's chairman, who was also a retired high court judge. The document addressed such issues as the clubs' membership, governance structures and duties. The document has since been amended twice to adjust to developments within the club and within the mother body, NBTS/NBSZ.

2.8 1999: First sub-branch launched

The first sub-branch strategy was an initiative from staff and club members from NBTS' Masvingo branch. This was after realising that blood donors from the schools in a small agricultural town had nowhere to donate as club members after leaving school.

Because it was operating from the main branch it was referenced as a

sub-branch. ‘Sub-branch’ became common parlance to refer to a smaller town under a main blood service branch, where club membership has been established and where capability to organise itself and host its own blood drives had been established. Sub-branches are initially made up of post school donors from surrounding schools. Like in the main branches, membership increases with the ushering in of each year’s post school donors who are enrolled on the sub-branch’s YDD (now YDM) event. Masvingo branch’s idea was subsequently adopted by other branches, leading to the geographical spread of the club across the country. Today, the five NBSZ branches have a total of 52 sub-branches between them, recruiting their members from over 200 schools.

2.9 2003 Realignment strategy

Realignment is an initiative that involved re-timing members’ donations from a previously haphazard schedule to, specifically, the beginning of the April and August school holidays. The December holiday was already catered for by the YDD blood drives. Prior to the realignment initiative club members would only donate as a group on YDD in December. Thereafter, each member would donate at their own time (or never at all) during the course of the year, to converge again in December. The realignment strategy emanated from the frequent meetings with club members and NBTS staff, where they discussed how the club could better help the organisation address its blood challenges.

The strategy came after appreciating the irony that there was blood shortage whenever schools closed for a holiday, yet there was a club of donors - no longer in school - who could bridge the gap. After implementing this strategy, and with the increase of membership, school holiday blood shortages began to ease. Below are some of the news headlines to support the impact of the strategy:

“Blood stocks adequate for festive season” (December 2013)

<https://www.southerneye.co.zw/2013/12/12/blood-stocks-adequate-festive-season/>

“We have enough blood Stocks NBSZ” (August 2015)

<http://thezimbabwemail.com/health-fitness-10237-we-have-enough-blood-stocks-nbsz.html>

“Enough Blood for the festive season” (December 2016)

<http://www.herald.co.zw/enough-blood-for-festive-season-nbsz/>

2.10 2004: Ladies' Gala. Men's Splash blood drives.



Pledge 25 Club Zimbabwe donors having fun at a Ladies Gala blood drive.

In Zimbabwe, male donors are eligible to donate every 3 months and female donors every 4 months. After realigning blood donations to coincide with the three school holidays, male club members complained that the move 'short-changed' them, since they now donated 3 instead of 4 times. They proposed that men join ladies only on the YDD blood drives, then break away to donate 3 more times (March, June and September) before converging again in December. Ladies would remain aligned to the March-August-December cycle.

The arrangement, although slightly affecting school holiday shortages, was adopted because it maximised collections. It ensured that all members who adhered to the new schedule would each donate the maximum possible times. The Ladies' Gala and Men's Splash are terms that were coined for the female and male donation blood drives, respectively. The terms 'Gala' and 'Splash' were borrowed from the state sponsored musical concerts, very popular with the youths at that time.

Where a sub-branch's population was too small to split into these gender-

based blood drives, a blood drive combining the two - with a bias towards the female donation cycle - would be held. This became known as the Mixed Gala.

2.11 2008: Study on Pledge 25 Club blood drives and seasonal blood shortages

A study on Pledge 25 Club initiatives to address seasonal blood shortages in Zimbabwe was presented at the 11th International Colloquium on the Recruitment of Voluntary Non-Remunerated Blood Donors in Cairo, Egypt. The study, which compared trends in the general donor population to those of the club membership, showed a rise in club donations during school holidays, while those in the overall population went down during these periods of school closure. It recommended support to increase the Pledge 25 Club numbers to a level that would fill the gap created when schools closed. Buoyed by these findings, NBSZ and the club were determined to do all they could to address blood adequacy challenges, particularly during the school holidays.

2.12 2010: Study on Pledge 25 Club graduates

By 2010 the club was 16 years old and over 300 members had fulfilled their pledges. At this point a study, led by the author, was undertaken to establish trends in the graduates' donations after leaving the club. The study revealed that:

- **The club graduates continued to donate with a retention rate of 76% compared to 36% in the general donor population.**
- **Their average donations per year was higher, with 70% of them donating at least 3 times per year, much greater than the national average of 8%.**
- **Of these graduates, only 4 (10%) were female.**

This study was presented at the AfSBT congress in Nairobi, Kenya in the same year.

2.13 2010: Pledge 25 Club strategic plan

The Club crafted its first 5-year strategic plan. The document was produced by a selected team of 22 'technocrat' club members drawn from the country's

tertiary institutions and assisted by NBSZ coordinators. The team came up with the clubs' mission, vision, core values, goal, objectives and activities for the club. The strategic plan was aligned to the main organisation's strategic and action plans. The plan made it easy to monitor and evaluate club activities and measure them against those of the mother body.



The team behind the first Pledge 25 Club strategic plan.

2.14 The Pledge 25 Club concept grows across the globe

Meanwhile, since 2003, Safe Blood for Africa Foundation (SBFA) and its parent body, Safe Blood International (SBI) with the support of WHO and IFRCRCS, played an important role in spreading the Pledge 25 Club idea to over 65 countries across the globe. Under the umbrella terms Club 25 Africa and International Club 25, the concept adopted country-specific names and approaches but maintained the key goal of involving youths in voluntary blood donation and leading healthy lifestyles.

CHAPTER 2

Now that you know about Pledge 25 and its impact, you may wish to consider introducing this approach as part of your own blood donor management strategies. For success it is recommended you follow some field-tested guidelines regarding club formation, established techniques to recruit the right volunteer members as well as observing some general principles that help create successful blood drives. These will be covered in Units 3 and 4.

Unit 3: PEER PROMOTERS



Key Objectives

By the end of this unit the reader should be able to:

- **Define a blood donor peer promoter.**
- **Explain the peer promoter's role in both the overall donor management and PSDC management.**
- **Describe the selection and notification process of the blood donor peer promoter.**
- **Demonstrate appreciation of the role of the blood donor contact teacher in overall donor management and in PSDC management systems.**

- **Demonstrate understanding of the interdependence between the peer promoter programme and the PSDC.**
- **Justify each of the key activities in the peer promoters induction programme.**
- **List data tools essential in the management of the peer promoters programme.**

3.1 What is a peer promoter?

A peer can be described as a person who has equal standing or status in class, age or rank with another or with others. When a peer group member promotes certain ideals and values to his or her peers he becomes a peer promoter. This implies that peer promoters of voluntary, non-remunerated blood donation can be established in various settings such as school, tertiary institution, workplace or church. This chapter deals with peer promoters with particular reference to the school setting.

3.2 Why are peer promoters helpful in blood donor management?

- **There is widespread evidence that young people get much of their information from their peers. Equipped with the right information, youths can help promote blood donation issues.**
- **Young people relate well to people similar to them in age, background, and interests. The peer promoter concept aims at leveraging this relationship to help influence voluntary blood donation and promote healthy lifestyles.**
- **The cultural similarity of peer promoters helps ensure that the language and messages used are relevant and appropriate. Knowledge of this culture helps in appropriate packaging of information targeted at this group. Peers can advise on trending catch phrases for promotional material meant for their cohort.**
- **Peer-led programmes can change social and community norms to support risk-reducing behaviours. This is particularly relevant where the aim is to develop a culture of voluntary blood donation**
- **Peer programmes allow for the direct involvement of young people**

in their own initiatives.

- **Peer programmes can be implemented economically.**
- **Peer programmes often reach not only the peer group but also the peer promoters' relatives and neighbours.**
- **Peer promoters often gain long-term benefits from their experiences. These can include an ongoing commitment to responsible reproductive health behaviours, realising of leadership potential, useful employment experience and personal development.**

3.3 Key roles of the in-school peer promoter

The following constitute the primary functions of the peer promoter.

3.3.1 Donor mobilisation

The Peer Promoters Programme is expected to be part of the overall donor mobilisation strategy, where the key objectives are to:

- **Inculcate responsible behaviour among current and prospective school blood donors.**
- **Improve relationships with the schools, making it possible to operate within their school time.**
- **Build a stronger foundation for future regular, voluntary, non-remunerated, safe adult blood donors.**
- **Ensure higher yields of safe blood from schools and community halls.**

A carefully selected and well-briefed peer promoter will do much of the informing, educating and motivating of fellow students. The peer promoter is a donor recruiter with better physical and social access to the potential in-school donor.

Subject to permission by the school authorities, the peer promoter can be the blood service's 'foot soldier'; helping, for example, to put up posters before the donation day. When free on the day of donation, the peer promoter can help the blood service staff with non-technical roles such as assisting with the orderly shepherding of donors, taking weight

and height measurements of prospective donors and assisting with refreshments. Otherwise, the overall role of the peer promoter is to help recruit fellow blood donors by motivating them and addressing their fears and misconceptions about donating blood.

3.3.2 Promoting the PSDC

The Peer Promoters Programme and the Post School Donor Club are like siblings to the blood service parent. Though at any point in time comprising of older members, the PSDC's growth heavily depends on the effectiveness of the Peer Promoters Programme.

Peer promoters market the PSDC to the recruited outgoing donors in order to 're'-recruit them into the club. That is, they recruit the recruited (blood donors). However there are also those who express interest in joining the club but may not be donors yet due to such factors as age, temporary deferrals or indecision. These too should be included in the peer promoters' PSDC provisional register. In liaison with the blood service coordinator, the peer promoter keeps in touch with outgoing or final year blood donors and promotes awareness on the existence of a club of blood donors after school.



Peer Promoters Programme and Post School Donor Club siblings.

The role of the peer promoter in PSDC can be summarised as to:

- **Influence voluntary blood donation behaviour in their peers.**
- **Recruit voluntary blood donors.**
- **Provide an extended detailed and simplified version of a motivational/ educational talk.**
- **Assist the mobile team with logistical issues e.g. room preparation and non-technical tasks.**
- **Promote the PSDC events to outgoing students.**
- **Compile a provisional register for those who express interest in joining the PSDC.**
- **Hand-deliver letters with ‘Best Wishes’-type messages (and invitation to PSDC events) to final year exam students.**

3.4 Qualities expected of a peer promoter

To perform duties effectively a peer promoter should have all or most of the following qualities and attributes:

- **Be a blood donor (‘walk the talk’).**
- **Be charismatic and able to influence others positively.**
- **Be articulate and able to convince.**
- **Be able to maintain confidentiality.**
- **Be interested in being a role model in voluntary blood donation and youths projects.**
- **Be able to exercise leadership.**
- **Have basic knowledge about blood service issues.**
- **Have respect for individual choices and be non-judgmental.**
- **Be patient and approachable.**
- **Command respect of the school staff and colleagues.**

The selection of the peer promoter should come from the school itself, since he/she is expected to work with and at the school. The practitioner should just give the qualities expected. The expectations are spelled out in a letter that doubles as an invitation for peer promoters' induction. (see Annex 2 for Sample Request Letter).

3.5 The contact teacher

As hinted at earlier, the Peer Promoters Programme is part of the overall donor recruitment strategy. In this strategy the contact teacher is the liaison person between the blood service and the school. In most cases this is a senior teacher, counselling teacher, health education teacher or any other teacher chosen by the school head to arrange, communicate and facilitate blood service issues at the school.

In the Peer Promoters Programme, the contact teacher facilitates the selection of the peer promoters and also attends the induction programme with them. The contact teacher is expected to assist the peer promoters with their roles at schools as well as play 'peer promoter' to their own colleagues in the staffroom.

3.6 Selection

When selecting peer promoters for the school the contact teacher should also consider the following:

3.6.1 Number

Normally, the more the better. However, since the number affects cost in terms of incentives, transportation and refreshments, they should in usual practise be limited to between 2-6 peer promoters per school. The school size/enrolment will guide the specific number selected within this range, and of course the numbers can be bigger than those suggested if resources allow.

3.6.2 Gender

Unless it is a same sex school, the gender of peer promoters selected should be balanced. The first reason is to remove gender-based barriers when it comes to engaging peers. The second is that, in a system with different donation cycles for male and female donors, the peer promoters may find themselves having to promote and attend PSDC blood drives relating to

their gender.

3.6.3 Classes

It is advisable that both final year and non-final year classes be represented in the mix. This helps continuity of the peer promoters' activities at the school since the non-final year peer promoters remain behind after their colleagues leave. The ones remaining would be joined the following year by a new set of non-final year individuals and they will now progress to their final year. For example, a mixed gender high school with blood donors in Forms 3, 4, 5 and 6 (forms 4 & 6 being final years) can have four peer promoters, mixed gender, of whom there may be two girls in Forms 3 and 6 and two boys in Forms 4 and 5.

3.7 Letter to parents

This is in a case where the student chosen to attend the peer promoters' induction is a non-boarder and may have to get permission from parents to attend. The letter, which may include the programme for the event, is a request that the child be allowed to attend and an assurance that the child is safe with the blood service. (See Annex 2 for Tear off letter to parent)

3.8 Induction

The reason for the blood service to carry out an induction for the peer promoters and the contact teachers is to equip them with sufficient knowledge to make them informed and effective blood service ambassadors. Ideally this should take place at blood service facilities. When this is not possible, any other site - including at the school - can be used, but the coordinator's presentation will have to include details of what could have been observed at the blood service facilities. Regardless of the venue at which it is held, the induction programme should take place in a relaxed and friendly atmosphere which promotes interaction of the participants from the various schools as one big new family.

Representatives from the clinic and laboratory sections should ideally be present to take the participants through what goes on in their departments.



Peer promoters and contact teachers writing a pre-induction test.

3.9 Pre-induction test

- This is the first activity of the induction programme (contact teachers take it too!).
- The test is aimed at assessing the level of participants' knowledge before induction.
- The test should cover areas normally asked about by people, including what they think is expected of them and what they know about the PSDC (See Annex 1 for Sample Induction Test Paper).
- Announce a short break can take place while blood service staff members or office-bearers (to be explained later) mark the tests and keep the record.
- Give participants their marked papers (and maybe, for motivation, announce top marks).
- Tell participants that the same test will be given at the end of the programme and the two marks will be compared. This will keep them

attentive throughout.

