



# CLUB 25



Implementation, Sustainability and Impact  
of club 25 in the Americas

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## List of Abbreviations

FRC	:	Finnish Red Cross
IFRC	:	International Federation of Red Cross and Red Crescent Societies
IEC	:	Information, Education y Communication
STI	:	Sexually transmitted Infections
ITT	:	Transfusion transmitted Infections
NS	:	National Society
PAHO	:	Pan American Health Organization/ Regional Office of WHO

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# 1 Executive Summary

This document provides the results of the evaluation which included 15 out of 21 National Societies participating in the Club 25 initiative supported by the Finnish Red Cross and the Federation Secretariat in the Americas since 2007. The structure of the evaluation was based on five principal elements: Quality, Effectiveness, Coverage, Limitations and Sustainability of the Club 25 initiative in the Americas.

The evaluation was designed to be applied as follows:

Survey of all Club 25 national leaders attending a Club 25 continental meeting held in Panama, in December 2009. Based on meeting attendance the survey data does not include information from Brazil, Cuba, Guyana, Haiti, Dominican Republic and Suriname. All National Societies implementing Club 25 in 2009 were invited to participate in the meeting.

Site visits to five countries by the evaluation team to interview:

- Active and former members of Club
- Red Cross staff
- Red Cross authorities involved in the initiative, such as board directors, youth directors, health directors and blood bank directors.
- Health authorities and personnel of organisations related to blood services.

The selection criteria for the selection of the countries included:

- Availability of the National Society for the visit
- Organisational model of the Clubs
- Geographic representation (one country from each region)
- Degree of Club development
- Impact of the National Society in national blood supplies

Based on these considerations, the countries selected for site visits were: Colombia, Chile, Guatemala, Nicaragua and Suriname.

The information from national Club leaders was obtained through a survey form, focus groups and in depth discussions at the Panama meeting. The data collection from active and former Club 25 members was obtained through a survey form and in depth group discussions. Finally, the information from Red Cross authorities and external agencies was obtained through a survey form and key informant interviews. A total of 128 survey forms were completed.

## 1.1 Principal Findings and Recommendations

There are 110 Clubs in the countries surveyed, with an average of 7 per country. The countries that have implemented the greatest number of Clubs are Honduras (29), Guatemala (23), Chile (13), Nicaragua (12) and Bolivia (9). 13 out of 15 Clubs report close to 4000 members. Central America followed by the Southern Cone are the regions with the highest number of Club 25 members. However, it is important to analyse the number of members from year to year to establish a tendency.

It is necessary to develop mechanisms for improving integration between the Club 25 and other Red Cross programmes, including health departments and blood banks.

A large number of agreements between the Club 25 and outside institutions were found, demonstrating the profile of the Red Cross in blood donor recruitment in their countries. This shows the versatility of Club 25 programmes and the capacity to adapt to local conditions.

The Club 25 programmes have an important presence in their communities, so it is important that the initiative is closely monitored in country as it could affect positively or negatively affect the institutional image.

It is of concern that the operation of 86% of the Clubs depends on international funds; local funding mobilization is quite low.

There is a correlation between the numbers of hours that the Club 25 leader/coordinator dedicates to the initiative and the results achieved.

On a scale from 1 to 10, the majority of coordinators (80%) scored the Club achievements greater than 7 indicating that the initiative has been successfully implemented, but there are still some aspects to be developed.

In general terms, the Club 25 members are satisfied with the educational, social and recreational processes. The majority of the members rated these aspects higher than 7, on a scale from 1 to 10.

The majority (70%) of former members surveyed did not have any objections to rejoining Club 25, which demonstrates the degree of satisfaction and acceptance that the initiative achieved among these youth.

Last year, in 10 out of 15 countries surveyed the Club 25 members contributed with close to 8000 units of blood. El Salvador, Guatemala, Honduras, Nicaragua and St Lucia are the countries with the highest average of blood donations per member.

According to members the training provide by the Clubs has contributed to fostering positive behaviours, including an increase in sexual health knowledge.

It is necessary to further promote Club 25 achievements inside and outside of the Red Cross Movement.

The most prevalent external constraints cited by Club 25 coordinators were the lack of support from the National Society in the promotion of Club 25 (40%), followed by financial constraints (33%).

The Club members cited a wide range of internal and external constraints. These included the lack of a meeting place, limited promotion outside of the Red Cross, lack of information among youth (myths and fear of pain), lack of transport to participate in Club meetings, lack of family support especially in families that feared or did not see the value of donating, and lack of financial resources.

Recommendations on starting a Club included: Coordinators emphasized the need for greater involvement of Red Cross authorities to establish mechanisms for cooperation between programmes and the presence of a permanent Club 25 team composed of staff and volunteers. Members identified the mobilization and availability of financial resources, dissemination and promotion, and the establishment of internal and external communication channels.

## 1.2 Successes

- Support from National Society authorities including:
  - Recognition of the importance and value of Club 25
  - Assignment of a physical space for Club 25 work and meetings.
  - Appointment of a permanent Club 25 coordinator with, at minimum, half time availability.
  - Allocation of a budget based on outputs.
  - Mechanisms and permanent channels of communication established between Club 25, blood bank /health, youth and other Red Cross programmes
  - Active participation and empowerment of youth working toward concrete results.
  - Regular communication with other institutions outside of the Red Cross.
- Monitoring and evaluation based on concrete results.
- Incentive program in place.
- Mechanisms established for exchange of experience between Clubs.
- In conclusion, the Club 25 initiative has been successful in the Americas in mobilizing young people and maintaining their involvement. It has also provided an area of socialization and for learning and skills development in aspects which are useful for life. Overall, despite constraints identified, the Club 25 initiative has been effective in fostering positive behavior in Club members.
- The great challenge of Club 25 in the Americas is to maintain the enthusiasm of its members over time. Club 25 should focus on results rather than activities as it has done so far. Club 25 should be considered as part of wider public health strategy for voluntary blood donation and safe blood supplies, health promotion and social responsibility; not as an isolated programme.

## 2 Background

Club 25 is a participatory youth strategy which aims to promote voluntary non-remunerated blood donation among young people. Through the Club 25 initiative National Societies recruit, educate, motivate and retain young blood donors between 17 and 25 years of age who commit to adopting a healthy lifestyle and become low risk regular blood donors. Young people who become members of Club 25 make a commitment to donate blood at least twice a year until their 25<sup>th</sup> birthday. In this way, they contribute to increasing their country's blood supply and to fostering youth social responsibility and voluntarism within their communities.

The initiative was introduced in the America Region after the Tenth International Colloquium on recruiting voluntary blood donors. This event was held in Chile in March 2006. During the seminar, representatives from 15 National Societies participated in a two-day workshop to define the terms of Club 25 implementation. Since then, the Secretariat has undertaken various actions in to support National Societies in the implementation of the initiative.

In August 2006, a document was developed on scaling-up the Club 25 initiative in the Americas. This text presented a general panorama of the status of voluntary donation and the role of Red Cross National Societies in the region. As a pilot project, the document also contained a proposal to implement the Club 25 initiative in various selected National Societies. The objective of the pilot project was to establish a permanent group of youth voluntary blood donors who would promote healthy lifestyles with their peers. This strategy sought to increase voluntary blood supplies while promoting the reduction of sexually transmitted infections, particularly HIV. The specific objectives of this project were:

- To mobilise youth aged 16 to 25 years to be regular, voluntary blood donors in order to meet 75% of the blood supplies needed by blood banks and hospitals in their countries.
- To raise awareness and promote voluntary blood donation and Club 25 among youth in schools, educational institutions, churches and youth groups.
- To reduce the prevalence of sexually transmitted infections (STI's) in donated blood to just 1% through a strategy of Information, Education and Communication (IEC).

The indicators used to measure the impact of Club 25 were:

- Increase in the percentage of young people committed to donating blood.
- Increase in the total number of young blood donors.
- Increase in the number of blood donors who donate for a second and subsequent times.
- Increase in the average number of donations (within the limits considered safe and acceptable for the donor) among young people for a year.

- Reduction in the percentage of donors permanently deferred due to transfusion transmitted infections (TTI).
- Increase in the number of young people interested in blood banks.
- Reduction in the percentage of donors who stop donating.

In December 2006, a consultancy was commissioned designed to assist the International Federation of Red Cross and Red Crescent Societies (IFRC) with introducing the Club 25 initiative in the Americas.

The Finnish Red Cross provided support for the implementation of Club 25 in 2007. The initiative was expanded throughout the continent with the aim of increasing voluntary and non-remunerated blood donation in the region. The following National Societies have participated in the initiative to the end of 2009:

**Table 1. National Societies**

Anglophone Caribbean	Dominica, Grenada, Guyana, Jamaica, Saint Lucia and Suriname
Latin Caribbean	Cuba, Dominican Republic and Haiti
Central America	El Salvador, Guatemala, Honduras, Nicaragua and Panama
South America	Bolivia, Brazil, Chile, Colombia, Ecuador, and Paraguay

The Federation has supported the promotion and public image of Club 25 in the Americas. Thanks to an excellent relationship with the international advertising agency, McCann Erickson Panama, a communications proposal and continental tools were developed.

