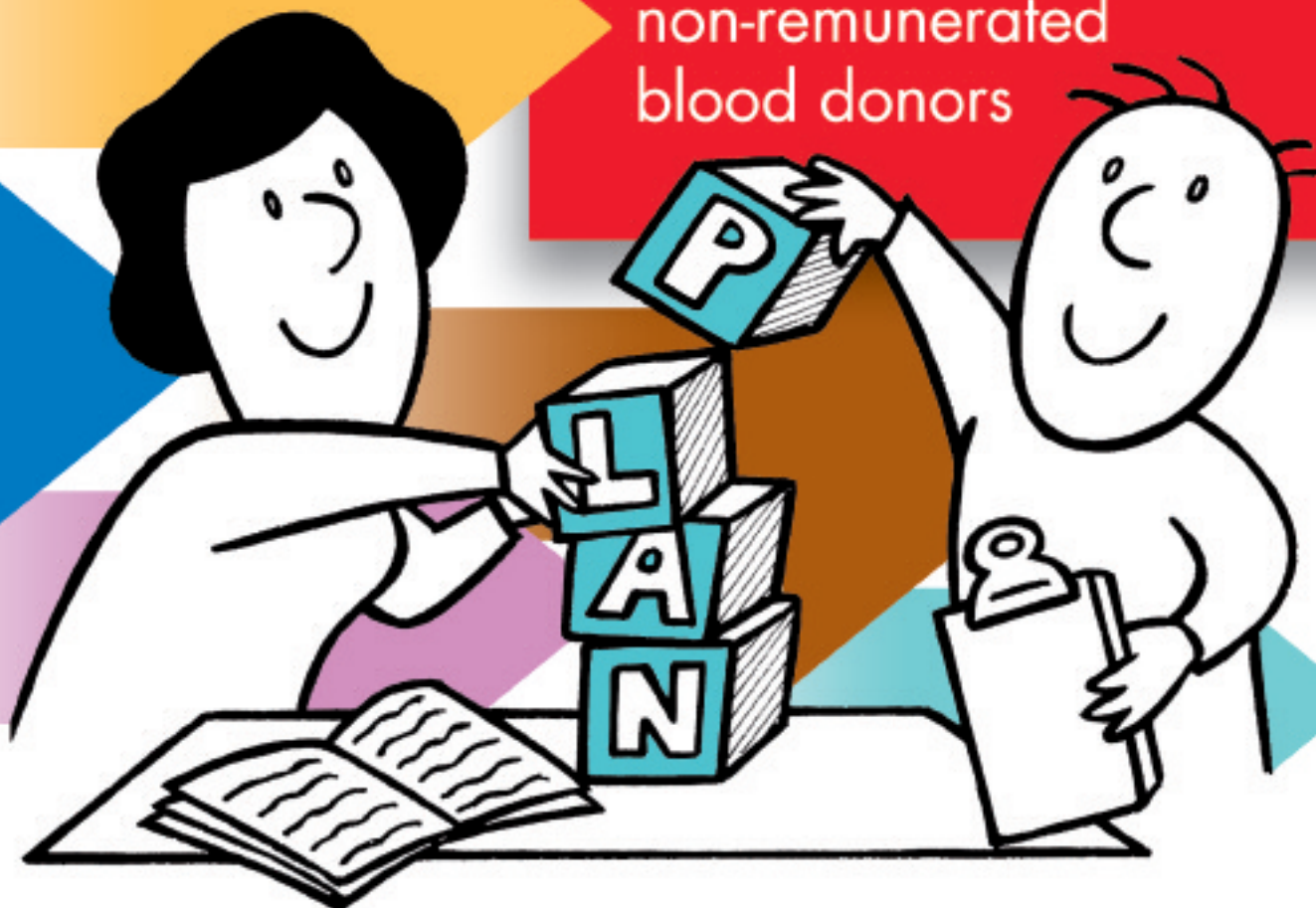


# Making a difference

Recruiting voluntary,  
non-remunerated  
blood donors



International Federation  
of Red Cross and Red Crescent Societies

# The International Federation's Global Agenda (2006–2010)

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Over the next five years, the collective focus of the Federation will be on achieving the following goals and priorities:

## Our goals

**Goal 1:** Reduce the number of deaths, injuries and impact from disasters.

**Goal 2:** Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.

**Goal 3:** Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.

**Goal 4:** Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.

## Our priorities

Improving our local, regional and international capacity to respond to disasters and public health emergencies.

Scaling up our actions with vulnerable communities in health promotion, disease prevention and disaster risk reduction.

Increasing significantly our HIV/AIDS programming and advocacy.

Renewing our advocacy on priority humanitarian issues, especially fighting intolerance, stigma and discrimination, and promoting disaster risk reduction.

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2007

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# Preface

# Preface

## Focus on 100 per cent voluntary\* blood donation

For many decades, the Red Cross Red Crescent has been active in the arena of blood services. Many National Societies have a long tradition of, and much expertise in, blood service delivery, being involved in both donor recruitment and the technical aspects of blood collection, processing, storage and distribution. Consequently, the International Federation of Red Cross and Red Crescent Societies is uniquely placed to contribute to the global push towards the promotion of 100 per cent voluntary blood donation, with the objective of a safe and adequate global blood supply.

While recognizing that each national government has the ultimate responsibility to provide for the health of a nation's citizens, the focus of the International Federation has long been on a blood service system based on voluntary donation.

With the publication of these self-study materials, which are for the benefit of blood services around the world, the International Federation hopes to equip people involved in donor recruitment with the necessary tools to bring about a dramatic change in attitudes and practice, leading to the goal of a safe and adequate global blood supply.

## Focus on quality

With this third edition of the manual, the International Federation is continuing its efforts to share experience and help develop routes towards quality systems and best practice, by assisting blood services to develop strategies and systems to maintain an adequate supply of safe blood, and to protect it. Even in countries with underfunded health services, basic quality systems are essential. The practices recommended in this publication, and in the Quality and Development Manuals which preceded it, are adaptable to most circumstances.

## Focus on an integrated approach to blood safety

The HIV/AIDS pandemic continues to focus attention on the importance of preventing transfusion-transmissible infections. Throughout this manual, there is a constant reminder that the global burden of disease due to unsafe blood can be

\* By voluntary blood donation we always imply voluntary, non-remunerated and altruistic blood donation, as described in Decision 34 of the V111 Session of the General Assembly, Budapest 1991: *voluntary, non-remunerated blood donors are persons who give blood, plasma or other blood components of their own free will and receive no payment for it, either in the form of cash, or in kind, which could be considered a substitute for money. This includes time off work, other than reasonably needed for the donation and travel. Small tokens, refreshments and reimbursements of direct travel costs are compatible with voluntary, non-remunerated blood donation.*

eliminated or substantially reduced through an integrated approach to blood safety, requiring:

- the establishment of a nationally coordinated blood service
- collection of blood only from voluntary, non-remunerated blood donors from low-risk populations
- testing of all donated blood, including screening for transfusion-transmissible infections, blood grouping and compatibility testing
- reduction in unnecessary transfusions through the effective clinical use of blood.

## Guiding principle

The guiding principle that inspired the creation of this publication in 2002, and has driven the later editions since then, is simply a belief in the vital nature of *universal access to a safe blood supply*. There is a major imbalance in access to safe blood between developing and industrialized countries. At the time of publication of the first edition of this manual in 2002, around 35 countries had blood programmes based on 100 per cent voluntary blood donation, and in the intervening period this has increased to 50, with Cyprus joining the list in 2007. However, progress towards 100 per cent voluntary, non-remunerated blood donation is slow and in order to reach this goal national governments must integrate blood service delivery with the overall health care system. Integration would help provide a sustainable blood programme where all members of the community have access to safe blood and blood products. A country's health strategy must include blood safety, alongside programmes to help reduce the burden of disease and the loss of life due to HIV and other infectious diseases that may be transmitted through blood transfusion.

## Developing global partnerships

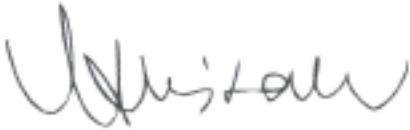
The attainment of 100 per cent voluntary blood donation for any country brings with it sustainable, long-term human development benefits. Voluntary blood donors make a subtle, but nonetheless most effective contribution, to global partnerships for such development.

The relationship between a country's voluntary blood donation programme and the capacity of its government and civil society to meet their broader responsibilities reflects the true value of voluntary blood donors in human development. For example, the growth of Pledge/Club 25 Programmes, whereby young blood donors play significant roles in both curative medicine and health promotion, makes an economical public health model as well as an extraordinary contribution to wider civil society. Through an international network of Pledge/Club 25 members, young blood donors experience social interaction and collaboration at the global level, resulting in the acquisition of significant leadership skills which can later be of benefit to their own country in wide-ranging activities.

Young blood donors first make a contribution to human development by giving blood. Then, by becoming HIV/AIDS peer educators or participating in other health

promotion activities, they extend their community involvement. They forge strong solidarity links, helping to build their capacity to provide leadership for improved health and well-being in their communities over several decades. With International Pledge/Club 25 Programmes now gaining a foothold in numerous countries around the world, it may not be too strong to suggest that voluntary blood donation is a practical and positive step towards a greater understanding between countries and a tolerance of different cultures.

Blood saves lives. Help to save more lives by working with us to make a difference.



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The International Federation of Red Cross and Red Crescent Societies, as chief author and copyright holder of this publication, would like to thank the many people associated with the recruitment and retention of voluntary, non-remunerated blood donors around the world who gave their time and expertise to help with the development of these materials over a number of years.

This latest edition (2008) of the manual has been made possible primarily through the time and ability of a small team of people who have made extensive use of the material worldwide and have evaluated its usefulness. This edition contains knowledge and data that are new since the original publication date, plus new modules of current relevance to the global situation concerning blood donor recruitment and blood safety.

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### Supporters

In addition to the five key members of the International Federation's Working Group for this project, we have also received willing support from other quarters including the International Federation's Global Advisory Panel (Blood) and the World Health Organization (Essential Health Technologies).

There are many others who unknowingly may have made significant contributions to this project, chiefly in carrying out exceptional work in the specialized area of donor recruitment and retention. To these and all co-workers in the field, particularly members of the International Society of Blood Transfusion (ISBT) and International Federation of Blood Donor Organizations (FIODS), with whom we share the common goal of 100 per cent voluntary blood donation, we say thank you for sharing the knowledge that is taking everyone one step closer to international best practice. This is an aim consistent with the International Federation's policy of achieving the highest standards of service delivery in all its activities on behalf of the world's most vulnerable.

Sincere thanks.



# Glossary

## **Anaemic**

Lack of red corpuscles or of haemoglobin in the blood

## **Antibodies**

Natural defences produced in the body against infection

## **Apheresis donation**

A process used to collect white cells, platelets and plasma where the donor gives blood at a much higher frequency than whole blood donors

## **Autologous donation**

Blood which is donated in advance by the intended recipient for him or herself

## **Directed donation**

Blood which is donated for a specific recipient

## **Donor selection criteria**

Criteria for the selection of donors which are designed to ensure that giving blood will not harm either the donor or the recipient

## **Haemophilia**

Congenital illness with a tendency to cause haemorrhage through a coagulation factor deficiency

## **Haemorrhage**

Excessive bleeding

## **Incidence**

The proportion of a population becoming newly infected by an infectious agent within a given time

## **Market research**

Research to determine people's opinions about a product or service

## **Prevalence**

The proportion of a population that is infected with a disease at any one time

## **Risk factors**

Behaviour which may expose people to the risk of acquiring transfusion-transmissible infections

## **Screening**

Two-stage process of selection of eligible donors and testing of their blood for infectious agents

## **Sickle-cell anaemia (sometimes called sickle-cell disease)**

Genetic disorder of the blood showing as an abnormality of red blood cells

**Situation analysis**

The systematic gathering of information designed to give an overall picture of, for example, an organization at a specified point in time

**Standard operating procedure (SOP)**

Detailed, written instructions designed to help achieve uniformity of the performance of a specific function. They give details on how to carry out a specific task or function

**Telemarketing**

Any kind of marketing activity which takes place using the telephone to contact customers

**Thalassaemia**

A group of blood disorders characterized by a deficiency of haemoglobin

**Voluntary, non-remunerated blood donor**

A person who gives blood, plasma or other blood components of their own free will and receives no payment for it, either in the form of cash or in kind which could be considered a substitute for money. This includes time off work, other than that reasonably needed for the donation and travel. Small tokens, refreshments and reimbursement of direct travel costs are compatible with voluntary, non-remunerated blood donation

**Window period**

The period between infection by a virus and the development of laboratory-detectable markers of the disease

# About this manual

In many countries, the number of blood donors has decreased in the last 20 years and the frequency of donations by existing donors has also dropped. At the same time, however, there has been no corresponding reduction in the *demand* for blood.

A very positive example of statistics comes from Szeged, a small town in southern Hungary. Recent figures from this town reveal an annual rate of 86 units of blood per 1,000 inhabitants, all given by voluntary, non-remunerated blood donors. There may well be other equally impressive statistics from elsewhere. But we also know that some towns and countries are struggling to reach even the lower end of the scale with more modest goals of 5, 10, 20, 30 or 40 donors per 1,000 population.

The challenge facing everyone in blood service delivery is to ensure a safe and sustainable blood supply. This can only be achieved through the recruitment and retention of voluntary blood donors who donate through altruistic, humanitarian motives. It is well documented that there is generally no particular resistance to the concept of blood donation or reluctance to donate blood. In many instances, people do not voluntarily donate blood simply because no one has ever asked them to do so. Even in this era of high technology, instant and mass communication, the invitation to give blood has not reached many potential blood donors. The situation today is that developing and developed blood services alike face blood shortages. This manual tries to serve the needs of both in helping them to develop effective strategies for the recruitment and retention of voluntary donors.

## Changing the situation

The International Red Cross and Red Crescent Movement has always been one of the strongest advocates for voluntary, non-remunerated blood donation and it is continuing to work towards this goal worldwide. In 1975, the World Health Assembly passed a resolution urging World Health Organization (WHO) member states to “promote the development of national blood services based on voluntary, non-remunerated donation of blood”.

Since that time, countries around the world have been working together to achieve the ultimate goal of a safe and sustainable global blood supply. The challenge is to invest in programmes to promote a safer blood supply through the recruitment and retention of voluntary donors from low-risk populations. Many countries have already completed the transition from paid and family/replacement donation to voluntary donation. Others are making significant progress towards this goal. This manual has been developed in the belief that, whoever you are and wherever you work in the service of blood donation, **you can make a difference**. Indeed, in the interests of global blood safety and the saving of countless lives, the authors implore your commitment to this process.

About this...

You may have little opportunity to change the global situation, but you can do something about your own personal situation. You may not be in a position to affect laws, but you can begin the process of changing attitudes and beliefs towards blood donation.

The manual is for you to use in the most appropriate way, one that fits your personal circumstances and situation. We will ask you to work through relevant sections on your own and to try out the activities which will help you to apply what you have learned in your own blood service. As you progress through the manual, we ask you to complete a self-assessment exercise at the end of each module to provide a framework for you to identify changes that might be needed.

Some modules of the manual may be more relevant to your work than others. It is designed so that you can select the parts that are most appropriate to meet your current needs. For many of you the manual will offer a basic refresher course, while for others it will provide a comprehensive guide to planning donor education, motivation and recruitment campaigns, leading to increased donor retention and a safe and sustainable supply of blood.

The extent to which you implement the various strategies and suggestions contained in the manual will depend on the needs and priorities of your own blood service or organization. While the activities described in the manual have been field-tested, it is impossible to guarantee that a campaign that is successful in one locality will necessarily have the same results elsewhere. Only you can judge the relevance and applicability of specific ideas to your local environment.

## Aims of the manual

The principal aims of the manual are to:

- serve as a framework within which the government of each country may develop and implement a national policy on blood safety, based on the concept of voluntary, non-remunerated, altruistic blood donation
- empower personnel in the field to recruit and retain voluntary blood donors and to phase out any dependence on family/replacement donors by asking these donors (if eligible) to give blood for the wider community needs
- develop models of good practice, leading to an improved service for blood donors, prescribers of blood and recipients of donated blood
- provide ideas and suggestions that can be adapted by each individual recruiter to fit his or her own national and local circumstances
- encourage the immediate use of ideas and models through the development of a self-assessment exercise and individual plans of action

## Who this manual is for

The manual will help to train and update anyone, at any level, working in the blood service in the area of donor recruitment. In its aim to serve as a framework for the development of national policies on safe blood in every country, the manual urges that all blood services should be established only on the basis of voluntary blood donation and that there should be support for the development of programmes for the education



and recruitment of voluntary blood donors. Whether you are at the head of a large organization with a team of donor recruiters, or have recently volunteered to help out in your local blood collection centre, there is something in this manual for you that will help you to influence your own national policy.

Some of the approaches and procedures outlined in the manual might be unfamiliar or not totally applicable in your own situation, but you are invited to think through how they might be adapted within your own organization or culture. You are further asked to do your best to effect change – even a small change will, in due course, make a difference. Imagine, for example, if every developed blood service adopted a developing blood service and acted as its mentor. Partnerships of this kind could open up exciting possibilities, with each partner learning from the other. We hope that this manual will give you a key to the door of change. It is up to you to turn that key and open the door.

## Structure of the manual

The manual is divided into seven modules, each dealing with a different aspect of the recruitment and retention of voluntary blood donors, and support strategies such as the forging of partnerships of different kinds. There is also a Resources section, containing additional documentation and stories from blood services around the world that are designed to broaden the scope of experience within the manual.

The modules cover the following topics:

### **Module 1: Setting the scene**

Blood, blood products, and blood transfusion therapy in the global context. The importance of voluntary blood donation.

### **Module 2: Spreading the word**

The planning and implementation of education and social marketing programmes for blood donor recruitment.

### **Module 3: Bringing donors in**

Steps in the identification of target recruitment groups and strategies for their recruitment and retention.

### **Module 4: Serving the donor**

Approaches to providing exceptional service to donors, with the aim of recruiting and retaining voluntary, non-remunerated, altruistic blood donors.

### **Module 5: Working together**

Building partnerships at national and global levels, working with the media, planning local celebrations for World Blood Donor Day, involving partners to help achieve certain Millenium Development Goals, and ultimately bringing about community ownership of the blood programme.

### **Module 6: Involving young people**

Educating and involving young people through different kinds of programmes, such as Pledge/Club 25 Programmes and other initiatives that link voluntary blood donation with wider health promotion activities.

## Module 7: Getting organized

Strategies for ensuring a quality service, with a particular emphasis on effectiveness, efficiency and the proper conduct of blood drives.

### Resources

Stories from around the world illustrating points made in the manual, plus additional information of use to donor recruiters.

### Glossary

The glossary contains definitions of technical and specialized terminology used in the manual. The first time that any word in the glossary appears, it is marked in **bold** in the text.

## Terminology

Since this manual is designed for use by people working within a very broad range of organizations and within different cultures and environments, you may find that some of the information is not totally relevant to you or will need to be adapted to suit your own situation. Bearing this in mind, the following terms have been used in this manual with specific meanings:

### Blood service/blood programme

An organization working in any aspect of blood donor recruitment and retention, including blood transfusion services, blood centres, units, blood banks, departments or hospitals, and blood donor associations.

### Blood service staff/blood programme staff

Any person, whether remunerated or voluntary, working in any aspect of blood donor recruitment and retention.

## Active learning

The manual is designed for self-study, to be used where and when it is most appropriate for you. You can study during your work or in your own time, working through the modules at a pace that suits you and that fits in with your other commitments. While the learning materials contained within the manual are not directly tied to any face-to-face courses or to specific training programmes, the International Federation, in conjunction with WHO and other partners, can offer Training of Trainer (ToT) courses, details of which are provided in the Resources section.

The learning materials encourage a process of active learning, which helps you to put what you learn into effect immediately in your work environment. As you work through the manual, you will find a series of activities. These ask you to take particular action, such as evaluating aspects of your existing donor recruitment programme and identifying steps that can be taken to strengthen and improve it. The activities build up to provide a resource that will help you in your own self-assessment at the end of each

module and in the development of a final plan of action when you have finished working through the modules.

Many of the activities will be long term and will require input from other colleagues. Others may be quite time-consuming or difficult to achieve in your own individual circumstances. Do not worry about this. As far as you are able, adapt the activities to your particular situation and use the ones that are most useful and relevant to your own blood service. We believe that you can take personal action to make changes in your work environment. Such actions that you are able to take may be small but they will not be insignificant.

In order to help you to make practical improvements, we ask you not to ignore the most important part of this learning tool, the self-assessment and plan of action. In some cases, you may be able to seek assistance and support from your colleagues to implement the action outlined in your plan. If you are working alone, you still have the opportunity to improve some aspects of your own service, and to start putting plans into effect as soon as you have the opportunity.

Use the Resources section to find stories to inspire you and give you new ideas. The stories that you will find there have been collected over a few years, and show blood programmes from all over the world in different stages of development. Some are concerned with very specific problems or challenges and are seeking solutions, while others outline triumphs and successes. In either case, the authors are willing to share with you their experiences. The stories show just how diverse solutions to common problems can be, a factor which has everything to do with the culture and traditions in which the blood programme operates. We ask you to embrace this diversity, adapting ideas and techniques to fit your own culture and traditions.

With each story, you will find information on how to contact the organization depicted. We want to encourage the sharing of ideas and resources, and the spread of good practice, as well as to support partnership arrangements between different blood programmes. If you would like to find out more about any story, use the contact information to get in touch with the organization concerned. The International Federation of Red Cross and Red Crescent Societies hopes to expand on this collection of stories with your cooperation and through its network of National Societies, most of which are closely involved with blood donor recruitment programmes. Through the sharing of stories in this way, with updates on a regular basis, the International Federation hopes to make the Resources section a dynamic and integral part of this manual. The achievement of this goal depends to some extent on your cooperation. Please send your own stories to the address given on the inside cover.

## Time to study

Since you will be studying at your own pace and developing your own individual plan of action, it is difficult to estimate how long you should spend on working through these materials. As general guidance, you will probably need to work on the manual over a period of six months to a year, developing and implementing your action plan and then reviewing and evaluating your own performance. You may then wish to use the materials as a permanent resource, returning to them for specific guidance or new ideas from time to time.

If you are able to work together with colleagues, you should agree a time period over which you will study and decide how you will together organize the implementation of your action plans.

## **Moving forward**

Go on now to look at Module 1. While you may be familiar with much of the information in this module, it has been included to enable you to relate your own activities to a wider global context and understand how every individual can begin to make a difference.

# Setting the scene



The purpose of this module is to help you to place yourself and your blood service in the broader, global picture of blood donation and transfusion medicine. You may already have a good knowledge of how important blood is and how, appropriately used, it can save many lives. You may also know about the principal uses of blood and blood products and how the blood programme in your own country operates. In this module, you will find some information about the situation worldwide which may serve to give an indication of how essential your work is, as well as encouraging you to realize how you are part of a much greater whole.

To benefit most from this module, read through the text and attempt the activities. If necessary, adapt them to your own situation. This will help you to see where and how you and your blood service fit into the global situation and where you, personally, can act to make a difference.

## Learning objectives

When you have completed this module, you should be able to:

- explain the function of blood in the body and the use of different blood components
- identify the clinical conditions which affect the blood and donor eligibility
- outline the principal measures used to minimize the risk of transfusion-transmissible infection
- explain why voluntary, non-remunerated, altruistic blood donation is the foundation of a safe blood supply

- assess your current awareness of what is being done in your area of work
- identify your personal responsibility in promoting voluntary, non-remunerated blood donation

## 1.1 Safe blood starts with me – and you

Although you may work primarily alone, or with a small group of colleagues, you are in fact one of a large number of people facing similar challenges every day. This group consists of all the people working in blood programmes throughout the world, whether they are operated by the National Red Cross or Red Crescent Society in your country, by the government or by any other organization. For all of you, your greatest challenge is ensuring a safe and sustainable supply of blood, adequate to meet the needs of the patients. That means recruiting and retaining the safest possible blood donors. Evidence from throughout the world shows that these are voluntary, altruistic and non-remunerated donors from low-risk populations who give blood regularly.

The adoption of the theme ‘Safe blood starts with me’ for World Health Day, April 2000, was significant. It resulted from a strategic alliance between the World Health Organization, the International Federation of Red Cross and Red Crescent Societies and the Pan American Health Organization and was aimed at everyone involved – governments, blood donors, blood programme staff and prescribers of blood. It is aimed at you, too. Safe blood starts with you. Every worker in a blood programme anywhere in the world can individually make a difference. Together, you can make a significant difference.

### Activity 1-1: Your blood service

*As you work through the manual, you will identify various ways in which you can make a difference. Start by identifying where your job and the work you do fit into the organizational structure of your blood service.*

*Use the Next Steps section at the end of this module to note down some information about the hierarchy of the organization. To whom do you report? Who reports to you? Who are your peers and colleagues? Note particularly those people to whom you feel you could make suggestions and recommendations about ways of improving different aspects of the service. Add those people with whom you could work as a team to maximize your impact, and to influence blood donor recruitment strategy within the blood service.*

## 1.2 Some facts about blood

### The importance of blood

Blood is vital to human life. It carries essential nourishment to all the tissues and organs of the body. Without it, the tissues die of starvation. The average person has 25 billion

red blood cells and, in a normal healthy person, cells are constantly regenerated in the body. Without the protection of blood, no child could be born. In the womb, the mother's blood ensures that the fetus is supplied with oxygen and nutrients and benefits from the mother's inbuilt defences against disease.

About 45 per cent of the total volume of blood is made up of:

- red blood cells
- white blood cells
- platelets (cells)

The remaining 55 per cent of the total blood volume is plasma, which is the liquid portion in which the cells are suspended.

Red blood cells carry oxygen. The haemoglobin, which gives blood its red colour, is the agent that needs to be present for oxygen to be taken up from the lungs. Red blood cells also transport the used oxygen, transformed into carbon dioxide, back to the lungs for expulsion from the body. Iron is a key factor in the manufacture of haemoglobin. When iron supplies are deficient, people become **anaemic**, with a corresponding loss of oxygen-carrying ability.

White blood cells defend the body against disease. They make **antibodies** and fight infections.

Platelets help to control bleeding by sticking to injured surfaces of blood vessels, and allowing clotting factors to accumulate at the injury site.

Plasma is a fluid which carries all these cells, plus other substances such as proteins, clotting factors and chemicals.

Sometimes, through trauma such as **haemorrhage**, the volume of blood in the body is reduced to such a level that the body cannot replace it fast enough. Occasionally, some components of the blood are lacking and do not function correctly, as is the case in **haemophilia**, where clotting of the blood does not occur. At other times, the bone marrow does not produce sufficient haemoglobin, due to a deficiency of the necessary building blocks. In many of these cases, blood and blood components will be transfused into patients. All the different components of blood can be used and each plays an important role in saving the lives of different individuals in the community.

## Blood as therapy

Blood transfusion is regularly used in cases of surgery, trauma, gastrointestinal bleeding and childbirth to replace major blood losses. Cancer patients also often require blood transfusions. Some genetic disorders affect the blood, such as **thalassaemia** and **sickle-cell anaemia**. The shape of the blood cells may be affected, leading to their impaired functioning and consequent destruction. Persons with these disorders require regular supplies of safe blood to replace their deficient blood.

The blood used for transfusion must come from healthy people with healthy blood. Blood is not only a living tissue but also a renewable one, with healthy people having the mechanism to make more blood. By donating blood, the gift of life can be given

easily without fear of regular blood donation weakening a person, leading to impotency or hastening the ageing process.

## Blood components

Whole blood is still frequently used for transfusion, particularly where blood services have limited facilities and resources, but the processing of units of whole blood into their constituent components is becoming more common. Depending on their clinical condition, most patients need only one component or product, so this process enables a unit of whole blood to be used for more patients.

The table below gives some examples of blood components and their main uses. This is not a comprehensive list but gives a brief indication of the principal components.

Blood component	Main uses
Packed red blood cells	Severe haemorrhage which causes anaemia, for patients with surgical, abortion, or childbirth complications, trauma, cancer
Platelet concentrates	Severe haemorrhage through platelet deficiency, leukaemia, cancer, bone marrow deficiency
Fresh frozen plasma	Patients with a deficiency of coagulation factors, or for the manufacture of plasma derivatives
Cryoprecipitate	Haemophilia, Von Willebrand disease

A number of blood products, which have specific uses, can also be derived from plasma.

Blood products derived from plasma	Main uses
Immunoglobulins	Patients with immune system deficiencies, after-exposure treatment
Albumin	Burns, hypoalbuminaemia, haemorrhage, shock
Coagulation factors	Haemophilia and other coagulation disorders

Blood and blood products are also used for the prevention of conditions that might otherwise result in severe morbidity or mortality. Every minute of the day, blood products are being used for people who are exposed or at risk. In this category fall immunoglobulins, which are used, for example, to treat abnormal functions of the immune system. Many people with haemophilia are able to lead normal lives if they are given clotting factors such as Factor VIII, a blood product derived from plasma.



## 1.3 Conditions associated with blood

### Vector-transmitted infections

Blood plays such an important role in keeping people healthy that when it is impaired, it affects the whole person. Many parasites and viruses which affect hundreds of millions of people worldwide are transmitted from person to person via bloodsucking insects (vectors), and are then transported in the body via the blood. Some of these infections cause severe anaemia or blood loss and may require blood transfusion.

All these conditions have a serious effect on donor status. When detected, whether during the selection and interview or during laboratory tests of blood, the donor must be permanently excluded. The chart below shows the most common of these infections.