Very importantly, ensure that the presentation and the tours that follow provide answers to questions raised in the pre-induction test.

3.10 Tour of blood service facilities

Providing a tour of blood service facilities aims at equipping the peer promoters and teachers with firsthand information on the organisation and its activities, thus enabling them to be effective ‘ambassadors’ of the blood service in their respective schools.

This is why it is most ideal for the induction exercise to take place at the blood service centre. If it takes place outside of the blood centre, the information can be given in the form of a presentation with pictures. Participants are encouraged to ask questions and take notes and should be provided with lectures and demonstrations from the staff member in charge of various departments.



Tour of the laboratory facilities: getting an inside knowledge of blood service operations.

At the end of an event, participants should:

- **Have insight into the cost implications of the blood otherwise donated voluntarily at no charge.**
- **Appreciate any cost recovery charges made on donated blood.**
- **Appreciate any subsidies applied to donated blood.**
- **Be able to explain costs and subsidies to their colleagues and members of their communities.**
- **Avoid unnecessary demands that will impact on the cost of blood and which may further burden the recipient.**
- **Understand the obligations on donors in terms of personal behaviours and responding truthfully to health questions.**
- **Appreciate measures taken to ensure blood safety (donor selection and testing).**
- **Appreciate the steps taken to ensure the confidentiality of donor information.**

3.11 Expectations for PSDC mobilisation

Repeatedly remind peer promoters that their role is twofold; recruiting new blood donors and helping point the final year blood donors to the PSDC. To help them appreciate the latter role:

- **Highlight the retention challenges faced by the blood service.**
- **Explain the rationale behind the PSDC concept.**
- **Stress the importance of knowing as many final year blood donors as possible (for the purposes of reminding and distributing letters).**
- **Give a timeline of what is expected of them as they build up towards the PSDC recruitment/donation event at the end of academic year.**

3.12 Peer promoter role conflict

Peer promoters are told what is expected of them when they go back to school. Stress that, while the contact teachers will be there to assist, the peer promoter role takes backstage each time it clashes with school programmes.

3.13 Life skills

In line with the challenge to young blood donors to lead a low risk lifestyle and to continue donating safe blood, it is advisable to include presentations on health-related issues so as to adequately equip participants with survival skills. The presentation may be delivered by a health professional, counsellor, pastor or official in the blood service who can deliver it in a youth-friendly way. It is helpful to vary presenters with each meeting, hence the need to closely network with various stakeholders and the appropriate government departments. These presentations focus on issues affecting the youths and should complement, not contradict, lessons given by home, school and church. Sensitive and controversial topics, particularly those against home and school teachings should be avoided. Indicate and demonstrate your organisation's relevance as a partner in a child's upbringing. It should be evident to all that the blood service's concern about the child's welfare goes beyond blood donation. Topics for discussion may include:

- **Behaviour at home and school.**
- **Reproductive health.**
- **Risky behaviour.**
- **Discipline.**
- **Leadership and teamwork.**

3.14 Post-induction test

The post induction test is the same paper as the pre-induction test. It is written at the end of the induction exercise. Its purpose is to assess the impact of training on the level of participants' knowledge; the knowledge they are ready to take with them to their peers back at school. After

marking and recording, give participants their papers and discuss answers. The induction exercise should produce informed ambassadors, likely to articulate well the community benefits of blood donation.

3.15 Incentives and certificate

The induction programme should end up with presentation of certificates to confirm their successful completion at the induction exercise.

Resources permitting, give participants a souvenir such as a branded pen, branded exercise book, juice bottle or T-shirt. These are recognition items of little commercial value, but help convey appreciation for their anticipated role in contributing to donor mobilisation efforts.

3.16 On-site induction for schools that fail to attend

The coordinator should follow up on schools that fail to attend induction and request some time (perhaps just 30 minutes) with the contact teacher and the peer promoters to update them on what transpired and what is expected of them. This will enable a smooth, coordinated take off of the PSDC build up and launch exercise.



Peer promoters induction: Tanzania.

3.17 Review meetings

The review meetings should be held at least two times after the induction meeting. Like other peer promoter gatherings, review meetings should be held on a weekend day to minimise interference with school classroom activities and to maximise attendance.

The meeting's main purpose is experience sharing and should include, but

not be limited to, the following:

- **Reports on blood donation patterns within individual schools.**
- **Challenges faced.**
- **Blood donor profiles in their schools with particular focus on final year blood donors.**
- **An open session where issues are raised and solutions proposed.**
- **Progress in promoting the PSDC YDD event.**

Where limited resources do not allow for holding these review meetings at a central point, the coordinator can move from school to school, interacting with the peer promoters and contact teachers for these updates. The least desirable option is to have these issues submitted in writing for desktop review by the coordinator.

3.18 Peer promoters in donor tracking

Most donors stop donating after they leave school. Numerous surveys have attributed ‘not knowing where to go’ as one of the major reasons for defaulting and thus peer promoters can play a very helpful part in any tracking and retention exercise. This involves keeping abreast of the whereabouts of blood donors and alerting them of a blood centre or blood drive now near them. Of primary concern should be borders and final year students likely to relocate to a different area after leaving school. This involves coordinators and peer promoters in the following:

- **Keeping records of home addresses of the donors (and potential donors) when they leave school.**
- **Identifying a convenient or nearest PSDC office near the given home address.**
- **Sending the donor details of such to the respective blood service/ PSDC office.**
- **Alerting the donor of the move and for him/her to expect communication from the receiving office.**
- **Giving all final year students lists of PSDC locations and schedules**

of upcoming events.

Each branch should keep a record of how many donors they received, how many they referred, from or to which branch, together with donor details. This will enable meaningful data analysis. If every blood service office ‘hands over’ the final year donors in their schools, post school donor retention will improve. A similar exercise will also be practised to retain PSDC members who relocate to other provinces for university, employment and other reasons.

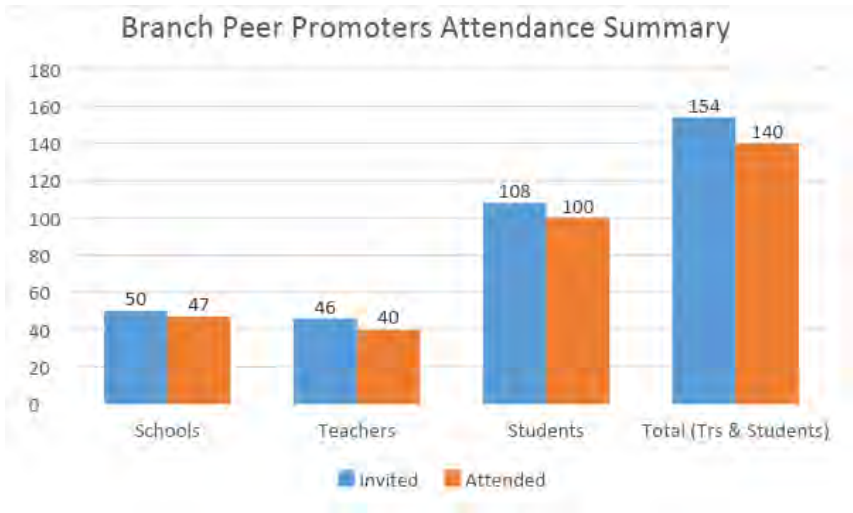
3.19 Records

For continual improvement purposes, the coordinator should compile a report with information that includes the programme, budget, and a promoter’s register indicating the following:

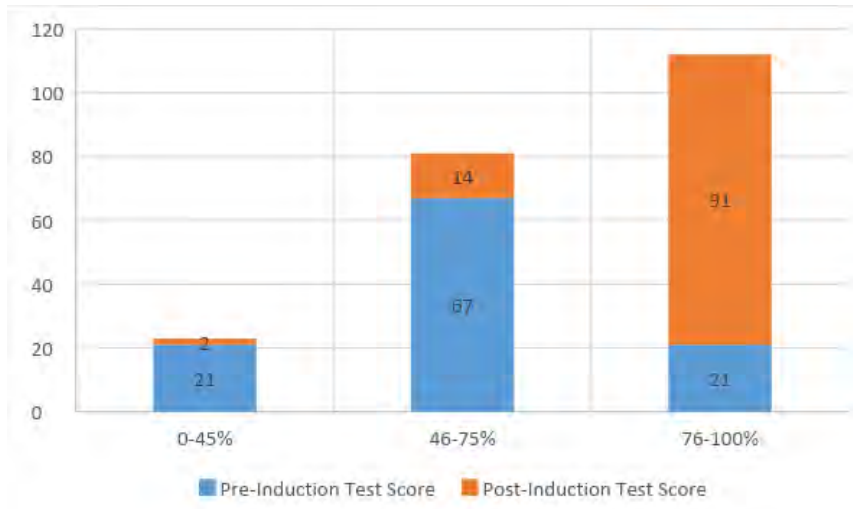
- **School.**
- **School Type (whether boarding or day).**
- **Contact teacher (and details).**
- **Name.**
- **Class.**
- **Gender.**
- **Physical Address.**
- **Telephone Number (mobile preferred).**

3.20 Graphs/tables of key activities

(Samples of graphs below on ‘Attendance Summary’ and ‘Participants’ Performance’ were compiled from actual Peer Promoters Induction 2017 data from NBSZ’s Mutare and Gweru branches, respectively, while the pie chart is from imaginary data on ‘Donor Reference’).

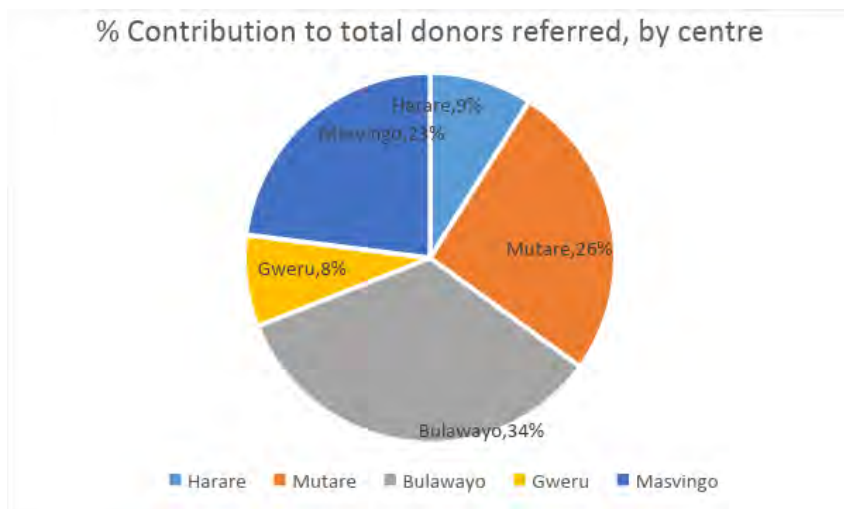


The graph above is a comparison of response to receiving an invitation. Well analysed, such data can help make subsequent events more effective.



The stacked column chart above shows the distribution of participants along the performance score ranges before and after training. The bars and the values along them help indicate whether training was effective or not. It also gives a sense of the level of knowledge participants would have had to work with if they had had to carry out their duties without being trained, and the risks that would have been associated with this. This can

help justify training investment.



The pie chart above indicates a distribution in percentages of the total number of donors referred by each of the five branches. This helps highlight areas that could need attention. In this case concern can be directed to the low percentages of Harare and Gweru (9% and 8%, respectively).

Obtaining and presenting data on the type of issues above is key to the success of the clubs. Records like these will allow analysis and help make an informed assessment of events and strategies, thereby providing evidence on which future decisions will be based. Similar data from branches submitted to the head office can help make strategic decisions, even at corporate levels.

3.21 Essential data tools

The following are essential data tools for the Peer Promoters Programme:

- **Records of invited schools against those which attended.**
- **Records of invited peer promoters against those who attended.**
- **Records of pre and post induction marks and percentage improvement by individual, school, and overall.**
- **Register and details of peer promoters and contact teachers for each school.**

- Record of PSDC members entered into the provisional register by school.

Unit 4: LAUNCHING PSDC AND MANAGING CLUB BLOOD DRIVES



Pledge 25 Club blood drive: Lesotho

KEY OBJECTIVES:

By the end of this unit the reader should be able to:

- **Justify why the Youth Donors Day (YDD) is a perfect opportunity for a PSDC launch.**
- **Describe key conditions expected at the school to ensure a successful launch.**
- **Appreciate the importance of planning club blood drives.**

- **Explain the events at school that should build up to the YDD event.**
- **Justify the ‘pledge’ approach to club membership.**
- **Create conditions that make club blood drives memorable and worth coming back for.**
- **Explain the procedure of following up on donors who fail to make it to blood drives.**
- **Describe the main functions of the governance structures of a PSDC.**

Most attempts at establishing a PSDC fail, not because of starvation (lack of support, resources etc.) but due to indigestion (attempting to achieve too much at one time). Patience and diligence are two key qualities required in building each club. Remember, the ultimate goal is to develop a culture of regular voluntary blood donation. This is not done overnight. The best way is to start at the grassroots; the school. It is better to start small, with a group of youths who share the same values, attitudes and behaviours and then build the club membership base from these. This unit will give guidelines on how to prepare for and launch a PSDC and the blood drives that often go together with this.

It is important to stress here that we are not launching separate clubs, but one club with one structure and centre of administration that cascades from the national president down to the individual donor at a branch or zone. Separate autonomous clubs have a number of challenges, chief of which is administrative.

4.1 At the school

The PSDC is not an independent project. Rather it is a branch of the blood service’s donor mobilisation strategy. As such its health depends on that of the donor recruitment strategy; in this case, at the school. The quality of the donor recruitment strategy at school will impact on the quality, even quantity, of blood donors who graduate out of school. Quality in terms of information they share, values cherished and behaviours they exhibit. It is these donors that make good candidates for the foundation of the club as soon as they leave school. They build up from where the peer promoters left off.