In 2007, National Societies in the Americas adopted a common logo and campaign designed by McCann Erickson to promote and brand Club 25. In addition, National Societies implementing Club 25 have adopted the slogan "New blood for the world" also taken up by other National Societies around the world.

In 2008, the Federation developed the guides: *How to initiate a Club 25* and the *Monitoring and Evaluation Tool* at the continental level to guide the setting up of new clubs and assist club coordinators and promoters in the implementation process. The manuals were distributed during 2009 and can be downloaded at <http://www.cruzroja.org/salud/club25/des-manu.htm>

In addition to adapting these tools the Federation has provided direct support to National Societies in the implementation process, according to the different needs and contexts. The monitoring sheets were created to monitor the implementation process, membership and activities. The National Societies update the monitoring sheets periodically.

A Club 25 website could provide a dynamic and user friendly mechanism for young people to share information on activities taking place and perspectives from young people across the continent. It is important that responsibility for a website is assumed by a National Society and developed by the youth.

Finally, in the Americas while National Societies have made considerable efforts in the implementation process, there is still a need to increase their capacities to guarantee the

continuity of the Club 25 initiative particularly through advocacy, building alliances, retention of Club 25 members and resource mobilization for sustainability and expansion.

This evaluation is based on the premise that all Clubs were established respecting the initial objectives, but strategies may have been adapted to the specific situation and needs of each country. The purpose of the evaluation is to provide a general panorama of Club 25 in the Americas and identify improvements in order to strengthen those Club 25 programmes which are established and functioning.



## 3 Methodology

### 3.1 Objectives of the Evaluation<sup>1</sup>

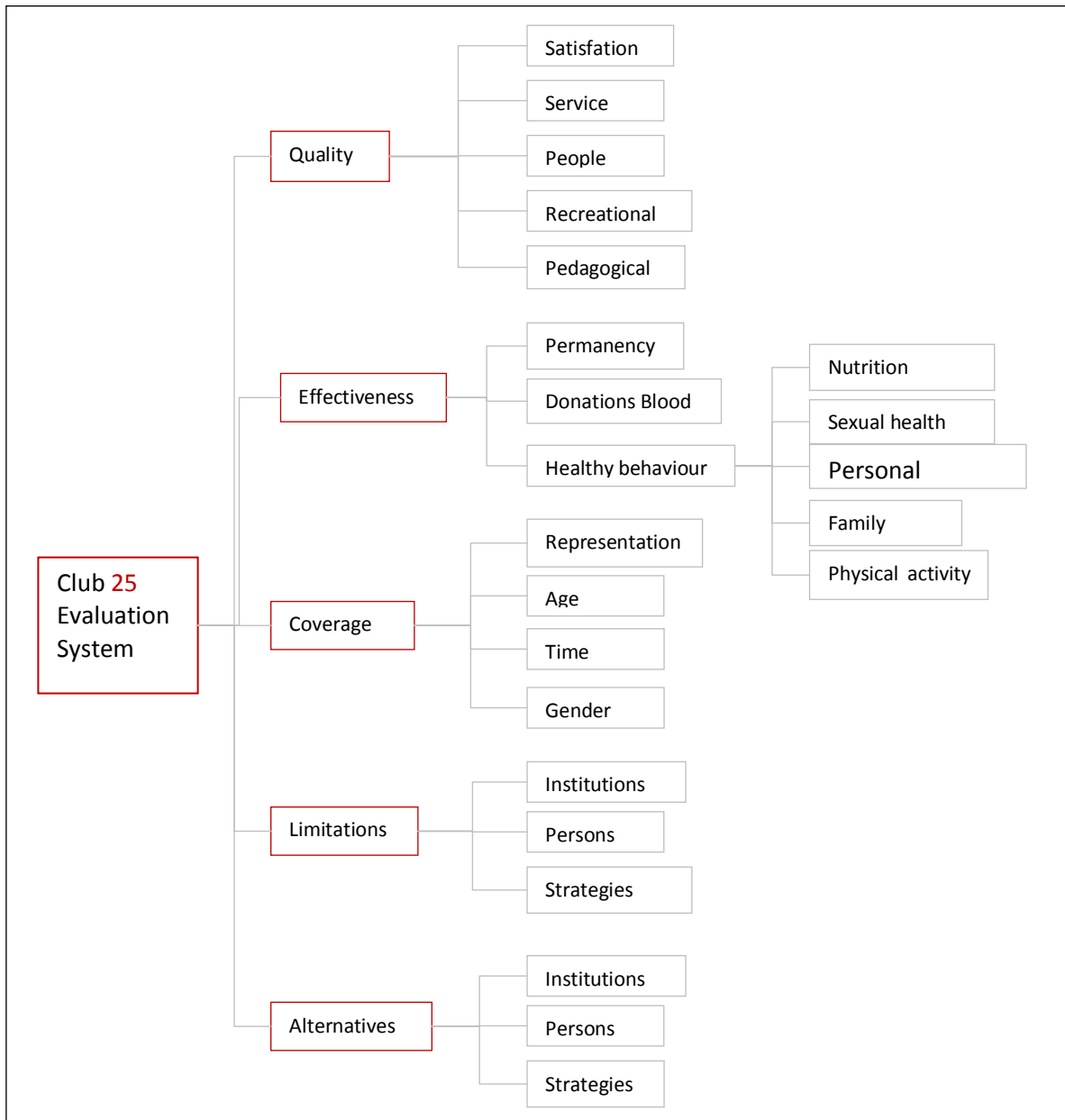
- To provide a snapshot of Club 25 in Latin America and the Caribbean.
- To evaluate the effectiveness of current Club 25 programmes in fulfilling their objectives, considering whether the interventions have had an impact on the target group and voluntary blood donations in the country.
- To evaluate the extent and effectiveness of youth participation at all levels of Club 25 programmes.
- To describe the lessons learned and limitations encountered in implementing this initiative.
- To make recommendations on which mechanisms should be used to continue Club 25 in Latin America and the Caribbean in terms of the programme's implementation and sustainability, including strategies for communication and the mobilisation of resources.

### 3.2 Structure of the Study

The methodological structure of the evaluation was based on five principal elements: Quality, Effectiveness, Coverage, Limitations and Alternatives; from where other variables were derived to design the questions. ( See Diagram 1 below).

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<sup>1</sup> The objectives were defined in the Terms of Reference for the consultancy.



**Diagram 1. Club 25 Evaluation Framework**

### 3.3 Operational Definitions

The following operational definitions are provided for each principal concept:

**Quality:** The degree of satisfaction among members, including training, youth participation, promotion and recreational activities. Coordinator satisfaction in relation to Club 25 implementation process and achievements, together with the perception of Red Cross authorities and external agencies.

Effectiveness: Understood as view of coordinators in relation to the numbers of blood donations, time permanence of member and positive behaviour change. The awareness of Red Cross authorities and external agencies regarding Club 25.

Coverage: The number of functioning Clubs, duration of Clubs and their representativity in relation to age and gender.

Limitations: Any kind or type of obstacle that hinders Club 25 development.

Alternatives: Solutions proposed in order to meet the Club 25 objectives and goals.

### 3.4 Data Collection Procedures

The evaluation was designed to be applied to the following groups:

National Club 25 coordinators who attended the continental Club 25 meeting in December 2009.

In visited countries:

Active and former members of Club 25

Red Cross authorities, such as board directors, youth directors, health directors and blood bank directors. External agencies including health authorities and organisations related to blood services.

The evaluation was complemented with individual surveys designed with open and semi-structured questions in order to elicit a diverse range of possible answers. Surveys were available in Spanish and English, and in the case of Suriname, were translated to Dutch. For each of these groups, a different instrument was applied. All three instruments were validated in Nicaragua and adjusted by the Finnish Red Cross delegate and Federation regional health staff.



**Map 1. Attendants to Panama Meeting 2009**

The information from national Club coordinators was obtained through a survey and discussion meetings and focus groups conducted during the continental meeting held in Panama in December 2009 (see Map 1). The data therefore does not include information from Brazil, Cuba, Guyana, Haiti, Dominican Republic and Suriname.

However, not all participants attending the Panama meeting were the actual national coordinators. For example some participants were volunteers, blood bank directors or Red Cross health staff. Therefore, the consistency of information received varied. One special case was the Mexico participant (Director of Red Cross blood bank) who didn't have Club 25 in their National Society, but were interested in implementing the programme in the future. Mexico's responses were not included as there is no history of Club 25. However, subsequently Mexico has

established the first Club. Club 25 was launched in Peru during 2009 so their experience in implementation was very limited.

Data collection from active and former Club 25 members required field visits to five countries; the selection of countries for the field visits was made keeping in mind to ensure, with the resources available, a heterogeneous and representative sample. The selection criteria included:

- The National Society's availability for the visit
- The Club 25's organisational model
- Geographic representation
- Degree of Club development
- Contribution of the National Society to the national blood supply

Based on these considerations, the countries selected for site visits were: Colombia, Chile, Guatemala, Nicaragua, and Suriname.

In each of these countries, the visit was organised through the IFRC Regional Health staff and the respective National Society. Together, these took charge of calling people together and organising the logistical needs in order to ensure the presence of personnel during programmed activities. In the case of Guatemala, the site visit was conducted by the IFRC Regional Health Officer (see Table 2).