Name	Description
Malaria	<p>Commonly spread through the bite of an infective mosquito. Widespread in some tropical areas. Affects some 300 million people per year. Symptoms of high fever and cold sweats. Can cause anaemia, miscarriages, stillbirths, or underweight children.</p> <p><b>Malaria is transmissible from person to person via a blood transfusion.</b></p>
Chagas' disease	<p>Caused by a parasite, spread by a number of different blood-sucking insects. A major health problem in Mexico and Central and South America, affecting some 16-18 million people. Recent significant population migration has caused expansion of the disease to more developed countries.</p> <p><b>Chagas' disease is transmissible from person to person via a blood transfusion.</b></p>
Lymphatic filariasis	<p>A disabling, disfiguring infection caused by parasitic worms. The worms produce microfilaria which are released into the bloodstream and which attack the lymphatic system. Transmitted through the bite of an infective mosquito. Some 120 million people infected in around 80 countries throughout the tropics and sub-tropics.</p>
Dengue fever	<p>Mosquito-transmitted viral disease found mainly in tropical and sub-tropical areas. Serious in Central and South America. Acute form of the disease, Dengue haemorrhagic fever may require blood transfusion therapy.</p>
Leishmaniasis	<p>Transmitted through the bite of a sandfly, and found on all continents except Australia. Often causes skin lesions, and may cause systemic disease that damages the immune system.</p>
Trypanosomiasis or African sleeping sickness	<p>Caused by a parasite transmitted through the bite of the tsetse fly. Affects more than 66 million people in 36 countries of sub-Saharan Africa.</p>

Many other infectious diseases affect the health of countless people throughout the world. The overall significance of infectious diseases, whether blood-borne or otherwise, cannot be emphasized enough. In 1999, between 70,000 and 100,000 people died in natural disasters, but around 13 million people died of infectious diseases, 2.6 million from AIDS alone. An estimated 150 million people have died from AIDS, tuberculosis and malaria since 1945, compared to 23 million from war between 1945 and 1993.<sup>1</sup>

The challenge continues. According to the International Federation's Annual Report for 2006, the number of people killed by infectious diseases each year has not lessened. Over 300 children die from malaria alone each day.

"Every year, unacceptable numbers of people, young and old, die from AIDS, malaria, tuberculosis, polio and measles. The scale of the problem is such that no one agency or government can tackle it alone."<sup>2</sup>

While access to blood and blood products saves lives, it can also threaten the lives of recipients because of its potential to transmit infection from the donor to the recipient. The existence of transfusion-transmissible infections is part of the challenge you face in your blood service to make blood safe and sustainable.

## Transfusion-transmissible infections

You have seen that malaria and Chagas' disease can be transmitted from person to person via a blood transfusion. There are, however, other infections which may be equally dangerous to life, which can be transmitted through blood transfusion. Among these is HIV/AIDS. Because of the pandemic situation with this virus, it has received a great deal of publicity in recent years.

The risk of transmitting infection through transfusion is particularly high in countries where there is a significant prevalence of infection in the donor population. The most common transfusion-transmissible infections are shown in the chart below, each condition rendering the donor or potential donor ineligible to donate blood.

Name of infection	Description
Human immunodeficiency virus (HIV) Acquired Immunodeficiency Syndrome (AIDS)	Virus transmitted through sexual contact or blood, whether through the sharing of needles, mother-to-child transmission or through blood transfusion. The virus damages the immune system, leading to many secondary infections. The term AIDS refers to the most advanced stage of HIV infection.
Hepatitis B (HBV)	A viral disease affecting the liver. A healthy liver fights infection, stops unnecessary bleeding, removes drugs and toxins from the body and stores energy. A person may have no symptoms but still carry the virus and pass it on through a blood transfusion.

<sup>1</sup> Information from *World Disasters Report 2000: Focus on Public Health*, International Federation of Red Cross and Red Crescent Societies

<sup>2</sup> Annual Report 2006, International Federation of Red Cross and Red Crescent Societies

Name of infection	Description
Hepatitis C (HCV)	Another form of the hepatitis virus which can cause chronic liver disease. About 170-200 million people around the world are estimated to be infected.
Syphilis	A sexually transmitted disease which is common in many parts of the world. It may have serious long-term effects on the brain and nervous system.
HTLV	Two kinds of virus called human t-lymphotropic virus. They are endemic in southern Japan, the Caribbean basin, the sub-Saharan region of Africa and the southeastern United States. Only a small percentage of people with the virus go on to develop any serious disease.
Cytomegalovirus (CMV)	Common infection associated with disease in newborn babies, and in people whose immune system is already compromised, such as those with AIDS.
Variant Creutzfeldt-Jakob Disease (vCJD)	Human equivalent of "Mad Cow Disease". Risk of transmission through blood.

Rarer transfusion-transmissible diseases, which also affect donor eligibility, include:

- Human Parvovirus B19
- Brucellosis
- Epstein-Barr Virus
- Toxoplasmosis
- Infectious Mononucleosis
- Lyme Disease

Blood transfusion is not the only way in which infections such as HIV and malaria are transmitted, but it is the only easily preventable way. To be transmitted by a transfusion, an infectious agent must be present in the transfused blood. The challenge is therefore to ensure that all donated blood is as safe as possible for transfusion.

### Activity 1–2: Transfusion-transmissible infections

*Find out the prevalence of transfusion-transmissible infections in both the general population and blood donors in the most recent year for which data are available in your country.*

*If information is available, find out whether there was any difference between the prevalence of infection in new and repeat donors. Make a note of this information as you see fit in the Next Steps section at the end of this module.*

These figures are very important. **A reduction in the seroprevalence rate among blood donors is one of the central aims of your donor recruitment programme.** Reviewing the evidence of infectious disease markers among your donor population on a regular basis should be an activity that is included in your action plan.

## 1.4 Making blood safer

### Blood transfusion in the practice of medicine

The first recorded blood transfusion took place in the 17th century when the French physician, Jean-Baptiste Denis, infused sheep's blood into a human. Unfortunately, it was unsuccessful. It was not until the discovery of blood groups and the issue of compatibility that transfusion therapy began to be successful.

Red blood cells were first described in the year 1658. Nearly 250 years later, the first four human blood groups, A, B, AB and O, were identified, followed by the discovery of Rh (Rhesus) factors which separated people into Rh-positive and Rh-negative groups. Today, blood groups and over 100 sub-types can be determined very precisely.

The use of stored blood began during World War I (1914-1918), but the first large-scale blood banks, including Red Cross blood banks, were not created until the 1930s. Since that time, the issue of ensuring that blood is safe for transfusion has become more and more of a challenge. Today, it is right at the forefront of the practice of blood transfusion therapy.

Since the early days of transfusion therapy, blood services around the world have devised a wide range of measures to ensure safer blood transfusion, including:

- the targeting of donors at low risk for transfusion-transmissible infections
- the recruitment only of voluntary, non-remunerated blood donors with altruistic or humanitarian motives
- the retention of voluntary, non-remunerated blood donors as regular donors
- public health education about the importance of blood donation and risk factors that may make some people unsuitable to donate
- rigorous procedures for donor selection in accordance with defined criteria, including a pre-donation medical interview, physical health check and counselling of each donor at each donation
- safe blood collection procedures to prevent bacterial contamination
- the testing of all units of donated blood for infectious agents that can be transmitted by transfusion
- the transfusion of blood only when no alternatives are available

Even with all these measures in place, it can never be claimed that blood is 100 per cent safe. Blood may be considered a powerful drug and, like all drugs, it may have side effects such as transfusion reactions as well as the transmission of infection. There will always remain a low level of risk in blood transfusion. As a consequence, there is a need for programmes to improve public health and decrease the incidence of the conditions for which transfusion therapy may be required. It is also essential that doctors and other personnel who prescribe blood and blood products understand the potential risks associated with transfusion and use alternatives to transfusion, wherever possible.

It is essential that all blood is screened for infectious agents and discarded if found to be contaminated. However, it is not always possible to detect infectious disease markers in donated blood in the early stages of infection in the donor. In addition, **screening** is an expensive and time-consuming process, particularly if much of the blood donated has to be discarded. It is estimated that up to 13 million donations each year are not tested for HIV and hepatitis B and C viruses, mainly in developing countries where reliable supplies of test kits are not always available. While screening will always be a vital measure, the recruitment and selection of low-risk blood donors is the first line of defence against transfusion-transmissible infection.

### Activity 1–3: Safety measures

*Look again at the list above of measures that can be taken to make blood safer and to ensure an adequate supply. How many of them are contained within the policy of the blood programme in your country?*

*What do you think are the main constraints on implementing any of these measures? How could these constraints be eliminated or minimized? Note down your ideas in the Next Steps section at the end of this module.*

## 1.5 Low-risk blood donors

A low-risk blood donor is a donor who has a low risk of transmitting infection through the blood donated. If we exclude **directed** or **autologous donation**, blood donors fall roughly into three categories:

- paid or commercial donors
- family or friend replacement donors
- voluntary, non-remunerated donors

Evidence from many countries shows that the safest donors are voluntary, non-remunerated donors from low-risk populations who give blood regularly.

### Paid or commercial donors

People who make their living by selling blood, or who supplement their income by doing so, are at most risk of transmitting communicable disease through their blood. Their prime motive is money, not the wish to help save the lives or improve the quality of life of other people. For this reason they are unlikely to reveal any reasons why they may be unsuitable to donate blood. The highest prevalence of transfusion-transmissible infections is found among paid or commercial donors.

The scientific and medical communities, the International Federation, the World Health Organization, the Pan American Health Organization and many other humanitarian organizations no longer accept, and in fact most emphatically discourage, the taking of blood from paid or commercial blood donors. In many countries, it is illegal to make a donation of blood or a body part for monetary

payment. However, in some countries the system still persists in the form of a black market. This practice must be eliminated through the promotion of humanitarianism, legislation, wider awareness of the importance of blood safety and the dedication of professionals working in the blood service.

## Family or friend replacement donors

In many countries where blood supplies are scarce, where there is no history of blood banking or blood donation is not an accepted norm within the culture, it is common practice to require family members or friends of a patient needing a transfusion to donate blood to replenish the blood stock.

While generally safer than paid donors, family/replacement donors have a higher **incidence** and prevalence of transfusion-transmissible infections than voluntary blood donors. This may be because there is emotional pressure on people to donate, making them less likely to be truthful about their health status or high-risk behaviour.

Replacement donors should, as far as possible, be encouraged to become voluntary, non-remunerated blood donors, donating on a regular basis rather than in a family crisis situation. However, care must be taken to ensure that only those who are eligible are recruited, and that others who may be at risk of passing on infection are discouraged. Treated with care and exposure to appropriate education, replacement donors may be the foundation of a system of voluntary, non-remunerated donation for humanitarian motives. When the life of a member of their family or community has been saved through transfusion - or has been jeopardized by a lack of safe blood - they may recognize the need for a sustainable supply of blood which can only be achieved through regular, voluntary blood donation.

Donors who are coerced, whether through emotional pressure or threat, into giving blood cannot be considered 'safe'. In some countries there is a great deal of dependence on military blood donors or prisoners who are ordered to give blood and who cannot be considered as voluntary donors, even though they receive no payment. Excessive pressure from family, employers or peers can also, often unknowingly, lead to coercion and a reluctance to disclose any factors why the donor is unsuitable to give blood. Some health authorities require donation before scheduled surgery or a planned hospital stay. Any donor who does not give blood voluntarily through altruistic motives poses a threat to the safety of the blood supply.

## Voluntary, non-remunerated donors

Voluntary, non-remunerated donors who give blood regularly are the foundation of a safe and adequate blood supply.

Voluntary, non-remunerated blood donors are defined as:

*“Persons who give blood, plasma or other blood components of their own free will and receive no payment for it, either in the form of cash, or in kind which could be considered a substitute for money. This includes time off work, other than reasonably needed for the donation and travel. Small tokens, refreshments and reimbursements of direct travel costs are compatible with voluntary, non-remunerated blood donation.”*

The International Federation emphasizes the importance of this definition, which was adopted officially in 1991.<sup>3</sup> It is now estimated that up to 60 per cent of blood collected worldwide is donated directly or indirectly through Red Cross and Red Crescent blood donor recruitment programmes, which target voluntary, non-remunerated blood donors. Working with the governments and health authorities of each country, the International Federation has helped to raise awareness in National Societies of the vital need for the education, recruitment and retention of voluntary, non-remunerated blood donors with altruistic motives.



Today, out of a total of 185 National Societies, some are responsible for major blood programmes at the national level. Others have complete blood services or are involved in blood centre activities. Most are involved in promoting blood donation and blood donor recruitment.

The main reasons for promoting voluntary blood donation are as follows:

- protection of the recipient of donated blood and blood products: Voluntary blood donors invariably have the lowest prevalence of transfusion-transmissible infections because they have no reason to withhold any information about their health status that may make them unacceptable as donors. Repeat donors are generally safer than new donors because they are better informed about the significance of low-risk behaviour and the importance of self-deferral when donation might harm the recipient
- protection of the donor: The blood service has a duty to prevent exploitation and protect the health of the donor as well as the recipient. Donors who give blood for monetary reward or because of pressure from others may conceal information that would otherwise cause them to be deferred, either temporarily or permanently, because donation may be harmful to their own health
- ethics: the International Federation, the World Health Organization and many other organizations believe that it is morally unacceptable for any aspect of health care to be based on the purchase of body parts, including blood

All blood programme staff need to work ceaselessly to ensure an adequate supply of blood at all times, and to work even harder to ensure the regular donation of blood by voluntary, non-remunerated donors who are not at risk of transmitting infection through their blood.

<sup>3</sup> Decision 34 of the VIII Session of the General Assembly, Budapest, 1991.



### Activity 1–4: Paid, family/replacement and voluntary donors

*In your country, what is the approximate proportion of:*

- paid donors?
- family/replacement or coerced donors?
- voluntary, non-remunerated donors?

*Is there a law in place in your country forbidding the sale of blood or the payment of blood donors? If so, how is the law implemented? Is it effective? If not, what are the main reasons why it has not yet been possible to prevent paid blood donation?*

*Keep a note of your response in the Next Steps section at the end of this module, together with suggestions for what needs to be done to influence legislation of this kind.*

## Recruiting low-risk blood donors

It is recognized that the safest donors are regular, voluntary, non-remunerated blood donors from low-risk population groups who donate blood for humanitarian reasons. In developing countries, less than 40 per cent of the blood supply currently comes from voluntary, non-remunerated blood donors. In these countries, high priority needs to be given to:

- building up low-risk population groups
- identifying and targeting low-risk populations
- converting replacement donors to voluntary, non-remunerated donors
- selecting healthy donors at low risk for transfusion-transmissible infections
- motivating them to donate regularly

The starting point is the promotion of healthy lifestyles and the eradication of disease. In this respect, the needs of a blood service are linked to the needs of the wider community. Programmes such as sex education campaigns and support for health promotion activities become part of a long-term strategy to establish a base of safe blood donors. Programmes for HIV/AIDS prevention and control help build up low-risk population groups, and education in schools about good nutrition, hygiene and healthy lifestyles prepares the way for healthy blood donors of the future. Non-governmental organizations, such as voluntary blood donor associations, social societies, community organizations and religious groups, as well as the media, can play an important role in promoting a healthy lifestyle. Blood donors themselves are an excellent means of carrying positive messages about healthy lifestyles into the wider community.

Although important, supporting efforts to build long-term populations is a long-term strategy, so the next step is to identify populations who are at low risk for transfusion-transmissible infections, target them as potential blood donors and educate them about the need for safe blood donors. However, some people who are motivated to become voluntary, non-remunerated blood donors will not be suitable to donate blood. It is therefore important to educate potential donors about the reasons why some people are



ineligible to give blood, and to define criteria for safe blood donation and to ensure that all blood donors meet these criteria. Finally, the challenge is to encourage donors to give blood regularly on a voluntary, non-remunerated basis.

## 1.6 Blood as a scarce resource

Blood is a national resource. It is the responsibility of governments to ensure that the blood supply is safe, adequate and available to meet the needs of all patients. However, in many parts of the world there is not sufficient blood to treat everyone who needs it. Worldwide, approximately 75 million units of blood are donated each year. Yet, of the 500,000 women who die from complications of pregnancy each year, mainly in the developing world, approximately 150,000 die because of a lack of blood.<sup>4</sup> In addition, many women suffering obstetric complications do not have access to safe blood and are at risk of receiving contaminated blood.

It is estimated that 80 per cent of the global population has access to only 20 per cent of the global supply of *safe* blood.<sup>5</sup> One of the main reasons why the blood supply is inadequate in many countries is a lack of voluntary, non-remunerated donors who give blood regularly, and a dependence on family and replacement donors. The blood donation rate per 1,000 population is 12 times higher in countries with a high Human Development Index (HDI) than in countries with a low HDI. (HDI, a measurement system developed by the United Nations Development Programme, is based on three factors: life expectancy, educational attainment and adjusted income.) Only 39 per cent of the global blood supply is donated by voluntary, non-remunerated blood donors in low and medium HDI countries where 82 per cent of the world's population lives.

It is estimated that if approximately 5 per cent of the population donates blood on a regular basis, an adequate supply will be maintained. Currently, many industrialized countries struggle to achieve that total, while many less developed countries report figures below 1 per cent.

### Activity 1–5: Blood supply

*Find out how many units of blood are donated in your country each year. If possible, find out whether the blood supply is adequate to meet the needs of patients requiring transfusion.*

*If the supply is not adequate, how big is the gap between supply and demand? Keep a note of these figures to include as base information to be added to the Next Steps section at the end of this module. A major objective of the blood service will be narrowing the gap between supply and demand and eventually the ability to supply blood to anyone who needs it, without the opposite problem of overstocking.*

4 WHO Information Sheets, 2000.

5 WHO Global Database on Blood Safety: Report, 2001-2002.

The ideal to which every country in the world should aspire is that 5 per cent of the population should, for altruistic motives, become voluntary, non-remunerated blood donors, with the object of sustaining a supply of safe blood that is adequate to meet demand. Many countries have already made the transition from paid and family replacement to 100 per cent voluntary blood donation; others are making significant progress. The evidence from these countries clearly demonstrates that certain enabling factors are required to achieve this goal. These include an integrated approach incorporating the following key areas:

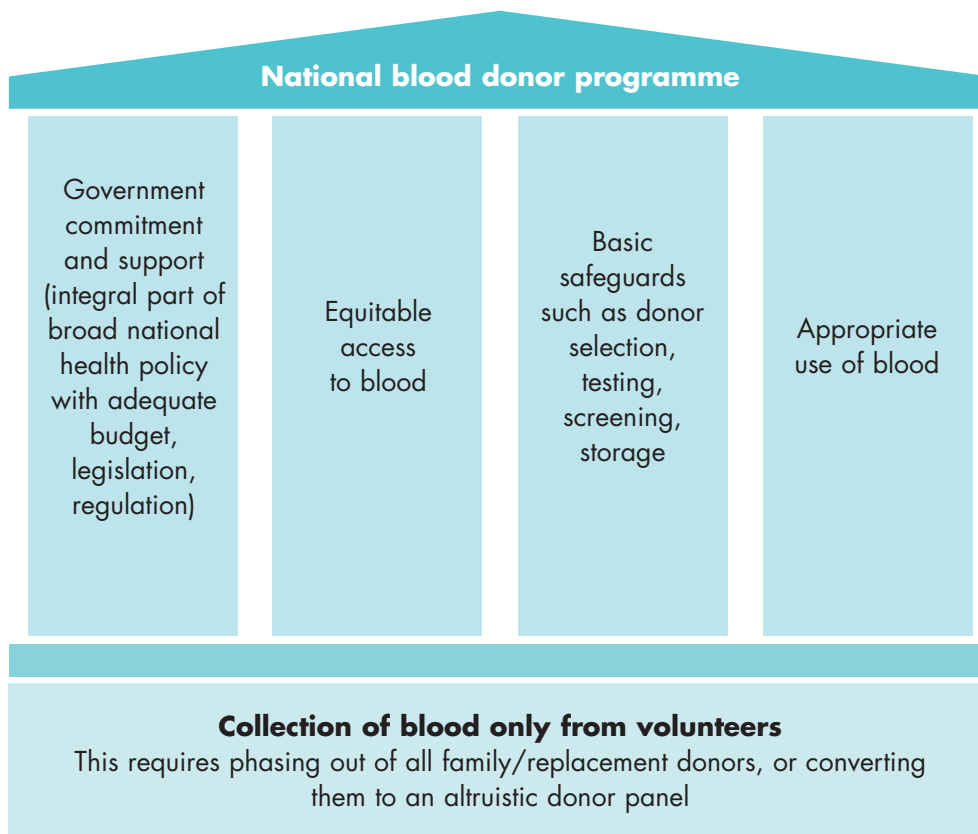
Key area	Rationale
National policy	The viability of a country's blood service rests with its government. A government's commitment must start with the development and implementation of a national blood policy that enshrines the principle of 100 per cent voluntary blood donation as the cornerstone of a safe and sustainable blood supply.
Legislative framework	Blood services must operate within a legal framework defined by their governments. Legislation should reflect the ISBT Code of Ethics for Blood Donation and Transfusion (2006) and policies on voluntary blood donation and appropriate use of blood and blood products developed by WHO and the International Federation.
Sustainable funding	An effective blood service relies on the availability of sufficient funding. Often funds are allocated for the technical aspects of the blood service such as blood screening but the important areas of donor motivation, education, recruitment and retention are sometimes overlooked.
National coordination	A nationally coordinated blood service has numerous benefits in terms of service provision, safety and cost efficiency. Nationally consistent policies and procedures across all areas of the blood supply chain enhance the safety of the blood supply. In the area of blood donor recruitment, limited resources can be used to maximum advantage through the use of nationally consistent donor education and motivation materials, as well as communication programmes for broader community education.
Adequate staff numbers and training	The delivery of a high-quality blood service can be seriously compromised by a lack of trained staff. This is particularly significant when it comes to donor recruitment and retention programmes and donor care. Donor marketing/communications should be a professional function within the blood service, equally important as the medical and scientific disciplines. Therefore, it is essential to employ sufficient, appropriately trained staff and to provide ongoing training and development.
National blood donor programme	A national blood donor programme must adopt a consistent approach to the task of donor recruitment based on uniform selection criteria, donor care and donor retention within the organization's overall quality system. All these procedures must be outlined in <b>Standard Operating Procedures</b> , used consistently by all staff. In addition, the establishment of a national database is an essential tool for data analysis, planning, monitoring and evaluation, integral to the development of a national blood donor programme.

Key area	Rationale
Accountability and public confidence	The community must have confidence in its blood service. This trust is earned over a long period of time but can be undermined very quickly, resulting in a negative effect on blood donors' ongoing support. Community confidence and trust are built on the professionalism, honesty and accountability of the blood service management and all the staff.
Location	There is overwhelming evidence throughout the world that blood centres, where possible, should be taken out of the hospital environment and placed firmly within the community. A change from the traditional 'hospital' approach to blood donation to one of 'hospitality', placing it at the heart of the community, should be a fundamental consideration.

One way of visualizing this integrated approach to blood safety is to view the national voluntary blood donor programme as a shelter encompassing the community, serving the needs of the whole community and able to supply safe blood for anyone who needs it.

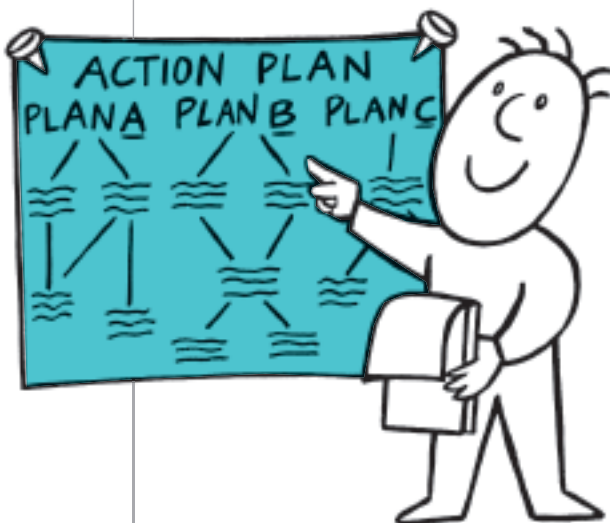
To help build this shelter, you start with a foundation and the rest follows in a fairly logical fashion. But the important thing to remember is that the shelter may not be static: it needs to continue to give shelter even with changes happening constantly to the donor population. This calls for ongoing training and vigilance from all staff, together with careful management and education of all donors and potential donors.

### **An integrated strategy for blood safety through the establishment of a national blood programme**



The achievement of certain Millennium Development Goals (MDGs) relies on a safe and adequate blood supply. In particular, the goals to reduce child mortality, improve maternal health and combat HIV/AIDS are directly applicable. You have a role in the achievement of these goals and it is your own action plan that will serve as your guide. If you are in any doubt about the impact of safe blood in relation to these MDGs, refer to the story from Malawi in the Resources Section.

## 1.7 Taking action



The remaining modules of this manual will help you to develop a systematic campaign for a safe and sustainable blood supply in your own locality. Suggestions for approaches to donor information and education can be found in Module 2, while Module 3 is concerned with targeting specific groups. Module 4 discusses donor satisfaction and the need for a quality customer service towards donors. Module 5 looks at the benefits of working together and developing partnerships. Module 6 looks at very specific partnerships with young people, the donors of the future. Module 7 covers some aspects of the

management of the blood service concerning quality and efficiency. Its title 'Getting organized', could apply to each module but certain organizational aspects such as staff training, research and adequate resources are essential elements in ensuring you can implement your final action plan. Module 7 also brings together all the work that you do on the activities, encouraging you to go on to take action. The Resources section contains some useful information, and also stories from blood programmes around the world, serving as real-life examples of some of the points made in the manual.

Before going on to study these modules, take a look at what you can do right now to begin to take action.

Look back at the learning objectives at the beginning of this module. The first four objectives are knowledge-based and will probably have served simply as a brief reminder of knowledge you already have. The last two objectives, however, are different because they are action-based and are designed to help you in the early stages of developing an individual action plan that only you can monitor and evaluate. We can make suggestions about the kind of action you should consider taking but it is your own responsibility to set priorities and to take the most appropriate and relevant action in your own individual circumstances.

Consider your responses to the activities in this module. The activities were designed to help you assess your current awareness of blood safety issues in your own country. If you feel that you need more information, now is the time to find it. It may be difficult to get all the facts and figures that you need but try to get as clear and broad a picture as possible. Much of the data that you gather will be of use in information and education campaigns, as well as giving you some statistics against which you will be

able to measure your own performance in the future in the recruitment of voluntary, non-remunerated blood donors. Your input, no matter how small, no matter how large, will also impact on the global situation which, as you will note from the chart below, shows the incremental improvements towards 100 per cent voluntary blood donation.

## Blood donations: voluntary versus paid/family replacement

(global data using Human Development Index)

	Low HDI Developing countries	Medium HDI Developing countries	High HDI Developed countries
Voluntary, non-remunerated blood donors	31%	40%	98%
Family/replacement donors	61%	41%	2%
Paid donors	8%	19%	0 or tiny %

## Action planning

Look back to Activity 1—1 where you described your own role in the blood service. Now, note down your initial ideas about action you could take to strengthen the recruitment of voluntary, altruistic, non-remunerated blood donors in order to improve the safety and adequacy of the blood supply. You can add other suggestions of your own based on any information discovered during your reading of Module 1. The list which follows is simply a guide or checklist for you to build on. A similar Next Steps is added at the end of each subsequent module. Collectively the items you put into these activities become the building blocks for your final action plan, containing goals for recruitment and retention.

A list remains a list unless you take steps to implement the ideas contained in it. A good plan takes account of the financial, organizational or staffing constraints within which you will need to work. It also means considering what the results might be and how you are going to apply them to best effect. Dates or times need to be added and some kind of review or evaluation put in place to ensure that the planning is effective.

The chart at the end of the module is simple, allowing you to add as much detail as you wish. As you progress through the manual you may find that you add ideas and information to earlier activities.

The Resources section contains some completed examples of action plans to act as reference points. You will also find there a sample self-assessment and guide used by the International Federation and addressed to National Societies involved in blood donor recruitment.

# Module 1

Activity	Data, statistics, comments, ideas, suggestions, action to take, resources needed	Timeline
1-1: Your blood service		
1-2: Transfusion-transmissible infections		
1-3: Safety measures		
1-4: Paid, family/ replacement and voluntary donors		
1-5: Blood supply		

## Next steps

Aim: to find ways of working more effectively towards the promotion of voluntary, altruistic blood donation by helping you assess your current awareness of blood safety issues in your own blood service.

## Moving forward

Finally, as you go on to the next module, keep in mind the action that you want to take to improve the recruitment and retention programme. No matter where you work, or in which capacity you operate, you have the opportunity to make changes. We are expecting you to make a difference, to help make an impact on the areas listed in the chart above.

# Spreading the word

2



The purpose of this module is to highlight the importance of ongoing, up-to-date information and education campaigns for the recruitment and retention of voluntary, non-remunerated blood donors. Education and the marketing of the blood service are inextricably linked. Those working at any level within the blood service should treat education and marketing as professional disciplines, requiring research, planning and evaluation, as well as a dedicated budget.