Conditions at school that make it easy to identify and recruit candidates for a PSDC include:

- **A school visited regularly within a year for blood collection.** It is not fair to expect donors to be regular when limited blood service visits deny them the opportunity to be so. A regularly visited school develops a general tolerance and appreciation of blood donation. More new donors minded to donate or who will turn the acceptable age to donate will have the opportunity to do so in subsequent visits, thus increasing the number of potential post school donors.
- **A healthy relationship between the blood service and the school.** A blood service should, during the course of the year, have developed a relationship that removes the ‘beggar’ tag that they may otherwise carry with them each time they visit or call. A blood service that plays to its strengths with the school will develop a partnership relationship and will not be apologetic when it visits for PSDC preparations.
- **A well informed and enthusiastic contact teacher.** Normally preparations for the launch of the PSDC coincide with final year national exams for final year students. In the eyes of many teachers and administrators any exercise that is not academic is seen as a disruption. A motivated contact teacher speaks on behalf of the blood service and helps facilitate peer promoter activity that has minimum disruptions.
- **Motivated peer promoters.** The induction exercise and the meetings in between should leave the peer promoters looking forward to Youth Donors Day (or Month YDD/YDM, the PSDC recruitment days). One way to keep them motivated is to make them automatic club members and interim office bearers, irrespective of class. If you selected promoters properly they are already blood donors. A prize for the peer promoters who reach the target turn out for their schools on the YDD/YDM helps them work hard to identify and invite potential club members.
- **Up-to-date donor register.** To avoid confusion and uphold confidentiality, an up-to date donor register should come from the blood service. Some donor enrolment forms capture, among other details, the class in which the donor sits at the time of donation. This makes it easy to compile a register of all final year blood donors from a particular school. With confidential information removed, the registers can be used by peer promoters to identify, invite and remind the final year donors.

- **Final year blood donors who will be due to donate during YDD.** A common surprise with any launch of PSDC on YDD is discovering that, despite the very high turnout and use of resources, there is very little blood collection activity. The students will have donated at school and won't be due yet. The reasons why the donors have to be due on YDD is to minimise expenses not directly related to blood collection as well as have the donors aligned to be due on subsequent blood drives.

4.2 Planning

In the planning phase the coordinator should closely consult with internal stakeholders (sister departments and management). It is advisable that a representative from each of the stakeholder departments be part of the planning committee. This will enable cooperation and collective responsibility thereafter. Identify towns where the club will be launched. It is advisable to start with those towns that are readily accessible, for ease of administration. Depending on the organisation's capabilities these could be as many as the blood service branches visited for collection. Also:

- **Make a list of the schools and enrolments in and around these towns.**
- **Ensure that all of these schools have a Peer Promoters Programme in place.**
- **Set a target for each school of people who could be final year blood donors. 5% of the school's total enrolment is a reasonable target, all things being equal.**
- **Recruit voluntary blood donors to meet or surpass the set targets.**
- **Do this with the help of the blood service personnel, the peer promoters, and with the contact teacher's assistance.**

4.3 PSDC provisional register

The PSDC provisional register is compiled by peer promoters at school. After a final year blood donor indicates willingness to join the club after graduating from school, the peer promoters enter him/her into a register. Knowledge of where they will be during the time of the Youth Donors Day (YDD) or Month will make it easy to refer them to the nearest venue for donation and registration. Since much of the communication thereafter

will be via SMS, mobile numbers (even those of parents) are preferable. Those who make it to the YDD/YDM event then formally join, make a pledge, donate and are entered into the actual club register. Those who do not are followed up using details they will have provided at school. Details to include in the register are:

- **Name and surname.**
- **Physical Home address.**
- **Mobile telephone number.**
- **Number of donations.**
- **Residential address during the YDD period (if applicable).**

It is strongly recommended that the blood service's donor recruitment and data capture functions make a provision on the donor details form to indicate (among other non-confidential donor details) the donor's class and the year. Donor print outs with this information will make it easy to sort out the year's outgoing students and enter them into registers that will be used by peer promoters to campaign for the PSDC, YDD/YDM and compile the club provisional register.

4.4 Wish the donors the best in their exams

Potential club members should know of the existence of the Club before they leave the school. However it would appear selfish to communicate with them only about the blood service's needs. They have their own interests, fears, even stress too. These final year students are most likely preparing for the final national exams. During this time you may consider sending each one of them a good luck / best wishes card or message. In it, advise them to hold on to that final donation at school and concentrate on exams. Then invite them to come and join fellow students from surrounding schools on a day set aside specifically for them. (See sample in Annex 3). This approach makes them feel appreciated and allows them to look forward to continuing their relationship with the blood service. Peer promoters can help distribute these letters.

Peer promoters should also be relied on to promote YDD/TDM. Peer promoters from each school, irrespective of their class, are also encouraged

to attend. Resources permitting, there could be prizes for the peer promoters' team/school that reaches its target of invited members.

The blood collection team and the blood drive coordinator should discourage these final year students from donating during the schools final/exam term. This is for the following reasons:

- **To have the student donors prepare for their examinations with minimum disruptions.**
- **To ensure that their first experience is marked with massive blood donations, an activity that will hopefully characterise all subsequent PSDC gatherings/blood drives.**
- **To help optimise resource utilisation as the blood donation and recruitment take place at the same time.**
- **To reserve a pool of blood donors who will donate at the onset of school holidays, a period characterised by blood shortages in most blood services in Africa.**
- **To realign the new club member's donations with PSDC blood drives. which would make them due at the same time and thereby make it easy to plan subsequent club blood drives.**

Remember, always, that this event in particular - and the PSDC in general - is not a single department's sole responsibility. They should arouse organisational interest the same way a newly born baby does to all family members.

4.5 Preparation for the YDD event



Internal stakeholder involvement in planning a PSDC events.

The Youth Donor Day event is prepared for in much the same way any other PSDC events should be. However, for this particular occasion the following key areas should be particularly noted:

- Use the total number of students invited, as well as non-final year peer promoters and already-existing PSDC members (if any), as a working figure.
- Work with an interim committee of young blood donors to help organise the event. If already established just guide the clubs' branch committee as they lead in the preparations.
- Agree on the year's theme, slogan and use it on all promotional materials, including, T-shirts, banners, invitation cards, etc. Involve the youths on the design of their promotional material: they know what is trending.
- Hold a preparatory meeting with the (interim) committee members a day before and assign each other duties. This will minimise confusion and conflict on the day.

Key responsibilities include:

Ushers: To welcome the new members, explain the event and direct them towards the next step.

Registration team: To check with the printout / list of expected members to tick those that came and add any new ones. Pledge forms may also be

issued, completed and submitted here.

Donation process assistants: To help clinic staff with non-technical tasks like weight and height taking, issuing refreshments and other 'legwork.'

Accounts team: To issue tickets (meals, refreshments, transport, T-shirts, etc.) to bona fide 'guests'. These individuals account for resources provided for the event.

4.6 YDD/YDM programme of events

Draw up a programme for the day, bearing in mind that the key purpose is new member registration and blood donation. These two are on-going throughout, with intensity determined by the arrival of the donors.

Care should be taken not to confuse or mix blood drive events with promotional events. The two aim to achieve different objectives and hence should be held on different days. Marching across town on a blood drive day will see all donors arriving for donation at the same time, thus overwhelming the blood collection staff, and stretching the patience of both staff and donors. The attention drawn by marching may also attract the 'wrong' people and jeopardise blood safety and even compromise discipline at the venue. This is an 'in-house' event meant to build up and strengthen club structures, values, behaviour and culture.

4.7 YDD/YDM and other PSDC blood drives

As hinted at earlier, the YDD/YDM and subsequent PSDC blood drives are characterised by one key highlight and programme item; voluntary blood donation. Any other activity should be there to support, not distract from this. Inviting crowd-pulling artists, for example, is not advisable as it tends to put donation on hold as members try not to miss the highlight. It also tends to invite the uninvited and shifts focus to crowd management. A blood drive's success is not measured by attendance or crowd size, it is measured by the number of safe units collected.

A good analogy of a PSDC blood drive is that of a church youth gathering. You may have witnessed a church youth gathering, of hundreds or even thousands of youths all of the same faith. It exhibits certain characteristics.

- **There is unison in their way of singing, praying and overall behaviour.**

- **Their discussions are higher order, as they already had basic concerns addressed at the time they converted.**
- **Such huge gatherings are often attained without resort to broadcast media, but rather use existing church structures and networks to attract the right people, of the right age, to the right venue.**
- **Indiscipline is kept to a minimum because, besides the values inculcated, knowledge that they are part of a system in which they can easily be tracked also acts as a deterrent.**

In the same way, organisers should minimise publicity that would encourage a lot of first time blood donors. The basic assumption of a PSDC blood drive is that the people invited have already been ‘converted to blood donation’ at school, after their basic concerns on voluntary blood donation were addressed. It is well accepted that first time donors are more risky than repeat and regular donors and that is why, for the PSDC, peer promoters should encourage the recruited; that is, post school donors who are aware that they have joined a club aimed at addressing challenges facing the nation while enhancing their own health.

The church youth analogy also helps emphasise the importance of using the established club and blood service registers and channels of communication. This increases the chance of optimising attendance of people to suit set criteria and goals. Internal communication structures are therefore very important.

4.8 Making a pledge



Youths committing to saving lives: Pledge 25 Club Kenya.

4.8.1 What is a pledge?

A pledge can be generally described as a pre-commitment to achieve a goal. It is a psychological strategy that motivates a person or a group of people to adhere to targets that they would, if they had not pledged, perhaps be persuaded by other commitments to give up on. Giving up on a pledge invokes a feeling akin to breaking a promise, hence the increased tendency to follow through on such a formal commitment. When made in the context of a group or community, pledging increases the tendency of group members to encourage and inspire each other. Individuals, not wanting to disappoint, are more likely to keep the pledge towards the top on their priorities.

Making a 'pledge' is a key foundation upon which PSDC membership and activities are built. The new member makes a pledge to donate a certain number of units or times over a given period. There is also generally an age-limit for the youth by which this goal has to be achieved. This clear commitment has advantages for both the blood service and the club members.

4.8.2 Advantages to the blood service

- **Enhances donor retention, as more members join and stay in the club.**
- **Helps ensure regularity in donations, as members strive to reach their target at the earliest possible time.**
- **Helps address seasonal blood shortages as club members adhere to donating on aligned blood drives.**
- **Develops a culture of regular blood donation over the years the club member strives to fulfill the pledge. A study carried out on the Pledge 25 Club graduates in Zimbabwe revealed that 71% of the graduates donated at least three times a year.**
- **Improves donor recruitment. More people are likely to join in altruistic behaviour when they see others already doing it; the opposite of the 'bystander effect', where people do nothing to help because neither is anyone else.**

4.8.3 Advantages to the club member

- Offers an opportunity to continue interacting with like-minded youths and grow new relationships
- Develops a culture of healthy lifestyle.
- Gives a feeling of satisfaction for being of service to the community.
- Develops a culture of voluntarism and selflessness, both recognised virtues.
- New knowledge and experiences are gained through partnerships with like-minded groups.

4.8.4 How many blood donations and in what timeframe?

This guide recommends 25 blood donations be pledged, to be made by the age of 30. Twenty-five donations extends active engagement long enough to make a meaningful contribution during the pledge period, and is likely to instill an on-going willingness to donate thereafter. Using this definition, it takes at least six years for a regular blood donor (donating four times within a year) to honour his or her pledge. Efforts that he/she makes over this period to live healthily, keep blood safe and donate regularly are likely to developed into permanent lifestyle habits.

Age 30 is recommended primarily because it is the generally accepted cut off point for “youths” in most settings. Adhering to it helps maintain the clubs’ ‘youths’ identity. It also instills a sense of urgency and a need to donate as regularly as possible to achieve the goal.

Some people propose “in a lifetime” but this has its challenges. It tends to defeat the purpose of regularity as well as destroy the “youths” identity of the Club. Its dilution of the urgency of the period in which to reach the target will likely justify some people of forty, forty-five or more lingering in the ‘youths’ club. This guide recommends the target by which the pledge is honoured to be 30.

Blood safety is the other reason why 30 is the recommended age. In Zimbabwe, for instance, there is evidence that HIV rates start to increase in the 20s through 40. So a cut off at 30 years helps keep blood collections

relatively safe. Some blood services handle this dilemma by setting an age range, for example 16-21, for the acceptance of new member. In the opinion of the author this is somewhat rigid and can shut out otherwise eligible members.

Note, however, that not all young blood donors get the opportunity to join the club at YDD/YDM or soon after leaving school. Some may develop a 'wait-and-see' attitude, or may just not be aware of the club but continue to donate as ordinary blood donors. When they choose to join the club and they meet the acceptance criteria discussed below, they should be allowed to join and donations made before joining included. However, there is no point in recruiting, for instance, a 25 year old with current 3 donations, because, even at 4 donations a year for each of the remaining 5 years (for him to turn 30 years) he still cannot reach the 25 donation target. If this is at a blood drive, allow them to donate but refer subsequent efforts to the adult donor programmes that club members graduate to. If it is not convenient for the donor they may continue to donate at the club blood drive, but not as club members. Such should be noted in records so that correct club figures are recorded.

4.9 Accept/reject criteria

'Age at graduating' rather than 'age at joining,' should be the basis for accepting or rejecting a new member. This is calculated considering the donor's current donations and the feasibility of him/her completing by age 30, assuming he is going to donate the maximum possible times within a year for each of the years remaining for him to turn 30 years. Below is a table of justification for accepting or rejecting each of the 4 potential members.

Note: This is in a system where males can donate up 4 times a year and women up to 3 times a year, and for this reason the pledge target has been adjusted to 25 and 21, respectively

Gender	Age	Current Donations	Years left to reach 30	Number of donations possible in remaining years	Total Possible Donations by Age 30	DECISION
F	25	2	5	15	17	REJECT
M	26	4	4	16	20	REJECT
F	25	7	5	15	22	ACCEPT
M	24	3	6	24	27	ACCEPT

4.10 Level the playing field



How fair are eligibility requirements in the pledge ‘race’?