**Table 2. Countries and Selection Criteria for the Visit and Evaluation Team members**

Country	Club Organisation	Funding	Geographic Location	Degree of Club Development	Evaluation team members/s and dates
Colombia	Supports the RC Blood Bank	Finnish RC	Andean Region	Medium	Marcela Garcia January 2010
Chile	Supports MofH	Finnish RC	Southern Cone	High	Carolina Cossio/ Marcela Garcia January 2010
Guatemala	Supports the RC Blood Bank	Finnish RC	Central America	High	Leticia Herrera December 2009
Nicaragua	Supports the RC Blood Bank	Luxemburg Project	Central America	Medium	Maria Pikkarainen/ Marcela Garcia December 2009
Suriname	Supports the RC Blood Bank	Finnish RC	Caribbean	High	Maria Pikkarainen/ Marcela Garcia December 2009

## 3.5 Characteristics of Sample

### 3.5.1 Coordinators

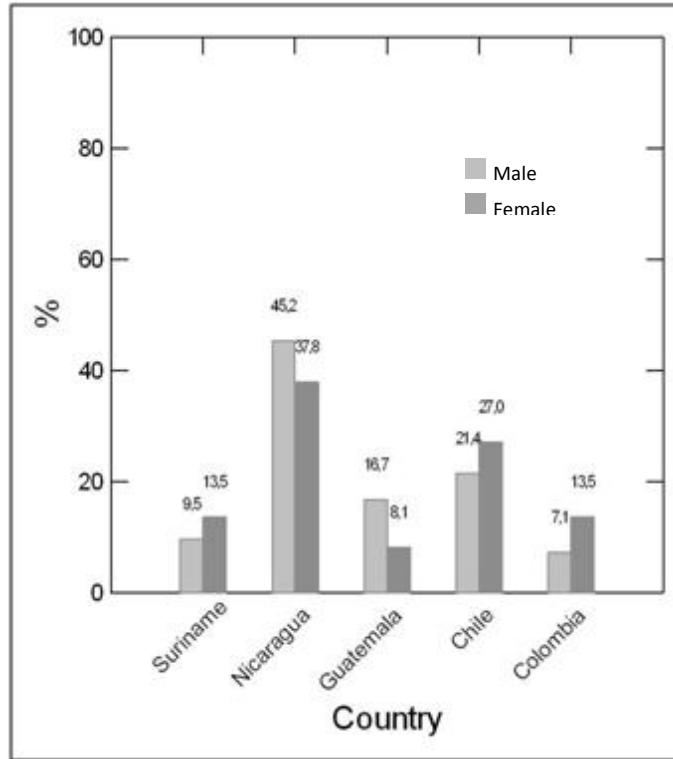
The coordinators sample, comprised 16 people, 8 male (50%) and 8 female (50%). The ages of the coordinators ranged from 20 to 35 years, the average age 24 years old. The time with Red Cross was between 20 months up to a maximum of a 20 year involvement in the case of Jamaica. The average time with Red Cross is 8 years and in the coordinator role from 2 months up to 36 months, on average 16 months (See Table 3).

**Table 3. Coordinator's profile**

	Country	Gender	Time with Red Cross (months)	Time as coordinator (months)	Age
1	Ecuador	Female	96	2	26
2	Colombia	Female	20	No response	28
3	Nicaragua	Male	42	10	20
4	Chile	Male	20	12	32
5	El Salvador	Male	84	12	23
6	Honduras	Female	36	17	30
7	Peru	Male	96	5	35
8	Granada	Female	48	14	25
9	Bolivia	Male	24	6	29
10	Jamaica	Female	240	No response	35
11	Paraguay	Male	72	30	20
12	Guatemala	Female	132	40	41
13	Panama	Male	168	36	21
14	St. Lucia	Male	96	12	32
15	Mexico	Female	240	No response	No response
16	Dominica	Female	96	16	27

### 3.5.2 Active Members

The ages of this group range from 14 to 27 years, with an average of 19 years. The majority of those surveyed were between 16 and 22 years. The Clubs in Colombia, Chile and Suriname have more female members when compared with Guatemala and Nicaragua, however, gender did not seem to have any effect on the answers (See Graph 1 and Table 4).



**Graph 1. Country vs Gender**

**Table 4. Countries vs Gender**

Country	Male	Female	Total
Chile	9	10	19
Colombia	3	5	8
Guatemala	7	3	10
Nicaragua	19	14	33
Suriname	4	5	9
Total	42	37	79

### 3.5.3 Former Members

The sample obtained was limited to Guatemala and too small to meet the conditions and criteria to be considered truly representative of this population. The findings are included in the report however because they are interesting. The limitations for sampling this population were mainly logistical; the majority of Clubs have limitations in their information systems, and in some cases the short lead in time may have affected response to meeting invitations.

The former members sample was composed of 8 individuals: 3 male (37.5%) and 5 female (62.5%). The age range was between 19 and 23 years, with an average of 20 years.

### 3.5.4 Red Cross Authorities

The sample consisted of 33 people, including 18 males (55%) and 15 females (45%) divided into four categories: Red Cross governance (39%) (Presidents, Vice Presidents, Board Executive and Members); Red Cross Volunteers (24%) (Youth and relief); Red Cross Programmes (30%) (Blood Bank, relief, monitoring and evaluation, health and welfare) and administration (6%) (Treasury and finance) (See, Table 5).

**Table 5. Sample Red Cross Authorities**

Country	Sector	No. of Authorities
Chile	Governance (4), Volunteer(3), Programmes (3), Administrative (1)	11
Colombia	Governance (1), Volunteer(1), Programmes (1)	3
Guatemala	Governance (3), Volunteer(1), Programmes (1), Administrative (1)	6
Nicaragua	Volunteer(3), Programmes (3)	6
Suriname	Governance (5), Programmes (2)	7
Total		33

### 3.5.5 External Agencies

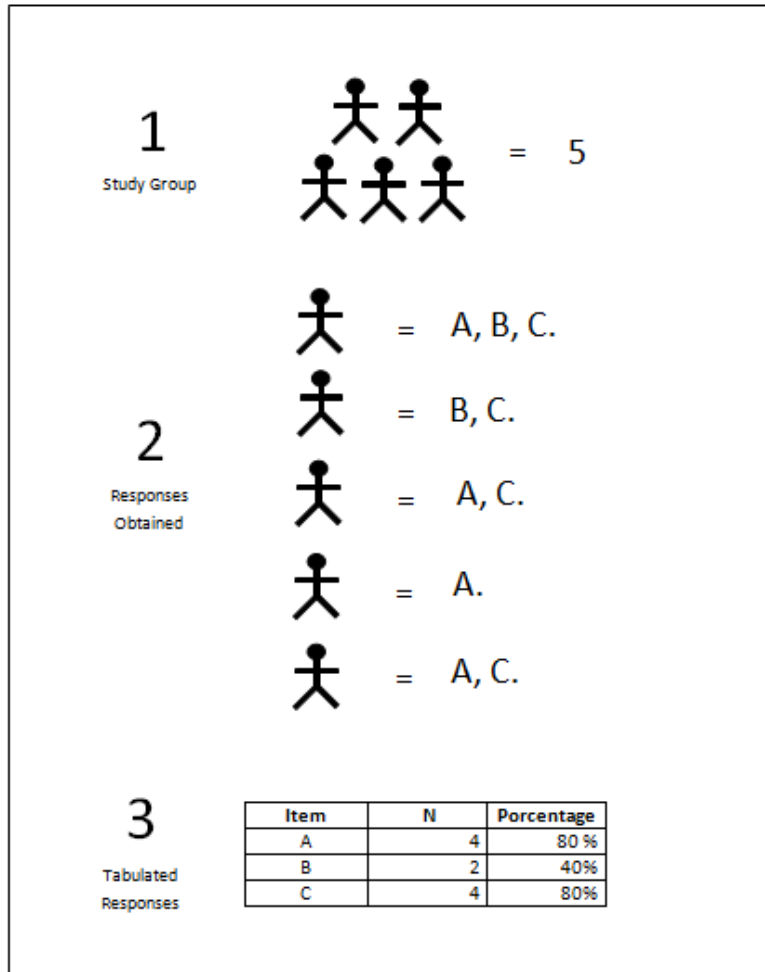
Although the sample is small, eight people, it is considered suitable because it represents different sectors related to blood services in all five visited countries. The 8 people interviewed included 5 male (62.5%) and 3 female (37.5%) respondents. In this group, four were related to a health authority, two associated with international institutions, two belong to the educational sector and one person was connected to a national blood bank (See Table 6).

**Table 6. External Agencies Sample**

Country	No. of Authorities	Sector
Chile	1	Blood Bank
Colombia	1	Health Authority
Guatemala	3	Health Authority,(2) Educational Institution
Nicaragua	2	Luxemburg project and Health Authority
Suriname	1	PAHO/WHO

### 3.5.6 Findings presentation

The majority of the questions were open and semi-structured. Answers were reviewed and organised into tables under pre-established categories following the criteria for qualitative assessment. Usually, in a qualitative analysis the response of the person may belong to several categories. Therefore, the total of all answers could be greater than “n” (number of responders). The percentages presented reflect the proportion of individuals out of the total, so the total could be greater than 100 % (See Graph 2).