## Learning objectives

When you have completed this module, you should be able to:

- use social marketing techniques to develop an education and marketing plan for the recruitment and retention of voluntary, non-remunerated blood donors
- make effective use of different communication methods to inform and educate the public and motivate them to become regular, voluntary, non-remunerated blood donors
- assess the efficiency and effectiveness of your blood service's donor education, motivation and recruitment activities

## 2.1 Education and social marketing

Around the world, approaches to the education and recruitment of voluntary, non-remunerated blood donors vary enormously. In general, however, successful recruitment occurs as a result of well-planned marketing and education campaigns that are firmly rooted in the culture, attitudes and expectations of the country's population. What works in one country may need to be adapted to work in another.

With knowledge of what is likely to work in your country, your campaign will have a solid foundation. With sufficient background information, you will be ready to develop an education campaign and marketing plan that is relevant to your own country and your own situation. This module gives you the background and guidance to do just that.



# Module 2

## Social marketing

Social marketing is a term implying that the product or service being marketed, such as blood donation, has a social relevance. Social marketing strategies usually aim to persuade people to change their behaviour patterns. In the case of the recruitment of voluntary, non-remunerated blood donors, social marketing may be used to reinforce existing positive attitudes towards blood donation, as well as to change more negative attitudes and behaviour.

Social marketing implies much more than 'selling'. A process of information, education and motivation is needed to change attitudes and behaviour. In the context of voluntary, non-remunerated blood donation, education and recruitment are totally interrelated.

Where the focus is heavily slanted on *education*, an interesting phenomenon can occur. The culture thus created can result in a situation where potential donors take a powerful stance by declaring "*you need us*". This does not mean that the task of donor recruitment becomes redundant, but through social marketing it can become easier.

Good social marketing is based on research. It is well planned and has clear, measurable objectives. It is undertaken in such a way that its results and impact can be evaluated.

The basic steps in the social marketing and recruitment process are:

- **situation analysis**
- identification of target markets
- **market research**
- development of an education campaign and marketing plan
- evaluation of the impact of education and marketing

Following these steps will enable you to develop an effective donor recruitment campaign that will reflect local differences in culture, attitudes and behaviour, as well as requirements for information and education.

## Situation analysis

The main purpose of a situation analysis is to obtain wide-ranging information from a variety of sources that helps you both to place your organization in context (the local culture, environment and needs), and to examine its strengths and weaknesses in order to determine the most effective and efficient use of scarce or costly resources.

The use of a situation analysis is examined in much greater detail in Module 7, *Getting organized*. For the purposes of education and marketing, you should analyse:

- the needs of potential donors for information and education
- the ability of your service to meet those needs

In order to do this, it is necessary to be familiar with your target markets and seek out potential donors who are most likely to meet defined criteria for low-risk donors. Resources are always scarce and targeting enables you to use what you have in the most efficient and cost-effective way.



You will also have to conduct some market research, examining your target audiences and their motivations and concerns, together with their requirements for information and education.

## 2.2 Target audience

A successful campaign for the education and recruitment of voluntary, non-remunerated blood donors will achieve:

- a lower risk of transfusion-transmissible infections in the blood supply
- an adequate and sustainable supply of blood

A safe and adequate blood supply depends on the recruitment of suitable donors.

### Suitable donors

‘Suitable’ donors are people who will meet the **donor selection criteria** at your blood centre. Selection criteria vary from country to country, but they are likely to include:

- minimum and maximum age
- weight
- basic health requirements

#### Activity 2-1: Donor selection criteria

*Check that you know precisely what the donor selection criteria are at your blood centre, and the reasons why they are imposed.*

*Keep a note of the donor selection criteria in the Next Steps section at the end of the module. These criteria, and an explanation of why they are so important, will be essential background information for your educational materials.*

An understanding of donor selection criteria and the reasons why they are so important is fundamental in planning effective education and marketing campaigns because they will underlie the messages that you promote.

### Low-risk populations

Donors who meet defined selection criteria are likely to come from low-risk populations. There are many people who live in a high-risk environment, such as those resident in malarial areas. There are others, however, whose personal behaviour may put them at risk of acquiring transfusion-transmissible infections. These people are a main target of education campaigns, designed to identify and publicize at-risk behaviour, in order both to encourage self-deferral or self-exclusion by unsuitable donors and to promote healthy lifestyles.

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At-risk behaviour includes:

- intravenous drug use
- sexual activity between males
- prostitution
- tattooing and blood rituals
- use of non-sterile sharps: for example, in the illegal circumcision of female children
- engaging in sexual activity with other people involved in risk behaviour of any kind

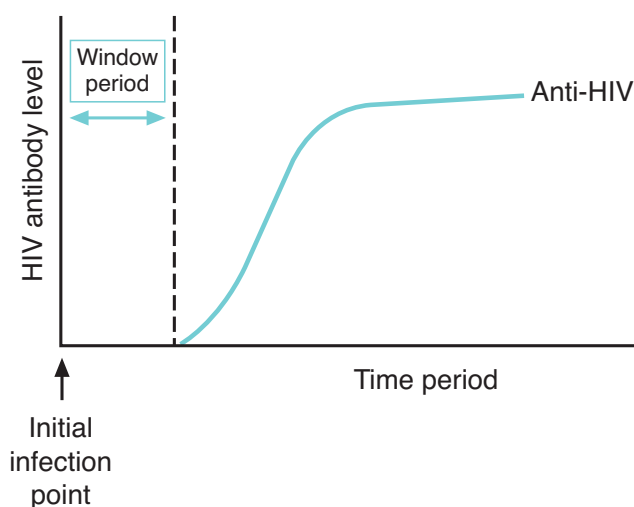
## Activity 2-2: At-risk behaviours

*What are the most commonly practised at-risk behaviours among your local populations?*

*What are the most common reasons for potential donors to be excluded on the grounds of risk behaviour?*

*Keep some notes on risk behaviour in the Next Steps section at the end of the module. Your findings will be important in targeting the right audience in your education campaign.*

The process of testing blood cannot guarantee the detection of transfusion-transmissible infectious agents. In the case of HIV, for example, there is a delay between the infection and the production of antibodies which are detectable in the blood. This delay, called the “**window period**”, gives a risk of infection via transfusion even when blood has been screened. Errors in laboratory testing and documentation can also contribute to the use of unsafe units of blood.



In addition to the screening of blood, therefore, the selection of donors is an essential safeguard for any blood service. One without the other may open the door to disaster. It is essential to recognize the limitations of any donor recruitment campaign that does nothing to deter unsuitable donors from attending your blood centre. Remember that your goal is not to recruit donors but to recruit and retain safe donors.

The key to the recruitment and retention of low-risk blood donors is ongoing education of the local community, not only about the need for voluntary, non-remunerated blood donors but also about the importance of safe blood donation, risk behaviour and the reasons for stringent donor selection criteria.

## Building low-risk donor populations

Since a blood service requires healthy donors from low-risk populations for a good supply of safe blood, every effort should be made to support National Red Cross and Red Crescent Societies, national health authorities and other organizations in contributing to the gradual building up of low-risk populations. Programmes focusing on disease prevention, good nutritional practices, health promotion and healthy lifestyles all play a part in developing low-risk populations.

Understanding the importance of the safest possible blood donors means targeted recruitment in low-risk population groups. It may be that each group you target will have different needs for information and education or should be approached in a different way. Module 3 discusses some of the groups on which you might concentrate. Finding out about their different needs is the job of market research.

## 2.3 Market research

Learning all you can about your current and potential donors is an integral part of the responsibility of donor recruiters. Social attitudes and behaviour change all the time, with each generation, and you need to keep up with those changes. Finding out what motivates or demotivates people to donate blood will form an important basis for your messages.

### Beliefs about blood

Wherever you are in the world, blood has a very important cultural meaning. It is often seen as a life force, and as a symbol of family and kinship ties. It may even be equated with personality and appearance. There may be superstition that the giving of blood will weaken a person or cause infertility.

Throughout this manual you will see how important it is to be aware of cultural sensitivities and to design education and motivation campaigns to address any issues, and to provide accurate information.

Overcoming negative feelings about blood donation is a major step in any recruitment campaign. With correct planning and a good mix of education and information, sometimes over a long period, all barriers to blood donation can be overcome. The challenge for you is to find the key that will work in your culture or environment.

Demotivating factors for those who have never donated blood might include:

- lack of knowledge about the need for blood donation or what is involved in the blood collection process

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- fear of needles
- fear of the unknown
- religious beliefs
- myths and superstition
- tradition

First-time donors may be reluctant to return if the experience was unpleasant or they may lose confidence in the blood service after experiencing or hearing about supply problems or other negative factors.

Young people are likely to be better educated than their parents and may have quite different attitudes. You need to know if this is the case, as it will have an effect on your recruitment campaign. Find out what kind of information young people receive at school that could be built on. As an example, they may receive basic health education or information about the body and the way it works. You may be able to assist teachers to supplement this to focus on blood and its uses.

Do you know what motivates people to donate blood? Or what stops them from donating? Is it fear, ignorance, tradition - or simply that they have never been asked?

## Activity 2-3: Myths, fears and superstitions

*Within your own culture, what are the most common myths, fears and superstitions about blood? How are they likely to manifest themselves when you ask people to donate blood?*

*People from a variety of ages, gender and backgrounds may well have different feelings about blood donation. Consider people in your community who might be suitable as voluntary, non-remunerated blood donors, or who might play an influential role in motivating others to donate. Try to find out beliefs about blood from a good selection of people. You might start with:*

- teachers
- senior students
- factory and office workers
- religious and community leaders
- young people
- people from rural areas
- members of women's organizations
- members of sports and social clubs

*If you can, find out what these groups need to know before they consider voluntary blood donation. What are the most common questions they ask? What reasons do they give for not wishing to donate?*

*Note this information in the Next Steps section at the end of the module. Add to it as you discover other beliefs that may act for or against voluntary, non-remunerated blood donation.*

As part of any educational material, you will need to counter any negative beliefs. The collection of simple factual information for this purpose is part of your campaign. For example, if there is a belief that giving blood causes weakness in people and is bad for their health, you would wish to give the simple fact that blood is quickly replaced in the body, and that giving it does not harm your health in any way.

It may be possible to turn a negative or demotivating belief to the benefit of the blood service. In Bahrain, for example, Muslims who used to bleed themselves to commemorate the killing of the Prophet Mohamed's grandson on his memorial day each year now do so for a good cause – blood donation.

Add to the information you have noted on the Next Steps chart as you talk to people during your work and discover other beliefs that may act against voluntary, non-remunerated blood donation. This basic information will form the foundation of your education and social marketing campaign.

Modules 3 and 4 provide more detail on ways of gaining information about both the people who currently donate and those you would like to target. From all the information you collect, you can begin to put together some ideas about the educational needs of different target groups and develop a campaign that both meets the needs of your target audiences and uses your resources effectively.

## 2.4 Planning an education and marketing campaign

Good planning is the foundation of an efficient, cost-effective education and marketing campaign.

In order to meet the targets for blood collection, it is important to develop plans that set objectives and detail *strategies* and *tactics*. In this manual, we use the term strategy to mean an overall plan, such as “Recruit from different, low-risk target audiences”, while tactics are concerned with the various means of implementing the strategy.

### Objectives

Objectives will generally give a clear indication of your purpose, such as:

- What is to be achieved? Example: a 20 per cent increase in voluntary, non-remunerated donation over the next six months.
- What do we wish to establish? Example: a series of education campaigns that will target schools.
- What do we want to improve? Example: our donor education leaflets and posters.
- What would we like to develop? Example: a panel or register of regular, non-remunerated blood donors.

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## Strategy

Strategy is concerned with the question: What? It gives a broad picture of the direction your campaign will take, such as:

- the achievement of a 20 per cent increase in voluntary, non-remunerated donors over the next six months by targeting specific groups identified as being from low-risk populations
- the establishment of a series of education campaigns that will target schools by liaison with the education department, schools and public health officials
- an improvement in our collection of donor education leaflets and posters by researching examples globally and adapting them to meet our own needs
- the creation of a panel of regular, non-remunerated blood donors by offering customer service that exceeds donors' expectations

## Tactics

For each strategy there will be several tactics. Tactics are concerned with the question: How? They will cover: Exactly how will this be done? By whom? When? Where? How much can be spent? Having identified the tactics, the next step is to assign responsibility, timeframes, budget and performance indicators for each one.

An example of a plan of action giving the strategy and tactics is as follows:

**Objective:** To contribute to national efforts for the supply of safe blood through the recruitment of voluntary, non-remunerated blood donors (VNRBD)

Strategy	Tactics	Person responsible
Establish a health committee in the health service to include VNRBD responsibility	<ol style="list-style-type: none"> <li>1. Nominate members for the committee and develop terms of reference and health policy.</li> <li>2. Hold regular meetings of the committee members to monitor health activities including blood donation.</li> <li>3. Nominate a focal person for voluntary blood donation in the National Red Cross Red Crescent Society.</li> </ol>	
Conduct IEC (information, education and communication) activities on VNRBD in targeted communities	<ol style="list-style-type: none"> <li>1. Identify suitable target populations.</li> <li>2. Conduct focus group discussions in target population to identify knowledge, attitudes and barriers to VNRBD.</li> <li>3. Develop and pilot audience-specific IEC materials.</li> <li>4. Disseminate the IEC material to wider target population.</li> <li>5. Review the material on a regular basis.</li> <li>6. Celebrate World Blood Donor Day.</li> </ol>	

Good planning also implies the regular monitoring of outcomes in order to identify whether the objectives are being met as planned. A system for monitoring and evaluation will enable you to check whether defined milestones are achieved at the appropriate time and whether the plan is on track. It will also give an answer to the question: How will we know when we have achieved our objectives?

## Costs and budgets

As in every other part of the blood service, the continuous monitoring and evaluation of education and marketing campaigns is a valuable tool. Part of that monitoring will need to be concerned with costs and budgets.

Even if you do not have responsibility for the budget, it is important to understand the basis on which it has been calculated. The budget will take into consideration a number of factors, including:

- staff costs
- training of staff and volunteers
- equipment (such as a laptop computer)
- printed and other materials
- distribution of materials
- advertising: press, radio, television, cinema, SMS
- transport and accommodation for staff
- hiring of premises, refreshments, hospitality

It is important to recognize that the total costs will not alter very much whether the end result is the recruitment of one donor or 100 donors. Consequently, it is essential to ensure that the financial, human and physical resources available are used as efficiently and effectively as possible.

In the future, your priority will be to aim for maximum efficiency and cost-effectiveness in increasing the number of suitable donors. Remember that, while the *retention* of donors still has cost implications, it is likely to be more cost-effective than the recruitment of new donors.

Retention, however, has many more implications than cost. In general, the risk of transfusion-transmissible infections decreases with an increase in the retention of voluntary, non-remunerated donors. It is now generally accepted that the risk of infectious disease markers falls steeply in relation to the number of previous donations made.<sup>6</sup>

No effort should be spared in encouraging eligible donors to become regular donors. Retention is the key to an adequate and sustainable supply of safe blood. Education and marketing campaigns are just as important for donor retention as for the first-time recruitment of blood donors. Module 4 describes the excellent donor service that will help to keep them informed about how important they are to the programme.

<sup>6</sup> Wylie, Brenton. 'Which methods of donor recruitment give the safest donors?', *Malaysian K Pathol*, 15 (2), pp. 99-103.

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## 2.5 Preparing the ground

So far, you have been finding out about the education needs of both existing and potential donors. Education is needed both to prepare the ground for a new generation of voluntary donors and to ensure that current donors are aware of any new developments, such as shortages of particular blood groups or changes in the criteria for donor selection. Education is the foundation of a safe supply of blood.

Many people do not know what blood is used for and how it can save lives. Some people do not even know what blood does in our bodies. There are many myths and superstitions about blood, as well as traditions that may deter people from giving blood. In many cultures, for example, health and disease have traditionally been related to magic and supernatural causes.

It is likely, then, that people will need a variety of information if they are to overcome fear and ignorance and change their attitudes. History shows us that through the right kind of information even the most steadfast cultural beliefs about blood can be changed.

What kind of information is needed? Earlier on in this module, you conducted some research to identify common questions asked about blood donation and the most common reasons given for not donating. Many of the reasons given for not donating will be valid ones. Others, however, can be classified as *excuses*. Appropriate answers to common excuses, together with your responses to common questions, can support your education, motivation and recruitment campaign.

Depending on your specific situation and the population groups with which you work, you might plan education campaigns on various aspects of the following:

Main subject area	Topics
General health education	<ul style="list-style-type: none"> <li>■ The purpose of blood in our bodies</li> <li>■ Common blood-related diseases</li> <li>■ How transfusions work</li> <li>■ Alternatives to blood transfusion</li> </ul>
Blood safety	<ul style="list-style-type: none"> <li>■ Transfusion-transmissible infections</li> <li>■ Low-risk and at-risk behaviour</li> <li>■ The comparative risks of transfusion-transmissible infection among voluntary, non-remunerated donors, family/replacement or coerced donors and paid donors</li> <li>■ The comparative risks of transfusion-transmissible infection among first-time donors and regular donors</li> </ul>
Local relevance	<ul style="list-style-type: none"> <li>■ Blood-related infections that are endemic or widely known in the local community</li> <li>■ Myths or superstitions about blood and blood donation</li> <li>■ Patterns of blood usage in local hospitals</li> </ul>



Main subject area	Topics
About donors	<ul style="list-style-type: none"> <li>■ Profile of who can give blood</li> <li>■ Profile of who should not give blood</li> <li>■ Giving blood and the risk of contracting HIV, hepatitis or any other infection from the process of blood donation</li> <li>■ Required blood groups</li> </ul>
Experiencing blood donation	<ul style="list-style-type: none"> <li>■ The process of giving blood. Does it hurt?</li> <li>■ Will the process affect a donor's health? Will a donor feel weak afterwards or lose strength?</li> <li>■ How much blood will be taken?</li> <li>■ How does the blood regenerate?</li> <li>■ What will happen to the donated blood?</li> </ul>

## Deterring unsuitable donors

Some people are ineligible to be donors because giving blood could cause them discomfort or harm their health in some way. Others are ineligible because of the risk of transfusion-transmissible infections. The selection of donors therefore has, as its basis, consideration both of the voluntary donor *and* the patient in order to ensure no harm comes to either through the donation.

Finding a way of motivating potential blood donors, while at the same time deterring unsuitable people, is a challenge. Not only can a deferral be frustrating and disappointing for the person volunteering to give blood, it also wastes staff time and resources. It is therefore important to educate potential donors about any reason why they may be unsuitable so they do not attend the blood centre. If a donor fails to meet selection criteria, careful counselling is required to explain the reasons for temporary or permanent deferral.

### Activity 2-4: Deterring unsuitable donors

*What kind of education and information campaigns would be appropriate in your country to deter unsuitable donors from attempting to give blood?*

*Make some notes about the kind of resources that could be used to educate the various populations about suitability and about high-risk behaviours, and transfer these to your Next Steps chart at the end of the module.*

## 2.6 Appropriate communication

We have seen that the two key factors in relation to donor recruitment are:

- 1 safe blood
- 2 an adequate supply of blood

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The knowledge of your audience that you have been building up through searching the records and undertaking market research will help you to select appropriate communication techniques to convey the importance of these two key factors, safety and adequacy, in the most effective manner possible. Knowing about the audience's most favoured form of communication is essential.

Messages about blood donation need to be:

- focused on a particular group
- clear and relevant
- attention-demanding
- interesting and appropriate
- creative and challenging
- demanding a response

In order to do this, you need to consider a number of questions.

1 What is your chief purpose in sending this message?

You may have a number of aims, but do not fall into the trap of trying to achieve too many objectives with one message. Keep the message simple and relevant. Some examples of purposes for a message are to:

- change general community attitudes to blood donation
- inform about who is eligible to donate blood
- promote positive attitudes to donation among school students
- attract young people to give blood on their first eligible birthday
- recruit more women as donors
- explain the reasons why payment cannot be made to blood donors
- encourage existing donors to attend the blood centre on a regular basis
- inform about the location of blood donation sessions, e.g. mobile units
- inform the public about new times/hours for donation
- develop a positive image of the blood service in the media

As you can see, these objectives fall into a number of different categories. Some are general, while others are more specific. Once you have a clear idea of the main objective, think about the target audience.

2. How well do you know your audience?

As we saw earlier in this module, it is necessary to find out as much as you can about your target audience, so that your message is appropriate and attractive to its recipients.

3 What is the most appropriate timing of the message?

To answer this question, the message needs to be set in its context. A message that attempts to change general community attitudes to blood donation may well have to be promoted actively over a long period, with the message staying almost continuously in the public eye.

A message aimed at informing people about the location of a mobile unit session should be scheduled at exactly the right time and be there long enough to be received by the target audience, but it should then be removed once the session has taken place.

#### 4 How and where will the message be delivered?

The choice of delivery method has to do with the target audience and the most favoured means of receipt of messages. It may be most appropriate to deliver the message orally, perhaps by giving a series of talks, or it might be better to have a radio or television campaign. Your knowledge of audience habits, the local culture and environment will inform your decision.

Key public settings are often the most appropriate for leaflets and posters. You might consider, for example:

- schools and community centres
- religious buildings
- entertainment centres
- medical centres or clinics
- shopping malls
- sports venues

The support of key public figures would also be useful. For example:

- political leaders
- religious leaders
- physicians
- teachers
- traditional healers
- tribal leaders
- sporting heroes
- personalities from the world of entertainment

It is important to design your message so that the information reaches the right public in the most effective way. Your objective is not only to recruit blood donors but also to educate everyone about donor selection criteria. You do not want a large number of people to turn up, only to be rejected or deferred.

## Advertising principles

Professional advertising companies use many techniques that could be of benefit to donor recruiters. The following general principles of advertising may be useful in planning your own advertising campaign:<sup>7</sup>

#### 1 Keep it basic

Link and equate the product with the most potent and relevant human needs. Isolate basic, grass-roots human want by exploiting the profound human drives of sex, power, status, security, shelter, comfort, sense of belonging to family, the need for love, acceptance, approval, and so on.

#### 2 Use heart not head

Communication between humans is usually emotional. Effective, long-lasting advertising is visual and emotional, rather than logical, literal and rational. Music and pictures have a more emotional effect than words.

<sup>7</sup> Special thanks to Publicis Communication Pty Ltd, South Melbourne, Australia.

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- 3 Reinforce feelings already held  
The job of advertising is often not to convince or persuade but to reinforce, nurture and bond. Advertising usually works best when it reinforces feelings already held. It avoids exercising pressure.
- 4 Be friendly and warm  
Use the familiar, colloquial street language of ordinary people. Cultural specificity is essential: it has to fit comfortably into local culture.
- 5 Be sympathetic to the medium of delivery  
Advertising should be in harmony with the essential character of each medium. Advertising needs to adjust in each case to the framework in which it will be seen or heard.
  - Television is entertainment-driven. People use it to relax, amuse and distract themselves.
  - Radio is intimate, amusing, private and personal.
  - Newspapers and magazines are generally more logical and literal.
  - The internet often demands audience input to have impact.
  - SMS text messages need to be snappy and immediate.
- 6 Use slogans and endless repetition  
Great advertising campaigns have a slogan, which often becomes part of the colloquial street language. If your advertising is designed to appeal to the emotions, it can be repeated frequently to increase the emotional arousal. 'Safe blood starts with me' is a simple, but effective, emotional message.

You might consider a theme that runs through all your advertising. As an example, think about how you might use the concept of the bloodstream. For example:

- Personal bloodstream: The purpose of blood in our bodies and what it does. How it sometimes breaks down or needs help.
- Community bloodstream: The right of everybody in the community to safe blood, and the responsibility and privilege of all to supply it.
- Cultural bloodstream: How tradition and culture affect perceptions and practices related to blood.<sup>8</sup>

## Applying advertising principles to your audience

With this information from professional advertisers and your own knowledge in this area, you can draw some implications for donor recruiters who want to use advertising as part of their communication campaign.

Where advertising is used to 'preach to the converted' in order to reinforce the message of the need for regular donation by low-risk donors, it can be used as a major tool for improving donor retention rates. With an ever-shrinking pool of eligible donors, advertising should become an everyday tool to strengthen the bond between the blood service and existing donors.

<sup>8</sup> Adapted from work pre-1995: Australian Red Cross Blood Service.

Great care should be taken when using advertising to recruit new donors. ‘Emotional’ advertising, designed to help evoke an uncritical emotional response, may result in a substantial increase in the number of people volunteering to give blood. However, it may also result in people who are ineligible to give blood coming forward, unless it is accompanied by clear messages about the vital importance of blood safety and the criteria for suitable donors. At the same time, it is important to avoid creating negative attitudes towards blood donation among people who would not meet the selection criteria by implying that they are deficient or undesirable. Even if they cannot be accepted as donors, they can still play an important role in promoting blood donation.

### Activity 2-5: Attracting regular donors

*You are in the process of developing a campaign to appeal to existing donors to become regular, voluntary, non-remunerated donors. How would you use advertising principles to underpin your campaign and to appeal to humanitarian motives?*

*Make some notes on your ideas and add these to your Next Steps chart at the end of the module.*

## 2.7 Evaluating campaigns

A commitment to evaluation really starts at the planning stage of any well-organized donor education strategy. Evaluating inputs, outputs and outcomes will help you to assess whether your planning strategies are efficient and effective and whether you are making the most of your limited budget. This will provide essential information for planning the next campaign.

Evaluation starts with the measurement of performance against objectives. For example, did your campaign lead to the recruitment of the planned number of voluntary, non-remunerated blood donors? Did you keep within the agreed budget?

### Input, output and outcome

Your *input* involves campaign planning and the amount of time and money that were spent on the campaign before implementation. Aspects for evaluation might include:

- key objectives
- key messages
- communication channels
- materials

Evaluating *output* involves measuring whether or not the messages were communicated appropriately and were therefore the right messages for the right audiences. Indicators might include:

- number of messages sent, for example brochures distributed or total circulation of electronic broadcast

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- number of messages received
- number of people who responded positively to the messages

*Outcome* is where you can assess effect against the planned objectives. This might include indicators such as:

- changes in attitude
- number of new donors attending a blood centre
- donor retention rate

## Keeping records

Basic record-keeping is the foundation of your ability to measure and evaluate efficiency and effectiveness. Recording data such as donor attendance is obviously important, but just as important are detailed records of print production, advertising and other education and marketing activities. Information needs to be collected which will help you answer two basic questions:

- 1 Was the message communicated appropriately?
- 2 Was the message accepted?

With the development of your own indicators for future campaigns, you can ensure that appropriate records are kept which will help you to answer these questions.

You should note that some campaigns, such as an educational/recruitment exercise conducted in schools, may take years to show success indicators. The time element must be taken into consideration when you are selecting indicators for evaluation.

## Using data from evaluation

The data that you have collected should then form the basis of a more subjective investigation that answers the questions:

- If the performance was not as planned, what went wrong?
- If the performance was as planned, how can we improve on it next time?

Clearly, the major purpose of evaluation is to generate information that will help you to improve the service you provide in the future. Simply measuring success or otherwise is not sufficient. Once you have your measurements, a period of analysis and reflection is required. You need to ask yourself what lessons can be learned from the evaluation. How can success be enhanced even further? Why did certain aspects of the strategy not work as well as anticipated?

In addition to being a tool for the continuous improvement of your work, evaluation also provides important information when you seek financial assistance and funding. Records of each phase of a campaign, and the costs of each activity, provide good evidence when submitting requests to prospective funding agencies.

## 2.8 Taking action

Look back at the learning objectives at the beginning of this module:

- Use social marketing techniques to develop an education and marketing plan for the recruitment and retention of voluntary, non-remunerated blood donors.
- Make effective use of different communication methods to inform and educate the public and motivate them to become regular, voluntary, non-remunerated blood donors.
- Assess the efficiency and effectiveness of your blood service's donor education, motivation and recruitment activities.

Each of them builds on knowledge of effective marketing techniques to underpin the education requirements of your potential donor population.

A general overview of the areas covered by the module is given below:

- donor selection criteria
- at-risk behaviour
- myths, fears and superstitions about blood and blood donation
- common questions asked about blood donation
- common reasons given for not donating blood
- costs of recruitment
- available information resources
- deterring unsuitable donors
- reasons for deferral and need for education
- “safe blood” messages
- targeting existing donors
- communicating positive messages
- evaluating education projects

### Activity 2-6: Strengthening recruitment via education and information

*Look back to Activity 2-4 where you determined the sort of education and information campaign that would be appropriate to deter unsuitable donors from attempting to donate blood. Now, note down further action you could take to educate and inform in order to strengthen the recruitment of voluntary, altruistic, non-remunerated blood donors. Your aim is to improve the overall safety and adequacy of the blood supply.*

*Keep your notes in the Next Steps chart at the end of the module.*

Remember what was said about ‘lists’ in Module One: “a list remains a list unless you take steps to implement the ideas contained in it. A good plan takes account of the financial, organizational or staffing constraints within which you will need to work....” You need to start now with some serious thinking about dates and times, and the implications of appropriate timing.

# Module 2

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International Federation of Red Cross and Red Crescent Societies

## Next steps

Aim: to find ways of working more effectively towards the promotion of voluntary, altruistic blood donation by providing the right kind of education, plus marketing in an appropriate way.

Activity	Data, statistics, comments, ideas, suggestions, action to take, resources needed	Timeline
2-1: Donor selection criteria		
2-2: At-risk behaviour		
2-3: Myths, fears and superstition		
2-4: Deterring unsuitable donors		
2-5: Attracting regular donors		
2-6: Strengthening recruitment via education and information		

## Moving forward

As you go on to the next module, which is concerned with the recruitment of target groups, you will need to bear in mind the education needs of each group. The information that you have gathered here will be of vital importance in providing the right kind of education, plus marketing in an appropriate way, to each of the target groups. Some of the ideas that you have put down here will go on to be of use in a number of different areas of your work. Keep adding to them, and reviewing the ideas and action that you have proposed.