Great care should be taken when coming up with pledge figures, as this has the danger of creating an unequal field, particularly where males and females have different donation cycles. The study mentioned earlier revealed the sad fact that of the over 300 club graduates only 10% were female. A follow up study by Graciam Bvuma (2013) indicated ‘frustration’ as one of the reasons for giving up. Female donors tended to take longer to graduate and some even drop out before completing their pledge. This can be due to a number of gender-specific reasons, some of which are:

- **More women are temporarily deferred for iron deficiency than their male counterparts.**
- **Women may suspend donation for long periods due to pregnancy and breastfeeding.**
- **In many countries women can donate fewer times in a year compared to their male counterparts; frequently three versus four opportunities. Thus, the time it takes a regular male donor to reach 25 donations will take an equally committed female donor eight years to complete.**

In light of the above there may be logic in adjusting women’s targets to mitigate these differences. For instance, where policy dictates that women donate less frequently than men, it may be reasoned that womens’ target should be set at 20 (she can donate a maximum of 18 times during the same six years the man donates 25 times). This, however, should not have a bearing on the clubs’ name

4.11 Accessibility

There is a saying: 'what is worth seeing might not necessarily be worth going to see'. This could help remind organisers that accessibility is a factor that can negatively influence a person's decision to attend. Coordinators, when deciding on a blood drive venue, should do it more on the basis of donors' convenience rather than the convenience of the blood service, except when product quality could be negatively impacted.

The most convenient venue for the donor would be one with zero transport cost; probably where one would walk to and back home. For PSDC this works well when club cell structures are functional and cell membership is high. Community halls, church halls or school facilities that are central to these cells can be used.

In the event where club members have to commute to the venue, consider the option of reimbursing the transport costs incurred. In most African countries many youths continue to be dependent on their parents well after they leave school. It would therefore be somewhat unfair to ask a parent to release a 'child', maybe off some errands they intended to send him on, and further ask the same parent to give that child the bus fare! At face value, the idea of transport reimbursement may sound like an ambitious, even insurmountable, hurdle: until we consider the fact that it costs up to five times as much to recruit a new donor than it takes to retain a recruited one. At a cost of, say, US\$1 per round trip, a regular donor will need \$3/4 in a year to boost the blood bank by the same number of units, making 'borrowing' part of the recruitment budget to spend on retention well worth consideration.

Prohibitive transport costs are one reason why it is advisable to establish branch / sub-branch club membership within a reasonable radius, preferably where local fares apply.

4.12 Shuttle services

There are situations where a blood drive is held on the outskirts of town, some distance from the place where donors may be dropped off by their own transport. Therefore another encouragement is to establish shuttle services where, at given intervals, a small bus takes to town those that are finished and want to leave, where it picks up and brings to the blood drive those who are yet to donate. As well as solving a practical difficulty, it makes



members feel appreciated and creates a more memorable experience; especially when the weather would make walking unfavourable.

4.13 Fun



Evidence is abundant that if the donor's latest donation experience was pleasant there is an increased probability of that individual coming to donate again. While the blood collection staff should, of course, play their part in making the experience pleasant, event organisers should make efforts to complement this by making the event socially memorable.

Social interaction: Pledge 25 Club Botswana

Here is a group of youths who have prioritised saving lives over a host of other potential options. Why not allow them

fun (sober fun!) as they do it? For this reason, entertainment is a key budget component when planning a PSDC blood drive. Allow enough for at least low-key entertainment and social activities such as:

- **Playing pool.**
- **Dancing to music on a PA system.**
- **Watching sport on some big screen.**

- Surfing, chatting and sharing pictures of current experiences on social media due to (temporarily) enabled internet/wifi access.



Club members enjoying a game of pool after donating blood.

Sober fun should be a hallmark of PSDC activities such as blood drives, outdoor meetings, community services and partnerships. The youths in them should not be suppressed; just guided.

4.14 Wrapping up a blood drive

For a PSDC event, the event is not over until order is restored. Most clashes between the club and blood service staff arise from the tendency of the former to leave the place in a mess that they expect the latter to clean up. Another common (but incorrect) assumption by the office bearers and leadership is that they are too special, or have been too busy, to be expected to assist in the clean-up exercise. They are club servants, not saviours, and so should actually play a leading role in this. Duties should include assisting staff with any non-technical chores like clearing and loading equipment. Staff should be reminded to be appreciative of this assistance and not take it for granted.



Club members reconciling their figures at the end of a club event

4.15 Accountability

Accountability and transparency are some of the core values of the PSDC. The blood service and other stakeholders will entrust it with a lot of materials and other resources. It is the duty of the club, through its leadership, to evidence that they have not been abused. Club leadership should ensure that cash, refreshments, promotional material and incentives have been accounted for and that everything is documented and books balanced. If entries were made in-step with each transaction, balancing should not take time.

4.16 Post-mortem

The term in this context refers to an analysis or review. This is a brief meeting held by all those holding various offices which aims to highlight what went well (and how to maintain this) and what did not go so well (and how to improve on this next time). Each department gets a chance to highlight challenges faced and solutions proposed. Observations and recommendations from previous blood drive / event post-mortems should be filed and used to inform decisions made for future events.

PSDC blood drives and events require more or less the same considerations in preparation and execution. The key aim of a blood drive is to collect sufficient safe blood as is required (in most African settings this is 'as much as possible', as requirements are hardly ever met). So to optimise resources and maximise collections (without compromising quality/safety) always remember to use the appropriate channels to invite those who are already blood donors and who are due to donate on the blood drive date. For blood drives, the difference between total collections and attendance should be as close to the number deferred as possible.

4.17 Donor follow-up and tracking

Not all who express interest in joining the club during their final term at school will make it to the YDD/YDM. Many will have travelled for holidays in places far away from where they could attend the nearest function. Others fail due to a variety of other commitments. If no effort is made to follow up or track these, an opportunity to widen the blood donor base and boost the blood bank through these potential club members is lost. These and many who could not donate at school because of age, weight and other temporary deferral reasons, should continue to be given a

chance to become club members. Even those who joined and attended the first blood drive could be lost in the frenzy of hyper-mobility, characteristic of post school youths. The only way to continue to offer the chance of engagement is to keep in touch.

- **Follow up on club members who expressed interest.**
- **Use the peer promoter's provisional membership register.**
- **Call them, reminding them of the commitment they made to join the club.**
- **Note where they currently are and enter them under their respective branch.**
- **Alert them of the branch or club activity near them and sensitise them to the possibility of the local branch calling to follow up.**
- **Compile lists of these members' details under their respective branches.**
- **Forward each list to its branch for club leadership to follow up.**

If every branch does the same, club leaders will be alerted by all branches of members who may have migrated into their area and donor retention will be enhanced.

4.18 PSDC in tertiary institutions



Youths blood drive at Kirinyaga University, Kenya.

‘Post school’ does not necessarily mean ‘out-of-school’. While the latter

generally refers to a condition of not being in school (for whatever reason), the former refers to a condition of having passed through the school phase. The clarification is not given to offer any exclusion criteria. It is intended to stress the fact that post-school donors may choose to proceed with their education and find themselves in universities and colleges. These individuals need to be tracked and given the opportunity to continue donating in a way mutually convenient to both them and the club strategy. The requirements and stages of an efficient tracking system for these donors includes:

- **An up-to date club member register with contact details, that will have been compiled at YDD/YDM or at school. (Refer to Chapter 3).**
- **A reminder to club members to notify their respective blood service/ PSDC office of the institution they will be moving to.**
- **Give the same reminder through donor communication/feedback letters and SMS. (The same goes for club members and any blood donors that will be moving / migrating out of their areas of registration for whatever reasons).**
- **Make lists of these names and contact details and sort them according to the clubs' branch offices that should be receiving them.**
- **Forward the sorted donor details to the receiving offices (under which the indicated institutions fall).**
- **Keep records for both donor details sent and received as well as the source received from and destination sent to, for essential data analysis.**
- **Each receiving branch office compiles details received from the various branch offices nationwide, sorting them into institution-based registers.**
- **Receiving office to send a welcome note/SMS to these members, reminding them that the local branch committee of the club will get in touch with them for the next blood drive or meeting to form a campus sub-branch committee.**

Depending on the number of club members at the institution the coordinator and the branch committee may choose to form a sub-branch committee and hold blood drives on campus, or invite the club members to club blood drives held at the blood service. If each branch plays its

part well, donor retention will be greatly improved. Guidelines on how to schedule club blood drives on campus will be discussed in the next chapter.

4.19 Essential data tools

- **Events checklist.**
- **Donor register.**
- **Incentives distribution register.**
- **Blood drive summary form.**

(See Annexes 4, 5, 6, and 9)

4.20 PSDC governance and leadership

Governance and leadership structures of the PSDC should be clearly spelt out in the club constitution. In the absence of one, this guide recommends a leadership that is able to mobilise fellow club members to participate in club activities aligned to addressing the blood service and other community challenges. Some of the qualities to consider (and expect) include the following:

- **Knowledgeable of the blood service and its challenges.**
- **Able to think strategically.**
- **Able to balance decisiveness and flexibility.**
- **Demonstrate initiative: a clubs' characteristics should include its ability to 'think outside the box'.**
- **Be responsible and able to take charge of fellow youths without abusing their authority.**
- **Be accountable and able to justify distribution and use of resources.**
- **Possess integrity and be of good moral character.**
- **Be tolerant of divergent views and accept criticism.**
- **Have a sense of humour.**

- **Be respectful of authority, including parents.**

Although blood service leadership may see some candidates with the required leadership qualities, it is not recommended that they impose them upon club members. Leaders should be elected by the members themselves. What the coordinator may do is highlight the roles to be played and qualities expected. In most cases, capable leaders will have showcased their abilities so visibly in various activities prior to the election exercise that they get spontaneously nominated and selected.

4.21 Training

The blood service should note that one of its responsibilities is grooming leaders. So instead of expecting members to always elect those who best qualify, it should also be prepared to play its role of 'qualifying the elected'. This it should achieve through leadership and related training. It is recommended that the newly elected members undergo some leadership induction training where the following aspects (among many others) will be emphasised:

- **The clubs' relationship to the blood service.**
- **The service's key challenges.**
- **The clubs' potential to help address these challenges.**
- **Role of leadership in initiating and implementing solutions.**
- **Data management.**
- **Leadership qualities.**
- **Communication.**
- **Teamwork.**

4.22 Club structures and governance

Always remember that the PSDC is one national entity whose activities feed into the (ideally and presumed) single national blood service structure. This will enable easy and harmonious communication and policy implementation between the club and its mother body at all levels. PSDC is therefore empowered by the blood service to administer and organise club activities in accordance to the policies and standards set by the blood service. The structure and duties proposed here are greatly motivated by the Pledge 25 Club Zimbabwe's Constitution which, over the years, has been shared with a number of countries establishing their own PSDC activity.

This guide proposes the following structure for the PSDC leadership:



Adapted from the Pledge 25 Club Zimbabwe Strategic Plan 2010–2013

4.22.1 The Club President

- Chairs the Executive Committee.
- Elected by and from members of the Executive Committee.
- Acts as spokesperson for the Club at the blood service's executive/management level.

4.22.2 The Executive Committee (E.C.)

- Comprised of the chairpersons of each of the blood service's administrative branches.
- Elects from amongst themselves the chair, who becomes the club president, and the vice chair.
- Elects a secretary general to take charge of all club secretariat duties at national level.
- Endorses the rest as committee members to perform specialist tasks assigned to them by the president.
- Runs club affairs at national level.
- Implements club activities in line with blood services policies.
- Recommends to council, in liaison with the blood service, how best to implement proposed club strategies.
- Derives authority from and answerable to the clubs' national committee.

4.22.3 The National Council (N.C.)

- Comprised of the chairperson and secretary of each branch and sub branch (for example: if a blood service has four administrative branches and each of those branches establishes the club in two towns (sub-branches) then each branch will have six members (chair and secretary) making the total membership of the clubs' National Council 24 people).
- Is the supreme body through which all policy and rules for the governance and control of the club are made.

- **Proposes and makes all amendments to the club constitution whenever necessary to do so.**
- **Holds annual general meetings (AGMs) where progress is reported and club activities and strategies are reviewed.**

4.22.4 Branch and sub-branch committees

Comprised of the chair, vice president, secretary, vice secretary and committee members.

If cells are functional (defined below), cell chairpersons elect the branch chair from among themselves. If cell structures are not there, then the branch committee elections are held at a blood drive (especially YDD) and all club members are eligible for election. The branch/sub-branch committee oversees the growth of the club at that level and is responsible for, in liaison with the blood service coordinator, organising and promoting club blood drives. It is also responsible for expansion and opening of new club sub-branches.

4.22.5 Cell committees

A cell is a residential area to which club members can travel easily and meet at a central point. Ideally, every club member belongs to a cell. This is the lowest in the hierarchy of club structures but the most crucial to the growth of the club. Cell committees are comprised of a chair, vice chair, secretary, vice secretary and committee members. The entire committee should not exceed eight members. It plays an important role in recruitment and club expansion as well as the image of the club. Cell committees coordinate club activities and promote the club at community level.

These are recommendations and guidelines which can be adjusted to suit prevailing conditions. However it is crucial to ensure the presence of functional structures that have a close relationship with the blood service if club effectiveness is to be realised.

4.23 Club Annual General Meetings (AGMs)

The AGM is a key feature on the PSDC calendar. Held towards the end of every year (but before YDD) the event aims to take stock of the progress made since the last meeting in implementing the agreed strategies. The

AGM is a National Council event funded by the blood service and attended by the blood service's programme/club coordinators. Funds permitting, this should be more of a retreat; held over the weekend to double as a 'thank you' to the volunteer leaders. Where club leadership is professional, blood service personnel will only guide and sit back as the council maps the way forward for the club. A senior member of the blood service may be invited, mainly to give an update of progress in the context of the clubs' contribution (or need for that contribution), as well as to express gratitude for the clubs' efforts.

Key agenda activities on a PSDC AGM should include:

- **Presentation of reports (with graphs and tables) on blood drive collections by such variables as gender; event; seen versus donated; old donors versus new donors; new sub-branches; challenges; other club activities.**
- **Report on World Blood Donor Day and other partnership programmes.**
- **Review key strategies on recruitment, retention and regularity of members' donations.**
- **Review, if needed, of strategies to overcome challenges facing the blood service.**
- **Report by club president.**
- **Report by blood service representative/s.**
- **Participation in recreational and 'sober fun' activities to make the event memorable and motivate the leaders to perform (even) better in the new year.**

Normally the club president, in consultation with the blood service national club coordinator, should have come up with and distributed in advance the agenda and other expectations for the meeting.

4.24 Milestone achievements

Donor recognition, which should already be part of the blood service donor management considerations, should also be considered separately for the club members. As they count down to their 25th donation, recognising

each milestone will motivate them to reach their target and at the same time promote regular blood donation.