**Graph 2. Qualitative Analysis**

### 3.6 Limitations of the Evaluation

One of the limitations of the evaluation is the lack of data from all National Societies involved in Club 25 in the Americas. The evaluation presents information from 13 national Club 25 Coordinators (Chile, Dominica, Ecuador, El Salvador, Granada, Guatemala, Honduras, Jamaica, Nicaragua, Panama, Paraguay, Peru, St. Lucía) and 2 representative from Clubs ( Bolivia and Colombia).

A full picture is available from only four National Societies: Colombia, Chile, Guatemala and Nicaragua (coordinators, members, RC staff/ authorities and external related organizations) as they completed the survey and were visited by the evaluation team. Unfortunately the Suriname Coordinator did not complete the questionnaire during the site visit.

It would be advisable to complement the mapping data in order to establish a full base line of Club 25. This information could be obtained directly from the Club 25 focal points in Brazil, Dominican Republic, Cuba, Haiti, Mexico and Venezuela with support from the IFRC health team.

## 4 Mapping

The mapping exercise has the following elements informed by Coordinators:

- Description of the recruitment strategies used
- Club 25 established working models and mechanisms
- The Club 25 relationships within the Red Cross and with external agencies
- Monitoring and evaluation systems
- Coordinator time dedication
- Established funding mechanisms

### 4.1 Recruitment strategies

Orientation workshops were cited as the most widely used method of recruiting new members and/or potential donors, with 73% of the Clubs attracting youth through training programmes. Just over a quarter (27%) report use of promotional materials such as posters, pamphlets and t-shirts. 20% of the coordinators said they utilised mass media, such as radio and television. Only one of the Clubs report use of internet or social portals as part of their strategies to attract new members.

It should be noted that workshops need to be participatory and interactive to keep the attention and enthusiasm of youth. If the recruitment strategies are invented by the youth themselves, meaning that they are given the opportunity to plan the activities, there is more likelihood of attracting new members to the Clubs. The members know how they were recruited and can use these experiences in attracting new youth. It is interesting to observe the limited use of internet considering that youth and adolescents belong to the cybernetics era. An interpretation of the finding is the absence of previous studies to define intervention strategies based on the local conditions.

The majority of the surveyed members joined Club 25 through Red Cross advertisements (32%), followed by the influence of a neighbour or friend who were already members (22%), or were approached directly by the Club (16%). Others (17%) became involved directly with the Club on their own. A lower number was referred through schools and universities or by a family member (see Table 7).

**Table 7. Recruitment strategies**

	Frequency	Percentage (%)
Red Cross announcements	25	32
Neighbour or friend	17	22
Club 25 approach	13	16
Schoolmate	9	11
School	6	8
Family member	5	6
University	4	5

## 4.2 Established Working Model

In most cases, the Club 25 coordinators were able to clearly explain the internal working mechanisms, positions and responsibilities, which suggests that they have a clear understanding of the Club 25 Club structure. However, what is not clear is the position of the Club within the National Society and the interaction with other Red Cross programmes. The coordinators know the Red Cross well, so lack of clear direction within the National Society could be the reason for the situation. In Chile and Suriname, for example, Club 25 is under the youth programme, with little interaction with the blood service or the health programme. In Nicaragua, the Club is under the National Blood Program, and there is good relationship between the Club 25 and blood bank, however the relation with the volunteer and HIV programmes needs to be improved. It is important to highlight that those National Societies with blood programs have greater capacity and resources to build up Club 25.

Because of their complementarity, Club 25 initiatives aim for cooperative work between Red Cross youth, blood and health programmes. Youth is the target group and Red Cross youth programmes have developed the experience and knowledge with this target group, while blood and health programmes have the responsibility to improve the blood donor pool by recruiting new donors, retaining existing donors and increasing the number of annual donations per donor.

Thus, there is a huge opportunity to build a cooperative working model among the youth, blood and health programmes and to exchange experience with a view to reinforcing National Society programme integration and strengthening human resource capacity. Otherwise, the risk is that Club 25 members will not feel identified with the Red Cross principles and mission.

## 4.3 External Relations

Over 60% of the coordinators reported having stable alliances with institutions such as schools, universities and non-governmental organisations. This is very positive and demonstrates the versatility of Club 25 programmes and their capacity to adapt to the local conditions.

It is worth noting that just one Club has managed to establish an institutional agreement with their Government. Therefore there is an opportunity for the Red Cross authorities to provide the Club with political and administrative support to formalise such agreements. (See Table 8)

**Table 8: What entities do you coordinate with?**

	N	%
Red Cross volunteers	7	47
Youth between ages 14 and 35 not related with any organization	6	40
Neighbourhoods, churches, community groups and NGOs	4	27
Schools	3	20
Others	2	13
Universities	2	13
Government	1	7

## 4.4 Monitoring and evaluation system in place

Only half (53%) of the clubs follow-up on blood donations and less than half of the Clubs have established a system for monitoring and evaluation of membership processes. Close to 28% of the Clubs lack any kind of evaluation system. In addition, the frequency of evaluation is not standard which makes it difficult to compare between the Clubs; for example, Colombia and Grenada do not mention the frequency of their monitoring; Bolivia and Guatemala report monthly monitoring; Honduras and Nicaragua from weekly to monthly; and Paraguay on a quarterly basis. (See page 37, Table 19 Coverage achieved).

The monitoring and evaluation systems are crucial in any process especially as this is the most effective way to identify constraints and issues in a timely manner and look for solutions. Prompt adjustments could contribute to the Club's success and future sustainability. The IFRC has made Club 25 monitoring and evaluation documents available to the National Societies, however in some cases these have not been utilised. It is necessary to ensure that the coordinators fully understand the importance of the monitoring and evaluation system. The IFRC can play a more active role in providing technical support and follow up for monitoring and evaluation systems and promoting a culture of keeping and updating relevant data throughout Club 25.

## 4.5 Motivation of Members

75% of Clubs provide tangible incentives for their members. The incentives take the form of branding items such as caps, badges, t-shirts, key rings, pencil cases etc. (40%), meeting refreshments (53.3%), awards (40%). Meanwhile, some coordinators have provided recreational activities (20%) or donor certificates (13%). Among the reasons given for not providing material incentives, one in particular stands out, Paraguay's coordinator says that the point is not to give material incentives but to foster social recognition and standing among donors to stimulate altruistic behaviours.

Incentives are undoubtedly a way to attract new members, and may also help to establish an identity with or brand the initiative. Among youth, the feeling of "*belonging to*" is essential. In addition it is necessary to work in developing the "social recognition" of repeated and consistent voluntary blood donations. Paraguay's position is particularly interesting; it would be worthy to follow up and to learn from them.

When discussing with the Club members many indicated that the most important reason for them to join the Club 25 was to be able to save someone's life and do something good for others. The motives were altruistic. Some had family members in a need of blood and this prompted them to to become Club members. Some were worried about traffic accidents where many injured need blood. By joining Club 25 the youth can feel useful for their communities and this makes them feel good about themselves. The Club gives them a possibility to grow, develop leadership experience and use their free-time for helping others.

## 4.6 Funding

Funding or financial support varies from Club to Club. The majority of Clubs (86%) received international funds as the only source for their operations. The salary of Nicaragua's Club 25 Coordinator is now paid by the National Society with their own funds. This has taken place gradually. It is advantageous since it ensures that a staff member is fully dedicated to develop the Club 25 initiative and accountable for their performance. An extreme case was reported for Jamaica, which besides the support for initial establishment, hasn't received any kind of financial support. Funding was raised as a concern by all groups interviewed.

The funding situation suggests that it is necessary to work in global/regional and local funding strategies. If the National Society is committed to the Club 25 initiative, it is necessary to define and establish a funding mechanism or resource mobilization strategy towards sustainability. This decision necessarily involves the National Societies' authorities and cannot be the sole responsibility of Club 25 coordinators especially in the case of volunteer coordinators. The National Societies involved with blood banks should ensure the sustainability of the Clubs, however not all have adopted this course of action.

## 4.7 Time dedicated to Club 25 by Coordinators

10 out of 15 responses were received; the number of daily working hours goes from less than 1 hour to 8 hours, the majority of the coordinators (4) dedicate on average 1 hour per day, which may be insufficient during start up (See Map 2). On the other hand the Clubs where the coordinators dedicate more than 4 or more hours usually demonstrate better results (Table 9).

As some of the coordinators are volunteers, it is understandable that they spend most of their time at school/work, which means less free time and thus less time for the Club. If the coordinator is employed by the Red Cross s/he can focus on Club management fully, on a whole different level than a volunteer.