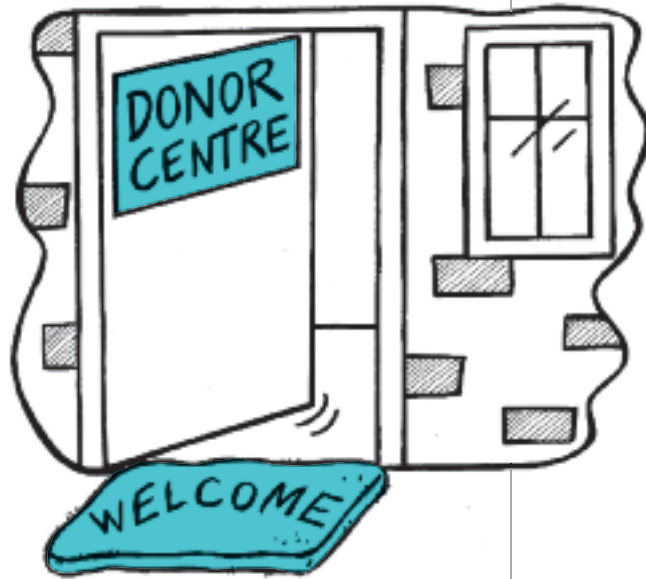
# Bringing donors in



We saw in Module 2 that donors who meet donor selection criteria are likely to come from low-risk populations, so these people are therefore your primary target. You have a dual responsibility, not only to solicit safe blood, but also to assist in the process of health education and disease prevention that will help to develop the low-risk factor in the future.

Within the low-risk populations that you can identify, there are two basic target groups:

- existing voluntary, non-remunerated blood donors
- potential new, voluntary, non-remunerated blood donors



We have seen in Module 2 that different target groups within your audience will have varying needs. Even for general communications there exists no single mass audience. If you are to be successful in recruiting voluntary, non-remunerated donors, your job is to find out what motivates each of your different groups and to develop appropriate strategies to reach them.

The purpose of this module is to help you identify target groups for donor recruitment and to develop strategies to reach each group. The approach is practical, with suggestions and ideas for you to try out, adapting them to suit your own situation and circumstances. Some of the stories in the Resources section provide real examples of targeted recruitment from around the world. While donor recruitment is an important activity, your ultimate aim is the retention of a panel or register of voluntary, non-remunerated blood donors. Strategies for the expansion of your panel are included.

## Learning objectives

When you have completed this section, you should be able to:

- identify different target groups from low-risk populations and develop strategies to reach each group
- identify ways of managing temporarily deferred donors so that they return to donate once the reason for deferral no longer exists
- identify ways of managing permanently deferred donors so that they continue as active donor recruiters
- identify ways to implement specific blood type recruitment
- develop a strategy to phase out paid and replacement donors and expand your panel of voluntary, non-remunerated blood donors
- develop a series of indicators to help you monitor and evaluate the effectiveness of recruitment campaigns

## 3.1 Existing donors

People who have already had some experience of the blood service are your first priority. It is generally recognized that the safest donors are *regular* donors. The incidence of disease markers decreases with the number of donations made.




Healthy adults can give blood regularly. In most countries, people can safely give blood several times a year. A regular supply is vital, as there is a time limit on how long blood and blood products can be kept, particularly platelet concentrates which can only be stored for five days after processing.

### First-time donors

The requirement for an adequate and sustainable supply of blood means that you need to encourage the first-time donor who meets the criteria for donor selection to become a regular, voluntary, non-remunerated donor. In Module 4, we will see the importance of the concept of donor service and donor satisfaction. The way in which the donor is treated on the day of donation is absolutely critical, and follow-up is equally important.

An example of a simple New Donor Satisfaction Survey Card is given below. This could be used in a variety of collection sites for blood donors to fill in after they have given blood.

The overall aim of using a strategy like this is to improve donor retention. You are communicating to donors that their comfort and convenience is important and that you respect their role. It is important to get the message across that donors matter and that their opinions are valued and feedback is used.

Dear Donor Please help us to evaluate how we performed today by ticking the appropriate box below.			Date
			
Staff pleasant and courteous			
Time taken for blood donation			
Overall experience of blood donation			
Facilities of an acceptable standard, comfortable, clean and attractive			
Staff professional, clean and tidy			
Adequate and appropriate post-donation refreshments			
Do you have any suggestions that might help us to improve the experience for you?			

The more research that is conducted into the motivation and experience of first-time voluntary donors, the more we will understand how to motivate them to donate again so that they will eventually become active, lifetime donors. It is, however, important to consider the balance needed between requests for information and intrusion into privacy and time. Being overloaded with surveys, questionnaires and telephone enquiries may demotivate donors. Any requests for information need to come with reassurance that the well-being of the donor is being considered.

Recognizing that factor, the following information would serve as useful feedback:

- motivation to donate first time
- recruitment experience
- donation experience
- post-donation experience
- re-recruitment or re-motivation experience
- preferred communication methods for recall
- obstacles/demotivating factors

Many donor surveys have been conducted by blood centres with a volunteer donor base in the last 25 years. Each study produced similar results. The main reasons volunteer donors cite for giving blood are:

- altruism or charity
- perception of community needs and social norms
- need for self-esteem or recognition
- awards such as certificates and small, non-cash tokens of appreciation such as badges or T-shirts
- social pressure

These then should be the basis of your messages.

## Regular donors

Regular donors are the mainstay of your blood service. As well as being essential to ensure an adequate, sustainable supply of blood, regular donors are usually the safest donors because they are well informed about the importance of low-risk behaviour in ensuring blood safety. They are also more likely to respond to appeals for blood donors in emergencies and crisis situations. Just because they already donate blood regularly, however, they should not be taken for granted. You need to ensure that they remain satisfied, and feel loyalty to the service.

Strategies that provide recognition and reward are useful here. Certificates, buttons, small ceremonies and the like might be used to recognize the tenth, fiftieth, hundredth donation, for example. Regular donors also need to be constantly consulted about the service being offered: its convenience and comfort, staff attitudes, and so on.

The development of donor clubs has been a very successful technique used in some countries. In Uganda, for example, donor clubs have contributed to an adequate supply of safe blood, while helping to decrease the incidence of HIV infection. Donor clubs can be used as a real incentive if there are clear benefits for members. Those benefits should be social and community-based, rather than financial or commercial. Treating donors as local heroes gives the idea of benefit to the community.

Incentives for donation will vary from country to country, but essentially the issue is about finding the correct balance. Recognition for donors is always acceptable, admirable and to be encouraged, but if the incentive is too big, the same risks as to paid or commercial donation will apply.

Surveys over the last 25 years have shown that the reasons for repeat donations change over time, as voluntary donors continue to give. The more times a donor is asked to give, the more likely he/she will be to give again without being asked. Internal motivators such as altruism and personal commitment begin to replace the external motivators such as rewards and the need for recognition.

Altruistic behaviour can be cultivated. Long-term strategies may include the blood centre itself setting an example by becoming involved in local community matters beyond its immediate role in health care. Blood programme staff can themselves become role models in the community, helping to generate a spirit of altruistic behaviour.

Donors also consistently cite two factors influencing their decision to return:

- 1 blood centre collection staff behaviour
- 2 waiting time

We shall return to these issues in Module 4.

Donors expect an environment that is friendly and welcoming, as well as professionally competent. Basing your message on these kinds of expectations will help you to retain regular voluntary donors for life – in both senses!

## Deferred, retired and lapsed donors

The blood service has a responsibility for the care of all donors, including those who have been temporarily deferred and those who have retired or lapsed for some reason. The management of a donor panel or register also includes the management of inactive donors who can be encouraged to play an active role in donor recruitment, even when they themselves are unsuitable to donate blood.



It is well recognized worldwide that the most effective donor recruiter is a satisfied donor. The creation of recruitment campaigns, using existing donors who can be encouraged to bring a family member or friend along, is very often the start of longer-term recruitment efforts.

Lapsed donors often just need reminding that they have not donated for some time. It is important, however, to find out tactfully why they have lapsed. They may simply have forgotten, but equally they may feel dissatisfied or even angry because of poor service or a long waiting time at their last donation. They will need reassurance that whatever has upset them will not recur. The follow-up of all lapsed donors is a significant aspect of donor retention.

Temporary deferral, for whatever reason, may be demoralizing to the blood donor, and it is worth ensuring that the reasons are well explained, and that an invitation is given to continue with donation as soon as the donor is again eligible. You need to show clearly that you have the interests of the donors at heart and that you will value and respect their future involvement. Asking for help with donor recruitment may achieve this.

Among those who are permanently deferred, the challenge is to continue to generate loyalty and interest. They may be more than a little disappointed that they can no longer donate blood. Many people will be very upset and will need to be handled with tact and sympathy by the staff concerned. Ensuring that these people feel valued and useful is the first step in inviting their assistance in the future with donor recruitment. As the criteria for donor selection continue to tighten, there is a corresponding increase in the demand for proper management of ex-donors, and the promotion of new roles for them.

Strategies designed to encourage retired or deferred donors to become voluntary donor recruiters can be developed. You will know what is suitable in your own locality, but some suggestions are to:

- ask deferred or retired donors to take part in oral presentations about blood donation and to talk about the experience of donation
- create a special club of ex-donors and give them official roles to play at ceremonies such as donor award functions or in celebrations to commemorate World Blood Donor Day
- give special awards to ex-donors for introducing 10, 25 or 50 new donors
- design leaflets and posters that raise awareness that donors who are too old for blood donation are not too old to take part in recruitment activities
- organize a contest where retiring donors bring in new donors to maintain continuity
- ensure that those donors who are deferred temporarily are followed up at the appropriate time when they may be able to donate again

You may discover a number of possibilities for target-orientated recruitment using the services of ex-donors. Looking at occupations, locations, age and gender, for example, may help you to find an influential role for ex-donors in the recruitment of specific groups.

Be sure that you follow up those who have expressed interest in continuing to help the blood service. Your role is not only to recruit but also to nurture. By providing special roles for ex-donors, you are operating best practice in donor retention, maintaining

good relationships in the community and ensuring that all donors belong to the blood service, whether they are now donating blood or not.

## Serving special needs

One of the challenges in building up and maintaining a sustainable donor panel or register is to ensure that everyone, irrespective of their blood type, feels important and is encouraged to donate. Sometimes, however, a blood centre will have special needs, such as when type-specific donors are necessary, or for an **apheresis donation** programme. This requires a specialized form of donor recruitment.

Many blood services use direct mail and telerecruitment, while others rely on the personal approach from staff inviting selected donors to join the special programmes. Usually, this specialized form of donor recruitment will require the recruiter giving a very detailed description of the programme to the donor in order to help the decision-making process. Participation will depend as much on the availability of the donor's time as on the use of special motivation techniques used by the recruiter.

A major point here is that there is an ever-changing fluctuation in supply and demand, which highlights the importance of targeted recruitment. It is the only way to stay in control. Special appeals, for example for O negative blood or other specific blood types, can sometimes lead to an overwhelming response, with delays for donors at blood centres. Targeted recruitment is one solution to this problem.

Leaflets, information kits or newsletters distributed to donors according to blood type are sometimes used as appropriate vehicles to develop an appreciation among all donors concerning uses of their blood and the need for all types.

### Activity 3– 1: Donor communication

*You have seen that you need to target your communication activities appropriately to reach each category of donor, and even within each category to reach specific audiences. In the Next Steps section at the end of the module, make some notes about the kind of information you might want to communicate to:*

- *first-time donors*
- *regular voluntary, non-remunerated donors*
- *lapsed donors and temporarily deferred donors*
- *permanently deferred donors, including those who have retired*

*Add some notes on the feedback you want to request from these donors about the quality of the service and their experience of blood donation.*

## Donor call-up

### Direct mail

Direct mail may be an efficient and cost-effective way to solicit donations from known donors. Depending on the sophistication of your record-keeping system, your donor

base could be segmented in a variety of ways:

- type-specific donors
- first-time donors
- frequent donors
- lapsed donors

Specific messages can be developed to bring donors in when required. Using the advertising principles discussed in Module 2, existing donors can be encouraged to become regular donors by a mixture of ‘heart’ and ‘head’ messages. For example, ‘Thank You’ mailings can be sent to first-time donors with details of their blood group. ‘Happy Birthday’ mailings can be sent to encourage donors to celebrate their own birthdays by saving lives.

### Telemarketing

Telemarketing as a recruitment tool has a number of applications. It allows person-to-person contact in an efficient way, with the potential to build up personal relationships which are vital to the generation of loyalty and trust. Using the telephone to contact people is particularly useful in:

- retention and recall of active donors
- evaluation of donor service
- recruitment of first-time donors

In recruitment activities, for example, specific groups can be targeted, or people in selected districts can be contacted when a blood drive is to be held nearby.

There are a number of web sites where you can find information on direct mail and telerecruitment campaigns. You might begin with the site belonging to the Association of Donor Recruitment Professionals (ADRP). The site address is: [www.adrp.com](http://www.adrp.com). You will find a more comprehensive set of useful web sites in the Documents part of the Resources section, and should aim to add to this list as you come across useful sites.

## 3.2 New donors

Finding a safe and sustainable source of blood should be the main objective of every donor recruitment campaign. Surveys have found consistent reasons why people do not donate blood:

- not being asked
- fear of blood, needles or contracting HIV or another infection through the blood collection process
- not accepted as traditional activity within the culture
- medical disqualification
- not having time
- inconvenience

Many of these concerns can be addressed with the right messages directed to the target group. Note particularly the reason ‘Not being asked’. Very often, potential donors need only to be asked. ‘Not having time’ and ‘Inconvenience’ might involve reviewing the times and locations of collection sites, in order to see whether introducing a flexible schedule, which takes account of donors’ working hours, might help.



You should be sympathetic to people's reasons for not giving blood. Whatever those reasons are, with the right message at the right time, non-donors might still be persuaded to help out with donor recruitment.

We have seen that a major task is to define target groups. While there are a number of groups that have traditionally been regarded as likely to be safe, the situation is rapidly changing and is more complex than ever before. Different countries will have a different focus. Nearly all agree, however, that young people, who are the donors of the future, are a prime target. As the next generation of blood donors, it is important to educate them about blood donation, the need for safe blood and the importance of a healthy lifestyle. It may be equally appropriate in some countries, by contrast, to target older people. The focus must always be on low-risk populations.

Each target group will require its own individual strategy for recruitment. The requirement is to find out what is most likely to motivate, and what are the best means of reaching the target group with an appropriate message.

Young people are one of the easiest groups to reach, because they often tend to be 'captive' in schools and colleges.

Many examples of donor recruitment aimed at young people target a younger age group, as a long-term strategy to educate and to prepare for a future generation of regular, voluntary blood donors. There are also many donor education and recruitment programmes that target groups in secondary schools, colleges and universities. Any place where young people are gathered together can be used for promotional messages and recruitment activities. The creation of special donor clubs, such as Club or Pledge 25, where peer-to-peer promotion takes place, can be a very valuable exercise. You can find more information on Club/Pledge 25 in Module 6 of the manual and in the Documents part of the Resources section.

### 3.3 Phasing out paid and replacement donors

We know that the safest donors are regular, voluntary, non-remunerated donors from low-risk populations. Research from many countries shows that people who give blood freely and without financial reward have little reason to conceal information about their state of health and lifestyle that may make them unsuitable as donors. Their primary motivation is to help others and not to obtain personal gain, except the satisfaction of knowing they have helped to save someone's life.

Family or replacement donors, who give blood only when blood is required by a member of their own family or extended family, have proven to be less safe than voluntary, non-remunerated donors. This is because they may be under emotional pressure to donate when they are actually unsuitable because of the risk of transmitting infection to the patient. Family/replacement donors have a higher incidence and prevalence of transfusion-transmissible infections than voluntary, non-remunerated donors. This fact is borne out by figures from Ecuador (2007). A blood bank processing 30,000 units per year finds that the risk of finding a marker for HIV, hepatitis B and hepatitis C is almost twice as high in family/replacement donors



(0.48 per cent in voluntary, non-remunerated donors and 0.88 per cent in family/replacement donors).

A system of family/replacement donation often constitutes a 'hidden paid system' of blood donation because families may pay others to give the required number of units of blood. Paid donors have the highest incidence and prevalence of transfusion-transmissible infections.

Many countries are focusing efforts on switching from paid or family/replacement donors to voluntary, non-remunerated donors. The law and national policy on blood donor recruitment needs to reinforce this essential move.

In many countries, where the shift away from family or replacement donors to voluntary, non-remunerated donors has occurred, it has happened with government support. In developing countries, by 1999 only 16 per cent of the global supply of blood was donated by voluntary, non-remunerated, low-risk blood donors, and the figure has not improved dramatically since then.<sup>9</sup> If we are able to make a difference to that figure in the future, then all those involved in the blood service need to be strong advocates for a legal base to the system of voluntary, non-remunerated blood donation. You yourself may not be able to change the law but you can be part of a system that exerts pressure for changes to be made.

The task of convincing a population to give blood without coercion and without remuneration can be daunting. Remember, however, that you are not alone when faced with the complexities involved in the transition period from paid or replacement to unpaid, altruistic donation. Many others in the world are doing the same, and we encourage you to make use of the formal and informal networks arising from the ever more open communications between blood services everywhere, together with the increased cooperation between different organizations to achieve the goal of safe blood for all who need it. Module 5 will give you a useful overview of how working together can achieve better results than trying to achieve that goal alone.



## 3.4 Reviewing recruitment activities

Evaluation of your recruitment activities is essential if you are to ensure that your techniques are effective, both in terms of increased recruitment and retention and in terms of cost. You will need to set some targets and find ways of measuring performance against those targets. For measurement, good record-keeping is essential.

<sup>9</sup> WHO. *Global Database on Blood Safety, Report 2001-2002*.

Measurement indicators must be appropriate to the campaign, and should be considered during the planning phase. The kinds of indicators that could be used can be seen in the following chart:

Recruitment activity	Measurement indicator
Posters or leaflets	<ul style="list-style-type: none"> <li>■ Number printed</li> <li>■ Number circulated</li> <li>■ Associated costs</li> </ul>
Target groups	<ul style="list-style-type: none"> <li>■ Number of different messages</li> <li>■ Indicators that target group reached</li> <li>■ Response rate from different groups</li> <li>■ Increase in number of communities giving blood</li> </ul>
Communication	<ul style="list-style-type: none"> <li>■ Number of different channels used, e.g. television, newspapers</li> <li>■ Success rate of each one</li> <li>■ General enquiries received</li> <li>■ Associated costs</li> </ul>
Messages	<ul style="list-style-type: none"> <li>■ Popularity</li> <li>■ Recall of message</li> </ul>
Involvement of external people and organizations	<ul style="list-style-type: none"> <li>■ Number involved</li> <li>■ Success rate in terms of recruitment</li> </ul>
Targeting existing donors	<ul style="list-style-type: none"> <li>■ Response rate</li> </ul>
Targeting new donors	<ul style="list-style-type: none"> <li>■ Response rate</li> </ul>
Education and eligibility	<ul style="list-style-type: none"> <li>■ Increase in rate of eligible donors</li> <li>■ Number of donors who bring along a family member or friend to donate blood</li> <li>■ Number of family/replacement donors who become voluntary, non-remunerated donors</li> </ul>
Retention	<ul style="list-style-type: none"> <li>■ Increase in return rates of existing donors</li> <li>■ Response rate from lapsed donors</li> </ul>
Health education	<ul style="list-style-type: none"> <li>■ Decrease in seroprevalence of infection among blood donors</li> </ul>

A successful donor recruiter will live within a work ethic that accepts and appreciates evaluation as an essential tool that is designed to support and enhance the work. Good evaluation programmes can be used to support fund-raising and to educate. Evaluation can be short, medium or long term:

- Short-term evaluation: For example, checking over a six-month campaign how many first-time donors become repeat donors
- Medium-term evaluation: For example, finding out how well a particular slogan used over a long period is remembered
- Long-term evaluation: For example, identifying the number of new donors who attended as a result of a school education campaign.

Put simply, donor recruitment can be considered successful if an adequate supply of safe blood from voluntary, non-remunerated donors is always available. Systematic evaluation, however, means that the success or otherwise of recruitment can be measured against a variety of different factors. The more information you have, the better organized you can be the next time.

## Evaluating your own performance

Evaluation of a campaign with the kind of measurement indicators described above will give you useful information about recruitment activities that need to be taken into consideration when you are planning the next campaign. Added to this information should be an evaluation of your own time schedule and that of any other staff involved in campaigning. How much of your time was spent in direct recruitment activities, and how much in administration, troubleshooting, or internal communication? How can you make sure that the effort you expend on recruitment is reflected through improved performance?

You may well find that a substantial amount of your time is taken up in activities that do not lead to increased recruitment or retention of donors. This will depend on your work situation, locality, culture and tradition, but it is worth seeing if you can make small changes in order to concentrate on those tasks that do lead directly to the main challenge of recruitment and retention. You may not easily be able to make changes but you can do something about your own attitude and commitment to the tasks you perform. Even small changes intended to improve matters will help in the primary goal of *making a difference*.

## 3.5 Taking action

This module gave you some practical ideas on the recruitment of different target groups. The learning objectives were designed to help you to build up information about your own potential donor population and develop appropriate strategies for recruitment:

- identify different target groups from low-risk populations and develop strategies to reach each group
- identify ways of managing temporarily deferred donors so that they return once the reason for deferral no longer exists
- identify ways of managing permanently deferred donors so that they continue as active donor recruiters
- identify ways to implement specific blood type recruitment
- develop a strategy to phase out paid and replacement donors and expand your panel of voluntary, non-remunerated blood donors
- develop a series of indicators to help you monitor and evaluate the effectiveness of recruitment campaigns

## Next steps

Aim: to find ways of working more effectively towards the promotion of voluntary, altruistic blood donation and the retention of a register of regular, voluntary, non-remunerated donors by helping you develop strategies to reach target donor populations.

Activity	Data, statistics, comments, ideas, suggestions, action to take, resources needed	Timeline
Activity 3–1: Donor messages <ul style="list-style-type: none"> <li>■ first-time donors</li> <li>■ regular voluntary, non-remunerated donors</li> <li>■ lapsed donors and temporarily deferred donors</li> <li>■ permanently deferred donors, including those who have retired</li> </ul>		

## Moving forward

While the recruitment of new donors is an important aspect of the service, the retention of existing donors is equally important, particularly if the twin goals of safety and adequacy are to be achieved.

Many of the ideas you have been investigating in this module will help retention and as such should continue to be developed and evaluated. A blood programme's quality management actually starts with blood donor recruitment and donor care, not with the technical details of blood collection and laboratory testing. This aspect is emphasized in the next module, when the idea of the donor as a customer is introduced, together with the concept of exceptional service to the donor. Recruitment without good service goes only halfway but equally, excellent service without effective recruitment techniques is not sufficient. It is your responsibility to ensure that all aspects of the blood service offer the very best both to blood donors and the recipients of their blood.

# Serving the donor

This module stresses the importance of high-quality donor care and positive staff attitudes towards blood donors. It also shows how the quality of the service being provided affects the recruitment and retention of voluntary, non-remunerated donors who are regular, committed and low-risk. It offers a practical approach to donor service, with suggestions for improving the interaction between staff and donors.



While recognizing that it may not be appropriate in many cultures to refer to blood donors as 'customers', the art of good donor recruitment has many analogies with what the discipline of marketing would call customer service. A customer is anyone to whom we provide a service. Blood donors in fact are very special customers. We value them greatly and we wish to give them the best service possible. Whether we use the term donor or customer, the concept is of a *hospitality* rather than a *hospital* mentality.

## Learning objectives

When you have completed this module, you should be able to:

- develop an attitude of good customer service to your blood donors
- introduce effective procedures to improve the service to your donors
- develop a system to ensure the continuous evaluation and improvement of your service to donors

## 4.1 Blood donors as customers

Major changes are needed to ensure a safe, sustainable and adequate supply of blood at all times in every part of the world. A vital change is a shift from paid and family/replacement blood donors to voluntary, non-remunerated blood donors everywhere. Ideally, all supplies of blood would be guaranteed to come from low-risk donors who give their blood freely and voluntarily on a regular basis, with understanding about the process of donor selection and blood collection and the importance of giving honest, accurate information about any factors that might make them unsuitable as blood donors.

These valuable donors will not simply appear, however, unless all staff in blood services everywhere help to make it happen. As a staff member, it is your responsibility to contribute to creating an environment in which it *can* happen.

You can begin by thinking about your donors and how they can best be served. Donors deserve the best you can offer. Are you currently giving it?

Customer service means caring for and valuing your donors, and thinking always of how best donors' needs can be met, while at the same time achieving your own objective of a safe and sustainable supply of blood in order to provide for the needs of the blood recipient. Both donors and the recipients of blood are your very special and highly valued customers.

Any organization that plans to provide superior customer service has to ensure that *all* staff are committed to the customer. Customer service should pervade every aspect of the blood service:

- The mission statement at your blood service should include customer service.
- Your job description and that of every employee should include customer service performance standards.
- Customer service should be assured through an effective quality system, including standard operating procedures for each process.
- Customer service should be a standing agenda item for every staff meeting at your blood service.
- The quality of customer service should be systematically monitored and evaluated and staff who provide excellent customer service should be acknowledged and rewarded.

In most countries, there are organizations that offer training in customer service. An initial introduction to the concepts and principles of customer service is useful in raising awareness of the need. However, the importance of a long-term, measurable programme that reaches every part of the blood service cannot be stressed enough. A programme designed to increase the quality of interaction between your blood service and its blood donors must be permanent and continually developing.

## 4.2 Commitment to customer service

### Staff motivation

The motivation of staff is a primary factor in the provision of an excellent service to donors. Poor customer service can often be attributed to poor staff morale. Common sense dictates that the higher the quality of interaction between your organization and its blood donors, the more likely it is to succeed. A sub-standard quality of customer service may well be the outcome of an unhappy workforce.

The ability of staff to deliver top-quality customer service is often directly proportional to the level of enthusiasm they have for their jobs. The way in which your blood service treats its employees will determine how your blood collection staff treat the donors on whom it depends.

The working environment, job security, opportunities for promotion, regular training and appropriate remuneration are all factors that can lead to, or detract from, job satisfaction. In general terms, a happy staff provides a happy service. Keeping staff motivation high is the first step in providing an excellent customer service.

One of the main ways of ‘making a difference’ through your work is to evaluate your own performance in the job. Remember the slogan of World Health Day 2000: ‘Safe blood starts with me’. You should be asking yourself all the time: How do I know I’m doing a good job?

There are a number of factors involved in ensuring the excellence of your customer/donor service. Your own motivation and morale, as well as those of other staff, is an important area for investigation. Staff who are well chosen, given support and encouragement and good training will perform well.

People, not buildings or equipment, are the greatest asset of a successful blood service. Attracting and retaining talented, creative, performance-orientated individuals is critical to any winning team. We will see in Module 7 how the skills and attributes of staff members are a vital aspect of a ‘service’ orientation and how training can help develop some of the necessary skills. Good staff are likely to demonstrate:

- sensitivity and concern for others
- dependability
- good judgement
- enthusiasm
- flexibility and adaptability

## Developing team spirit

A sense of belonging to a dynamic and successful team of professionals helps to keep motivation and commitment high. As well as continuing professional development in technical and medical areas, training in teamwork and team spirit is a way of developing an attitude of service to donors.

Having a strong and committed leadership, good communication between team members and recognition of a job well done will help team members feel proud of the team and proud of the service it provides.

## Responsibility

There is not a blood centre in the entire world that can honestly say one person did it all. This is true not only in the donor recruitment area, but in the entire blood service organization. Each and every person makes a contribution that helps it to achieve its goal, whether that is bringing in a donor for the first time or convincing group O donors to join the volunteer blood programme. Taking responsibility for your own work is a highly motivating factor and helps you to make your contribution to the team effort.

Our hospitals need blood for their patients and the blood service has a commitment to provide it – 365 days a year. The need for blood never takes a holiday. In order to meet



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this, the team in donor recruitment and collection must work together to create an environment in which the goal will be reached. If one idea does not work, then perhaps the next idea will. Pooling creative plans, sharing successes, supporting each other through failures – all these pull a team together.

## Recognition and credit

Gaining recognition and credit for achievements helps all staff to maintain motivation and high morale. A simple “Thank you” or “Well done” helps everyone involved feel valued. Recognition from management is important but it is equally important for each member of the team to recognize and value the contribution of every other member of the team.

Teamwork and team spirit are strengthened in work environments where the following happens:

- Recognition and credit is given to individual team members for a job well done.
- The team is kept informed and consulted on policy, procedures and progress.
- The team feels a sense of importance. Everyone is a special member of the team with his or her own unique expertise and talent.
- Teamwork is promoted by emphasizing the positive rather than the negative aspects of performance.
- Team members are given an opportunity to have their ideas heard and tried.
- Fair, just and consistent treatment gives a feeling of trust and security.
- Goals agreed for the team are realistic and achievable.
- The team receives credit for what it has accomplished.
- The team participates in decision-making.
- Feedback is a two-way process, with all members of staff able and willing to give and receive feedback.

## 4.3 Delivering excellent customer service



Our own expectations of how we like to be treated by people are probably no different from those of our customers, the donors. The difference between mediocre and excellent service often lies in the simple acts that please customers and make a positive statement about the organization.

Customer service skills are vital. Customer service must be very visible, with policies addressing the perspectives of all the people affected by it. This not only includes all categories of donors but also external contacts and staff. Regular training or practice in customer service skills should be encouraged among all levels of staff.