The nature and frequency of the milestone incentives can be determined by the blood service in close consultation with the club. It would be more appropriate to ask the members themselves to make proposals on this. We advise, however, that these incentives be of limited monetary value (and absolutely cannot be sold for cash), lest recognition be confused with remuneration.



Blood donor membership certificate, Kenya.

Clubs may also consider membership cards which denote (by colour, stripes, stars, etc.) the level in the hierarchy at which donors sit.

Below is an example of a card incentive regime, where the playing field has been leveled in a system where female donors donate less frequently than their male counterparts:

Donation Range		Milestone Indicator	
Male	Female	Card colour	Stars
1-5	1-4	White	1
6-10	5-8	Yellow	2
11-15	9-12	Orange	3
16-20	13-16	Red	4
21-25	17-21	Purple	5

4.25 Graduation



Upon fulfilment of the pledge, club members can be awarded with (framed) certificates and, resources permitting, a shield (engraved or plain). This can be done at a special ceremony or combined with special days on the blood service calendar such as the Annual General Meeting or World Blood Donor Day.

Shield awarded to Pledge 25 Club member upon honouring their Pledge.

4.26 The Pledge 25 Club Wall of Fame

Blood services could also consider, for each of its branches, erecting a board with names, gender and year of completion recognising those members who have fulfilled their pledges. Besides expressing gratitude to the selfless gesture by the donors, this would also help inspire those yet to graduate as well as promote the club to the public and potential members.

4.27 Weaning off Graduates

This is a very difficult time for all in the programme. Having to leave a family of young selfless donors is painful for both the graduates, club members left behind and blood service staff. Having developed a culture of regular donation on organised club blood drives, there is a tendency for some members to keep attending these youths' events. Whilst understandable, this should be discouraged. Club graduates are the cohort of donors meant to widen the adult donor base. This should always be highlighted during membership days to avoid 'crash landing' into the adult donor population.

As they start the less monitored pattern of donation the blood service could consider keeping these graduates who continue to be active in some 'special force' kind of database. These are the people the blood service can count on in the event of emergencies.

4.28 The 'Centurion Club'

As the number of graduates increase, the blood service could consider facilitating the formation of a post-pledge club; targeting, say, 100 donations. With most of the members at this stage being mature professionals, they

could organise their blood drives and other social events with minimal expense to the blood service. If successful, the club would reinforce the culture of regular blood donation developed during the 'pledge' period. They could also be another motivation for club members to want to graduate.

Following is the testimony of **Nomusa Mukadzambo-Chimedza**, a former club member who, despite a not-so-happy start to her pledge journey, passed through all milestones to get to the pledged 25 donations. She did not make this a destination but rather another milestone, as giving blood is now in her blood.

I'm so thankful for my discovery of the Pledge 25 Club because it changed what blood donation meant to me. It mattered more and became part of who I was as I became more and more involved with my club in Zimbabwe.

So, in 2009, I was devastated when I lost my anemic mother due to an empty blood bank. This changed my mind even further. It was a sad experience and now the need for blood had a face, a story behind it...the memory of one of the most important women in my life; my mother.



Nomusa



Nomusa's mother

My blood donation journey didn't begin after we buried my mother. I had begun

donating six years prior. Her death did, however, ignite a passion in me to prevent other children from experiencing the pain of losing a loved one because there simply wasn't blood.

The old saying 'you can be near the church, but very far away from God' seems very fitting for my life as a blood donor.

My blood donation journey began on the 10th of June, 2003. I was 16 years old and donated at the urging of my friend and classmate who was a peer promoter and blood donor. Prior to that I had heard about blood donation from my uncle, Peter Mukadzambo - a blood donor recruiter. Years later, my brother, Tinashe Mukadzambo, shared his stories of blood donation and 'the Club'.

After my first donation I discovered giving blood was such a pleasurable experience. The prick of the needle, which is the part I had been afraid of most, was not as painful as the injections we would get when we fall sick. The look at my blood pack, and the knowledge that it was going to save a life gave me a feeling of pleasure and pride. I vowed to continue with this heroic action, as long as I got the opportunity and I did each time the blood donation team visited our school.

In 2005 during my long holiday awaiting O level results, I learnt about Pledge 25 Club through a neighbour. After attending one of the Pledge 25 Club meetings, I decided to be a full-time volunteer, helping with club compiling, filing and the communication of Club-related issues. By the third meeting my passion for Pledge 25's purpose had grown so I helped with the formation of Club cells. In 2006, I was selected as the secretary for zone Dzivarasekwa and in 2007 I became the zone Dzivarasekwa chairperson. By 2008 I became the Harare Branch Chairperson and for three consecutive years (2009-2012) I served as the Secretary General of Pledge 25 Club Zimbabwe.

EMPOWERING YOUNG WOMEN TO CHANGE THE WORLD

Before becoming club secretary general, I used to tag along with the Customer Relations Officers when they visited the blood donor collection sites such as schools, churches and community groups. Then one day I volunteered to speak to girls at Langham Girls High School and surprised them with a brilliant question and answer session. That is when I discovered my hidden skills in coaching the youth, particularly female children.



Addressing high school pupils

I was challenged when I learnt that few ladies fulfill their pledge. I concluded that the major reason women do not make it to 25 donations is because of an unsupportive partner who did not understand the importance of blood donation. I saw this countless times, even among friends, including a fellow office bearer who initially made the commitment but stopped when her boyfriend, who was not a blood donor, was not comfortable with her attending youth functions. He asked her to choose between him and the Club, and for my friend the boyfriend carried the day. She stopped after just four donations.

I am blessed to have formed a relationship with Liberty Chimedza who supported me all the way. Before we met, Liberty had donated once or twice for refreshments, but when he discovered my passion and heard my story he opted to become a regular blood donor. I am proud to say I made it to 25 donations because of him and by then he had already donated twenty times!

Not only did I fulfill my pledge, I was able to accomplish my dream of doing so before Liberty and I were married – coincidentally the day before. I gave my 25th donation on August 4, 2014 and attended the 25th award ceremony where I received my treasured certificate and plaque on the eve of my wedding day, the 29th of August.



Nomusa and Liberty



Nomusa's pledge certificate and shield

As long as I am eligible to donate, NBSZ is assured of my unit: in fact they will be two on each visit! I also encourage other young women to become blood donors and be part of this wonderful family of life-savers.



Liberty donating blood



The family's new addition, D.K.

CHAPTER 3

Having looked at why and how PSDCs can become an important component of any donor retention strategy, units 5 and 6 discuss how to formulate the strategies that will maximise your clubs' potential to deliver optimal outcomes. You will learn about the cogs and wheels that keep the club in motion and how best to keep them oiled.

Unit 5: UNLEASHING THE POTENTIAL IN PSDC BLOOD DRIVES



Pledge 25 Club blood drive, Tanzania

KEY OBJECTIVES:

By the end of the unit the reader should be able to:

- **Demonstrate appreciation of the importance of planning club blood drives strategically.**
- **List the main challenges in their blood service that the PSDC can help address.**
- **Suggest how to apply the 4-R strategy to suit their settings.**

There is great potential in PSDCs and blood services should strive to make

sure it is realised. Through active engagement of the youths themselves, the donations can be strategically arranged in a manner that help address the challenges facing the blood service. It is important that this be made the clubs' key focus.

5.1 Determining factors in successful PSDC blood drives

Key factors important to determining the effectiveness of club blood drives include:

- **Acknowledging the PSDC's commitment to play a part in addressing the national challenge as it relates to blood.**
- **Sharing with club leadership the challenges the blood service is facing that the club can help address.**
- **Working out strategies that the club, with the blood service's assistance and guidance, will implement.**
- **Planning blood drives that fit well into the agreed-upon strategy.**
- **Showing management the clubs' commitment to supporting their efforts.**

5.2 Acknowledgement of PSDC's commitment



Blood service management should acknowledge efforts by club leadership to volunteer time and other resources for the blood service's cause. This is the group that is at life's crossroads and where career, academic advancement, dating and relationships, recreation and fun tend to take centre-stage. The noble gesture by the youths should not be taken for granted. Appreciation can be expressed verbally and otherwise.

Receiving certificate of appreciation: Pledge 25 Club Botswana.

5.3 Highlight blood services' blood donation-related challenges

In order to ensure club leadership participates effectively, it is important they are aware of challenges their donations are supposed to be a solution to. Demonstrating these through available facts and figures helps make the intended strategy-formulation exercise more meaningful. This can be, for instance, a table of the service's donor profile, to help highlight the challenge of donor retention; or it can be that of blood collection trends versus demand, highlighting the challenge of blood shortage.

Reduced blood collections during school holidays is a common challenge, so most blood services in Africa rely heavily on in-school blood donors. The PSDC, being a club of donors no longer in school, can help build and implement a blood donation strategy that bridges the holiday gap.

5.4 Working out a strategy

When the club leadership shows they fully appreciate the challenges highlighted and their gravity, then it is time to engage the youths in working out strategies the club can implement. Always bear in mind the PSDC is not a passive tool in the hands of the blood service. These are young adults offering to contribute to challenges facing mankind. As such the blood service should actively involve the club members in matters that affect them, more so in devising strategies they are expected to implement.

Resources permitting, this could be an opportunity to engage the club members in the formulation of their strategic plan. This goes beyond just blood drives and includes coming up with the clubs' mission, vision, core values, goal, aim and objectives. Blood drives become just a part, albeit an important part, of this overall plan. If you take the strategic planning route, then the team should be chosen more on merit than on a hierarchical basis. For example, club members who are students or graduates in programmes with a strategic planning component will contribute valuable input. Involving young people also helps keep up with the latest trends in those areas with which they are familiar. With an expert or consultant as a team leader - and blood service staff as a guide - the youths can be given the opportunity to brainstorm possible strategies to challenges highlighted.

Otherwise, if it is not feasible to carry out a formal strategic planning exercise then the club leadership can be involved or guided in coming

up with the blood drive-related strategies. Discussed below is a strategy that can be considered for implementation, subject to fine-tuning to suit individual blood service set-ups.

5.5 The 4-R Strategy

Most blood services in Africa face the challenges of school holiday-induced seasonal blood shortages, poor donor retention and a low rate of repeat donation.

The PSDC can address and hopefully resolve these challenges through **Recruitment** of school post school blood donors into the club, **Retention** of the recruited club members, **Realignment** of the retained club members' donations to the laid down donation cycles, then ensuring **Regular** donations by promoting adherence to the realigned blood drives. These 4-Rs are explained in detail below:

5.5.1 Recruitment

Recruitment was discussed extensively in unit 4. To summarise:

- **The major PSDC recruitment drive takes place during the YDD blood drives where all final year blood donors are ushered into the club as new members.**
- **Recruitment that happens after YDD/YDM and throughout the course of the year should be more of a 'mop up' exercise for those that could not make it to the recruitment blood drive or any other post school donors willing to join.**
- **PSDC membership recruitment trends should continually increase membership that peaks or surges at YDD.**

The graph below shows an ideal situation of club membership growth over four years where YDD, held every fourth quarter, yields 500 new members. Quarters 1-3 yield 50 new members each. This depiction assumes that all members recruited are retained which is not necessarily reflective of reality. But, as long as the number recruited is higher than the number lost, club membership should continue to grow.



5.5.2 Retention

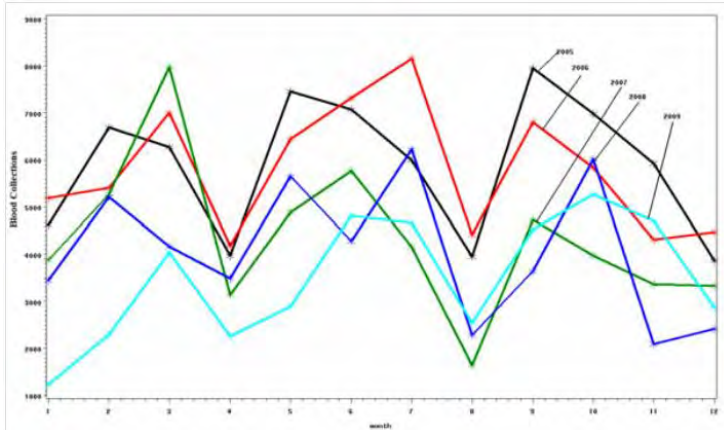
Poor retention practises are the chief reason most blood services' experience blood adequacy challenges. It is very common to find a service which realises 30,000 new donors annually for the four years but fails to meet its annual requirement of 90,000 units. This being the case even though each donor can make several donations per year!

If the PSDC plays a part in donor retention, it will widen the blood donor base and improve collections. Retention in the PSDC implies that the recruited member remains an active blood donor in the club. A blood donor who leaves the club - even if he/she remains active according to the main blood service database - is a 'loss' to the club, because the donation patterns can no longer be influenced by the club to implement its strategies.

To retain members in the club, the blood service and club leadership should attend to such issues as managing the member's donation and club event experience, following up on members who do not donate as regularly as expected, as well as tracking members who change locations. Much of these are discussed in the next chapter on administration of PSDCs.

5.5.3 Realignment

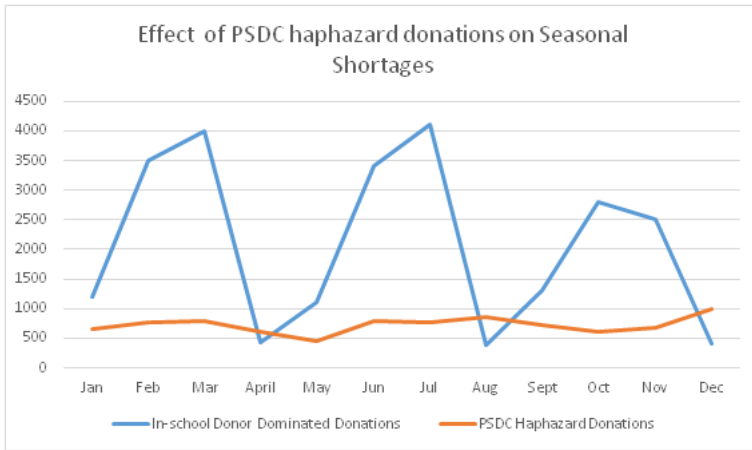
Realignment is used in PSDC management to refer to a strategy aimed at directing members' donations to critical periods, thus making them more relevant. The realignment strategy mainly tries to address the challenge of seasonal blood shortages, depicted below in a graph from NBSZ's 2010 Annual Report.