**Table 9. Daily Hour Dedication of Coordinators**

Time	Country	Members	Number of Clubs	Time of Permanence	Units Collected Yearly	Average donation per member
Less than 1 hour	Dominica	25	1	No response	11	0.44
	St Lucia	25	1	6 months	120	4.8
1 hour (* 1Hour 30 minutes)	Bolivia	25	9	8 months	1000	40
	Chile(*)	300	13	No response	2200	7.3
	El Salvador	60	6	3 months	200	3.3
	Panama	1202	2	3 months	690	0.6
2 hours	Paraguay	156	3	No response	No response	
4 hours (* 5 hour)	Guatemala	956	23	36 months	1800	1.9
	Honduras(*)	540	29	No response	914	1.7
8-12 hours	Nicaragua	450	12	36 months	1000	2.2
No response to daily hour dedication	Ecuador, Colombia, Peru, Grenada and Jamaica					

# CLUB 25

## Daily Hour Dedication

N	Country	Hours
1	Bolivia	1 hour
2	Chile	1 hour
3	Colombia	No response
4	Dominique	Less than 1 hour
5	Ecuador	No response
6	El Salvador	1 hour
7	Grenada	No response
8	Guatemala	4 hours
9	Honduras	4 hours
10	Jamaica	No response
11	Mexico	No response
12	Nicaragua	8 hours
13	Panama	1 hours
14	Paraguay	2 hours
15	Peru	No response
16	St Lucia	Less than 1 hour



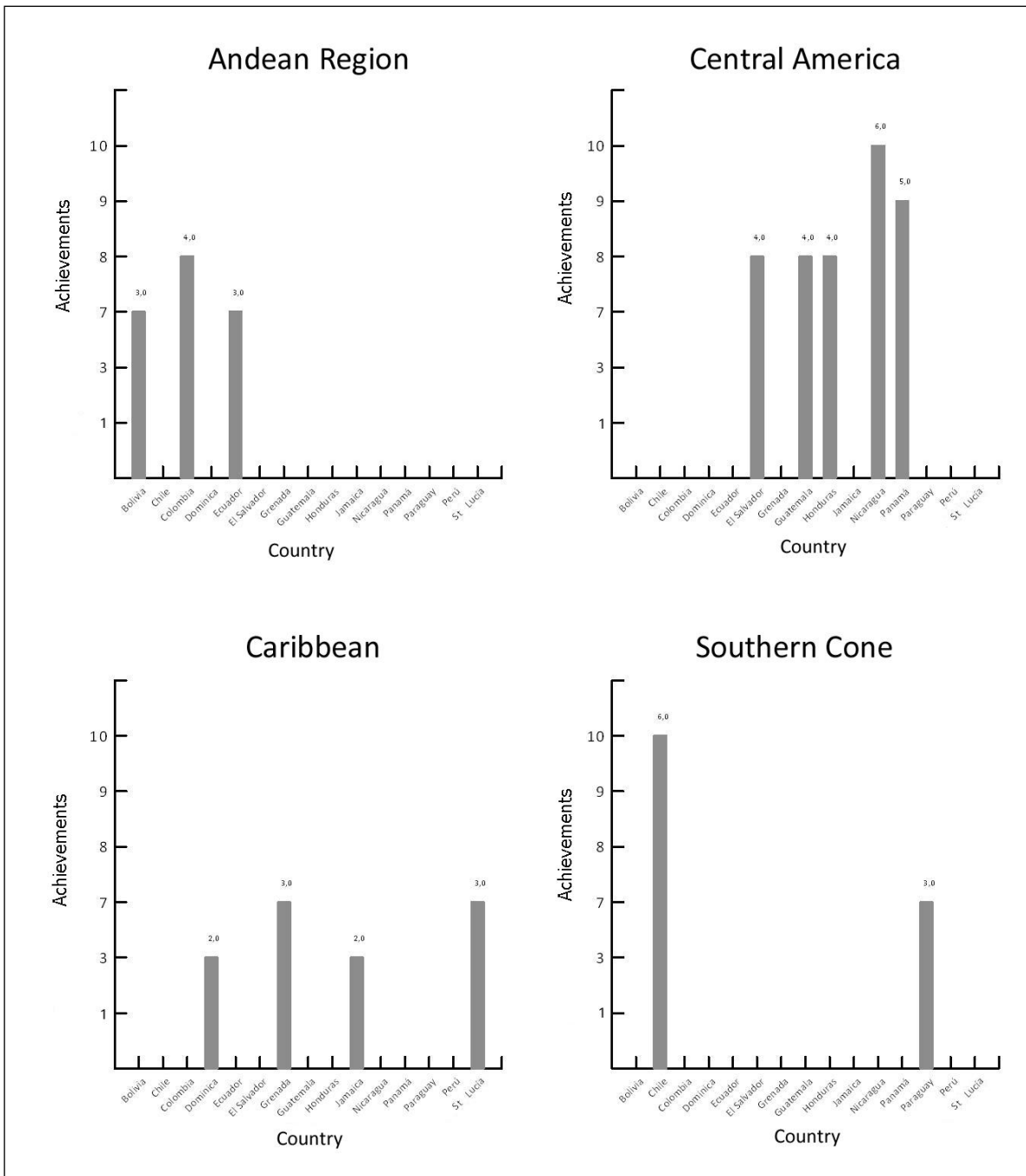
Map 2. Daily Time Dedicated by Coordinators

## 5 Quality

Defined as the coordinator satisfaction in relation to the Club's implementation process and achievements, together with the member satisfaction regarding training and activities and the perceptions of Red Cross authorities and external agencies.

### 5.1 Quality According to Coordinators

The majority of coordinators (80%) ranked the Club achievements greater than 7, on a scale from 1 to 10. Average scores of Clubs in Central America and the Southern Cone were the highest at 8.6 and 8.5. The lowest average score of 5 was observed in the Caribbean countries. It is necessary to look closer at the Caribbean situation, even though the coordinators could defend their management of the initiative, their views on National Society commitment and sustainability were not optimistic. (See graph 3)



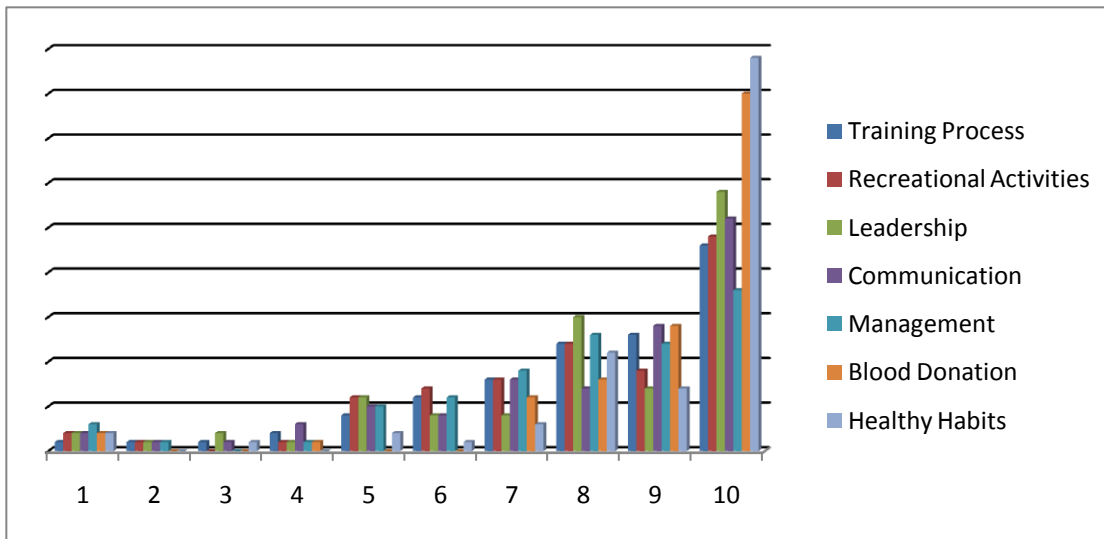
**Graph 3. Achievements**

## 5.2 Quality according to members

Members were asked to evaluate the training processes, education and recreational activities, including leadership training, the development of communication skills, management, instruction on blood donation practices and healthy lifestyle habits etc. A summary of these results are presented in table 10. The average response received were 70 out of 79 members interviewed