Every donor customer has two basic needs that must be satisfied in order to provide exceptional service:<sup>10</sup>

- 1 personal needs
- 2 practical needs



## Personal needs

There are three basic skills required to satisfy the personal needs of donors and to promote service beyond expectations:

- 1 Maintaining and enhancing self-esteem
- 2 Listening and responding with empathy
- 3 Asking for ideas and/or making suggestions

The chart below suggests some of the actions that staff can take in order to meet these needs, together with some phrases that demonstrate their commitment to donor service.

Basic skill	Action	Use phrases like:
1. Maintain or enhance self-esteem	<ul style="list-style-type: none"> <li>■ Treat the donor as an important person</li> <li>■ Praise and compliment the donor when appropriate</li> <li>■ Show your appreciation</li> <li>■ Be polite and courteous</li> <li>■ Be specific and sincere</li> </ul>	<ul style="list-style-type: none"> <li>■ That's a good idea</li> <li>■ I really appreciate ...</li> <li>■ Pleased to meet you (Mr, Mrs, Ms)</li> <li>■ Thanks for having that handy</li> <li>■ Congratulations</li> <li>■ I'm glad to hear that...</li> <li>■ It's good talking to you again</li> </ul>
2. Listen and respond with empathy	<ul style="list-style-type: none"> <li>■ Listen actively for facts and signs of how the person feels</li> <li>■ Respond to facts and show empathy for the donor's feelings</li> </ul>	<ul style="list-style-type: none"> <li>■ I can imagine how (disappointing, satisfying) it can be to...</li> <li>■ I can see why you feel that way. I'd feel... too, if the same happened to me</li> <li>■ Something like that happened to me once. I understand how you feel.</li> <li>■ It sound like you're (upset, happy) about...</li> </ul>
3. Ask for ideas and/or offer suggestions	<ul style="list-style-type: none"> <li>■ Ask for ideas, even when you have a good solution</li> <li>■ Use the donor's ideas when possible</li> <li>■ Avoid telling or demanding</li> <li>■ Involve the donor in identifying options</li> </ul>	<ul style="list-style-type: none"> <li>■ What did you have in mind?</li> <li>■ What would be helpful for you?</li> <li>■ How do you think we should handle that?</li> <li>■ Do you have any ideas?</li> <li>■ How would you like to proceed?</li> <li>■ May I make a recommendation?</li> <li>■ What if ...?</li> <li>■ Even though we can't do that, perhaps we could ...</li> <li>■ May I make a suggestion?</li> <li>■ Which would you prefer? ... or ...?</li> <li>■ This is what we could do</li> </ul>

These three skills will assist you in handling difficult situations and accomplishing less stressful, routine interactions more effectively.

## Practical needs

Recognizing and meeting donors' practical needs is a vital part of customer service. The following four steps should be taken:

- 1 acknowledge the person
- 2 clarify the situation
- 3 meet or exceed the need
- 4 confirm satisfaction

Basic skill	Action	Use phrases like:
1. Acknowledge the person	<ul style="list-style-type: none"> <li>■ Take care of donors promptly and courteously</li> <li>■ Explain procedures/delays</li> <li>■ Be respectful</li> <li>■ Make eye contact/smile</li> </ul>	<ul style="list-style-type: none"> <li>■ Good morning, afternoon, evening (Mr, Mrs, Ms)</li> <li>■ Welcome to...</li> <li>■ My name is... I'm pleased to meet/talk to you</li> <li>■ I'm sorry we're running a little late, but we'll try not to keep you waiting too long. In the meantime, would you like to...?</li> </ul>
2. Clarify the situation	<ul style="list-style-type: none"> <li>■ Define or clarify needs</li> <li>■ Show understanding and empathy</li> </ul>	<ul style="list-style-type: none"> <li>■ How may I help you?</li> <li>■ What can I do for you today?</li> <li>■ Can you describe the situation in more detail?</li> <li>■ Let me see if I've got this straight (provide summary)</li> </ul>
3. Meet or exceed the need	<ul style="list-style-type: none"> <li>■ If possible, go beyond what the donor is expecting</li> <li>■ Think of the donor first, last and always</li> </ul>	<ul style="list-style-type: none"> <li>■ I'll take care of that right away</li> <li>■ What I'll do is... Is that okay with you?</li> <li>■ Here's what I'll do</li> <li>■ Another thing we can do is... I'll call you back by...</li> </ul>
4. Confirm satisfaction	<ul style="list-style-type: none"> <li>■ Check to ensure donors are satisfied</li> </ul>	<ul style="list-style-type: none"> <li>■ Is there anything else I can do?</li> <li>■ Is that satisfactory?</li> <li>■ Does that take care of everything?</li> <li>■ If you have other questions, feel free to ask me</li> </ul>

## Handling difficult situations

Using your own interpersonal skills and the service skills helps you handle donor interactions effectively. By practising handling difficult situations you will be able to work with even the most challenging donors. This process will give you the power to turn a dissatisfied donor into one of your most positive supporters.

The angry, sceptical, unhappy or difficult person creates a unique and demanding situation for even the most experienced of staff. The following four skills will help you to deal with a dissatisfied donor:

- 1 hear them out
- 2 empathize
- 3 apologize
- 4 take responsibility for action

Blood service staff and volunteers must always remain calm and listen to the person's arguments or concerns. Having done this, they should try to find a point of agreement and relax the individual. Effective communicators distance the problem from themselves and the inquisitor by restating the problem, showing that they have understood and empathized, and clarifying the situation. Whenever possible, the successful communicator will terminate the discussion on a high note.

Basic skill	Action	Use phrases like:
1. Hear them out	<ul style="list-style-type: none"> <li>■ Allow the person to speak without interruption</li> <li>■ Listen actively</li> </ul>	
2. Empathize	<ul style="list-style-type: none"> <li>■ Show sympathy and understanding</li> </ul>	<ul style="list-style-type: none"> <li>■ I'm sure... was upsetting/frustrating</li> <li>■ It must be frustrating/upsetting to see...</li> <li>■ It sounds as if you're upset/angry about...</li> </ul>
3. Apologize		<ul style="list-style-type: none"> <li>■ I'm sorry you were inconvenienced</li> <li>■ I apologize for the situation</li> <li>■ I'm sorry it didn't meet your expectations</li> </ul>
4. Take responsibility for action		<ul style="list-style-type: none"> <li>■ I'd like to take care of this right away</li> <li>■ Let me call my supervisor and get some help</li> <li>■ I'd like to get back to you with some options</li> <li>■ I'll do everything I can to take care of this</li> </ul>

See also the sub-section on Donor feedback later on in this module.

Your life in this job is never dull. Many everyday situations become opportunities to provide extraordinary service. Donors demand and deserve the best and, if you want them to return, that is what you must provide.

## 4.4 Establishing the customer/donor service programme

So far in this section, we have looked at factors that are vital in a customer service programme: staff attitudes, motivation and morale and the customer's perspective. Other factors that are equally important include constantly seeking the views of

customers/donors and analyzing their questions and concern about the service element. Listening to the donor is a vital aspect of good customer service.

## Individual customer service evaluation

How do individual donors perceive the service provided? The best way to find an answer to this question is to ask them. You can do this by means of a small survey using:

- individual interviews
- telephone calls
- questionnaires

Talking to donors after they have given blood, or contacting selected donors the following day, can provide excellent research data. It will also demonstrate that the blood service is committed to their well-being, with the result that individual donors are more likely to be retained.

In order to cover a broad range of donor experiences, donors should be selected from all types of mobile blood drives, such as business or community organizations, and from fixed donor sites. The survey should also include donors from the beginning, middle and end-of-the-day's programme. Questions might include:

- How was our service when you donated?
- Were you thanked for your donation?
- What can we do to make certain you donate again?
- What additional services can we provide?
- Do you have any other comments you would like to make?

When required, additional questions can be asked which are designed to check their satisfaction about specific parts of the service. For example:

- Are the operating times of the mobile blood drive/fixed site convenient for you?
- Are the refreshments suitable for you? Would you prefer soup or something hot?
- Do you require additional information on blood donation?
- Did you feel that the XYZ campaign related to you personally?
- Do you feel that you receive adequate recognition for your donations?

### Activity 4-1: Donor satisfaction questionnaire

*Make some notes about the content of a simple questionnaire designed for individual blood donors immediately following donation. Start with what you need to know to ensure that the service being given is satisfactory. Note that a questionnaire needs to be easy to understand and fill in, and should not take the donor very long to complete.*

*Transfer your notes to the Next Steps section at the end of the module. When you have an opportunity, design your questionnaire and try it out with donors. Make sure that you review its usefulness and amend it as required to suit circumstances.*

Even if a customer service programme is running well in your blood service, and donors appear to be satisfied, further improvement is always possible. Providing excellent service means providing 100 per cent all the time.

You may find through your research that there are clear gaps in the quality of the service that you give to donors, or you may note some small improvements that could be made immediately. You are likely to be able to identify a number of areas throughout the blood service where even small changes will lead to improvement.

Care should be taken when conducting surveys that there is a possibility of being able to do something to improve the service being surveyed before going ahead. Asking questions sets up expectations that the blood service will act on responses.

## Communicating customer service expectations to donor staff and volunteers

The provision of clear information in job descriptions about expected performance in customer service is essential in ensuring effective interaction between blood donors and your blood service.

Here are some examples of the responsibilities of staff for delivering exceptional customer service. Although your own work environment may use different titles for these jobs, the functions of staff will be approximately the same. You can adapt them to suit your own situation.

Staff	Responsibility
Phlebotomist (registered nurse/team leader)	<ul style="list-style-type: none"> <li>■ To assume total accountability for donor staff/volunteers in terms of conduct and customer/donor service in general</li> <li>■ To ensure that staff are familiar with defined procedures and follow them correctly</li> <li>■ To ensure that blood donors are greeted enthusiastically on arrival at a donation venue</li> <li>■ To ensure that staff make use of the opportunity to motivate the donor to donate blood voluntarily on a regular basis</li> <li>■ To identify the training needs of staff and volunteers and be proactive in recommending donor staff for further training/counselling, in the interests of offering excellent donor service</li> </ul>
Donor assistant/donor attendant/donor clerk	<ul style="list-style-type: none"> <li>■ To follow procedures correctly in all aspects of donor care</li> <li>■ To care for the needs and wants of blood donors and take a genuine interest in their well-being throughout the donation process</li> <li>■ To play a part in ensuring a pleasant and productive working environment</li> <li>■ To set an example for new staff and volunteers</li> </ul>

In addition, general guidelines for all donor staff/volunteers can be provided. As an example:

#### All staff

- **Greet the donor.** Smile and introduce yourself and ask if you can sit down and review their donation experience. Ask “How was your blood donation experience?”
- **Be a good listener.** What the donor has to tell you is important
- **Clarify** what the donor is telling you. Make sure the message is clear
- **Apologize** when the circumstances call for an apology. Always be caring and thoughtful
- **Notify** the appropriate supervisor/manager when bad customer service occurs. This will help them to identify what action is needed to prevent it from recurring in the future
- When good customer service is recognized and praised by donors, **thank them** for having done so
- Try to **build relationships**. Create a bond by getting to know donors
- Frequent contact and common ground generally build relationships

Customer-relation skills are as important to the effective running of a blood programme as traditionally-valued clinical and clerical skills. A donor is more likely to remember a rude staff member long after the memory of a painful bleed or misplaced paperwork has faded. A bruised arm heals faster than a bruised ego.

Each donor must be warmly greeted on arrival. The importance of a friendly, immediate greeting should be acknowledged by management and included in staff-performance goals. As the donor comes into a blood drive or into the centre, even a simple “Thank you for coming, we’ll be with you in a moment” will suffice if all the staff are extremely busy, but some immediate acknowledgement must be made. In the blood centre, all personnel are charged with the responsibility of creating a positive customer-relation programme.

Conversations in the donor venue should be focused on or, at the very least, involve the donor. As long as confidentiality can be maintained, the conversation should include several donors and foster a real sense of camaraderie. Some staff may need encouragement or even coaching, to create a ‘conversation circle’ atmosphere. This skill, as part of an acknowledged blood centre customer-relation goal, can gain as much as any other evaluated job-performance skill.

While warmth and friendliness are important service skills, staff must also be able to inspire donor confidence through their professional demeanour and their knowledge. Questions that donors ask cover a broad spectrum, and you must bring a professional approach to both questions and answers. You may get asked questions as diverse as:

- What is haemoglobin?
- Which foods are rich in iron?
- What is haemolytic disease of the newborn?

An accurate and courteous response is required. If you feel that you do not have the knowledge to answer these questions yourself, you will need to know to whom you should refer in order to get the correct information. There are always likely to be some

questions that you cannot answer yourself. In those cases, part of the customer service responsibility is to have clear guidelines on whom to contact in order to obtain the information. You may have to tell the donor that you will respond as soon as possible, and give them the answer when you have found out.

## Convenience of times and venues for blood collection

A key factor in meeting the needs of the donor is to ensure that the times and venues of mobile blood drives and fixed site centres are convenient for the majority of existing blood donors and potential donors. Surveys, whether written or verbal, can be used to find out whether your service is operating at times that will allow your local population to attend with minimum cost and inconvenience. This is particularly important for donors who attend very frequently, such as apheresis donors.

Collection sites, both fixed and mobile, require:

- a visible and accessible location, convenient for the community it serves
- operating times that cater for all sectors of the community
- good signposting and advertising
- a clean, tidy, hygienic environment with adequate facilities
- homely, comfortable decoration, yet professional-looking
- involvement by the local community and its leaders

The importance of the venue cannot be stressed enough. While it is vital to ensure a hygienic environment, it is also important to create an atmosphere which is not so clinical that it deters many potential donors. A venue which is attractive to the local population is desirable. It might be, for example, close to a shopping area or a place where people meet together, reflecting your own local culture and customs. It needs to be easy to find, as well as convenient, and once donors are inside, it should make them feel comfortable and relaxed.

The scheduling of specific donation times for your donors, making appointments and confirming these appointments, is extremely beneficial to both the donors and the blood centre. This will enable the allocation of sufficient staff for each session in order to minimize waiting times and increase the comfort of the donors.



### Activity 4-2: Fixed and mobile collection sites

*In the Next Steps section at the end of the module, make some notes about fixed and mobile collection sites used by your service. What do you know about operating times and locations? Would you expect that these are convenient for the majority of the blood donors, or potential donors, in the community? How could you find out for sure?*

*Continue to collect ideas about the kinds of questions you could ask in a survey to find out about the suitability of venues and times. You might also consider asking about the comfort and attractiveness of sites.*

A change in the operating times, or in something as simple as the furniture at venues, might improve the total number of units collected at each venue but, without information from your customers, you will never know.

## Donor support and counselling service

Every blood service needs to implement a support system for its donors. Counselling should be undertaken by a competent, professional member of staff, who should be trained to assist, support and counsel blood donors who are concerned about issues such as their donation test results.

Good counselling is particularly important for those donors who come to donate blood, but are deferred for any reason. Depending on the reason for deferral, and your blood service's deferral criteria, donors may be either temporarily or permanently deferred. Deferral can have a devastating effect on the morale of the donor and if the reasons are due to serious health risks, the donors will need professional and sympathetic attention, as well as referral to a medical practitioner or counselling service, if required.

Particular care must be taken in the post-donation counselling of donors whose results are positive. The implications of positive results need to be conveyed to the blood donor in a simple, clear and professional manner, to avoid any panic situations. If appropriately trained staff are not available, the donor should be referred to an organization that can provide professional counselling.

## Confidentiality

Confidentiality is a key issue. A good relationship between a blood service and its voluntary blood donors comes from a clear understanding that the relationship is built on trust. Integral to this relationship is the donor's understanding that the results of blood tests and any information the donor may divulge to the blood service will be regarded as strictly confidential.

Consequently, staff must ensure that personal interviews with donors cannot be overheard and that donor records are kept secure. Staff have a professional responsibility not to talk about donors to other people and to maintain the right of each individual donor to privacy. Confidentiality can be compromised too easily and



staff must always think through any action to ensure that it will not break the trust between the donor and the service. As an example, letters recalling donors may fall into the hands of other family members or go astray.

If confidentiality is not ensured, the following situations might apply:

- During the pre-donation check, donors may not tell the truth about their health status or their recent risk behaviour if they think that the information will not remain confidential. This has serious implications for blood safety.
- Donors are less likely to return to donate again, as they will not trust the blood service.
- Donors are unlikely to encourage other people to become donors.
- A deferred donor may suffer victimization from the community if, for example, the results of tests become known.

## Donor records

Accurate, complete records of donors and their donations are an absolutely vital part of ensuring the safety and well-being of both donors and recipients of blood and enabling the traceability of donated blood. The minimum requirement is a record system containing donor-identification information, with details of each unique donation.

Donor records are also an important source of information for donor retention and for evaluating and improving the service.

- **Notifications:** Keeping accurate, up-to-date records of regular donors has a number of purposes. It enables their next donation date to be identified so that they can be recalled, using whatever means is appropriate. Donor records can also be used as the basis of a 'club' or 'family' membership.
- **Rare blood group donors:** It is important to keep records of donors with rare blood groups so that they can be contacted easily if blood of their group is required urgently.
- **Lapsed donors:** Finding out why regular donors cease to donate can provide valuable information for the continuous evaluation of the service. After establishing whether their blood is still safe, they should be encouraged to return to donate.
- **Deferred donors:** A record of permanently deferred donors is essential to prevent them from donating if they attend to give blood in the future. A record of temporarily deferred donors enables you to encourage their return once the date of deferral has been passed. All temporarily deferred or permanently deferred donors can be encouraged to assist your blood service in other ways, for example by encouraging family and friends to donate, by hosting mobile blood drives at their workplace, place of worship or community centre, or by educating their community on who should and who should not donate blood. See Module 3: Bringing donors in.

## Donor feedback

Feedback from donors should always be encouraged. Even in the best-run service, there will be occasional complaints from donors. If there is an official organizational policy

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on complaints management, donors can be assured that their grievances will not fall on deaf ears, no matter where they donate. Good customer service means listening to everyone and acting on what you hear.

The procedures that are defined in the policy on donor complaints should always be followed with the utmost care and attention to detail. This will ensure that if the complaint is taken further, good evidence is in place to protect both the blood service and the donor. Any complaints forms or letters concerning the complaint should be supervised and signed by senior staff members.

An example of a complaints procedure is as follows:

- A blood donor registers a complaint at a blood drive or collection site.
- The staff member who hears the complaint offers a definite follow-up in order to reassure the donor that the complaint has been heard and that something will be done about it.
- A complaints form (see example in the Resources documents) is filled in by the staff member.
- The supervisor or manager, or whoever is responsible for investigating complaints, looks into the nature of the problem, finds a solution and implements it. If appropriate, the donor is notified about what has been done. If an official apology is due, it is given as quickly as possible.
- The nature of the complaint is followed up in order to identify any action, such as staff training, that may be needed to prevent its recurrence.

Complaints of any kind, even if they prove to be unjustified, should always be followed up and action taken to put right what may be wrong. Customer satisfaction comes first if you are to recruit and retain sufficient voluntary, non-remunerated blood donors.

## Activity 4-3: Complaints procedures

*Make some notes about action that needs to be taken to ensure your organization has an official complaints policy and procedures. From your own knowledge, what are the most likely causes of complaints, and what needs to happen to ensure that these are minimized? Continue to collect ideas on this issue, and put them in the Next Steps section at the end of the module.*

It is often a good idea to install a suggestions box in a prominent place and encourage donors to put in ideas for improving the service.

Positive feedback from donors should equally be shared with all staff, as it is a motivating factor and good evidence of the quality of the service being provided.

## Promoting the blood service

If your blood service has a theme, motto, slogan, or logo, you need to ensure that this is always promoted during your customer service activities.

A theme needs to be relevant to the local community and to be instantly recognizable. Once it has been established, constant repetition is necessary to keep it in the public domain. Put your theme on posters, leaflets, buttons or badges worn by staff and donors, letterheadings and envelopes. Promote it constantly.

## 4.5 Customer service as a staff issue

All staff should be openly committed to the customer services programme. The concept of customer service is given value and worth if it is seen to be a staff issue and is discussed and reviewed on a regular basis.

Regular meetings of staff and volunteers to discuss customer service issues has the effect of showing:

- the importance of excellent customer service
- the interdependence of all staff. A customer service programme cannot work effectively unless all staff are committed to it
- the contribution that you and all the staff can make to the continuous monitoring and improvement of the service

Everyone at every level should be encouraged to contribute during these meetings. Some meetings could take the form of workshops or training seminars where, for example, role-play scenarios are acted out and discussion follows on what has happened.

Further ideas for the agenda for meetings are:

- findings of research and their implications
- challenges and a discussion of possible solutions to problems
- customer service matters, such as complaints
- action planning to improve the service
- training in new procedures
- setting of customer service targets and goals for a specific period
- discussion of how the concept of customer service can be applied in future events, such as campaigns or blood drives

## 4.6 Monitoring the service

Developing a customer service programme is only the first step in achieving success. The next step is the continual monitoring of the programme to ensure that it goes on meeting the needs and wants of the donor and is giving customer satisfaction. It is just as important to measure each aspect of customer service and to strive for continuous improvement as to monitor the technical skills and competence of staff. All members of staff can contribute to this cycle of continuous quality improvement by being aware of their own part in the service and of the small changes that they can each make.

Asking for people's opinions, comments and suggestions is a part of customer service, but can be counterproductive if not acted on. A quick response to feedback is required.

A system is needed to enable progress to be measured against objectives and against budget, using key indicators such as an increase in voluntary, non-remunerated donors, the number of donations at individual blood drives and a reduction in the seroprevalence of transfusion-transmitted infection in donors.

## Activity 4-4: Improving and monitoring customer service

*How good do you think your customer service programme is? Can you suggest ways of improving the service so that it meets the objective of excellence? How would you monitor the service to check that it continues to meet the donors' needs and wants in an exceptional way?*

*In the Next Steps section at the end of the module, put down some notes about improvements that might be possible in the short term, and how the service could be monitored to ensure improvements in the long term.*

For this task, you will need to consider many possible sources and kinds of information. You may be working with large numbers of staff, a substantial budget and many different blood collection sites. Or you may just be concerned with yourself and your small part in the whole service. The principles of evaluation are still the same. The main questions to answer are:

- How do I know I am doing a good job?
- What evidence can be collected to substantiate the claim to be providing a good service?

## Balancing efficiency with service

The push for 'efficiency', which brings with it every imaginable tool designed to improve efforts in this direction (regulations, procedures, manuals and so on), can sometimes seem to place greater value on production, documentation, inputs and outputs than on nurturing the special relationship that should exist between a voluntary, non-remunerated donor and the blood centre.

While productivity, inputs, outputs and so on are important, they should not distract attention from the very people whose gift of blood distinguishes their role from any other customer. A quality blood programme that does not look at quality from the donors' perspective will undermine all the best efforts of a donor recruiter. On the other hand, a programme that provides good customer service will necessarily be donor-focused and result in a boost in the number of regular donors.

Look at the ten myths about donor service and donor retention that follow. They are concerned with quality in relation to donor service. Compare them with the reality. You will find that every single one of the matters described in the chart needs to be addressed for good donor service.

The myth <sup>11</sup>	The reality
<b>1 Quality</b> – pay attention to quality and donor retention will take care of itself	Quality and service to donors are interdependent. You cannot talk about quality in a context that does not include donors without considering things from their viewpoint and without also taking them into consideration. A safe blood product is one part of the equation – a contented donor is the other
<b>2 Complaints</b> – good donor service is knowing how to handle complaints	The real aim should be to avoid donor complaints in the first place. A well-managed donor programme will see complaints as a means of evaluation and improvement
<b>3 The island</b> – if our donors are unhappy, we will shake up our donor supervisors and the complaints department	A well-managed donor service programme will ensure that everyone has responsibility for providing quality donor service. Too much specialization, with special departments set up to handle complaints, for example, can lead to staff absolving themselves from any responsibility
<b>4 Initiative</b> – our nurses and donor contact staff are paid to apply quality principles in all their procedures. They are not paid to think	Donor staff are the interface with the real source of supply and they must be empowered to make important decisions regarding donor needs
<b>5 Policy</b> – we need policies to shield us from the donor	Some donor programmes have donor service policies and procedures that are often used to protect the blood service from donors. Policies and procedures should be designed primarily to protect the patients' and the donors' interests
<b>6 Turnover</b> – high staff turnover prevents us from investing in good donor service people	This rationale becomes self-fulfilling as people who are treated like short-term commodities act that way. Whereas, if people are trained and motivated, they will become more productive and will stay longer because they enjoy their work more
<b>7 Selection</b> – don't worry about whom we hire. We'll train them later	Some blood services may consider donor service a low-level task that anyone can be trained to carry out. In fact, the selection and recruitment of these front-line personnel should be treated with as much care as the appointment of a scientist or medical officer
<b>8 Smile</b> – smile and the world smiles with you	Teaching people how to smile when working in donor service is only part of the story. Certainly a person has to know how to be pleasant and courteous with donors, but a great deal of other knowledge and skills are needed, which may be built over time
<b>9 The hero</b> – heroism in the line of duty is enough to change donor service behaviour	A donor may be very appreciative of a donor award at his/her fiftieth donation. But it is far more important for donor service to be consistently excellent and to meet or exceed donors' expectations all the time
<b>10 The quick fix</b> – good donor service is simply common sense	There is no easy road and there are no short cuts in the quest for excellence in donor service. For a blood programme to build a reputation on quality service, a change in attitude is needed

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# Module 4

## 4.7 Taking action

Since blood banking is a service-orientated profession, all our customers expect and deserve a high level of service from us. Meeting customers' needs by providing a consistently high level of service, therefore, becomes an issue with which you must deal, no matter the level at which you work or the kind of work you do. It is your responsibility to the donors to see that they receive the best service possible.

The learning objectives at the beginning of this module were designed to help you plan and deliver the best possible service, evaluate its effectiveness and work towards continuous quality improvement by:

- developing an attitude of good customer service to your blood donors
- introducing effective procedures to improve the service to your donors
- developing a system to ensure the continuous evaluation of your service to donors

As you have worked through the module, you may have identified quite a number of priorities to ensure improved customer/donor service. Now check through these priorities to see where you can act to make a difference.

### Next steps

Aim: to find ways of working more effectively towards the promotion of voluntary, altruistic blood donation and the retention of a register of regular, voluntary, non-remunerated donors by planning and developing a programme of good customer service, and a means of monitoring that programme to ensure its effectiveness and efficiency.

Activity	Data, statistics, comments, ideas, suggestions, action to take, resources needed	Timeline
4-1: Donor satisfaction questionnaire		
4-2: Fixed and mobile collection sites		
4-3: Complaints procedures		
4-4: Improving and monitoring customer service		

## Moving forward

We have seen how providing an excellent service is an important means of ensuring donor satisfaction and promoting donor retention. It is, however, difficult to provide an exceptional service if the organization within which you work is not efficient and supportive of you and your role. The organization also needs to take steps to form appropriate partnerships with other entities for mutual support and benefit. The next module demonstrates the importance of partnerships of all kinds, and the benefits of working together and learning from each other.





# Working together

5

Module

In health care, and more particularly in the area of blood donor recruitment, there is no clear path to overnight success. Achieving a safe blood supply and recruiting safe blood donors is a task that is impossible to do alone. The purpose of this module is to demonstrate that, both at the global and local level, organizations involved in blood donor recruitment and community awareness must contain people who constantly make progress towards 100 per cent voluntary blood donation *simply by working together and by learning from each other*. In the absence of any sort of linear system to achieve a global and safe blood supply, you must look for continuous improvement by learning from others, adapting what works elsewhere to suit your own circumstances and the constraints within which you work.

This module, then, describes some global initiatives which demonstrate effective partnerships at a high level, followed by ideas for implementing the same kind of partnerships at local level. An example is given of working with the media.

Complementary materials, including case studies on building partnerships, may be found in the Resources section.

## Learning objectives

When you have completed this module, you should be able to:

- identify elements of the global partnership between the International Federation of Red Cross and Red Crescent Societies and the World Health Organization (WHO) in their common goal of 100 per cent voluntary, non-remunerated blood donation
- identify the need to build local capacity by entering into useful partnerships with other organizations
- indicate a range of existing partners and extend your list by identifying new partners
- plan and conduct a simple exercise in building a partnership with local media
- develop short- and long-term strategies to work with partners within your own community, with the aim of ensuring a consistent daily supply of blood from voluntary donors
- identify those Millennium Development Goals (MDGs) where achievement is dependent upon partnerships in working towards safer blood supplies

## 5.1 Global partnerships at work

At the beginning of this new millennium, WHO and the International Federation joined forces in the year 2000 on World Health Day to emphasize the importance of the



individual in a global blood safety campaign. With the slogan ‘Safe blood starts with me’, ordinary people were reminded that they have a role to play in blood safety by leading healthy lifestyles. At that time, individual action was strongly encouraged as a good investment for oneself and the community.

In 2005, a landmark occasion occurred with the endorsement of World Blood Donor Day by the World Health Assembly. This event, now celebrated on 14 June every year, provides a suitable opportunity for all countries to pay tribute to voluntary blood donors and, in a spirit of global solidarity, to remind everyone of the special nature of their unique role in health care. World Blood Donor Day is thus a fine example of a special partnership achieving something remarkable at the global level. It happened because of common goals shared between the International Federation of Blood Donor Organizations, the International Society for Blood Transfusion, WHO and the International Federation of Red Cross and Red Crescent Societies.