The graph depicts the perennial challenge of seasonal blood shortages typical of blood services that over-rely on in-school blood donors. Schools in Zimbabwe close for a month's break in April, August and December. Consider this scenario:

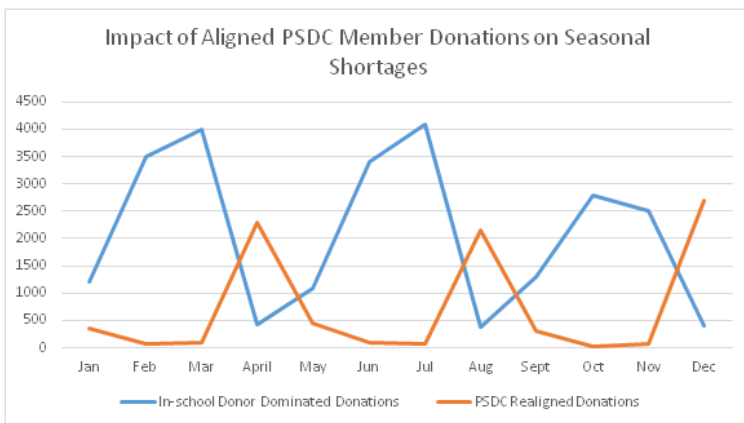
A blood service collects a total of 33,791 units of blood annually, of which 25,100 are from an in-school donor dominated donor population and 8,691 are from PSDC members. If we simply encourage the PSDC members just to donate (in the strive to meet their pledge), the recruited and retained PSDC members would, in all likelihood, indeed donate; but haphazardly: each one at their own convenience.

Juxtaposed, the overall donation trends and the PSDC donation trends would appear like this:



In the above graph, the blood service still realises its 33,791 units but there are indications of shortages during school break and likely expiries when schools are in session. PSDC donations seem not to be particularly helping the situation: their donations during the school term are ‘wasted’ as they are akin to giving a push to a vehicle going downhill.

The graph below shows trends after a deliberate effort to encourage PSDC to donate during school holidays, thus re-aligning them to periods of shortage.



The graph shows an attempt to strategically distribute the 33,791 units

using post-school donors to help out when in-school donors take a break. The impact may be too low to fully address the school break shortage at the moment, due to the comparatively lower number of donors in the club. But with continued recruitment and retention efforts the dip should gradually level out.

In Zimbabwe, the strategy continues to yield positive results as more blood is realised during school holidays as the club members turn out in numbers to donate at scheduled blood drives.

5.5.4 'Regular / Repeat donation'

There may be need here to distinguish between 'retention' and 'regular donation'. A donor may be retained or active but not necessarily regular (or, perhaps more properly, 'frequent'). Examples are those club members who only donate once a year, which will often tend to be at an event that traditionally issue incentives such as T-shirts. Regular donation is a long-term strategy that aims to ensure that the club members donate the maximum possible times within a year. This has the following advantages:

- **Increases collections: instead of getting 10 units from 10 members who donate once a year, the blood service will realise 30 or more if the same members decide to be regular.**
- **Reinforces the habit of regular donation into a culture that continues even after one has completed the pledge.**
- **Helps the member to complete the pledge faster.**
- **Reduces the chances of donors lapsing.**
- **Helps address seasonal shortages if blood drives are realigned.**
- **Encourages social interactions and makes the donation experience more pleasurable.**

To encourage regular donation by PSDC members after YDD/YDM, schedule subsequent blood drives in a manner that enables a cycle that fits back into YDD/YDM. In the event of a clash between the realignment and regular donation strategies, planners should strike a reasonable compromise. For example, when the number of maximum possible donations does not coincide with or align to seasonal blood shortage.

Once scheduled strategically, the PSDC blood drives can then be planned and managed in the same way proposed for YDD. It is advised that dates and venues for the blood drives be decided on early to enable creation and distribution of a national PSDC blood drives calendar. Resources permitting, this can be in the form of pocket calendars or diaries that are given to donors on YDD or throughout YDM (Youth Donor Month). This will help in donor tracking efforts as members can plan ahead and make arrangements to go and donate at a blood drive near them.

Establishing a Pledge 25 Club can seem somewhat daunting, but its impact is remarkable and validates its usefulness time and time again. So far, a number of successful Pledge 25 Clubs have been established throughout the continent, including Kenya. Currently led by Jane Wairimu, Pledge 25 Kenya National Coordinator, the club has registered over 10,000 regular blood donors and is present in more than 100 areas countrywide.



“I am almost a decade in blood donor mobilisation,” Jane said. “What keeps me going is the thought of bringing another smile, second, minute, hour, day, week, month, years with a loved one; that is what a pint of blood offers for the recipients and their loved ones; it’s priceless.”

Jane is passionate about donating blood

Jane also assists with blood donor recruitment at Kenya National Blood Transfusion Service (KNBTS) and is a voluntary blood donor. She started mobilising for donors

when she was in university as a student leader and peer promoter. She would book a date with KNBTS and her friends would assist with the

mobilisation. In 2011, Jane was invited for a meeting at KNBTS, where it turned out KNBTS wanted to start a young blood donors club as a sustainability donor retention programme. Jane had been picked with others from various institutions who had been identified as the best mobilisers. At the end of the meeting an interim committee was formed to which Jane was elected the interim secretary. At the meeting the group agreed to adopt the Pledge 25 concept. They laid down a structure, popularised the club, registered it as a society and, in 2012, launched it. She became the National Coordinator in 2013 when KNBTS started supporting the club financially and she has been supporting recruitment efforts since 2015 after recruiters were laid off due to limitations of funding.

In the following pages Jane shares the stories, tips and successes that keep her and her team motivated.



Waving off a team of youths embarking on a walk aimed at promoting WBDD and registering 100,000 potential donors in the process

I believe Kenya Pledge 25 Clubs have a potential to recruit and retain enough regular voluntary donors to supply the country's demand. So far they benefited the blood service in many ways, including the following successes:

- **By filling in the gap during school holidays when blood collections are generally low.**
- **Providing a pool of committed donors who can be called to walk in during emergencies.**
- **Demystifying blood donation misconceptions.**
- **Making the experience feel ‘cool and fun’ by encouraging interaction.**

Kenya has about 10 million youth between the age of 18 and 30; youth who are digital friendly and who can easily be reached by information through the web, given high-rates of smartphone ownership in Kenya and affordable internet. This means we can register half a million, who with a single donation per year will keep the blood bank full. Our need, going by WHO recommendation of 1% of the population, is estimated at 480,000 per year. Kenyans are yet to adopt the 3/4 months donation period, most prefer to donate once or twice, hence our current pledge to donate 25 times in a lifetime rather than by the age of 30. It is difficult for us to recruit in high schools as authorities are reluctant to let us and soon we may not be able to conduct blood collections in high school at all. Our pledge may then shift focus on consenting youth from 18 to 30 years.



TV interview urging the public to donate blood during Kenya’s February ShowYourLove campaign.

Our main challenge has been limited funding, which has been hindering registration of donors and properly maintaining clubs. We have taken a leap of faith by organising a whole month walk through which we will sensitise Kenyans on the need to be regular blood donors. We aim to self-register 100,000

regular blood donors through an online portal. If we manage to achieve this number, we will develop an online app through which we will be reach out to all members in a timely manner and at a reduced cost.

Unit 6: KEY PRINCIPLES IN ADMINISTRATION OF PSDC

KEY OBJECTIVES

By the end of the unit the reader should be able to:

- **Explain measures that enhance or improve member participation in PSDC activities.**
- **Identify their desired position on the participation ladder and what to do to qualify.**
- **Describe ways to keep the stakeholders engaged.**
- **Explain ways of mobilising and managing resources for PSDC activities.**
- **Demonstrate the importance of monitoring and evaluating PSDC activities.**
- **Describe pitfalls that could negatively impact on members' health and blood safety.**

6.1 Engaged club members:

The PSDC's purpose is facilitate the blood service in providing safe and adequate blood and blood products to the nation. For the club to play this role effectively, the service should create an enabling environment. Key to the creation of this environment is the acknowledgement that this is a club of young volunteers willing to partner with people formally employed to address these challenges and contribute to the wellbeing of mankind. They are not young people to whom we are doing a favour because they have nothing better to do and nowhere better to go. Neither are they there to provide extra 'legwork' for a blood service where any employee can send them around on errands not related to the club.

A blood service that decides on taking up the PSDC programme should make youth engagement top of their management strategy. There is

evidence that youth engagement benefits both the organisation and the youths themselves, as the latter are in a better position to engage their communities. The key challenge in youth engagement is the false belief by organisations or their youth leaders that they are engaging the youths when, in fact, they are manipulating them.

Dr. Roger Hart came up with a model (or 'ladder') of youths' participation activities that could help blood services assess their level of youth participation and make appropriate adjustments. While the nature of blood service operations may tend to limit performance on the top most rungs of the ladder, it is advisable that they aim to move out of the bottom three rungs which are basically described as levels of non-participation.

ROGER HART'S LADDER OF PARTICIPATION



RUNG 8 - Youth initiated shared decisions with adults: Youth-led activities, in which decision making is shared between youth and adults working as equal partners.

RUNG 7 - Youth initiated and directed: Youth-led activities with little input from adults.

RUNG 6 - Adult initiated shared decisions with youth: Adult-led activities, in which **decision** making is shared with youth.

RUNG 5 - Consulted and informed: Adult-led activities, in which youth are consulted and informed about how their input will be used and the outcomes of adult decisions.

RUNG 4 - Assigned, but informed: Adult-led activities, in which youth understand purpose, decision-making process, and have a role.

RUNG 3 - Tokenism: Adult-led activities, in which youth may be consulted with minimal opportunities for feedback.

RUNG 2 - Decoration: Adult-led activities, in which youth understand purpose, but have no input in how they are planned.

RUNG 1 - Manipulation: Adult-led activities, in which youth do as directed without understanding of the purpose for the activities.

Adapted from Hart, R. (1992). Children's Participation from Tokenism to Citizenship. Florence: UNICEF Innocenti Research Centre, as cited in www.freechild.org/ladder.htm

6.2 Key points to note in youths engagement are:

- Involvement is the key; remember the adage ‘nothing for us without us’.
- Be genuine.
- Actively involve club members in both crafting and implementation of PSDC strategies.
- Ensure the club leadership are articulate about their club, its activities and policies and aware of why they are engaging.
- Approach the club members with a “what should we do” question, not a “what to do” list.
- Avoid giving club members feedback on their activities (unless it is an analysis); they should give this to you. You verify, then engage them in way forward.

If fully engaged there is no need to feel uncomfortable in letting club leadership or membership take a visitor through club-related activities, facts and figures, strategies and their justifications. Lest we forget, the PSDC concept itself was a youth initiative. Let the youths surprise with their leadership, initiative and decision-making skills.

6.3 Supportive internal stakeholders



Club chairperson undergoing training support by specialist advisor.

To the blood service management and staff, the PSDC members should be perceived like a family's new-born - sensitive and vulnerable. They need the love, care and attention of every family member. Making it a prerogative of one department - and a mystery to the rest - will leave the club exposed and, at times, entangled in the organisation's politics. It is crucial that, after deciding on establishing the PSDC, management demystifies it to the rest of the staff.

Consider a written communique or even a meeting to explain or justify the decision to embark on the PSDC initiative. Some of the key points may include:

- **Give a global view of the national blood situation, as well as Africa's.**
- **Highlight internationally recommended initiatives such as the WHO/IFRC framework.**
- **Indicate challenges faced in trying to implement recommendations, putting the relevance of PSDC in perspective.**
- **Highlight the potential of the PSDC to address some of these challenges.**
- **Give projections of PSDC initiative's potential in a well-supported environment.**
- **Stress what the nation stands to lose if it maintains the status quo (i.e. without PSDC intervention).**

The same approach can be used to explain the PSDC to other stakeholders, including potential funders and other authorities.

6.4 Engaged external stakeholders

Failure to recognise and acknowledge the role of key external stakeholders could cause great challenge in setting up and running a PSDC. The blood service should be aware that when a youth comes to volunteer, he/she will have left institutions like home, church and school which are also competing for their time, effort and attention. Engaging these institutions will yield more favourable results than ignoring, let alone confronting, them. Key stakeholders to consider in managing PSDC are the home, the school and the tertiary institution.

In-school peer promoters and post-school (active and potential) blood donors are the two youth groups that build up to a Post School Blood Donor Club. The role of peer promoters in a post school club has already been discussed. The fact that these are youths, (irrespective of which side they are on in terms of the legal age of majority) justifies why home and school tend to protect them from any system they view as a threat to the values that they instilled. In most African cultures, parents remain influential to their children's behaviour, irrespective of the child's age.

From the onset, the blood service should assure these key stakeholders that it poses no threat and, in fact, is there to uphold and reinforce the same values. Without the buy-in of the two key stakeholders, running an effective PSDC would be like rowing against the current. Ways of engaging these stakeholders are explained below.

6.4.1 Home



Supportive parents presenting a drama at a School Blood Donor Shield Award event.

There is a reason why even the most protective of parents allow their children on a church or school organised weekend outing that takes place in their absence. The reason is mainly that they feel that authorities in these institutions will look after the child with the same care they would

have extended themselves. The chief task of the blood service therefore is to earn this level of trust with the home. This even more so with in-school peer promoters, where parents tend not to be comfortable with any activity that could distract their child from schoolwork. Where you feel a member's parents have reservations about their child participating in club activities, give them the assurance their child is safe with you. The following are some of the steps you may take to gain parents' confidence:

- **Thank or congratulate them for their child's newly assigned or chosen responsibility (as a peer promoter or club leader).**
- **Explain the blood donation challenges and how their child is going to contribute to addressing them.**
- **Listen to the parents' concerns about their child and assure them that you have taken particular note of them (and mean it).**
- **Indicate what the child stands to benefit, including developing such areas as leadership skills, life skills and altruistic values.**
- **Exchange contact details and tell them not to hesitate contacting for any clarifications concerning their child and the club activities.**
- **Assure them of the blood service's commitment to cushion them from expenses relating to participation, such as transport and meals/refreshments.**

Another practise worth including in the clubs' culture is the presence of club representatives at functions to do with fellow club members' moments of happiness or sorrow. Having club members (preferably in club regalia) attend and help out at a funeral where their colleague's relative has passed on, for instance, not only consoles the grieving friend and family, but also helps promote the club to the community at large.