**Table 10. General Rankings**

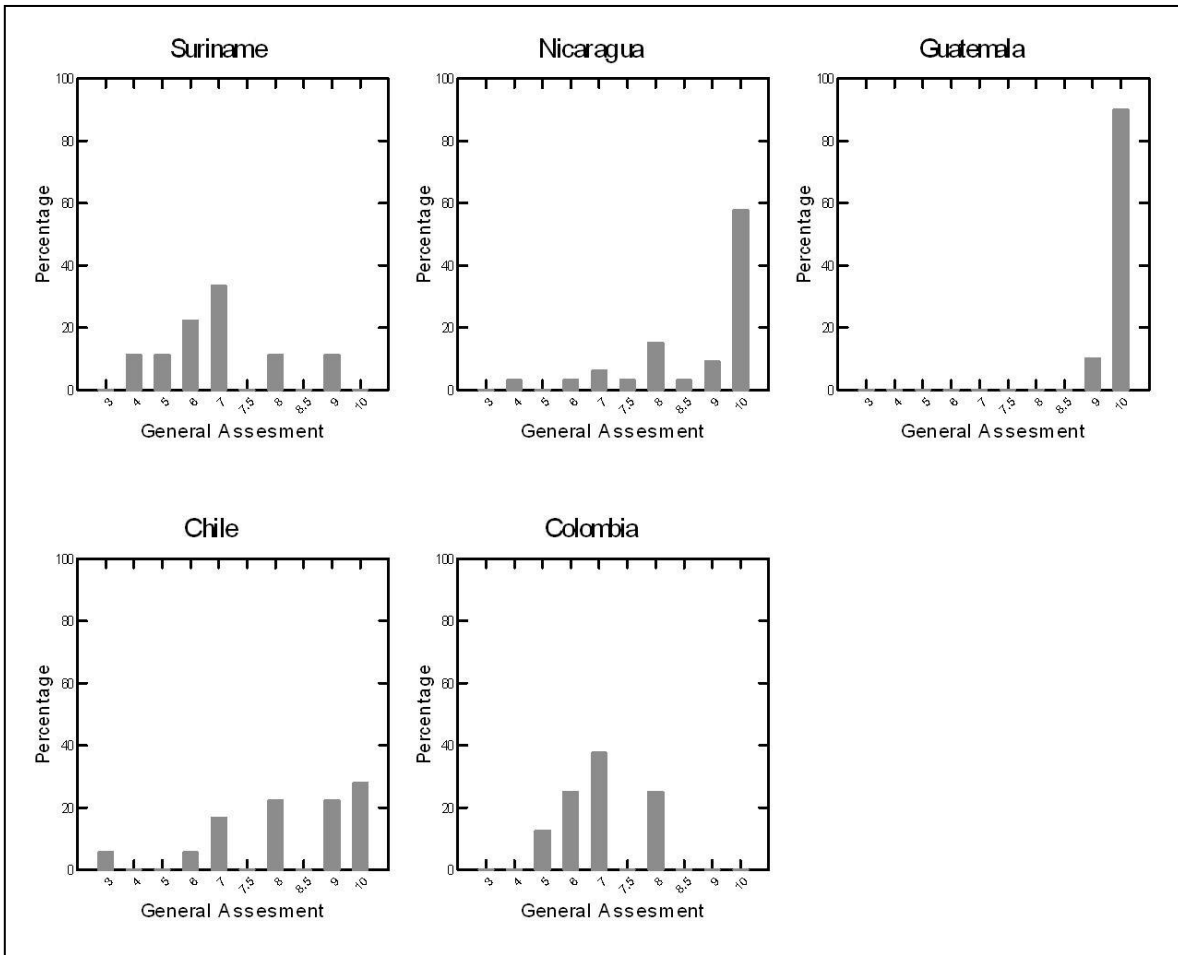
	N/R	1	2	3	4	5	6	7	8	9	10
Training Process	7	1	1	1	2	4	6	8	12	13	23
Recreational Activities	9	2	1	0	1	6	7	8	12	9	24
Leadership	8	2	1	2	1	6	4	4	15	7	29
Communication	8	2	1	1	3	5	4	8	7	14	26
Management	11	3	1	0	1	5	6	9	13	12	18
Blood Donation	8	2	0	0	1	0	0	6	8	14	40
Healthy Habits	8	2	0	1	0	2	1	3	11	7	44



**Graph 4. General Rankings**

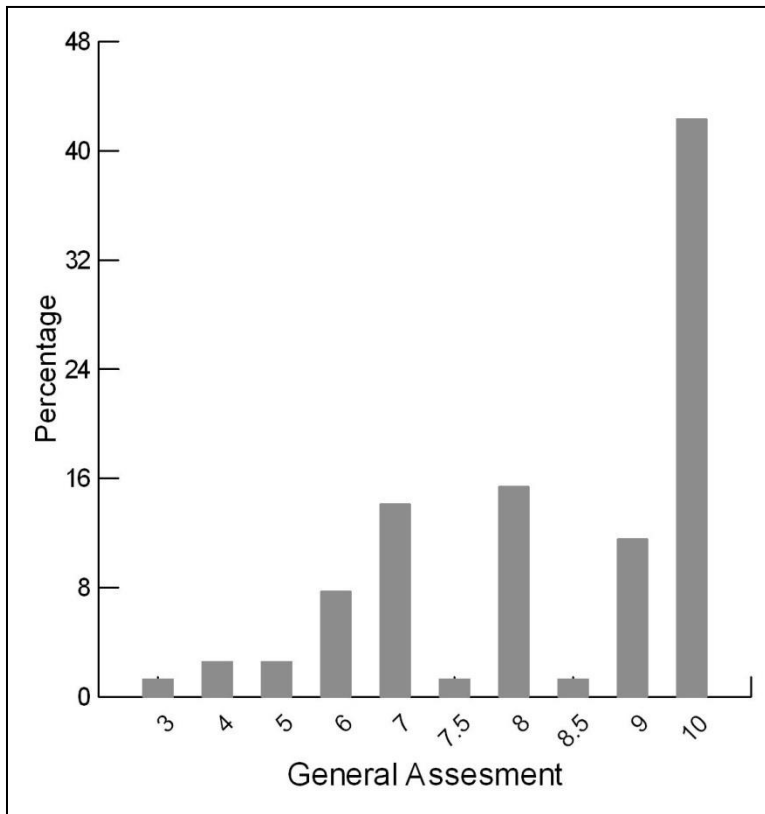
In general terms, Club members are satisfied with the educational, social and recreational processes led by Clubs. Most members rated these aspects higher than 7, on a scale from 1 to 10. In all cases, those who gave higher ratings formed close to 50% of the total member population surveyed. The aspects that received the highest rankings were education on voluntary blood donation and information on healthy lifestyles. Management on the other hand received the lowest scores. If the management is not planned and run by the youth themselves, the members may feel that they are not part of the management and this might lower the scores. Club 25 should involve youth at all levels, from the grass-root activities to the management and planning.

In order to get a higher score for the management in the future, it may be necessary to organise more training for the persons responsible for the Club management. This way their know-how and leadership skills will improve and this will have an influence on the whole Club.



**Graph 5. Assessment of Club 25 by country**

The general assessment of Club 25 is positive with 85% of the members giving scores of 7 or higher. It demonstrates the relationship and sense of belonging that youth have established with the programme (See graph 5).



**Graph 6. General assessment**

### 5.3 Perception of Red Cross Authorities

Responses were received from 37 people, with 27% rating the achievements of Club 25 between 8 to 10; 33% between 4 and 7, and 40% did not answer because they were not familiar with the achievements of Club 25.

The findings indicate that there is a need to increase promotion of Club 25 activities within Red Cross management and governance. If the authorities are well informed it will be more possible to seek their support. The IFRC could play an important role in promoting Club 25 within National Societies in the Americas, since Club 25 is a initiative that not only supports voluntary blood donation and promotes healthy life styles but can also be a seedbed of Red Cross volunteers. In fact, when Club 25 members were ask to select statements which best describes them, 63% of the members (50 out 79), selected “member of Club 25 and part of the Red Cross”; This still means that a third don't see themselves as part of the Red Cross, which should be addressed in the future. The Clubs are acting according to the Red Cross principles so the rate of identifying themselves within the Red Cross should be higher. This could be one for example with tighter relationships with other Red Cross programmes, for example using trainers inside the Red Cross when organizing activities in the Club. The Club could invite First Aid volunteers to train Club 25 members about first aid issues, Red Cross workers to provide orientation to the Red Cross Movement to the members of the Club 25 and their families. Exchange of experience and

knowledge is important and this way the Club members would be better integrated into the Red Cross.

## 5.4 Perception of External Agencies

The assessments were made by 4 people who are familiar with the Club 25 initiative of whom 50% rated the initiative favourably (score between 8 and 10). As was mentioned before, National Societies and the IFRC need to increase promotion of Club 25 with external agencies.

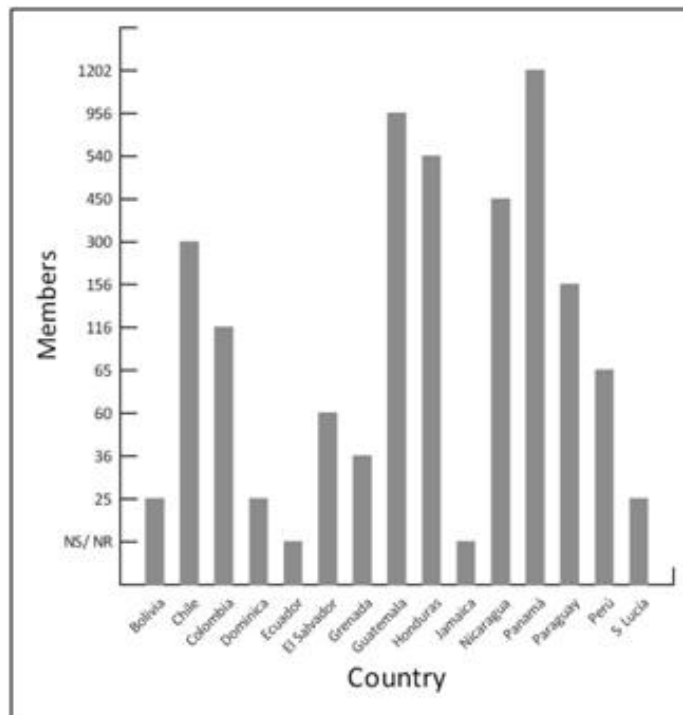
## 6. Effectiveness of the Strategies Implemented

To evaluate the effectiveness of the strategies implemented by Clubs, the following elements were taken into account:

- According to coordinators: the number of members in each Club, time of member permanence in the Club, number of units of blood collected, Club achievements and strategies used to promote healthy lifestyle habits.
- According to members: main achievements of the Club, time of permanence in the Club and adoption of healthy lifestyle habits.
- Former members: positive aspects of Club 25.
- Opinion of Red Cross authorities and external agencies on the achievements of Club 25.