In more recent years the International Federation and its key partners have extended the focus from individual responsibility, in the ‘Safe blood starts with me’ campaign, to a wider target audience, in order to involve other partners in a global initiative for blood safety. A broad range of potential partners is needed worldwide to promote and sustain the effort to achieve 100 per cent voluntary, non-remunerated blood donation everywhere, and to ensure access to safe blood for all. Partners might include governments, national health and education authorities, non-governmental organizations, the corporate sector and the media. They might also include the less highly visible: community groups, clubs and societies, schools and colleges, and individuals.

You can be confident that a new wave of global solidarity, involving you and your organization or community group, will strengthen the likelihood of realizing the vision of 100 per cent voluntary blood donation.

### Activity 5-1: Identifying partners

*Identify the partners you already have for your own organization or community group. In the top half of the chart below, list your existing partners and give a brief indication of their main roles. You might think about how these roles and responsibilities could be extended.*

*In the bottom half of the chart, try to identify potential new partners. You may wish to return to this activity once you have completed the module, but start by listing some ideas in the chart in the Next Steps section at the end of the module.*

Who are our existing partners?	Role and responsibilities
New partnerships	What can we ask them to do?

## 5.2 Emphasis on partnerships

Underpinning the efforts for safer blood through the establishment of partnerships at various levels is a strong belief in:

- commitment and support of national health authorities for a comprehensive blood programme
- a strong base of voluntary, non-remunerated blood donors
- the phasing out of family and replacement donation and elimination of paid blood donor systems
- the testing of all blood donations for transfusion-transmissible infections
- the safe and appropriate clinical use of blood
- the implementation of quality systems throughout the blood chain, from the education of blood donors to the transfusion of blood to the patient
- the education of physicians, health workers and the community at large

None of the above can be achieved working in isolation.

The recent partnership agreements between, for example, WHO and the International Federation exist at the global level, and the cascading down of such partnerships to grass-roots level can take time and effort. The global partnerships are, however, intended to help stimulate successful partnerships at country level. Moreover, they are designed to lead to partnerships with other key organizations so that national programmes and policies can be put in place to help improve the effectiveness and sustainability of national blood programmes.

For example, in May 2007, a Memorandum of Understanding (MoU) was signed to foster collaboration between WHO/AFRO and the International Federation. This MoU establishes the framework to develop and implement joint initiatives to support countries of the region in achieving *Health for All*, using the coordinated efforts of ministries of health, Red Cross and Red Crescent National Societies and WHO/AFRO offices in the countries. The collaboration is seen as absolutely crucial in HIV prevention, an area where safe blood will have an enormous impact.

At the local level, then, the International Federation has a strong focus on the improvement of health in Africa. The blood safety programme plays a large part in this. The MoU will support local cooperation between stakeholders in specific activity areas, one being the collaborative effort towards the achievement of 100 per cent voluntary, non-remunerated blood donation. Collaboration and partnership at the international, regional and country level are all major driving forces for a safe and adequate global blood supply. Communities can be a powerful influence on governments to accept change, especially in relation to blood programmes in developing countries. It is clear, too, that attempting to implement change without community support could result in failure. Effective change starts at the bottom and works upwards.

A strong reason for partnerships and networking is to ensure that specialized expertise and skills, often in short supply, become available to share among all partners. This way, organizations such as international agencies, commercial entities, community-based and/or non-governmental organizations can concentrate on their own particular expertise, relying on specialist help when required from their partners.

It seems quite clear that for global partnerships to be most effective, working together at grass-roots level must take place. The following list of strategies gives some idea of the kinds of issues that must be thought through and put into operation if appropriate. You should, however, look at the list critically. Discard what is not applicable to your situation. You should have confidence that you can follow up your chosen strategies and devote the necessary time to building up strong relationships with new partners.

Strategy	Activities
Identification of stakeholders	<ul style="list-style-type: none"> <li>■ Identify stakeholders:               <ul style="list-style-type: none"> <li>■ government, particularly ministries of health, education, finance, youth</li> <li>■ blood donor associations</li> <li>■ patient associations</li> <li>■ professional medical associations</li> <li>■ Red Cross and Red Crescent National Societies</li> <li>■ others</li> </ul> </li> </ul>
Identification of collaborators and partners	<ul style="list-style-type: none"> <li>■ Identify suitable, potential collaborators and partners at a local, regional, national and international level:               <ul style="list-style-type: none"> <li>■ other government departments, such as defence, sport, and transport</li> <li>■ community and service organizations</li> <li>■ sporting clubs and associations</li> <li>■ media</li> <li>■ education and training institutions</li> <li>■ professional associations</li> <li>■ corporate sector, including specialist concerns such as advertisers</li> <li>■ charitable or benevolent associations</li> <li>■ women's clubs and associations</li> </ul> </li> </ul>
Extend partnerships well beyond the health sector by exploiting the important sociological dimensions of voluntary blood donation	<ul style="list-style-type: none"> <li>■ Explore and implement appropriate linkages between the promotion of voluntary blood donation and other programmes tailored to the local context with the aim of demonstrating the role of voluntary blood donors in the wider context of health promotion.</li> <li>■ Research the benefits of voluntary blood donation for the future stability of society. The forging of bonds among volunteers who help through regular blood donation and/or donor recruitment is likely to increase a sense of common action, solidarity and general well-being.</li> <li>■ Engage local and national sporting clubs and sports personalities to become ambassadors for voluntary blood donation and link healthy lifestyle messages with blood donation.</li> </ul>
Formalize partnerships and clearly define roles and responsibilities and accountabilities	<ul style="list-style-type: none"> <li>■ Clarify roles, responsibilities and expectations of all partners, and make a formal agreement.</li> <li>■ Identify opportunities for sharing resources and skills.</li> <li>■ Develop joint plans with activities, milestones and expected outcomes.</li> <li>■ Negotiate and define the roles and responsibilities of any new partners in agreement with existing partners.</li> <li>■ Set goals jointly to ensure the full commitment of all parties.</li> <li>■ Include processes of evaluation to ensure partnerships work as expected.</li> </ul>

Strategy	Activities
Consider the financial implications of partnerships, and costing of services, skills, and so on	<ul style="list-style-type: none"> <li>■ Encourage local and district level contributions of all kinds to blood programmes through interaction with local business and interests.</li> </ul>
Provide advocacy to ensure voluntary blood donation remains a high priority among partners	<ul style="list-style-type: none"> <li>■ Share information with partners and identify synergies through the regular analysis of national data.</li> <li>■ Document key factors for the success and failure of donor recruitment and related activities and share these findings with partners.</li> <li>■ Keep partners up to date with international standards in blood programmes which have as their foundation 100 per cent voluntary blood donation.</li> </ul>
Keep abreast of research which focuses on voluntary blood donation	<ul style="list-style-type: none"> <li>■ Share scientific knowledge and evidence with partners to give them the tools to influence cultural and personal beliefs and values people hold in respect of voluntary blood donation.</li> </ul>
Include blood donor retention in emergency preparedness plans and contingency measures to protect vulnerable populations in times of disasters and emergencies	<ul style="list-style-type: none"> <li>■ Together with partners, develop emergency preparedness and prevention plans to avoid blood shortages in times of increased demand or emergencies.</li> <li>■ Develop and implement plans and funding for a pre-emptive campaign to ensure donor loyalty at all times, even in the face of epidemics or disasters.</li> </ul>

Applying all these ideas locally is your responsibility. As a starting point you may wish to consider some very practical areas where partnerships could help you. Begin by looking at how prepared your organization is for seasonal blood shortages. These tend to be a fact of life. Seasonal variations in the number of donors prepared and able to come and donate happen for many reasons: holidays, bad weather, special festivals. There is also the situation of blood shortages in times of emergency or disaster, whether natural or not. In these cases, collaboration and partnerships may be critical in safeguarding the blood supply.



### Activity 5-2: Seasonal blood shortages

*List some of the key partners available to your organization to help you address the following situations:*

- *During school holidays, when the number of young blood donors decreases.*
- *During major festivities when there is often an interruption to the regular supply of donors.*

*Make some notes on your ideas and transfer these to the chart in the Next Steps section at the end of the module.*

You may have thought of targeting schoolteachers to give blood during school holidays, or maybe having a link up with a radio station to encourage school leavers to give blood during their vacation. There are many other strategies used by blood services worldwide. Check out the Resources section for more ideas.

## 5.3 Building partnerships with the media

Media liaison is a highly specialized task, but one that is of the utmost importance for the support of the blood service. The internet, national and local newspapers, radio and television, for example, all serve the community by meeting their communication needs. Having the support of the media means that you can ask them to communicate *your* needs. In times of real emergency, the blood service may need to reach existing and potential donors very quickly. The media are not, however, useful just for emergencies. Forging a lasting relationship with the media means that you will have a channel of communication for all kinds of messages.

Developing a good relationship with the media requires the following steps:

- **Media education.** If media people know the issues facing the adequate supply of safe blood and the reasons that the blood service acts as it does, they are more likely to maintain their interest. Encouraging media people to become voluntary, non-remunerated blood donors themselves will help to forge a lasting relationship.
- **Understand what the media considers newsworthy.** Clearly, news that is of relevance to local populations or that has a local angle is of most interest. Human interest stories are always likely to be accepted.
- **Develop a press list.** Keep a list of media contacts and make sure it is kept up to date.
- **Contact media people personally and introduce yourself.** Ensure that they are invited to blood service functions. Ask media people to give a talk to staff about media requirements.
- **Prepare a press kit.** Understand how to issue a press release. Keep interesting and useful information to be used as background material.
- **Encourage the professional medical staff,** for example the medical director or senior doctors, to involve themselves in the media relationships. They might be asked, for example, to offer information on interesting developments in the field.



- Media people should know that their work is appreciated. Professional medical staff can help maintain good relationships with the media by assuring them that their efforts have helped the cause.

### Activity 5-3: Relationship with the media

*How could the relationship be strengthened between your blood centre and the local or national media? Consider all kinds of media – radio, television, newspapers, magazines and so on.*

*Take some notes and suggest personal action you can take to improve the relationship. Transfer these notes to the Next Steps section at the end of the module.*

## 5.4 Communication in a crisis

On occasions, a crisis situation may arise where you know that you will need more blood. Crises, such as natural disasters or other circumstances affecting routine supplies, do occur and there may be insufficient blood banked to meet the demand. You will see in the Resources section some examples of crisis planning. Every blood programme should develop a crisis policy which is integrated with any national disaster policy. The blood programme's policy should be reviewed regularly and all staff should be trained to follow the procedures. Practising, or role playing, should help staff to respond automatically and rapidly when a crisis occurs.

One of the major requirements of a crisis policy is the ability to communicate the need for blood rapidly and effectively. This is where a close relationship with the media is vital, since their help will be needed to ensure effective communication through the most appropriate channels. It is important to plan an emergency media campaign *before* a crisis occurs so that there is no delay in reaching the public.

In a crisis situation, while you may need more blood than usual, you do not want to end up with surplus blood which will then be wasted. You will need to address a number of different issues in order to ensure that blood collection is efficient and supplies are adequate. This is where the media can make a big difference. An emergency media campaign needs the media to be firmly on your side in order to get the right messages across. You must consider donor suitability, and ensure that the media give out the kind of messages that will ensure only low-risk donors come forward and that unsuitable donors stay away.

### Activity 5-4: Crisis situations

*Find out about any crisis situations that have occurred in the past few years in the territory covered by your blood centre. Concentrate on those that have resulted in an urgent need for additional blood donors, such as a natural disaster, conflict or a significant and unexpected decline in donation rates at certain times of the year.*

*Then find out how the need for donors was communicated in these situations and how effective the campaigns were.*

*Identify the most appropriate media to use in the event of a future crisis and make a list of the sequence of actions that would need to be taken to launch an emergency media campaign.*

*Take some notes and transfer them to the Next Steps section at the end of the module. Add to them as more ideas occur to you.*

In crisis situations, it is important to try to convey a positive message through the media. Although you may be dealing with death and disaster, you want to ensure that the message instils confidence and trust in the blood service. Messages such as “Blood service responds rapidly to crisis: more donors needed” is more positive than “Blood service says not enough blood for those affected by crisis”.

### Activity 5-5: Headline news

*What kind of headlines would you hope to see in the newspapers the day after an emergency call for blood donors? How could you ensure that the message is positive?*

*Prepare some key statements that you could use if you were being interviewed by the media about the blood service’s response to the crisis. Keep a note of these in the Next Steps section at the end of the module.*

Although you will not be able to predict the precise nature of any crisis before it occurs, it will be useful to have an outline of the kinds of statement that inspire confidence rather than concern.

Work always towards ensuring that your blood service has a good image with the population and that their confidence in it can be justified. In times of crisis you will then have a basis of goodwill on which to work.

## 5.5 Managing donors in emergency situations

We noted above that in a crisis, you do not want to collect blood which is surplus to requirements. This can happen through an emotional response from the general public, as an outward manifestation of community solidarity. In this kind of situation, the media can help considerably. For example, they can be asked to put a strong message out that potential donors should contact their blood service for an appointment, rather than just turning up. There will, however, always be people who do just turn up. In such situations, a member of the blood service staff should be assigned to meet and greet donors, to thank them for coming, to explain the situation and to encourage them to return at a less busy time when their gift of blood will still be needed, or to schedule an appointment with them.

## 5.6 Partnerships and Millennium Development Goals (MDGs)

This section draws attention to the role of partnerships in making an impact on certain MDGs. It is manifestly clear that there are some which are impossible to achieve without a safe and adequate blood supply. The achievement by 2015 of four of the health-related MDGs will be facilitated chiefly by efforts to attain universal access to safe blood.



The need for a safe and adequate blood supply is certainly universal. However, in countries with developed health care systems, blood and blood products are primarily used to support advanced medical and surgical procedures, trauma care and the treatment of patients with conditions such as haematological disorders and leukaemia. In contrast, in countries where diagnostic facilities and treatment options are more limited, a greater proportion of transfusions are prescribed for the treatment of complications during pregnancy and childbirth and severe childhood anaemia.

The four health-related goals that are closely identified with a safe and adequate blood supply are:

### **Reduce child mortality**

Malaria, a major cause of life-threatening anaemia, is one of the main causes of mortality among children aged up to four with 8 per cent of all deaths in that age group. The availability of safe blood is a major factor in the successful treatment of children suffering from malaria.

### **Improve maternal health**

In developing countries, maternal conditions are the third leading cause of deaths among women between 15 and 44 years. Obstetric haemorrhage is responsible for 25 per cent of these deaths, a figure that can only be decreased when there are sufficient voluntary blood donors to provide an adequate and safe blood supply.

### **Combat HIV/AIDS, malaria and other diseases**

Between 5 and 10 per cent of HIV infections worldwide are transmitted through the transfusion of contaminated blood and blood products. Many more recipients of blood products are infected by hepatitis B and C viruses, syphilis and other infectious agents such as Chagas' disease. Patients who receive blood from voluntary blood donors have been shown to have a much-reduced risk of acquiring such infections.

### **Develop a global partnership for development**

Attainment of 100 per cent voluntary blood donation for any country brings with it sustainable, long-term results for human development. Voluntary blood donors make a subtle but nonetheless most effective contribution towards the attainment of global partnerships for such development, particularly in terms of solidarity, altruism and self-respect.

Each of the MDGs listed above highlights the role of blood donation in critical areas of public health. We should emphasize '*public*' here. So often in the debate about public health care the key partner is forgotten. Indeed, the public itself needs to be involved throughout the various interventions, and of course it would be impossible to imagine a successful blood programme that does not involve the public.

Involving the public as a partner in the blood programme benefits the community and, perhaps surprisingly, it is often the case that the delivery of safe blood is actually only one of the benefits experienced. As suggested in the MDG, Develop a global partnership for development, the vital relationship between a country's voluntary blood donation programme and the capacity of its government and civil society to meet their broader responsibilities can reflect the true value of voluntary blood donors in human development: it also reflects partnerships at the public health level with various sectors of the public.

**Activity 5–6: Putting the public back into public health**

*Make some notes about how you might involve the public more in general health promotion linked to blood donation. Keep these notes in the Next Steps section at the end of the module. You should add ideas as they occur to you, together with suggestions of the resources you might need to encourage involvement and to sustain it.*

An excellent case study showing partnership with the public can be found in the creation of Héma-Québec as a community-based blood programme in Canada. Details can be found in the Resources section.

## 5.7 Taking action

### Next steps

**Aim:** to find ways of working more effectively towards the promotion of voluntary, altruistic blood donation by setting up partnerships and collaborative ventures of all kinds with appropriate organizations.



Activity	Data, statistics, comments, ideas, suggestions, action to take, resources needed	Timeline
5-1: Identifying partners		
5-2: Seasonal blood shortages		
5-3: Relationship with the media		
5-4: Crisis situations		
5-5: Headline news		
5-6: Putting the public back into public health		

## Moving forward

It is imperative to consolidate your partnerships at the local level, and to consider how different sectors of the community might work with you to your mutual benefit. The next module gives some ideas about partnerships with one particular sector of the community, young people, the donors of the future. Module 7 then goes on to show that in order to benefit most from partnerships, and to be beneficial to others in its turn, your organization needs to be as efficient as possible, and to be well organized in terms of training, research and collection of information.



# Involving the young

6

Module



The purpose of this module is to indicate the importance of involving youth of all ages in the blood programme, and to give some examples of how this can be done successfully. The involvement of young people has many benefits other than the most obvious – the cultivation and retention of the voluntary blood donors of the future. In addition, it will be seen that educating young people from an early age on the importance of low-risk lifestyles, good nutrition, and general good health promotion lays the foundations for a healthier population, helping to meet Millennium Development Goals. Young people have an influence too on the older generation through the sharing of knowledge and can help to change attitudes towards blood donation in the overall population. Finally, the involvement of the young in programmes like Club or Pledge 25, in youth donor programmes of all kinds, and in international organizations working towards 100 per cent voluntary blood donation has a role in the social development of each country, with the young learning to work together, acquiring, among other skills, leadership capability and social aptitude.

## Learning objectives

When you have completed this module, you should be able to:

- design education programmes for schools, primary and secondary, to develop positive attitudes towards voluntary blood donation in the youth population
- assess the potential of organizing blood drives and training donor recruiters at secondary schools/senior high schools and places where young people gather
- assess existing examples of Club/Pledge 25 to adapt to your own circumstances

## 6.1 Starting young

The status of blood donation within a population needs to be good if sufficient low-risk voluntary blood donors are to come forward. Raising the status requires taking away fear and superstition, or simple lack of knowledge, and replacing them with education. Changing the culture is not an easy task, but education can play a major role in influencing attitudes and in helping to create the kind of values that embrace altruism and community solidarity.

Education then is the key, and it is never too young to start the process. From an early age, children can be given information that helps them to understand what blood is for, how it works in the body, and how it can be used to save lives. Equally, they can be shown how dangerous blood can be because it may transmit infection from one person to another. Linking this information to general health promotion and healthy lifestyles is then straightforward.

At a high level, it may be possible for your blood programme to enter into negotiations with the ministry of education to make the introduction of information on blood and blood donation part of the official curriculum. Less formally, you may be able to talk to teachers in your community to ask them if you can work with them to produce programmes and materials that would fit both their educational needs and your purpose. Approaching institutions involved in teacher training can also be a useful exercise.

The International Federation of Red Cross and Red Crescent Societies can supply ideas to recruiters wishing to approach teachers and teacher-training establishments. These ideas were tested some years ago in countries such as Portugal and Australia. The kind of materials that could be developed in conjunction with the teachers would need to fit your local culture and customs, but could be based around the theme of a triple-layered bloodstream:

- the personal bloodstream: understanding the structure and function of the human vascular system and how to care for it
- the community bloodstream: knowledge of, and commitment to, the system by which blood is donated voluntarily and conveyed to those in need
- the cultural bloodstream: the symbolism of blood connected to common humanity. Knowledge of varying perceptions of, and practices relating to, blood through history and across cultures

Within these three themes we believe it is possible to design a range of materials to suit the educational needs and specific requirements of your blood service. For example, the *Bloodstream* curriculum materials, first used by the Red Cross Blood Bank in parts of Australia around 25 years ago, were designed to achieve the following aims:

- 1 Increased understanding of ideas concerning:
  - the properties and functions of blood
  - the structure and operation of the circulatory system
  - diseases of the blood and the circulatory system
  - factors influencing the health of the blood and the circulatory system
  - basic first-aid procedures to combat bleeding
  - the ways in which donated blood is used in medical science for patient care
  - the processes involved in the collection, grouping, testing, storage and distribution of blood

- 2 Enhancement of skills in the areas of:
  - basic literacy and numeracy
  - process skills such as observation, classification, hypothesizing and the interpretation of data
  - social skills such as communication and cooperation
  - practical skills such as laboratory techniques and some simple first-aid procedures
- 3 Development of positive attitudes to voluntary blood donation:
  - the work of the blood service
  - aspects related to blood donation, such as how to enrol as a blood donor
  - following practices conducive to good health
  - cultural diversity and tolerance

With the help of trained teachers, these themes can be adapted to fit the curriculum. With the development of resources to suit the right age level, children and young people from 6 to 17 years can be given a sound knowledge of the role of the different kinds of bloodstream in their personal lives, and in the development of their community and in their country.

You really do need trained teachers to help you in the development of the materials because these professionals are aware of some key assumptions related to teaching and learning. For example:

- Young people vary greatly in their characteristics, needs and learning preferences. The *Bloodstream* materials should be diverse enough to meet a wide range of interests and abilities.
- The continuing development of basic skills is of fundamental importance. The *Bloodstream* materials should seek to enhance these skills by providing opportunities for reading, writing (both descriptive and creative), discussion, using quantitative skills and extending vocabulary and reasoning.
- Much learning occurs in a social context so the materials should be designed for pupils to work in groups of varying sizes.
- Learner motivation is always a necessary prerequisite to learning. Strict attention therefore should be paid to factors such as vocabulary, difficulty of tasks, page layout and learner involvement with the materials.
- Classroom activities should encourage respect for ethnic and cultural differences. A basic consideration in the design of *Bloodstream* materials should then be the provision of opportunities for pupils to gain some appreciation of lifestyles and traditions in cultures other than their own.
- School curriculum materials should help pupils to develop their ability to make responsible decisions. The *Bloodstream* materials therefore should provide opportunities for learners to make and justify their decisions as well as for them to predict the consequences of these decisions.

Finally, if the *Bloodstream* materials are developed with the help of practising teachers, they are likely to have more credibility and ultimately will have more use than materials developed solely by the 'blood experts'. If teachers 'own' the materials, they will value them and understand best how to teach them.

Teachers can help you extensively with the writing and testing of your new materials. You will find that the preferred style of learning will vary between individuals. So the



materials should include a variety of learning activities ranging from ‘teacher-directed’ to ‘student-based’ and from ‘highly structured’ to ‘open-ended’. Ideally, what you design will enable all students to experience success and satisfaction and assist each student to maintain a positive self-image.

It is not just in schools that this kind of knowledge can be imparted. Other youth organizations, such as Scouts and Guides, sports and athletics clubs or students’ associations can be involved. In addition, in the wider community, the kind of campaigns that might appeal to young people could include:

- drama, such as street drama
- puppet theatre
- clowns and magicians
- music and dance
- competitions (for example, design a poster)
- fancy dress (use of the blood drop mascot in costume, for example)
- parties and celebrations promoting blood donation

World Blood Donor Day (14 June) is an ideal opportunity to design events involving and appealing to young people. Just as an example, the celebration in Singapore in 2006 was built around a sandcastle-making competition. In other countries, balloons with the theme of the day were handed out to children. It is a time to celebrate voluntary blood donors everywhere, and its emphasis on the cultural bloodstream can attract valuable media attention.

### Activity 6–1: Education for the young

*Think through a number of different educational activities for children too young to donate blood. What kind of information should they be given? What would be the most appropriate medium for the message?*

*In the Next Steps section at the end of the module, note down some ideas for different kinds of activity, as well as for educational materials. Add some ideas about ways to approach schools and teachers.*

## 6.2 Young donors

Many countries concentrate their blood drives on secondary schools or senior high schools, where the students are eligible by age to give blood. Young people are also most likely to be low-risk donors. As with the younger age-group, the students will need good preparation on the function of blood, the procedures for donation, the selection criteria and their relevance to the blood supply, and on the need for blood.

Within schools, colleges and universities, both students and staff should be involved. Asking a school to act as blood drive organizer, and to elect representatives to prepare the blood drive, is a good way of ensuring commitment. If the team of representatives is seen as specially chosen, there will then be competition to become a member.

The best donor recruiters among young people are peer recruiters. A programme of training for peer recruiters should therefore be set up. The young people acting as donor recruiters will need support in the form of organization and leadership, as well as relevant educational materials. In addition to promoting the principles of voluntary blood donation, peer recruiters should have information on healthy lifestyles, risk behaviours and general health practices. They may need special training on public speaking and presentation skills.

Students' associations can be a very good source of donor recruiters. Specialist students, such as those studying to become health professionals, are likely to be enthusiastic about a practice that will help to save lives and to keep people healthy.

Involving specialist students in other ways is also beneficial. For example, you can ask students studying media-related subjects to help out with suggestions for publicity campaigns. It should be clear that messages aimed at youth should appeal to youth, and it is most likely that other young people can provide the most appropriate kind of message. Students specializing in social sciences might be asked to help out with the compilation and analysis of surveys and questionnaires, and with the collection of data. For example, it is quite likely different faculties within universities or colleges would welcome involvement in research topics or with the construction of questionnaires: you could try departments of sociology, psychiatry, psychology or related branches.

Blood drives can also be organized at other places where young people gather together, for example, music events, sports events and festivals, or events organized around religion. You should also consider those who influence attitudes and opinions of young people, such as television and radio stars, sports heroes and popular musicians. They can often be recruited as ambassadors for the blood service, and can prove to be influential voices when young people are thinking of donating blood.

### Activity 6-2: Where young people gather

*Where do young people gather together in your community? In the Next Steps section, note down some potential target audiences, and how you might approach them.*

*What kind of people, such as sports celebrities, would influence young opinion, and how could you appeal to them to help you?*

## 6.3 Club or Pledge 25

The spread of HIV in the 1980s was one serious factor that caused blood transfusion services across the world to seek new strategies to collect safe blood. In 1989, Zimbabwe started targeting a new pool of low-risk donors: students aged between 16 and 19. The first of these students became so committed to the venture that when she completed her schooling she suggested the creation of a club, where members committed to make at least another 25 blood donations before the age of 25. So the concept of Pledge or Club 25 was born.

The initiative was particularly successful in keeping young people protected from HIV and other diseases, since part of their pledge was that they would maintain a healthy lifestyle in order to give safe blood. Indeed, statistics show that HIV infection rates among blood donors fell from 4.45 per cent in 1989 to 0.61 per cent in 2001, in a country where the infection rate in the sexually-active population was 33.7 per cent at the time.

The model has now been adopted in many other countries throughout the world and is promoted actively as a strategy that celebrates community solidarity where lives are saved by giving blood and, at the same time, has an impact on the health and well-being of communities around the world through the provision of safe blood and education on healthy lifestyles.

Club or Pledge 25 is a youthful concept. Through Club 25 young people are encouraged to attend a blood centre, learn about healthy lifestyles and to give blood regularly, aiming for about 20 to 25 blood donations by the age of 25 years. They also share what they have learnt with their communities through health promotion activities to prevent HIV/AIDS, substance abuse and other health-risk behaviours. In addition, there are opportunities to be active in promoting first aid, good nutrition, physical exercise and road safety.

## Benefits of Club 25

In addition to the obvious benefit of more, safer, blood being donated, the extra benefits to young people are numerous. In Malawi, where Club 25 has been operational for quite a short time, the young Club 25 leaders, Joyce and Merger, tell of their experience:

“As well as promoting healthy lifestyles, Malawi Club 25 provides opportunities for social interaction at different levels and collaboration and contact at global level. There are positive effects for all members regarding personal development and leadership skills.”

## Other benefits for youth members

- community recognition as role models
- access for members to adequate and appropriate information and advice on how to protect themselves from HIV and other infections
- acquisition of leadership skills for personal development and growth through social interaction at different levels
- participation in indoor and outdoor games for emotional and physical growth
- participation in education visits and club meetings

As well as all the above, young people can have fun, meet each other in safe surroundings, share good experiences and enjoy life.

## Promoting the concept

In March 2006, 223 people from 66 different countries and 46 National Societies of Red Cross and Red Crescent attended the 10th International Colloquium on the

Recruitment of Voluntary, Non-remunerated Blood Donors in Santiago, Chile. Participants discussed ways of building quality into donor recruitment strategies. They presented communication and education tools used to scale up the impact of voluntary, non-remunerated blood donation around the world.

Two workshops were hosted to explore possibilities for the creation of Club or Pledge 25 Programmes, and the establishment of international networks between young people involved in existing Club 25 Programmes around the world. Out of these workshops came many ideas, including a basic plan for setting up a Club 25 in your own country. Details will vary from country to country, but the following could act as a basis for discussion:

Membership criteria:	Aim to:
<ul style="list-style-type: none"> <li>■ blood donors aged 16-25 years who have made at least two donations a year</li> <li>■ first-time donors who commit to giving blood regularly (two or three donations a year)</li> </ul>	<ul style="list-style-type: none"> <li>■ be established as part of overall blood donor retention strategy</li> <li>■ create an atmosphere attractive to young people</li> <li>■ create a lifelong commitment in young people to the regular donation of safe blood</li> </ul>

Of vital importance is the support of the blood programme for the youth scheme. Adequate resources must be available in the long term, including support for a national Club 25 coordinator.