6.4.2 School and tertiary institutions

The school is a key stakeholder in PSDC because through peer promoter activity it acts as the clubs' recruitment or 'take off' point. Without the school's cooperation the Peer Promoters' Programme, which is the clubs' foundation, will not succeed.

When engaging the school it is important to understand the following,

lest you think it is being uncooperative:

- **Its core business is education and blood donation issues are usually not even in the extra-curricular timetable.**
- **The school acts ‘in loco parentis’ (in the place of the parent). You have to have a strong relationship with the school authorities for them to ‘lease’ part of that responsibility to you.**
- **The school authority or contact person may find themselves in a dilemma if your interests, which you expect them to represent, clash with those of their colleagues, making them shift allegiance to the latter.**
- **Remember, you are one of the many outside organisations requesting to engage the children in their programmes. Your reasons for expecting to be prioritised have to be convincing.**

The above considerations may not be as applicable to most tertiary institutions where the students are more independent. The tertiary institutions is where most of the recruited post school club members ‘land’. When blood donors leave high school, the majority of them proceed to institutions like universities, colleges and other training schools. Donor follow-up and tracking programmes are more effective with the engagement of these institutions. With the right approach these institutions have been known to be very cooperative.

The blood service’s relationship with the school and tertiary institutions should be part of its overall donor management. It should:

- **Build partnership rather than a ‘beggar’ relationship’. Don’t just visit when you want to ‘ask for...’. Blood services, through their professional staff, have lots of underutilised knowledge that would be most appreciated if shared with these institutions. Offer to visit with a non-blood related health talk on a topic like ‘cancer’, ‘exam stress’ or ‘bullying’. This will help remove the beggar-reputation most blood services have acquired for themselves.**
- **Be present with other stakeholders at the school to identify with its excitement or sorrow.**
- **Consider bringing tokens of appreciation once in a while for the school. The day’s newspaper for the staff in a remote school, or a branded pen for the head, for example. Insignificant as it may appear**

to be, this will help build the desired relationship.

- Invite them to your functions and where possible include them or their students in the programmes such as World Blood Donor Day on June 14 each year.
- Partner with the corporate world which could fund the service’s promotional activities in schools. One such initiative is NBSZ’s partnership with Net One, a mobile network service provider, which acknowledges and rewards the school with the highest blood donations.



Schools blood donation competitions, one way of engaging stakeholders.

6.5 Receptive youth-friendly environment

From a customer care point of view, the blood service has many competitors when it comes to getting the attention of the young voluntary blood donor. The blood service needs to be the ‘highest bidder’ by creating an environment that gives youths the conviction that PSDC activities get preference. Discussed briefly below are some of the issues to consider when creating a receptive youth-friendly environment.

6.6 Well-managed ‘moment of truth’

The new club member’s first experience with the front office, other staff

members, fellow club members and the physical environment, will greatly influence his or her decision to come back. This is when the club member's expectations meet reality. Customer care demands that you exceed these expectations if you are to retain the new visitor. Also to be considered in the same vein is the club member's donation experience: the more pleasurable, the higher the chances of looking forward to the next visit.

6.7 Activities and youth participation

Remember the common saying "school days were the best days"? What is mainly nostalgic about the school days are the social experiences and memories created beyond the core business of learning. The PSDC is like a second chance to create these school-like memories. Remember, this is a group of young, responsible volunteer life-savers. Why not make their activities as youth-friendly and participatory as possible. Imagine, for instance, a blood drive where there are social activities like music, games of pool, internet access and talk shows on youth related topics. This may sound costly but also imagine the alternative of failing to retain the donor and the cost of having to recruit a new one.

6.8 Youth-friendly coordinators

Youths are at home with a coordinator who understands them. They tend to open up, with both ideas and problems, to someone approachable and accommodative. The knowledge that these are young adults with their own needs should serve as a reminder of what qualities and attributes a PSDC coordinator should have. Some of these are:

- **Be able to 'de-role' and be approachable.**
- **Be engaged and engaging. Most youths have unpleasant experiences in their lives that they look forward to sharing and getting advice on.**
- **Uphold confidentiality. When the club members share their inner worries in confidence the last thing they expect is to realise that it becomes known to a third-party.**
- **Be humble. Most youths have great ideas that we may lose out on if we build walls.**
- **Be tolerant. The behaviours of youths differ. Some use diplomacy, others confrontation. Be prepared to accept all.**

- **Accept criticism.** Customer complaints are nuggets; an opportunity for improvement if attended to.
- **Be transparent, fair and impartial.** Youths are sensitive to the way they are treated and they tend to compare.
- **Be professional and ethical.** Avoid improper association with the youths. It puts the whole organisation into disrepute.
- **Be respectful.** You will be surprised at the respect you get back.

6.9 Skills development and character building

If the blood service has to claim its position as another pillar (after home, school and church) in youth development it should be seen to be playing its role. Most of the club members in its custody are coming from school and still 'rough-cut' in terms of professional skills. The blood service should be an additional oar to home, school and church when it comes to rowing the youths' boat against the currents of peer influence, mob psychology and exposure to uncensored information sources. Be prepared to meet and handle behaviour-related challenges and, where necessary, partner with home to address these.

Give club members/leaders training opportunities in such areas as:

- **Leadership.**
- **Career guidance.**
- **Healthy lifestyles.**
- **Life skills.**
- **Conflict resolution and problem solving.**
- **Monitoring and evaluation.**
- **Data management.**
- **Presentation and public speaking.**
- **Events management.**

- **Resource mobilisation.**
- **Information technology.**

6.10 Sources of funds

Funding of the PSDC should be a prerogative of the blood service. If the clubs' potential to address donor retention and seasonal blood shortages are considered, allocating its resources from the donor recruitment budget should not be a subject of debate. More so when we bear in mind the 'wastage' in the vicious cycle of recruiting donors in school only to lose most of them when they leave school; then to spend more resources replacing them.

External funding and support should come mainly as supplementary to existing blood service commitments. Leaving funding of PSDC entirely to donor funding exposes the club to the risk of surviving only as long as the funding period. Because the source of funds may be inconsistent, planning ahead and following through with commitments made will be difficult. This will in turn make it difficult to build a culture under which club activities are carried out. On the other hand, the cost of PSDC activities should be kept low with the key aim of facilitating and sustaining the underlying volunteering spirit of the club members.

6.11 Resource mobilisation

Resources for the PSDC are best mobilised through combined efforts by both the blood service and the club leadership. To instill donor confidence and protect the reputation of both the blood service and the club, the former should have and communicate laid down policies in respect of seeking external funding or donations. There are three ways of mobilising resources for the club. These are:

- **Access key donor organisations by writing funding proposals. State the clubs' cause, activities, impact, independent evaluations, beneficiary testimonials and funding gaps.**
- **Embark on income-generating activities, including fundraising events. Though this is not recommended at a large scale as it has the risk of derailing the club from its mission, it may be used occasionally**

at branch level to raise funds for small activities. An example of this could be a club vegetable garden.

- **Building networks, for example through social media, to call for donations. This usually works effectively with a well-made and functional website.**

6.11.1 Avoid duplication of requests

Ideally, most intended funding or donation requests made at branch level are forwarded to head office for consideration and processing. Imagine a target organisation's head office getting three requests for funding from a blood service's three branches! To avoid this, the blood service central office should coordinate all requests for donations.

As the club grows in age, more of its members and graduates will find themselves in the business world, with some holding leads or even keys to potential donations by their organisation. If they were engaged from the start these members will be aware of the clubs' challenges and needs and could be best positioned to advise on how best to make an application. Again, as you take advantage of this opportunity, care should be taken to ensure coordination of each request.

6.11.2 Management of donated funds or material

- **Keep records of transactions and communications involving the donations.**
- **Maintain an inventory of all goods donated or purchased by the donated funds.**
- **Keep in touch with donor, reporting on progress and sharing testimonials (you may agree with them on the frequency of updates, ideally twice a year).**
- **Be transparent, not only to the donor but to the club membership (through its leadership) as well.**
- **Acknowledge donations through display of donor(s)' logos on marketing material and social media. Where possible invite them to attend or participate in the event they sponsored.**
- **Describe the impact of their donation and what the situation could have been like without it.**

6.12 Information, Education and Communication (I.E.C) material

I.E.C. material for consideration in communicating PSDC issues include posters, brochures, T-shirt messages, adverts (in both electronic, print and social media platforms) and banners. To develop effective I.E.C. material the following should be considered:

- **What is the purpose that should be achieved (is it information, education, communication or promotion)?**
- **Who is the target audience?**
- **Does the language communicate clearly what it has to?**
- **Does the choice of words resonate with the target audience?**
- **Are the colours/ images captivating enough?**
- **Does it portray the club in good light, particularly to the public?**
- **Where possible is the club logo and motto/maxim/tagline included?**
- **Are copyrights and intellectual property rights observed?**
- **Is the information accurate in terms of facts, dates, etc.?**

Take advantage of the youths' interest in technology and let them take a lead in the development and design of club I.E.C. material.

6.13 Feedback

Excellent example of a creative feedback message by Pledge 25 Club Botswana.



One mistake that managers of PSDCs make is involving members in activities and failing to give them feedback. This weakness leaves the members with a feeling of having been used to further other people's interests.

Feedback can be in the form of:

- A ‘thank you’ sent as a text message, phone call, WhatsApp, newsletter, etc.
- Update on collections highlighting performance by branches/sub-branches.
- Analysis of performance giving reasons for the good, poor or mediocre performance.
- Testimonies from beneficiaries of their activities, be it blood donation or some community service.

6.14 Monitoring and Evaluation (M&E)

M&E is a process that aims at performance enhancement and goal achievement through improving management of a programme’s outputs, outcomes and impact.

For PSDC management the two are briefly explained separately below.

6.14.1 Monitoring

Involves systematic collection of club information, mainly:

- **To learn and improve.**
- **To enhance accountability of resources used.**
- **To enable evidence-based decisions.**

6.14.2 Evaluation

This is systematic and objective assessment of the club activities aimed at informing the strategic element of the programme. It helps evolve conclusions on:

- **Effectiveness.** Is the club purpose being accomplished? Are the intended results being realised?
- **Efficiency.** Is the club functioning in the best possible manner with minimum use of resources?
- **Relevance.** Based on the information and data, is the club being

useful to the purpose for which it was taken on board?

- **Sustainability.** Can the club and its activities continue to be maintained or supported?
- **Impact.** What marked effect or influence is the club bringing as a result of its effort to address identified challenges?

It therefore goes with little saying that an effective M&E activity needs to have some form of strategic plan that influences the data and information that is collected for the exercise.

Except for sensitive and confidential information, the club members should be actively involved in the collection and management of data with the blood service having the same set for collaboration. Expecting youths to engage in data-creating activities such as blood donation, then denying them access or opportunity to manage the data is at the manipulative rung of youth involvement and should be discouraged.

6.15 Partnership

Partnerships can be at local, regional or even global levels. The choice of which youth group to partner with should depend mainly on two issues. The first is sharing of similar values, such as volunteerism, followed by the willingness of the group/organisation to further the clubs' cause. This groups could be a university health club assisting with organisation of a blood drive at the campus. A very successful example is the 10-year old partnership between NBSZ's Pledge 25 Club Gweru branch and the Junior Chamber International, where the latter has committed itself to facilitating the clubs' Mixed Gala Blood Drives.

Partnership can also be for some humanitarian cause, such as joining others in a clean-up campaign, joining the traffic police "safe drive" or similar campaigns. Another form of partnership that may be of benefit to the club is that of involving influential adults or adult groups. This is where the concept of a Club Patron and community partnership come in. The purpose is to sell the clubs' existence (and hopefully promote appreciation) in the communities where the members come from.



Pledge 25 Club Zimbabwe members join the police and Traffic Safety Department in awareness campaigns.

However great care should be taken when creating partnerships. Possible pitfalls include:

- **Dilution or weakening of own values which could deflect the club from its mission.**
- **“Collateral damage” where the club will be included or bunched together with any image-tarnishing publicity about its partner.**
- **Some youths may be swayed to shift commitment to and join the new group.**
- **Spending time in activities that are non-core to the club.**

6.16 Maintaining safe blood status: pitfalls to watch out for

The last challenge to address is a sensitive one but a necessity to review. Sometimes club members are not living a low-risk lifestyle and can even be a danger to others within the organisation.

This book has shared individual stories, but the author would like now to share a story of his own: one which explains why he is so passionate about getting youths involved in Pledge 25 clubs. While club members save the lives of other through their blood donations, their involvement could even

one day save their own life.

An old college mate once introduced me to his friends in a way that opened my eyes to the dangerous manner in which young blood donors are viewed and, in some cases, view each other. He said, by way of his introduction, "Meet my college mate, the one I told you works with CNNs." I was convinced he was confusing me with someone else and was about to express this when he explained. "You work with young blood donors, right?" I nodded in agreement, and he continued, "Those people pledged to donate clean blood until they reach 30, right?" I was happy he knew such details about the club, but the CNN bit? Then he dropped it. "You are a lucky guy when you fall in love with one of those. They are HIV negative, so what do you need the condoms for? They are not necessary. CNN; Condoms Not Necessary!"

With this type of mentality our young blood donors are as vulnerable as a rhino parading its horn in a poacher-infested forest. The PSDC coordinator should always remind these donors, both male and female, that their decision to remain healthy and save lives attracts spoilers who could derail them and leave their health compromised. Borrowing from the analogy above, these 'rhinos' have to be many times more alert than the 'zebras' grazing alongside them. Members are likely to meet cruel and selfish people who, because they feel safe with the club member, want to indulge with the vulnerable youth who does not have the same level of confidence in their status.

My role at NBSZ first began as a donor recruiter in 2001, and later (2003–2011) as national coordinator of the Pledge 25 club Zimbabwe. My work with the club has taught me the importance of being (professionally) close to the youths I lead. In most cases, the relation creates a bond that lasts a lifetime.

In one such case, I became friends with a former club member, who decided to turn her misfortune into an opportunity to warn and educate other youths. At the tender age of 20 she gave in to sexual demands from her much older boyfriend. That first sexual encounter left her pregnant with twins and also HIV positive. The man responsible cut all ties with her, relocated to a country abroad and has never got in touch since then. She has since decided to be open about her ordeal and vowed to warn other unsuspecting youths of such dangers. She has, on many occasions, joined me in my frequent tours to address youths in schools.