### 6.1 Perspective of Coordinators

13 out of 15 Clubs report almost 4,000 members. Central America followed by South America are the regions with the highest number of Club 25 members. It would be important to analyse the number of members from year to year to see the trends re member retention.



Graph 7. Members vs Country

### 6.1.1 Time of Member Permanence in the Club

In general terms, some Clubs have managed to retain the same group of youth for over 6 months. An exceptional case was Panama, which had a member permanence of 3 months, but high levels of rotation, amounting to over 1200 active members. The Panamanian case merits analysis because the high member rotation could imply additional training costs and reduce the potential for regular blood donors.

Guatemala and Nicaragua are the countries with a higher level of member retention. In these cases, it could be possible that consistent presence and stability are factors that could influence the number of Club members (see Table 11 below).

With a longer permanence of members the planning and activities of the Club may be taken further as there are more committed volunteers taking the responsibility for both the planning and later the actions. Not everything needs to be started from the beginning, because long-term members can share their previous experiences in the Clubs. They know for example the most successful recruitment campaigns and the most interesting workshops. Of course there is another side of the coin as well: with only long-term members the Clubs may create certain routines that can be difficult to change later, but this can be prevented by always welcoming and accepting the input of new members.

**Table 11. Time of Permanence vs Members**

N	Country	Members	Permanency
1	Bolivia	25	8
2	Chile	300	n/s
3	Colombia	116	n/s
4	Dominica	25	n/s
5	Ecuador	n/s	12
6	El Salvador	60	3
7	Grenada	42	n/s
8	Guatemala	956	36
9	Honduras	540	n/s
10	Jamaica	n/s	n/s
11	Nicaragua	450	36
12	Panamá	1202	3
13	Paraguay	156	n/s
14	Peru	65	2
15	St Lucía	25	6

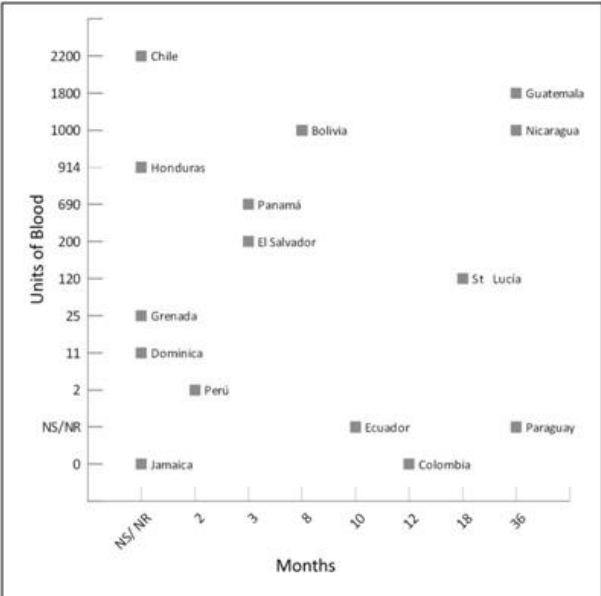
n/s: No Answer.

### 6.1.2 Number of units of blood collected.

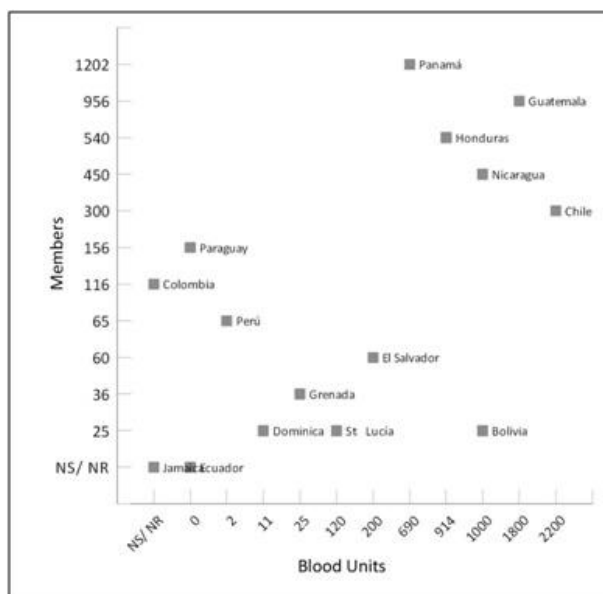
In the past year, Club 25 contributed to national blood supplies with close to 8000 units of blood in 10 out of 15 countries surveyed. El Salvador, Guatemala, Honduras, Nicaragua and St Lucia are the countries with the highest average of blood donations per Club member.

With the exception of Bolivia, it is clear that a greater number of active members guarantee a greater number of donations; yet, the number of donations per member has not been established. The findings suggest that Club 25 members in Bolivia also act as promoters. It contributes to the safety of the blood provision, however it changes the objective of the Club which is to form a group of regular young blood donors.

It is very likely that the permanence of the members may influence the number of blood donations. Member retention is related to the stability and continuity of the Clubs.



**Graph 8. Time of permanence vs units of blood**



Graph 9. Members vs Units Collected

Table 12. Members, time of permanence and units collected

Region	Country	Members	Time of Permanence	Units Collected Yearly	Average donation per member
South America Andean region	Bolivia	25	8 months	1000	40
	Colombia	116	n/s	n/s	NA
	Ecuador	n/s	12 months ( school year)	0	NA
	Peru	65	2 months (taking off the Club)	2	0.03
	<b>Average</b>	<b>69</b>	<b>7 ( 2 months to 12)</b>	<b>334</b>	<b>20</b>
Central America	El Salvador	60	3 months	200	3.3
	Guatemala	956	36 months	1800	1.9
	Honduras	540	n/s	914	1.7
	Nicaragua	450	36 months	1000	2.2
	Panama	1202	3 months	690	0.6
	<b>Average</b>	<b>641</b>	<b>20 (3 months to 36)</b>	<b>921</b>	<b>1.43</b>
South America Southern Cone	Chile	300	n/s	2200	7.3
	Paraguay	156	n/s	n/s	NA
	<b>Average</b>	<b>228</b>	<b>NA</b>	<b>2200</b>	<b>9.6</b>
Caribbean	Dominica	25	n/s	11	0.44
	Grenada	36	n/s	25	0.69
	Jamaica	n/s	n/s	n/s	NA
	Saint Lucia	25	6 months	120	4.8
	<b>Average</b>	<b>29</b>	<b>6 months</b>	<b>52</b>	<b>1.8</b>

n/s: No Answer. NA: no applicable

### 6.1.3 Achievements

When asked about Club achievements, 40% of the coordinators interviewed responded that they had managed to increase the number of members and activities, as well as relationships with public and private entities. Another 20% listed training of contacts with schools and universities while 20% mentioned the successful working relations they had developed with their target communities.

The high number of achievements demonstrates the Red Cross' clear approach and capacity to build relationships with local communities. Given the presence of Club 25 in communities it will be important to monitor the programme activities since it could positively or negatively impact on the Institutional image.

The aspects mentioned by the coordinators as achievements correspond to process monitoring of the Clubs, however number of donations and adopting positive lifestyle habits were not included.

**Table 13. Club Achievements according to Coordinators**

Item	N	%
Increased members and activities	6	40.0
Relationships with public and private institutions and NGOs	6	40.0
Contacts in schools and universities	3	20.0
Relationship with the community	5	33.3
Presence in society and public recognition	2	13.3
Others	1	6.7
Funding	1	6.7

### 6.1.4 Strategies for behaviour change

Healthy behaviours and lifestyles are mainly promoted through workshops (53%). A good percentage of the Clubs (26.7%) are already using electronic means of communication and Clubs have also used personalised follow-up.

A total of 33% of Clubs carry out educational group activities. A lower percentage use alternatives associated with physical exercise (6.7%). It is noteworthy that the Club 25 initiative in Peru proposes building spaces for tolerance to sexual diversity as a way to foster healthy habits among target populations.

Workshops have the greatest pull, therefore is important to mention the recommendation from the Panama coordinator that workshops be interactive and very dynamic in order to attract the attention and enthusiasm of youth participants. It is also important to involve the youth themselves in planning and setting up the workshops.

Personalised follow-up is also a good strategy for supporting and reinforcing behaviour change. The low number of recreational activities is noted and should be increased. The good score given by the members on behaviour change and modifying habits indicates the effectiveness of the strategies employed.

## 6.2 According to Members

### 6.2.1 Permanence in Club 25

How successful the strategies used by Clubs are becomes evident when comparing the permanence of their members. Close to 7% of the members have been members for up to 36 months while 17% have been active members for 12 to 24 months. It should be pointed out that these cases do not represent the majority of the member population, which instead shows that 49% stay in Clubs for no longer than a year. The results are different from the coordinators, so the data need to be verified. However these findings suggest the need to work on strategies to increase the permanence of the members.