Youth must be involved from the very beginning, and it is a major undertaking both to attract and to keep young people who can become bored and distracted quite quickly. For that reason, an active programme of events and activities needs to be on the agenda. It is recommended that an annual action plan is set up which includes targets and contains all activities. There is no reason why a Club 25/Pledge 25 organization should not include community service activities other than blood donation. Offering voluntary services of all kinds within the wider community will give the Club even more status and prestige in the eyes of the local population.

Various models of the original Club 25 idea exist but generally they follow a similar structure:

- The club elects a national or local administrative committee to organize activities, such as celebrations for World Blood Donor Day on 14 June.
- Peer promoters are elected from the membership and are trained to assist the blood service in the recruitment of voluntary blood donors from low-risk populations.
- In turn the blood service supervises and supports the club.

Operationally, the club functions according to local needs but one common thread is the education of young people about risk behaviour and healthy lifestyles, helping ensure that they remain HIV-negative and that their blood remains safe.

### Activity 6–3: Club/Pledge 25

*Make some notes about how you would go about setting up Club/Pledge 25 in your country. You might consider the following requirements:*

- *a responsible, dedicated and committed person to drive the programme*
- *commitment and support from the top level at your blood centre*
- *monitoring and evaluation*

*Add your notes to the Next Steps section at the end of the module.*

Club or Pledge 25 can be a successful strategy in your country, but you need to find ways of making sure that it works well. Constantly monitor, evaluate and change until it suits your young people.

## Examples from around the world

### Botswana

The Club 25 Programme is supported by Safe Blood for Africa. The main goal of the youth programme is to establish a cohort of regular, safe, non-remunerated blood donors among young people and, by promoting and acknowledging positive lifestyles, achieve a reduction in the number of new HIV infections among programme participants.

The club aims to:

- organize a youth group that will work to encourage regular blood donors among the youth sector
- create a group of young blood donor recruiters
- promote the participation of women in voluntary blood donation
- instil into both young and old alike the value of saving others' lives by voluntary blood donation

### Jamaica

The Jamaica Red Cross Club 25 Programme was officially launched on World Blood Donor Day 2007, with around 12 youth volunteers from the Kingston and St Andrew branches signing up. It is a programme that encourages young people to give between 20 and 25 blood donations by the age of 25. Young people not only save lives with this commitment, but the activities of the club help them to learn about how blood is used and about healthy lifestyles. They go on to share this information with their own communities. As the regular donors of the future, with knowledge of healthy lifestyles, they will help to achieve a reduction in HIV and other infections among programme participants. To begin with, Jamaica Red Cross will target its young volunteers, but gradually the programme will be extended to other youth organizations on the island.

### Malawi

Malawi Club 25 has elected national and provincial administrative committees to organize activities and has been incorporated as a branch of the Blood Donors' Association of Malawi. Some members act as donor promoters, assisting the Malawi Blood Transfusion Service (MBTS) in educating their peers, planning activities and in

the recruitment and retention of voluntary non-remunerated blood donors from low-risk groups. In turn, the MBTS assists the club in supporting and facilitating regular meetings, providing secretarial services and promotional activities.

Members who are blood donors aged between 16 and 25 and who have made at least two donations a year pledge to give 25 blood donations in their lifetime. First-time donors can also join and must commit to giving blood regularly (two to three donations a year).

Members of the club receive recognition as role models for saving lives within the community and beyond. In addition, activities in the club give members access to adequate and appropriate information and advice on how to protect themselves from HIV and other infections. Participation in indoor and outdoor games, educational visits and club meetings help in their emotional and physical growth, and personal skills such as leadership are enhanced through social interaction at different levels.

Malawi Club 25 was selected by WHO and the International Federation to be one of three countries featured in a video made to be distributed globally to promote the Club/Pledge 25 strategy and to encourage the youth of the world to become identified with “safe behaviour, safe blood, save lives”. It was Malawi that first developed this catch phrase for the Malawi Club 25.

Success indicators in Malawi include:

- increase in the number of young people involved in donating blood
- increase in the total number of regular, voluntary and non-remunerated donors among the youth population
- increase in the number of young donors who return to give blood a second or subsequent time
- increase in the average number of donations per person per year (within acceptable limits of safety to the donor) among young people
- increase in the number of young people enquiring about the blood bank
- decrease in the number of donors who have to be permanently excluded because of transfusion-transmissible infections
- decrease in the number of donor dropouts

## Peru

World Blood Donor Day 2007 was commemorated in Peru with the creation of the first Club 25. This was set up at the Peruvian University of Cayetano Heredia, where the students had been given awareness-raising information by staff of the hospital of the same name. Members commit to donating blood regularly from the age of 18 to 25.

The club is the first in Peru, and the young members, in addition to donating their blood on a voluntary basis, act as ambassadors within their local community, passing on information about blood banks and healthy lifestyles.

The club is one response to the country's need for 100 per cent voluntary blood donation. Currently, Peru only manages to collect one third of its blood needs, and many people die because there is a scarcity of blood for transfusion. Peru has the lowest percentage of voluntary donation in Latin America, with only 5 per cent of its collection coming from volunteers. It is expected that Club 25 will help to improve this situation, just as it is doing in other countries in the world.

## The Philippines

The Philippine initiative is the first Red Cross Red Crescent involvement in the Club 25 project. It began in 1999. Young blood donors pledge to donate blood three to four times a year between the ages of 18 and 25. After this, they will join other blood donor groups and continue donating blood. They also work to recruit new donors. Technical aspects are handled in cooperation with the national blood service.

The main objectives of the Club 25 project are to:

- organize a youth group to work as an arm of the Red Cross that will tap the youth sector as regular donors
- interface the youth programme with the national blood service
- promote the participation of women in voluntary blood donation
- instil into young and old alike the value of saving others' lives through voluntary blood donation

Philippine Red Cross Youth members generally represent various youth groups, either government or NGOs. However, those who do not yet belong to any youth organization are also accepted as members. Currently, the Philippine Red Cross Youth has more than 1,000 active members nationwide. Members also actively participate in various Red Cross Youth activities other than blood donation.

With the objective of meeting at least 30 per cent of the blood supply from the youth population, a number of different activities have been organized. In the year 2005, members launched and distributed materials for young donors, such as birthday cards and thank-you cards. A symposium was held to increase the number of Pledge 25 members. Schools which supported the Blood Olympics were given recognition and there was a gathering of 200,000 blood pledges, especially from young people.

Pledge 25 awards include pins that are given after a donor completes three or four donations every year before the age of 26. In addition, the following awards are presented:

No of donation	Title	Description	Criteria
1		Donor card Oath of membership Application form	
2	Membership	Membership card	Two donations
3			
4		Pledge 25 pin	
5			
6			
7			
8		Pledge 25 pin	Six to eight donations
9			
10			
11	Bronze Medal of Heart	Certificate/medal/cloth badge	11 donations before the age of 26
12		Pledge 25 pin	



No of donation	Title	Description	Criteria
13			
14			
15			
16		Pledge 25 pin	
17			
18			
19			
20	Silver Medal of Heart	Certificate/medal/cloth badge/Pledge 25 pin	20 donations before the age of 26
21			
22			
23			
24		Pledge 25 pin	
25			
26			
27			
28	Gold Medal of Heart	Certificate/medal/cloth badge/Pledge 25 pin	28 donations before the age of 26

## Singapore

In Singapore, youth donors aged 16 to 25 make up 40 per cent of the total voluntary blood donor population, but this is less than 5 per cent of the overall youth population in this age group. In order that young people can help to make a difference in society, and to encourage more young people to embrace blood donation as an integral part of their lives, a youth-to-youth programme, the Youth Donor Club, was launched in March 2006.

The Youth Donor Club is designed to inform and educate young people on the importance of blood donation in saving lives, as well as the importance of being a responsible blood donor. Its mission is to encourage social responsibility among the young through blood donation. The main focus of the programme is on showing how to lead a safe and healthy lifestyle through good nutrition and exercise. Awareness and prevention of infectious diseases such as hepatitis, HIV/AIDS and sexually transmitted diseases also form part of the education programme.

Members of the club must be young people aged 16 to 25 who have donated blood. If they are unable to donate blood, they can still volunteer their services to the blood programme in encouraging and recruiting youth donors. Members take on the following roles:

- role model, advocating voluntary, non-remunerated blood donation
- community motivator, giving young people a reason to donate
- donor recruiter, helping to ensure a constant and adequate supply of safe blood
- peer motivator, encouraging young people to take on social responsibilities
- carer within the community, providing a platform for their own personal health and satisfaction



## South Africa

In South Africa, it was noticed that blood donors often lapsed once they had left school. The aim of Club 25 is therefore to keep these young people in touch with the blood service, helping them to create a lifelong commitment to the concept of regular donation of safe blood after they leave school. Club 25 members must commit to donate a minimum of two units per year, with the aim of donating 20 units by the end of their 25th year. It is thus a donor retention scheme rather than a donor recruitment programme.

The club was started in 1998. Members must be donors between 18 and 25 who are leaving school or who have left school and have already donated three or more units. Donors who are 21 or younger, and no longer at school can also join the programme, as long as they have previously given three units of blood. Members of Club 25 must ensure that they lead a safe lifestyle in order to remain safe blood donors and meet the criteria for donor eligibility.

In South Africa the results are impressive: young people aged 16-25 are providing about 24 per cent of the national blood supply from the club membership of around 35,000.

## South and Central America

The overall availability of blood for transfusion in the Americas is low, with studies showing that in 42 countries and territories studied by the Pan American Health Organization (PAHO) in 2006 there was a total of just 21 million units of blood collected annually for a population of a little over 815 million.

The introduction of the Club 25 methodology in the Americas aimed to reduce the prevalence of infectious disease markers, and to expose adolescent donors to other key health messages on HIV/AIDS prevention. In addition, information is given on anti-stigma, anti-discrimination campaigns promoting tolerance for people living with AIDS, first-aid activities and in mother and child interventions.

Initial results are very encouraging, with eight National Red Cross Societies already implementing the Club 25 methodology in their countries and a growing number of voluntary, non-remunerated blood donors recruited from schools, universities and youth centres. These Club 25 members are also acting as ambassadors, promoting voluntary blood donation and a healthy lifestyle to decrease the incidence of HIV and other infections.

In countries where blood has traditionally come from family/replacement donors or from paid donors, Club 25 members are creating a focus and commitment among youth towards adopting a culture of voluntary, non-remunerated blood donation throughout the Americas.

## Zimbabwe

Members have to pledge to give 25 blood donations by the age of 25 years and also to lead a healthy lifestyle to ensure that their blood is safe. Club members must be between 16 and 25. They educate their peers on safe behaviour, helping to promote good health and safe lifestyles. These youth blood donors are very clear and honest about informing their peers on facts about blood donation and how to prevent getting HIV/AIDS.

Currently, most of the blood collected in Zimbabwe (up to 70 per cent) is from Pledge 25 members and young blood donors. The drop in HIV infection rates among blood donors from 4.45 per cent in 1989 to 0.35 per cent in 2005 shows a clear success. The club organizes education programmes for young people to learn about keeping HIV-negative status so that they can help their country and the next generation to have fewer HIV-positive adults.

## 6.4 Millennium Development Goals

We have seen in Module 5, Working together, how the organization of global, local and community partnerships can help towards the achievement of certain Millennium Development Goals that are inextricably linked to a safe and adequate blood supply. Among these are:

- reduce child mortality
- improve maternal health
- combat HIV/AIDS, malaria and other infectious diseases

There is a natural linkage between voluntary blood donation and health promotion. The linkage is real and ready to be utilized because we know that most regular blood donors are motivated to give blood by a strong sense of responsibility concerning their own health and the well-being of others.

This is an integral part of the philosophy behind the Club/Pledge 25 initiative. Through these programmes, young people play a valuable role in securing a safe and adequate blood supply with their regular blood donation. It does not, however, stop there.

In a club-like atmosphere, young people unite in a whole range of health-related activities, learning about healthy lifestyles from their peers, gaining knowledge about nutrition, understanding the importance of exercise and of avoiding excessive drug use and experiencing a range of other health promotion activities. The success of these programmes has led to the formation of continental networks of young people all helping each other and helping their local blood centres to achieve the twin goals of safe blood and a healthy community from which we can draw the safest blood possible. In creating a culture of healthy lifestyles among their peers, these young people are also ensuring that longer-term blood requirements will be minimized.

The increased self-esteem, a sense of belonging, and the leadership of young people/young blood donors in civil society by maintaining some sort of communal solidarity and social cohesion are just some of the by-products of this new movement for change and good health.

It is through integrated and innovative programmes like these that organizations working at the grass roots can contribute actively and make a difference.

The international Club 25 movement is strong in many countries, and is a fine example of an effective global partnership with impact at the local level. By tapping into the healthy young population, authorities are now in a position to add disease prevention and health promotion into the existing blood service infrastructure. It is through integrated programmes like the international Club 25 partnerships among

young people that we see a real movement for change in public health care. Such partnerships tend to address some critical, health-related conditions like a sense of belonging, increased self-esteem, acquisition of life skills and a host of other measures leading to community solidarity and social cohesion.

## 6.5 Taking action

### Next steps

Aim: to find ways of working more effectively towards the promotion of voluntary, altruistic blood donation by involving young people in a variety of educational and promotional programmes.

Activity	Data, statistics, comments, ideas, suggestions, action to take, resources needed	Timeline
6-1: Education for the young		
6-2: Where young people gather		
6-3: Club/Pledge 25		

### Moving forward

You have seen that involving the youth population in different kinds of programmes can help ensure the achievement of 100 per cent voluntary, non-remunerated blood donation from the donors of the future, and that it is an involvement which needs to start very young.

It is also the case that to make youth programmes effective, you need to work within an established blood programme that guides and supports your efforts. For that, the blood programme must be well-organized and efficient, providing a quality service to all, including the young people. The next module, Getting organized, shows you how the structure and management of the organization affects every aspect of the service. While you may not be involved in a management role, your own actions contribute to the overall quality of the organization. Every improvement that you can initiate or suggest yourself, such as the introduction of a youth programme, will begin to make a difference.

# Getting organized

This module focuses on some of the organizational factors that help to support the donor recruiter in the field, such as staffing, research and good planning and evaluation of those areas of the blood service that affect donor recruiters and their work. Doing a good job is the responsibility of the donor recruiter, but that job is made easier and more productive if the organization to which he or she belongs is supportive and efficient, operates a quality system and ensures a quality service. The information that follows is designed to be adaptable to your own individual circumstances and the constraints within which you work.



## Learning objectives

When you have completed this module, you should be able to:

- identify the skills and attributes required by different categories of staff
- identify their main responsibilities and state the key performance indicators for each
- identify the training needs of donor recruiters and donor service staff
- plan and conduct simple quantitative and qualitative research for a variety of purposes
- identify the resources and support required to achieve blood collection goals
- identify the plans required to ensure a consistent daily supply of blood from voluntary, non-remunerated blood donors at fixed and mobile sites

## 7.1 The right staff for the job

Module 4 gives a clear message that an excellent customer/donor service programme is essential for a blood service that aims to ensure that community blood needs are met by voluntary, non-remunerated blood donations. Staff are the key element in providing good service.

The critical link to donors, community contacts and the wider community is the member of staff who is highly trained, motivated and customer-focused. You are more likely to remain motivated, up to date with new developments, enthusiastic and committed to your work if you are operating within an efficient, well-managed organization, where the needs of donors and recipients of blood come first. This implies that you will be given the opportunity to offer the best service possible and will receive adequate support from your organization to do so.

A great deal of planning and hard work goes into securing enough blood donors on a daily basis. That planning and hard work is a responsibility often best shared between the donor service staff and recruiters who need wide-ranging skills and personal attributes to:

- educate potential donors about the need for a sustainable supply of safe blood and the importance of voluntary, non-remunerated blood donation
- educate them about donor eligibility criteria
- motivate them to donate blood on a voluntary basis
- inform them about the blood service and how and when people can donate
- give the best service possible on the day of donation

Staff working in any capacity in donor service need to be highly committed individuals who like working with people and are motivated to help and support them. Everyone must be united in a shared willingness to meet the needs and expectations of the customer/donor, prevent any problems from occurring and resolve quickly and efficiently any that do occur.

Donor recruitment staff prepare the way for collection staff at the blood centre, while collection staff, with good technical and customer service skills, make the donation experience easy, rewarding and comfortable for donors. If the donation experience meets their expectations in terms of ease, convenience and service, a donor is more likely to become motivated to donate again and perhaps commit to donating at regular intervals, as well as encouraging family and friends to become donors. This means that all staff can be considered as donor recruiters, with a responsibility for retaining donors.

While all categories of staff need specific technical skills in order to carry out their professional responsibilities, they also all need good interpersonal skills, showing a willingness to help and support people and an ability to empathize with them.

Attributes are characteristics that generally cannot be taught but describe what a person is like. The right person in the right job will demonstrate a mixture of good professional skills and the appropriate attributes.

Some examples of specific skills and attributes for different categories of staff are shown in the chart:



Category of staff	Skills and attributes
Blood donor recruiters	<ul style="list-style-type: none"> <li>■ Excellent interpersonal skills</li> <li>■ Planning and organizational skills</li> <li>■ Verbal and written communication skills</li> <li>■ Presentation skills</li> <li>■ Marketing/sales skills</li> <li>■ Creative</li> <li>■ Friendly</li> <li>■ Flexible</li> </ul>
Supervisory staff	<ul style="list-style-type: none"> <li>■ Leadership skills</li> <li>■ Ability to support others</li> <li>■ Listening skills</li> <li>■ Crisis management skills</li> <li>■ Open and approachable</li> </ul>
Volunteer recruiter	<ul style="list-style-type: none"> <li>■ Friendly and outgoing</li> <li>■ Not easily discouraged</li> <li>■ Able to learn how to educate and motivate donors and other volunteers</li> </ul>
Blood collection staff	<ul style="list-style-type: none"> <li>■ Professional and competent</li> <li>■ Team player</li> <li>■ Focus on customer</li> </ul>
Telerecruiters	<ul style="list-style-type: none"> <li>■ Excellent interpersonal skills</li> <li>■ Listening skills</li> <li>■ Organizational skills</li> <li>■ Warm and friendly voice</li> </ul>

### Activity 7-1: Skills and attributes

*How do you and your team compare to these skills and attributes? Are there any skills that could be improved with more training? Are there additional skills and attributes that you consider would be important in your blood service, considering your own culture and environment? Keep a note of action you might take to ensure an increase in the level of your skills and record these in the Next Steps section at the end of the module.*

## 7.2 Responsibility of staff and key performance indicators

We saw in Module 4 that staff need to understand and agree the responsibilities of their job in terms of customer service and accountability. Any member of staff who deals with the public in any way has some kind of responsibility for delivering excellent service. The development of key performance indicators (KPI) that give a brief formal outline of the professional expectations and accountability inherent with each job or role can provide a good structure for ensuring that each member of staff is performing at a level that will ensure the achievement of quality standards.

KPIs are very specific and results-based and, as such, are measurable. An example of a performance indicator for a donor recruiter might be:

- the number of mobile blood drives that produce at least 50 units per drive has increased from ... to ... during this financial year

KPIs should be reviewed regularly and revised where appropriate, depending on results. While it helps in the planning process, a performance indicator will also enable individual members of staff both to be evaluated and to evaluate their own performance. This evaluation should be used to identify ways of improving performance, perhaps through continuing professional development or through additional supportive action from management.

### Activity 7-2: Key performance indicators

*In your own work situation, choose at least one key responsibility and design a key performance indicator relating to that responsibility that is specific, measurable and results-based.*

*If performance standards are already used in your service, review those relating to your job to see how well they reflect your key responsibilities. Keep notes on this activity in the Next Steps section at the end of the module for consideration in your plan of action.*

Reviewing your key responsibilities and the performance associated with them is one way in which you can contribute to the quality process and continual quality improvement. Regular feedback is essential, whether that feedback is an open and supportive discussion between you and your managers or supervisors, or simply a personal review of your own performance.

Examples of the kind of review that might be undertaken are:

- a regular monthly check on collection goals and results achieved
- a regular check on future, short-term plans
- analysis of any customer service or donor education questionnaires

Some tasks that are part of your responsibility and for which you are accountable would be appropriate for inclusion in a formal review, perhaps every few months or on an annual basis. Others may be more suitable for inclusion in your own action plan, to be



reviewed regularly by you to monitor your own performance. The latter are the tasks that are particularly suitable for small improvements and where you can try out new ideas. You might consider keeping notes of these tasks and adding more as they occur to you.

## 7.3 Staff training

Staff must be provided with the required skills and knowledge to educate, recruit and retain voluntary, non-remunerated blood donors.

Training for all staff should be built into the blood service's programme. Even an individual with the highest level of skills and attributes needs the support of regular training. The amount of training that any one organization can offer at any one time will vary enormously. Working alongside another person who has been doing the job for some time is one level of training. More formal training might include specialist courses, in such areas as marketing and communications. Training should take into consideration specific matters such as culture and environment, but a foundation for donor recruiters might include a briefing on:

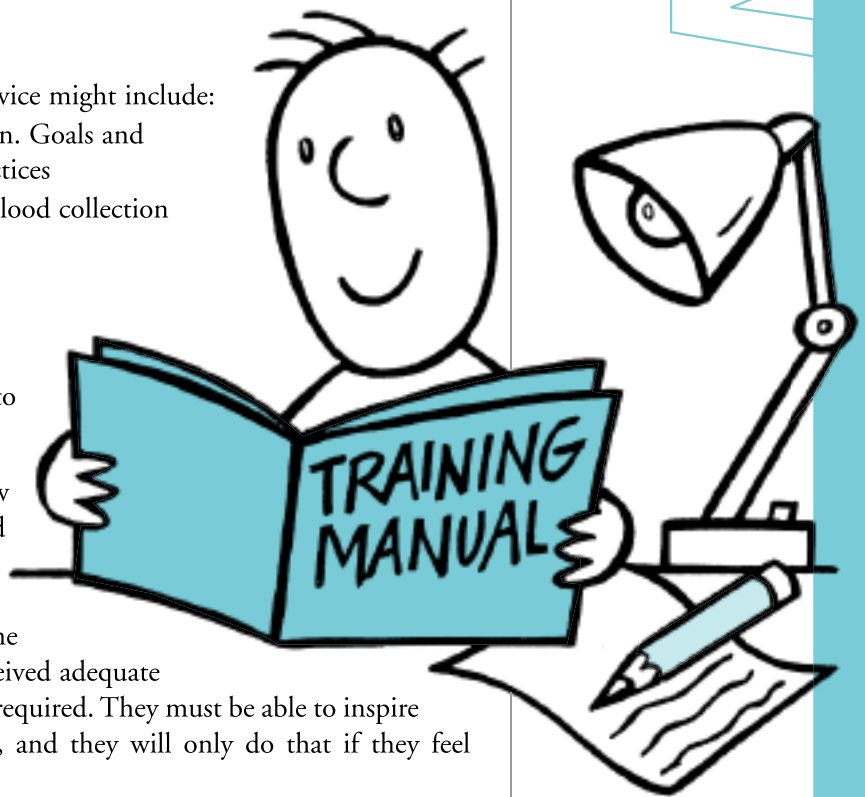
- basic information on blood services
- best practice, or examples of excellence around the world
- the situation in your country/region/locality
- basic information on blood products
- screening and testing
- transfusion-transmissible infections

Training that focuses on your own blood service might include:

- specific department/centre information. Goals and expectations. Office and business practices
- the development of plans to achieve blood collection goals
- managing donor appointments
- effective recruitment team meetings
- developing a calendar of blood drives; planning and managing the calendar to support collection goals

It is recommended that, as far as possible, new recruiters should have consistent and continual mentoring, coaching and guidance from trainers and managers. They should be able to function confidently in the field, with the knowledge that they have received adequate preparation and that assistance is available if required. They must be able to inspire confidence in donors and potential donors, and they will only do that if they feel confident themselves.

In some areas, high-level cooperation between more developed blood services and those that are in the process of development is being established. It may be appropriate in such cases for expertise in areas such as training to be shared, providing the training takes account of the culture and environment of each of the partners.





## Recognition programme

Many organizations give non-monetary rewards to employees in recognition of years of service or of particularly exemplary service. This can be a powerful tool for the motivation and commitment of staff. Recognition may be in the form of badges, certificates, plaques or other small items that the staff member can proudly wear or display.

Examples are:

- rewarding individuals each month for achieving collection goals
- giving recognition to the 'employee of the month' for good service

## 7.4 Research for voluntary blood donor recruitment and retention

Information from records is useful for many different purposes. Good records ensure that the well-being of both the donor and the recipient of blood is always considered.

Issues such as traceability, safety and confidentiality are those which take priority when record-keeping systems are designed. There is also a requirement for a good back-up system to ensure that copies of records are available under any circumstances, including natural disaster or electronic breakdown.

Accurate records can also be used as the basis of reports, evaluation and planning. They can be used to provide information for fund-raising activities or for advertising or education. When collected efficiently and analysed carefully, information from records can be the basis of future campaigns for donor recruitment. Good records are vital for donor retention.

Opportunities for research in the field of blood donation are many and varied. The results of research feed into many different aspects of the blood service and may be used for many purposes.

Surveys, questionnaires, interviews and group discussions can be used to identify trends, opportunities and challenges that will affect the recruitment and retention of donors. Donors can be surveyed on any specific aspect of their interaction with the blood service. Records can be analysed to determine trends and to underpin planning activities.

There are very many ways of conducting research. You will know which are the most appropriate for your own locality. The following are suggestions for useful background research that can be utilized for many purposes.

## Situation analysis

A situation analysis focuses on two areas:

- 1 External factors
  - demographic factors, such as gender, age, occupation, migration of the population
  - health conditions/prevalence of endemic diseases

- social values
- traditional myths and beliefs concerning blood
- education levels
- existence of other blood donation systems: paid, family or friend replacement, **autologous** (blood donated in advance by the intended recipient)

## 2 Internal factors

- governance and management of the blood service
- policies and statutes
- staff (education, motivation, need for training)
- organizational responsibilities, including safety standards
- partnerships and links (external organizations, sponsors, ministry of health, World Health Organization (WHO), Red Cross and Red Crescent Societies, International Society for Blood Transfusion (ISBT), International Federation of Blood Donor Organizations (FIODS), American Association of Blood Banks (AABB), Association of Donor Recruitment Professionals (ADRP), local and national blood donor associations)

A situation analysis can be used to determine your community's needs, wants and expectations. It can also be used to determine your organization's strengths and weaknesses, and to estimate the effect on recruitment and retention.

Many different kinds of research techniques can be used to feed into the situation analysis. The questions that need to be addressed are both subjective and objective. While you can obtain data from your own records, such as the percentage of the population that donates blood, you will need to conduct surveys and ask questions to find answers to the more subjective or qualitative questions. You will also need to make comparisons with national and international data.

To this information you will need to add some details about past and current donation patterns, and about previous recruitment campaigns and their results.

### From records

- Who is our customer (donor)?
- What is the profile or lifestyle of a typical donor?
- What percentage of our population is currently donating blood and at what frequency?
- What kind of advertising/promotion do we use?

### From surveys and questionnaires of donors and the general public

- Why do donors donate blood? What is their motivation?
- Are there any perceived barriers to the donation of blood?
- What are donors' media habits?
- How do donors feel about the service given?

### From analysis of the blood service/centre itself

- What is unique about our blood service/centre?
- What are the strengths of our blood service/centre?
- What are the main weaknesses?
- How do we compare to ... (service in a comparable community/country)?

The initial collection and organization of the amount of information you require will take some time and effort. In many cases, however, some of the data will already be available, possibly collected for a different purpose.

### Activity 7-3: Data for a situation analysis

*In the Next Steps section at the end of this module, list the data that are currently collected by your blood service and their main purpose. Identify other information that is not readily available to you, or that is not collected on a regular basis, as far as you are aware. Make some notes about areas of information that you consider would be important for a comprehensive situation analysis, and jot down some ideas about how you might increase the amount of useful information collected.*

Some of the research techniques and methods that follow will be useful feedback for your main situation analysis, as well as providing specific information for other purposes. Within your own community, there may well be other opportunities to collect feedback. Ensure that you use appropriate means for your own situation.

## Quantitative and qualitative research

Quantitative research will give you objective data, such as numerical information, useful for long-term planning. Conducting random surveys of a large number of households, for example, might give you an indication of potential numbers of blood donors or specific needs for information and education among the local community.

Qualitative research, often involving specific focus groups, will give you answers to issues such as perceptions of the service given. It is most important to conduct qualitative research when you want to know about the quality of your care and the image that the service is projecting.

Both quantitative and qualitative research can be conducted in a number of ways: for example, a written questionnaire, telephone survey, or focus group meeting. Community contacts, company or organization sponsors can be asked to help out.

In Module 4, we saw how individual donors can be asked to give information about the service provided and about any improvements they might like to see. This kind of information can be collected through a number of strategies. During mobile blood drives, for example, donors and staff can be contacted easily, while contacts in the community who sponsor or support blood drives should be consulted regularly.

## Blood drive visits

Visits to mobile blood drives by a representative of the blood service, such as the main donor recruiter or even a more senior management member, can be a very effective method of conducting research. Personal visits strengthen the customer service programme and can be used to collect both donor and staff feedback. Individual

donors will feel that there is a caring attitude and a customer service priority. Whoever undertakes this research functions as a customer service representative, although in your own locality you may not call him or her by that title.