Creating bonding moments: Time out, appreciating the planning team for a very successful Youth Donors' Day event.

Her sad story has always left the forewarned students in tears but very appreciative of the advice given. She says she got renewed strength when her twins, a boy and a girl tested HIV negative. With a smile, she always says a look at her children makes her change the acronym HIV to mean 'Hope Is Vital'.

6.16.1 Friendly Fire

'Friendly fire' is a military term used to refer to injury or death by weapon fire coming from one's own forces. In PSDC management this refers to the passing on of Sexually Transmitted Infections (STIs) between and among club members. This stems from the same misconception that, because both or all are donors they are (at any time) not infected. It is not strange to discover a sharp rise in HIV cases in one branch and when you investigate it further you discover it touching on a circle or chain of friends within the club. Club members and coordinators alike need to be aware of this and be responsible for their bodies. Infection is possible for anyone, anytime; even one who recently donated safe blood.

6.16.2 Rogue Soldier

This is a case in which a club member knows or suspects that he or she is infected and out of anger, frustration, wish to revenge or whatever motive, decides to 'open fire' indiscriminately among his or her comrades. Such cases usually bring with them management dilemmas bordering around issues of ethics, professionalism and humanity. You as a PSDC coordinator may be aware of the member's latest status but confidentiality won't allow you to divulge it to save others. On the other hand you might feel obligated to save the other members from one of their own. Besides the generic warnings of 'no sex before marriage' or 'use protection', it becomes very painful to stay silent, watch and hope when you know the real danger and how unsuspecting the other members are. I know too of a female member who either suspected or knew (maybe after visiting the voluntary testing and counselling centre) her new status, but continued to masquerade as an active donor and attend all blood drives. All she would do to maintain her active donor status was to give a reason at the pre-donation counseling stage that would make her be deferred temporarily, then give another reason on the next visit. By the time we realised it two or so years down the line, she had had her casualties from within.

6.16.3 When Game Ranger Turns Poacher

This is a very sad situation that happens when a staff member of the blood service decides to prey on his or her club members. As the analogy implies, when a game ranger turns poacher, he will take advantage of the trust built over years. As he raises his rifle for the shoot, the unsuspecting 'rhino' will mistake it for the usual photoshoot only to realise the danger it is in when the trigger is already pulled. To avert this, blood services should enact some kind of policy that makes it a chargeable act of misconduct for 'shepherds to feed on their flocks.'

The above scenarios, though not a daily or common occurrence in PSDC management, serve to highlight the need to always look out for such pitfalls. Values of abstinence, faithfulness in marriage, and protection (for those who fail to abstain) should be part of the PSDC education. The myth of 'once a clean donor, always a clean donor' should be dispelled. Club member need the frequent reminder that the choice to be a special source of safe blood for the nation also comes with it the need for a special 'diet' of lifestyle.

CONCLUSION

Thank you fellow blood banking professionals for taking the first steps toward empowering the youth of Africa to be the change-makers of blood donation through PSDC programming.

The approaches this book covers have evolved from - and been refined by - trial and error in the field; drawing heavily from experiences in Zimbabwe but also from other African practitioners and settings. By pooling and sharing these, it is hoped that blood banking professionals new to PSDC activity will be better equipped to navigate their way to success. But also that those already active will find 'food for thought' in comparing and contrasting their current practise with what has worked so well for others.

The Africa Society for Blood Transfusion has endorsed these approaches, as it has the new Pledge 25 Club 'brand identity' for PSDC, as carried on the cover of this book. This does not mean that blood services are obliged to follow and implement all recommendations; but fragmentation of identity, terminology, definition and approach carries an opportunity cost. Past experience has shown that where national services evolve bespoke strategies, messaging becomes confused and confusing and the potential benefits of cross-border synergies are lost.

The wish now is that every African country recognise that significant donor attrition in the months and years following graduation from high school - a phenomenon almost universally experienced - is a problem that, with skill and effort, can be effectively addressed. Implementing the PSDC approaches presented here, ideally under the Pledge 25 Club umbrella identity and engaging with the digital tools that have been developed and are offered to all participating organisations, will not of course guarantee every teenager keeps donating for life; but it will slow the rate of loss dramatically. And over months, years and decades, a successful Pledge 25 Club programme will deliver benefits across all aspects of a national collection strategy, as more of today's dedicate young donors become tomorrow's committed adults.

As you embark on this journey, we would welcome your knowledge and

insight. If you'd like to offer your own tips, feedback or personal testimony regarding the PSDC programme you have helped form, then please get in touch with us at:

contact@pledge25.club

or visit

www.pledge25.club

ANNEXES

ANNEX 1

PEER PROMOTERS INDUCTION TEST PAPER

Name..... School..... Teacher /Peer Promoter
(Please tick)

Instructions: - Please put a circle on the letter with the correct answer on the answer sheet provided.

GENERAL

1. Which one of the following best describes the word “Peer”?
 - a. A person of the same sex with you
 - b. A person who comes from the same area with you
 - c. A person of the same age group and interests with you
 - d. A person’s best friend

2. Which one is not the role of the NBSZ Peer Promoter in school?
 - a. Encouraging other students to donate blood
 - b. Working closely with school authorities and contact teacher on NBSZ matters
 - c. Arranging when the NBSZ should visit your school
 - d. Recruiting blood donors into the Pledge 25 Club

3. What is a Pledge 25 Club member?
 - a. A young blood donor whose blood has saved 25 lives
 - b. A young blood donor who promises and strives to donate at least 25 times by age 30.
 - c. A young blood donor who pledges to donate a lot of blood before the age of 25 years.
 - d. A member of a group of 25 young blood donors.

4. What is the relationship between Peer Promoters and Pledge 25 Club?
- a. They are sister programmes aimed at encouraging the youth to donate blood.
 - b. One is for boys and the other is for girls
 - c. The P25 programme is better than the Peer Promoter Programme
 - d. They are both aimed at improving behaviour at school
5. Which people should the Peer Promoters target for recruitment into the Pledge 25 club?
- a. All forms 4 and 6 who are blood donors
 - b. All students who are blood donors
 - c. Anyone who can donate blood
 - d. All your friends
6. Why do you think there are different Pledge 25 donation functions (Mens' Splash and Ladies' Gala)?
- a. To stop the members from engaging in love affairs
 - b. Blood for the males and females is used differently
 - c. Males and females have different donating cycles
 - d. To avoid having too much blood at the same time.
7. What is the best way a blood donor in school can keep his/her blood safe?
- a. Abstain from sexual activity and drug abuse
 - b. Studying hard and not playing at school
 - c. Having an unfaithful sexual partner
 - d. Using condoms always

8. What is the best way to describe NBSZ Peer Promoter

- a. A blood donor at school who does very well in class**
- b. Student at school who promotes good behaviour to other students**
- c. A blood donor at school who promotes NBSZ activities to fellow students**
- d. Teacher who encourages students to give blood**

9. Why does NBSZ charge for blood that is donated for free?

- a. To get money to give to patients in hospital**
- b. To get salaries for doctors and nurses**
- c. To recover money that is used in the collection and processing of the blood**
- d. To get profits from its operations**

10. At least what percentage of your school's total enrolment does NBSZ expect to get as blood donors?

- a. 100%**
- b. 80%**
- c. 50%**
- d. 10%**

11. You and your brother, sister can get blood for free if?

- a. You have donated at least once in your lifetime**
- b. You are a regular blood donor with at least 5 donations**
- c. Your friends and relatives work at NBSZ**
- d. You need the blood very urgently**

MEDICAL

12. Which four (4) transfusion transmissible infections (TTIs) does NBSZ test for?

- a. HIV, hepatitis B, HEPATITIS C, syphilis
- b. Bilharzia, Malaria, HIV, Herpes
- c. Syphilis, Herpes, Flu, HIV
- d. HIV, Syphilis, Herpes, Diabetes

13. How many main blood groups do we have?

- a. 6
- b. 7
- c. 2
- d. 4

14. What is the danger of TTI in donated blood?

- a. It causes high blood pressure in the patient
- b. It infects the patient who gets the blood
- c. It contaminates all other donated blood
- d. It damages the testing machines

15. Which one of the following is not produced from donated blood?

- a. Clotting factors
- b. Drip
- c. Platelets
- d. Fresh frozen plasma

16. In which laboratory is donated blood tested for HIV?

- a. Compatibility laboratory
- b. Reference laboratory
- c. Transfusion transmissible infections laboratory
- d. Blood grouping laboratory

- 17. In which laboratory is donated blood processed into components?**
- a. Compatibility laboratory**
 - b. Production laboratory**
 - c. Transfusion transmissible infections laboratory**
 - d. Blood grouping laboratory**
- 18. At what age can one donate blood in Zimbabwe?**
- a. Any age**
 - b. Secondary school age**
 - c. 16 years and older**
 - d. 18 years and older**
- 19. At what weight can one donate blood**
- a. 30 kg and above**
 - b. Any weight**
 - c. 50 kg and above**
 - d. 70 kg and above**
- 20. During which period does NBSZ normally experience low blood bank levels?**
- a. During inter school sports competitions**
 - b. During school holidays**
 - c. During NBSZ pay days**
 - d. When NBSZ visits rural school**

ANNEX 2

PEER PROMOTERS SELECTION: LETTER TO HEAD AND PARENT

Dear Sir/Madam

RE: SELECTION OF BLOOD DONOR PEER PROMOTERS

This is a follow up to our discussion on.....regarding the setting up of a Peer Promoters Programme at your school.

We are requesting that you or the blood service contact teacher assist in the selection of ... peer promoters for the year We also request you to allow the selected pupils to come to ...blood service premises together with the contact teacher for an induction. For the induction exercise, the service will cater for transport reimbursement and refreshments. It aims at equipping the selected pupils and their teacher with knowledge about the blood service that will enable them to reliably share with colleagues back at school. Please ensure the gender is balanced and if possible both final year and returning classes are represented.

The criteria are that the chosen pupils be:

- a blood donor*
- able to positively influence his/her peers*
- respectful, trustworthy and well-behaved*

The ...blood service thanks you always in your cooperation with it in its endeavour to save lives

Yours Sincerely

(Kindly tear it off the part below and give the selected pupil (if not a border) to the parent to consent.)

Dear Parent/Guardian

We are pleased to inform you that your child who is already a blood donor, has been chosen by the administration to be a blood donor peer promoter at the school. This means he/she will be promoting blood donation at school and helping save lives in hospitals.

We congratulate you for fostering in your child the positive qualities that have made him suitable for this role. Kindly allow him to attend an induction exercise to take place at the ...blood service premises on...from...to..... The blood service will reimburse bus fares and provide refreshments. If you wish, blood service representatives would be happy to meet with you beforehand.

If you are happy for your child to play this important role, please sign below and give it back to the child to take to school. For any clarifications please contact me on.....or any of our numbers below.

Yours Sincerely

*I agree that my child be a blood donor peer promoter
(Full Name, Signature)*

ANNEX 3

SAMPLE SCHOOL GRADUATE INVITATION LETTER

YOU ARE INVITED!!

Dear Blood Donor

The Pledge 25 Club Gweru family congratulates you for making it to the final year of your studies and we wishes you all the best in your exams.

We also thank you for the units of safe blood that you gave so selflessly at school. Please concentrate on your studies and hold on to that unit this term. A special occasion called Youth Donors' Day has been set aside for all blood donors like you in and around Gweru. Come, meet fellow post-school blood donors, donate, join the Pledge 25 Club family and have fun. So...

Occasion: Youth Donors' Day

Venue: Show Grounds Clinic

Date: 05 & 06/12/14

Time: 08:00hrs- 16:30hrs

For more information, Contact the peer promoters at your school or call National Blood Service Zimbabwe Gweru on:

+263 54 22 4700, +263 54 223976, cell: 0712 624 642 or 0779 062 629

Or email us on: pledge25clubgweru@hotmail.com

May the spirit of saving lives remain in you.

Pledge 25 Club; Two Decades of Saving Lives.

Regards

(Club Chair)

ANNEX 4

EVENTS CHECKLIST

Event: Ladies Gala 08/08/18

Meeting held on: 15/07/18

Task	Due Date	Responsible	Progress Status	Action	Next Check Date
e.g. Tent Pitched	07/08/2018	Tom	Tent Quotations sought	Confirm Supplier	20/07/2018
e.g. Donor Invitations Sent	20/07/2018	Sally	Done	Nil	N/A

ANNEX 5

CLUB MEMBER REGISTER

Name	Gender	Blood Group	No. of Donations	Mobile	WhatsApp Contact	Physical Address

ANNEX 6

INCENTIVES DISTRIBUTION FORM

Name	Status (New/Repeat)	Donated/Fall	Transport	Refreshment	T-Shirt	Other	Signed

ANNEX 7

PEER PROMOTERS EVALUATION SUMMARY FORM

School	Peer	Invited	Attended	Seen	Donated	Total
Total						

ANNEX 8

MEMBER EXCHANGE PROGRAMME FORM

Branch W: Number Received from and Sent to (By Branch)

Branch	Number Received from	Number Sent to
X		
Y		
Z		
Total		

Branch W: Number Joining Local Institutions from Branches (by institution)

Institution	Branch W	Branch X	Branch Y	Branch Z	Total
1					
2					
3					
4 Others					
Total					

ANNEX 9

BLOOD DRIVE SUMMARY FORM

Main Branch	Sub	Event	Date	Target	Seen	Donated	Repeat	New	Male	Female
Mutare										
	a)									
	b)									
Harare										

ANNEX 10

CALENDAR OF CLUB BLOOD DRIVES

BRANCH/ SUB	Men Splash	Ladies Gala	Mixed Gala	Men Splash	Ladies Gala.	Mixed Gala	Men Splash	Youth Donor Month
BRANCH	March	April	April	June	Aug	Aug	Sept	Dec
HARARE	8.03	5.04		7.06	9.08		6.09	5&6.12
BINDURA			24.04			14.08		10.12
CHEGUTU			15.04			18.08		17.12
CHINHOYI			16.04			20.08		16.12
KADOMA			23.04			15.08		9.12
KAROI			24.04			21.08		31.12