When visiting blood drives, the customer service representative should be prepared to ask questions, to study the set-up, to take detailed notes and to ask for input from the staff. Any community contact or local sponsor for the drive should be informed in advance of the visit and should be consulted at the time. Comments and suggestions from donors and staff will feed into the findings on the service being provided and should be carefully reviewed. Where appropriate, they should be acted on immediately.

Mobile blood visits can be used for a number of research purposes. For example, you may want to find out if the venue is acceptable or why collection goals are not being achieved. Ensure that the questions you ask are relevant and will help you to find out what you need to know.

## Community contact or sponsor's questionnaire/survey

Our greatest allies are people who unselfishly give of their time and talent to support and to coordinate blood drives. Several measures can be instituted in order to evaluate the quality of the service we provide to them. As noted above, they can be consulted during a personal visit to a blood drive that is supported or coordinated by them. They can also be contacted immediately afterwards, with an easy-to-complete questionnaire designed to assess the blood service's performance.

Questions might include:

- How well did staff work with their community contact person or sponsor?
- How friendly and welcoming were the donor staff on the day of the drive?
- How proficient were the donor staff?
- How successful was the programme?
- Did the programme reach its goal? If not, why not?
- Were there any problems that need to be addressed?
- Should the donor session hours and collection goal targets remain the same or be changed?
- Are there any recommendations for improving the donor programme?

More open-ended questions designed to elicit general comments and recommendations can also be included. In the Documents section of the Resources, you will find examples of communication with blood drive coordinators.

## Identifying available resources

While you are undertaking your situation analysis, the identification of resources that may be of use to you is a vital step. Resources include people, equipment and materials, as well as money. While an adequate budget is essential, it can be supplemented by a creative approach towards the use of human resources and existing materials.

The blood service is part of the community and should serve the needs of the community. Good local communication is vital to successful recruitment. This means establishing strong partnerships with people in diverse sectors of the community, so that messages reach the right people at the right time. Partnerships with other blood services from different regions or different countries, together with the sharing of scarce resources, may help to bridge gaps. Many different kinds of human resources may be available to you, and the establishment and continual expansion of a 'people network' in your locality is very important, both to support you and to help motivate others.

You might consider key people who can help in different areas. Examples include:

Partners, internal and external	<ul style="list-style-type: none"> <li>■ ministry of health</li> <li>■ other government departments (for example, ministry of sport)</li> <li>■ WHO</li> <li>■ Red Cross Red Crescent Societies</li> <li>■ ISBT</li> <li>■ FIODS</li> <li>■ AABB</li> <li>■ ADRP</li> </ul>
Media	<ul style="list-style-type: none"> <li>■ local and national media contacts (see sub-section on building partnerships with the media in Module 5)</li> </ul>
Volunteers, individuals and groups	<ul style="list-style-type: none"> <li>■ local and national blood donor associations</li> <li>■ influential leaders in your community</li> <li>■ teachers and administrators at local schools, colleges and other educational institutions</li> <li>■ religious leaders</li> <li>■ volunteers, active donors, retired donors</li> <li>■ staff at the blood centre and other health professionals</li> </ul>

## Examples

Teachers might be happy to encourage students to undertake real development and fieldwork in the community for their own studies. They can help out with different aspects of the recruitment campaign, and will often have good contacts and good ideas to try out. Students and young people are, too, the future of safe blood donation, and will be key agents in your efforts to educate and recruit donors in the wider community.

Community leaders, by their own example, are usually able to motivate others within the community.

Existing and retired donors can be influential sources of support and can act as strong advocates for your campaign.

### Activity 7-4: Helpers and supporters

*Make a list of those organizations and individuals that already help out in any way in the blood service. Give an indication of their roles.*

*Also consider new organizations and people who might be willing to support and help in your campaigns. Consider people who could act as important channels of communication in the community, and those who have power and influence. Add other institutions or organizations you might approach for help, say, in sponsoring blood drives or fund-raising.*

*In the Next Steps section at the end of the module, make some notes about how you would approach these people. What would be the most appropriate way of attracting their help?*

## Material resources

You will need both to make an inventory of what you have, and to find out what might be available to you from external sources free of charge or at little cost. Thinking about material resources also needs creativity and imagination. You might consider:

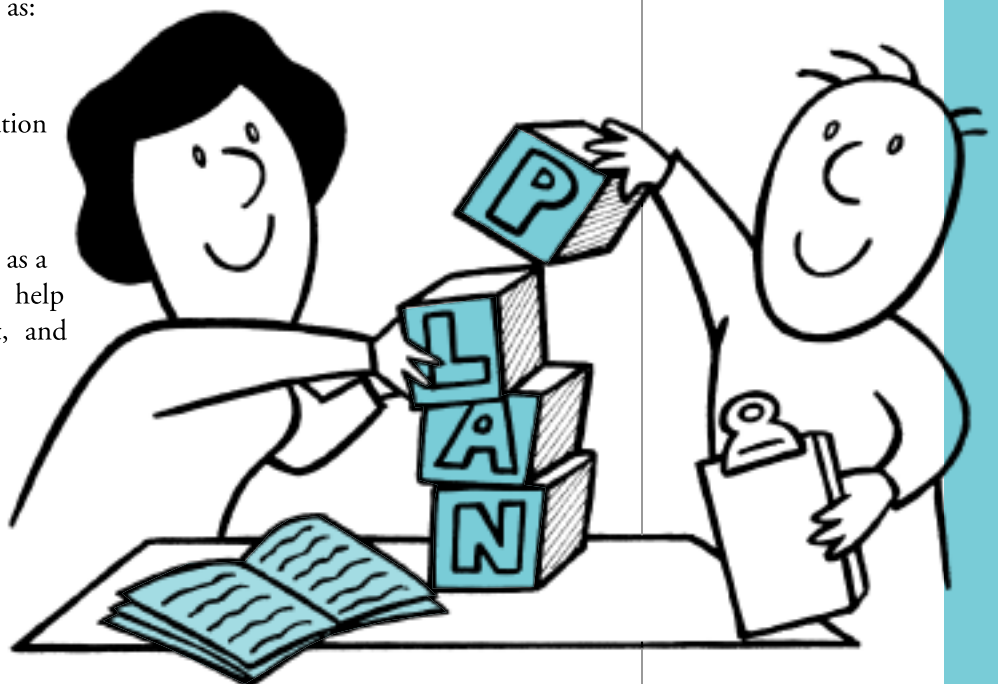
- books, leaflets, educational materials
- premises which are safe, clean and comfortable
- hospitality in the form of drinks and snacks
- useful web sites for education and information

## 7.5 Forward and flexible planning

Good planning is essential if objectives are to be met in all of the core activities of the blood service. Effective planning is based on sound information and should include Key Performance Indicators such as:

- blood collection goals
- financial resources
- blood drives and their location
- donor appointments
- disaster planning

Forward planning should be seen as a tool designed to support and help rather than to limit or restrict, and should be welcomed by all staff.



## Blood collection goals

Blood collection goals will be led by demand. The way in which you get to know these goals is an important factor in the measurement of efficiency. A formal channel of communication is required to enable the blood transfusion service or blood bank to inform donor recruitment and collection services about blood collection targets, including any special requirements, such as blood groups or the collection of blood for components production. There are a number of reasons for this:

- A formal channel ensures that there is no ambiguity. You can be sure that the information comes from a reliable source.
- Formal channels of communication require professionalism and accountability.
- Professionalism and accountability help to ensure quality systems and, ultimately, safety.

It may be of interest to have an idea how blood requirements are estimated. There are three methods in general use, and it will depend on the circumstances of the blood service which is the most appropriate. The most reliable method is the first described, but it is not always possible to have accurate figures, particularly with a blood programme in process of development.

### Method 1: Based on previous usage

This method assesses the number of blood units used in a defined period and geographic area or population to determine patterns.

### Method 2: Based on acute hospital beds

This method is suitable for modern hospital services. The calculation, recommended by WHO, is 6.7 blood units per acute bed per year. As an example, 55 acute beds = 368 units per year = 7 units per week. From this, approximately 167 voluntary, non-remunerated blood donors are needed, based on two donations per donor per annum.

### Method 3: Based on population data

This method is based on two per cent of the population needing one transfusion a year. As an example, a population of 10 million  $\times$  2 per cent = 200,000 units/year = approximately 3,850 units per week. This would require 100,000 donors, based on two donations per donor per year.



## Planning blood drives to meet collection goals: fixed and mobile sites

Planning to achieve collection goals requires estimating how much blood can be collected at fixed sites and how much at mobile sites.

Collection goals of fixed sites, which are generally located in a blood centre, hospital blood bank or a permanent location in a convenient area of the community, can be based on:

- capacity (number of beds, days and hours of operation)
- availability of active donors
- potential for new donors within the area

It is not always convenient for donors to visit the fixed site. It is therefore necessary to reach out by providing mobile blood donation facilities, making it easier for people to participate in this important community service. Mobile blood donation sessions can be held in community centres, workplaces such as factories and offices, high schools, colleges and university campuses. It is, however, essential that mobile collection venues observe the same high standards of quality, safety and service to donors as those offered at fixed collection sites. It is not acceptable for donors at mobile sessions to experience long delays in uncomfortable conditions such as extremes of heat or cold. If a donor has a negative donation experience, he or she is unlikely to make repeat donations, and may pass on negative comments to others in the community.

Planning and communication are essential elements in the success of mobile sessions. Both should start at least six months in advance of the chosen date, commencing with the establishment of a partnership between the blood service and a local donor organizer. This could be a community leader, a benevolent organization such as Lions or Rotary, a student leader, or a workplace health and safety coordinator.

The following checklist gives an example of the kind of planning necessary to ensure the mobile session is well organized on the day itself.





## Mobile Session Checklist

<b>Name of donor organizer</b>				
<b>Date of first contact</b>				
<b>Name of organization</b>				
<b>Mobile date/s and time/s</b>				
No	Description	Timeline	Responsible	Remarks
1	Booking form for mobile to be completed for planning purposes	three to six months		
2	Site visit and first follow-up of donor organizer to: <ul style="list-style-type: none"> <li>confirm blood drive</li> <li>distribute publicity materials</li> </ul>	two months		
3	Second donor organizer follow-up to: <ul style="list-style-type: none"> <li>discuss publicity and promotion for mobile session</li> </ul>	one month		
4	Third donor organizer follow-up to: <ul style="list-style-type: none"> <li>check response to drive</li> <li>check sign-up rates</li> </ul>	two weeks		
5	Fourth donor organizer follow-up to: <ul style="list-style-type: none"> <li>check on sign-up rate</li> </ul>	one week		
6	Fifth donor organizer follow-up to: <ul style="list-style-type: none"> <li>confirm that session is still on</li> </ul>	two days		
7	Attend blood drive	actual day		

The roles and responsibilities of both partners must be clearly established. For example, donor organizers must be given information about the suitability of venues, facility requirements (toilets, hand washing, furniture, heating or cooling, post-donation rest area) and the donor selection criteria. Preparation of an information kit with a checklist for organizers is a simple and effective way to achieve this.

As part of the planning process, collection targets must be set for each mobile session, taking into account factors such as deferrals and no-shows. Where possible it is advisable to offer an appointment system to regulate the flow of donors and minimize delays. In situations where the donor response exceeds capacity, a blood service staff member or the donor organizer should be on hand to explain the situation and to thank donors for their support. A simple gesture, such as offering a cool drink or a snack to waiting donors is always appreciated. Suggesting an alternative time or venue to donate is another way to deal with such situations.

Evaluation of a mobile session should be undertaken in consultation with the donor organizer. This process should address factors such as donor response compared to collection target, donor deferrals, adverse reactions and donor feedback. The

information should be recorded and used for future planning. For example, one outcome of the evaluation of a mobile session could be that the next session is increased from one to two days because of an exceptional response.

After each mobile session, donor organizers should be given recognition as well as feedback, addressing any issues such as the donor response, donor deferral rates and the standard of facilities.

The master blood drive calendar is an important document in planning a combination of fixed site operations and mobile blood drives that will result in collection goals being met. While plans should be made quite a long time in advance, it is essential for them to be flexible and adaptable to changed situations. Changes in demand, for example, or an emergency situation, make flexibility a requirement. Seasonal differences should also be taken into consideration, such as holiday times and weather.

The programme requires continuous monitoring in order to identify whether scheduled collections are meeting demand, so that adjustments can be made if performance is not as expected.

## Donor appointments

Donor scheduling is a useful device if you are in a position to offer an appointment system and to contact regular donors when they are eligible for their next donation. This technique is only possible when good records are kept. Your blood service may wish to determine a policy on donor scheduling, based on local preferences. Donor appointments can help reduce the time it takes to donate blood and can help your blood service be better prepared with adequate collection resources.

Ways of offering appointments will vary, but you might consider:

- making the next appointment before the donor leaves the collection site
- sending reminders in the mail or electronic mail
- telephoning with a reminder
- advertising or publicity in communities where mobile drives will be held

We saw in Module 3 that waiting time was a demotivating factor for donors. You will need to know how to deal effectively with an appointments system, where people may arrive early or late, or where unscheduled events may interrupt the system.

## Financial resources

Globally, blood services are facing ever-increasing demands to ensure quality standards in order to prevent harm either to blood donors or to the recipients of blood and blood products. There is often an incorrect perception that, since blood is donated voluntarily, costs are minimal. Without cost collection and cost analysis, blood services cannot provide governments and funding agencies with the information required to develop and maintain sustainable national blood programmes.

While you may have no control over the amount of money allocated, it is important to be aware of all the cost factors. During your own activities, you will be conscious of

how one action might affect costings or of how savings might be made without a decrease in efficiency and effectiveness because of something that you can put in place yourself.

The costs of donor recruitment can be analysed separately from the costs of selection and screening of donors. The cost of recruiting one donor is a very useful baseline figure for planning, and one that needs to be constantly at the front of your mind.

Recruitment activities have both capital and recurrent costs. Capital costs are generally 'one-off' figures, and include all those items without which the service cannot function: buildings, vehicles, equipment and furniture. The costs of training are also included in capital costs. Recurrent costs are those which generally occur on a regular basis. Staff remuneration, heat and light, insurance, travel costs, consumables and administration come under this heading.

Estimated capital and recurrent costs will together form a budget, which is generally put together on an annual basis. A great deal of detailed information is required to make these estimates as accurate as possible.

As an example, how many donor recruitment staff will your blood service need next year? Estimating this figure will require you to have information on:

- the collection goals
- the number of donations one recruiter can be expected to solicit in a year
- the scope and scale of the responsibility that a donor recruiter has

Many other factors need to be added in order to calculate the costs involved for each donor recruiter. These might include:

- need for training
- need for equipment
- need for promotional materials

In addition, costs will depend on the locality and situation of the blood service. For example:

- ease of travel (terrain, distances)
- population density
- requirements of the population for education
- tradition

All these factors play a role in determining costs and planning a budget.

Those areas where resources in the form of money need to be allocated are likely to fall under the following main headings:

- staff (including remuneration, training)
- transport
- publicity materials and media costs
- donor education materials/school education materials
- merchandise (refreshments, badges and so on)

Income from fund-raising also needs to be estimated. Your analysis of factors that affect your financial resources should include the effectiveness of your own fund-raising efforts and those of other organizations working for you.

## Crisis planning

All staff need to know what action to take in the event of a disaster or crisis, such as an earthquake, flooding or armed conflict. With such events, the demand for blood may suddenly be much higher and normal blood collection sites may become unusable. Serious power cuts might cause banked blood to become unsafe, because it cannot be maintained within the correct temperature ranges. Other crisis situations might be caused by a media scare about contaminated blood products, for example. In all cases, a written disaster plan is essential so that you and all the other staff have a clear indication of what to do, and the order in which to do it.

Most countries have a national disaster plan covering many kinds of eventuality. You will need to ensure that the disaster plan of the blood service is integrated into this.

The disaster plan should contain:

- membership of the crisis management team with details of their roles and responsibilities
- name/function of key contact person and/or official spokesperson
- internal communication management for staff and volunteers
- external communication management, including name/function of official spokesperson, and responsibilities for communication with donors, the media, and stakeholders (such as hospitals)
- information on alternative collection sites
- information on alternative supplies of equipment
- names, addresses and contact details of all staff
- responsibilities of individual staff

### Activity 7-5: Crisis planning

*In your own locality, you will know what the most likely reasons for requiring a disaster plan are (such as living in an earthquake zone). Does your blood service have a written disaster plan? If so, does it give you clear instructions about action to be taken by donor service staff in the event of an emergency? Would you be able to respond quickly and effectively and with confidence, knowing that the other staff were doing the same?*

*Record your ideas about the disaster plan in the Next Steps section at the end of the module. How might you influence improvements in the plan, particularly if it has never been used or has not been updated recently? If none exists, then it is important to identify what needs to be included and to put a plan in place urgently.*

A requirement of a disaster plan is that it should be well practised. Staff should know exactly what to do, and should act immediately to play their designated role. This means that it needs to be rehearsed on a regular basis, as part of the regular training schedule. At least once a year is recommended. In addition, there should be provision made for back-up storage of all donors' and sponsor records. Losing records would itself cause a crisis situation for the blood service.



In Module 5, you considered the blood service's relationship to the media, and how you should create a working partnership with the local press, radio, television, and so on. Remind yourself now of how you should do this and of how to ensure that only positive messages about the blood service are broadcast, whether you are in a crisis situation or not.

## 7.6 Taking action

This module has been concerned with aspects of the management of the organization in which you work and in which service to donors and recruitment of donors are component parts. Careful attention to the details of staffing and resources, record-keeping, research and evaluation can help to make a great difference to the effectiveness of recruitment and retention programmes.

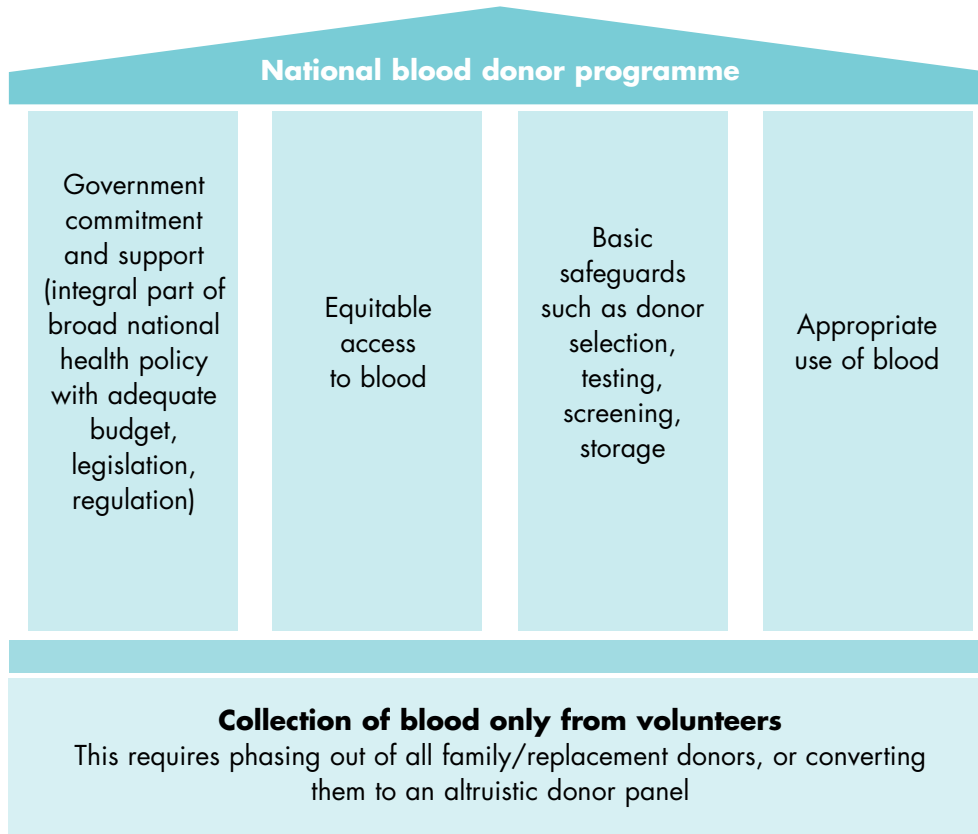
The information and activities throughout this module should have helped you to build up ideas about how to apply good practice in aspects of the organization's operation. This module, with its emphasis on training, key performance indicators, staffing, research and issues related to the proper conduct of a mobile blood collection, serves as a practical guide on some key organizational matters.

*Organization* may be seen as the key to a successful blood service programme and readers are reminded there are supplementary materials available from the International Federation on this topic. Among the materials available are a self-assessment exercise for Red Cross and Red Crescent Societies involved in blood programmes: a copy of the exercise 'Appropriate corporate governance and risk management for National Red Cross Red Crescent Society blood services' can be found in the Resources section. The self-assessment exercise is proving to be a useful tool in management and organization matters as it looks at the 'big picture', illustrated here with some of the essential elements of a national blood programme.

You will also have noted we included some points about crisis planning in this module: depending on the circumstances in your country, the one action that might be taken now as a great step forward in disaster preparedness may well be the establishment of a national blood programme. Without this in place, coping with a disaster or crisis is so

much more difficult, and this is why organization remains absolutely crucial in all matters of blood service delivery.

### **An integrated strategy for blood safety through the establishment of a national blood programme**



The rest of the module is therefore designed to help you begin to take real action on strengthening the foundations, as shown at the end of the illustration above. The suggestions you have been collecting as you have worked on the activities in each module should help you build up a useful number of voluntary blood donors. Depending on the situation in your own country and on your own circumstances, your primary focus may be on existing family/replacement donors who are eligible to become part of your initial group of voluntary donors. The next step may be the education and motivation of new voluntary donors and the retention of existing ones.

It is now up to you. Safe blood starts with you – and even a small piece of action can help towards the goal of safe blood for anyone who needs it.

## **Next steps**

**Aim:** to find ways of working more effectively towards the promotion of voluntary, altruistic blood donation by applying good practice in all aspects of the organization and management of the blood service in which you work.

# Module 7

Activity	Data, statistics, comments, ideas, suggestions, action to take, resources needed	Timeline
7-1: Skills and attributes		
7-2: Key performance indicators		
7-3: Data for a situation analysis		
7-4: Helpers and supporters		
7-5: Crisis planning		

## Moving forward

Throughout your work on the manual you have been putting together, by means of the activities and the Next Steps section of each module, new ideas on action that you can take in order to make a difference in your own area of work. The Next Steps sections should have helped you to focus on those new ideas and to begin to plan for real action. In many cases, you may well have already taken some action and are beginning to see results.



This section asks you to identify priority areas for improvement and to draw up a personal action plan that has SMART objectives:

- S** = Specific  
**M** = Measurable  
**A** = Achievable  
**R** = Realistic  
**T** = Time-based.

The first part of your action plan requires you to look at the existing situation. The activities in each module should help you to do this and to begin to fill in a Gap Analysis. The chart that follows gives you a template for a Gap Analysis for your basic information.

Issues or components	Current situation	The future: what is required?		
		Within the first year	One to three years	Three to five years
<b>1</b> Legislation or policy				
<b>2</b> MoU				
<b>3</b> Quality systems and SOPs				
<b>4</b> Donor recruitment				
<b>5</b> Donor retention				
<b>6</b> Resources <ul style="list-style-type: none"> <li>■ IEC materials</li> <li>■ staffing</li> <li>■ logistics</li> </ul>				
<b>7</b> Partnerships <ul style="list-style-type: none"> <li>■ government</li> <li>■ NGOs</li> <li>■ media</li> <li>■ corporate</li> <li>■ hospitals</li> <li>■ community</li> <li>■ other</li> </ul>				
<b>8</b> Training <ul style="list-style-type: none"> <li>■ staff</li> <li>■ volunteers</li> </ul>				



The columns entitled 'The future: What is required?' may need some thought, and you are likely to add more details to this as the situation becomes clearer and you become more aware of what needs doing and how to go about it.

Vital to good planning is an analysis of those factors, positive and negative, that may influence or affect your plans. These should be considered in the 'Current situation' column. These factors can cover many different aspects, from the ethos of your organization to the prevailing climate in your country. It is important to think through as many factors as possible and to have some indication of what effect they might have. Some may be beneficial, others may be threats. Among them, you might consider the following:

- factors to do with the prevailing culture and conditions
- factors to do with your geographical location
- prevalence of transfusion-transmissible infections
- factors to do with your blood service and the people within it
- legal and statutory factors
- time factors
- factors affecting resources or the lack of them
- factors concerned with education or information
- personal factors

The next stage is to break down the entries in the Gap Analysis and turn them into individual action plans for each issue or component. Below you will see templates for further planning on Donor recruitment (issue number 4 in the Gap Analysis) and Donor retention (number 5). Note the importance of the final column, 'Performance indicators'. A means of measuring your achievements is essential.

You will also find some filled-in examples of the Gap Analysis and action plan templates in the Resources section.

### Donor recruitment

Estimated blood requirements:

Define the gap:

Donations required (weekly/monthly/annually):

Target groups	Strategies	Activities	Person(s) responsible	Timeline			Constraints	Performance indicators
				Year 1	Year 2	Year 3		
Existing voluntary, non-remunerated blood donors	1.							
	2.							
	3.							
Lapsed donors	4.							
	5.							
	6.							

**Donor recruitment**

Estimated blood requirements:

Define the gap:

Donations required (weekly/monthly/annually):

Target groups	Strategies	Activities	Person(s) responsible	Timeline			Constraints	Performance indicators
				Year 1	Year 2	Year 3		
New donors	7.							
	8.							
	9.							
	10.							

**Donor retention**

Estimated blood requirements:

Define the gap:

Donations required (weekly/monthly/annually):

Target groups	Strategies	Activities	Person(s) responsible	Timeline			Constraints	Performance indicators
				Year 1	Year 2	Year 3		
Existing voluntary, non-remunerated blood donors	1.							
	2.							
	3.							
Lapsed donors	4.							
	5.							
	6.							
Donor contact staff	7.							
	8.							
	9.							
Other	10.							

Breaking down complex tasks into small manageable activities helps to make the big task more achievable. It will also help you to see which activities are dependent on others, which can be tackled independently, and which are totally critical to the achievement of the end result. As an example, you might have decided that a retention activity should be a donor questionnaire. Breaking down the overall task might give you the following set of smaller activities:

<b>Task: Design a donor questionnaire (following donation)</b>	<b>Person(s) responsible</b>
<b>Phase 1:</b> <ul style="list-style-type: none"> <li>■ decide on the objectives of the questionnaire</li> <li>■ decide on the appropriate medium to suit the local culture</li> <li>■ decide on the time period to test out the questionnaire</li> <li>■ draft questions</li> </ul>	
<b>Phase 2:</b> <ul style="list-style-type: none"> <li>■ test questions on other staff or volunteers</li> <li>■ amend or adapt questions</li> <li>■ decide on the delivery medium</li> <li>■ check out the resources required</li> <li>■ decide how many are required</li> </ul>	
<b>Phase 3:</b> <ul style="list-style-type: none"> <li>■ reproduce questionnaire copies</li> <li>■ ensure staff at collection sites are aware of the objectives</li> <li>■ organize delivery to donors and the collection of questionnaires from donors</li> </ul>	
<b>Phase 4:</b> <ul style="list-style-type: none"> <li>■ decide on the means for evaluating responses</li> <li>■ take action on any areas of concern coming from questionnaire responses</li> <li>■ evaluate the usefulness of the questionnaire itself</li> <li>■ adapt and re-use if appropriate</li> </ul>	

The tasks identified above for the donor questionnaire are in a logical order. They cover four distinct stages: planning, testing, implementing and evaluating. If you look at the tasks, you will see that the four stages may overlap. While you are testing out questions on staff and volunteers, you may also be planning your delivery medium and checking out the required resources.

## 7.7 Evaluating the results of change

How will you know that the changes you are making through the implementation of your ideas and plans are positive changes? Every change must be followed up, and the means found to check that it is effective in making a difference. Some changes may require a formal system of performance indicators, evaluation and monitoring, while

others can be evaluated less formally. Only you can decide what is most appropriate for the projects you are developing through your action plan.

The question to ask is always: ‘How do I know?’ For example, ‘How do I know the blood service has improved its service to donors?’, ‘How do I know that education about voluntary, non-remunerated blood donation is having a positive effect?’.

## **You as a member of the global team**

Your job is a hard one and it can be too easy to forget that you are not alone. Remember that you are a small but vital link in the chain that unites all those people in blood services everywhere. We would encourage you to get and stay in contact with them, to forge stronger ties between different blood services and to share examples of good practice.

Your own involvement at community and country level makes you an integral part of a global endeavour for safe and adequate blood for all who need it. Thank you for being part of a dedicated team that cares not only about patients and voluntary blood donors but also cares about fellow recruiters. Together, we can ensure that the vital issue of voluntary, altruistic, non-remunerated blood donation stays at the top of the agenda for all countries of the world.

Keep your motivation strong. Saving lives is your business and is the strongest motivator of all. Working together we can save more lives, and at the same time ensure that the message about safe and adequate blood is broadcast loudly to the world.



# The Fundamental Principles of the International Red Cross and Red Crescent Movement

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## **Humanity**

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

## **Impartiality**

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

## **Neutrality**

In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

## **Independence**

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

## **Voluntary service**

It is a voluntary relief movement not prompted in any manner by desire for gain.

## **Unity**

There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

## **Universality**

The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.



The International Federation of Red Cross and Red Crescent Societies promotes the humanitarian activities of National Societies among vulnerable people.

By coordinating international disaster relief and encouraging development support it seeks to prevent and alleviate human suffering.

The International Federation, the National Societies and the International Committee of the Red Cross together constitute the International Red Cross and Red Crescent Movement.