**Table 14. Member Permanence in Club 25 (months)**

Months	Members	%
1	9	11.8
2	1	1.3
3	10	13.1
4	6	7.8
5	8	10.5
6	4	5.2
8	2	2.6
9	2	2.6
10	2	2.6
11	3	3.9
12	10	13.1
18	3	3.9
19	1	1.3
24	3	3.9
36	5	6.5

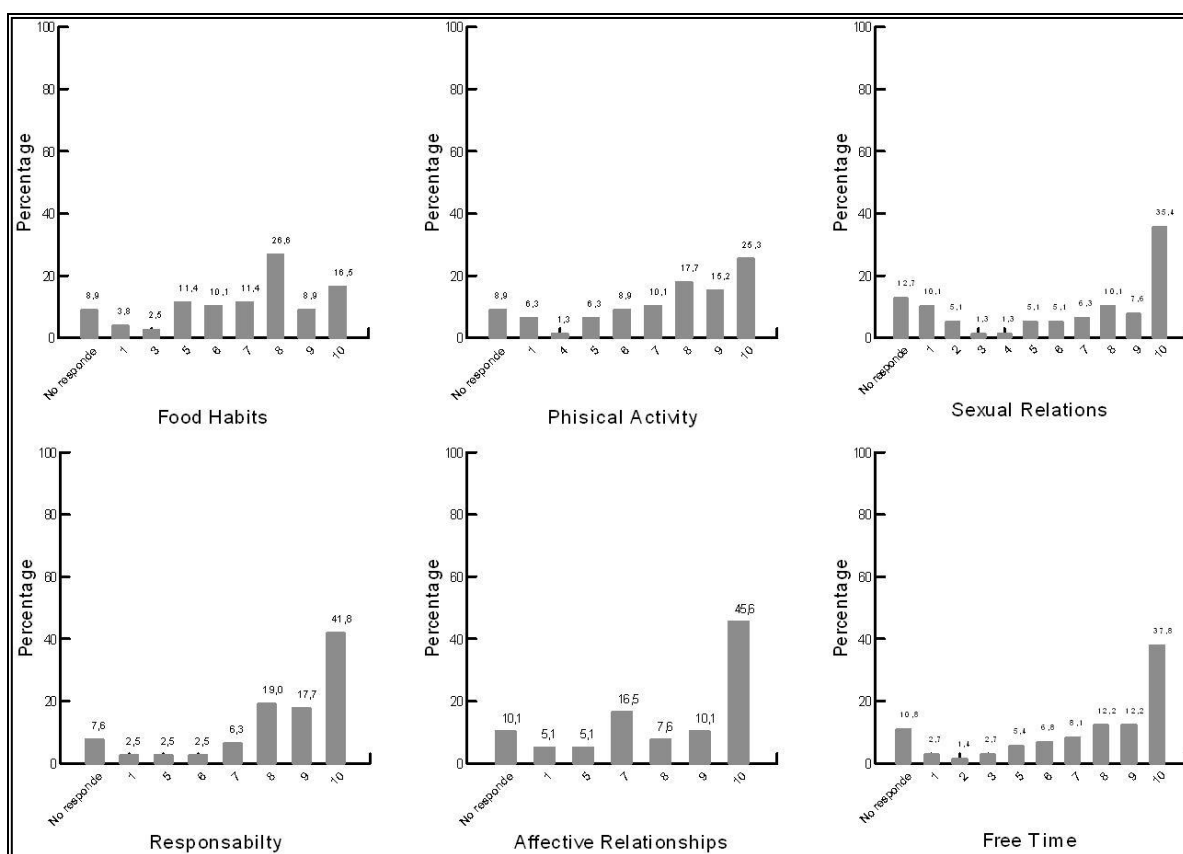
### 6.2.2 Improving Life skills

The impact of Club 25 on the lives of the members has yielded good scores regarding responsibility, affective relationships and free time. Close to 60% of members rated the changes they underwent after joining Club 25 as greater than 8.0, on a scale from 1 to 10.

However, physical activity and eating patterns do not demonstrate notable changes for members (51%). Sexual health also show a wide range of scores, yet 53% of active members rated their changes in perspective and habits between 8 and 10 (see Table 15 and graphic 10).

**Table 15. Improving habits**

Rankings											
	N/R	1	2	3	4	5	6	7	8	9	10
Food habits	7	3	0	2	0	9	8	9	21	7	13
Physical Activity	7	5	0	0	1	5	7	8	14	12	20
Sexual Health	10	8	4	1	1	4	4	5	8	6	28
Responsibility	6	2	0	0	0	2	2	5	15	14	33
Affective Relationships	8	4	0	0	0	4	0	13	6	8	36
Free time	8	2	1	2	0	4	5	6	9	9	28



**Graph 10. Change in Lifestyle score**

## 6.3 Former members

### 6.3.1 Positive Aspects of Club 25

When former members were asked about the aspects that they liked most about Club 25, the majority responded that they really liked the idea of saving lives. Another popular aspect was that these activities were reinforced by workshops and training, which provided opportunities to lead a

better life. One of the former members mentioned the Club's impact on her lifestyle while another talked about the incentive awards. Three mentioned the role of people who attended the Club and how nice it is interact in these areas.

In general, the responses demonstrated the role that volunteer training and the Club in general had in fostering positive habits, including the improvement of sexual health and the circulation of useful knowledge for communities. Club 25 could contribute to the strengthening and the renewal of volunteers, promoting inter-generational exchange which is so necessary for the sustainability of the National Society. In addition Club 25 stimulates the leadership of young people, an important aspect in the development of our communities.

**Table 16. Positive aspects according with former members**

	No. of Members	%
Help save lives	5	62.5
Workshops and training	3	37.5
Other Members / the type of people who join	3	37.5
Awards	1	12.5
Improves lifestyle	1	12.5

## 6.4 Red Cross Authorities on Club Achievements

Regarding the achievements of Club 25, almost a quarter of respondents refrained from giving their opinion because they did not know enough about the Club 25 activities. Another important segment of the population (27%) indicated that the impact of the Club is principally on awareness-raising and promotion of voluntary donation. 15% did not mention any concrete aspect, but did mention that there are positive results. Other responses were varied, making them difficult to group under one category. The opinions expressed reflect the lack of knowledge about the initiative and communication with Red Cross authorities. (See Table 17 below)

**Table 17. Red Cross authorities on Club achievements**

	N	%
Awareness raising, increased knowledge among youth and contribution to creating a culture of voluntary blood donation	9	27,3
No response/ doesn't know	8	24,2
Though left unspecified, they consider that there are achievements	5	15,2
Increase in units collected with a focus on youth donation	4	12,1
Training for youth on issues such as HIV, STI, leadership, first aid, etc.	3	9,1
None or few achievements	2	6,1
Familiarising youths with the institution	1	3,0
Sensitizing parents on issues promoted by Club 25	1	3,0

## 6.5 External Agencies on Club Achievements

Half of those interviewed indicated that Club 25's principal achievements were the educational activities that aimed to promote blood donation and healthy life habits. Meanwhile, other responses were varied, making them difficult to group under one category. These responses include support for the blood bank, the increase in donors and institutional coordination, etc.

The impact that Club 25 has had in different National Societies is not easily identified by the majority of those interviewed. The Club 25 is seen as blood donation education strategy. However, it is necessary to increase promotion with external agencies on the social value of the strategy in order to increase strategic alliances, mobilize resources and improve sustainability.

**Table 18. External agencies on Club achievements**

	N	%
Educational work on blood donation and healthy life habits	4	50
Supports Red Cross image	1	12.5
Increase in percentage of volunteer donors	1	12.5
Opportunity for inter-institutional coordination	1	12.5
Support to Blood Bank	1	12.5
Unknown	1	12.5

## 7. Coverage

The following parameters were used for the evaluation: number of functioning Clubs, length of time of Clubs have been functioning and degree of representativity of Clubs, in relation to age and gender.

### 7.1 Number of functioning Clubs

There are 110 Clubs in the countries surveyed, with an average of 7 clubs per country. The countries that have implemented the greatest number of Clubs are Honduras (29), Guatemala (23), Chile (13) and Nicaragua (12) and Bolivia (9).<sup>2</sup> It should be mentioned that Honduras Red Cross has received additional bilateral financial support from the FRC, which has increased their capacity to expand and strengthen the effectiveness of Club 25.

The majority of above mentioned countries also have the higher number of Club members: Guatemala (956), Honduras (540), Chile (300) and Nicaragua (450). Clearly, in these countries the Club 25 initiative has been well received by the National Societies. Additionally the presence of a Red Cross Blood Bank makes a difference, since except for Chile the other three National Societies mentioned have blood banks.

Bolivia and Panama are the two exceptions; Panama has just two locations and has the greatest number of members — over 1,200 active members. Bolivia with 9 Clubs has only 25 members. In the other countries, there are relatively few Clubs generally comprising between 25 to 50 members per branch.

Club 25 is present in 57 cities in the countries surveyed. Chile with 13 and Honduras with 12 have achieved the greatest dispersion nationwide. In general, each city has one Club, the maximum being two Clubs per city. The majority of National Societies have an average of three Clubs per country, the minimum being one and the maximum six.

The majority of the Clubs are concentrated in large urban areas where blood banks are located. This situation could influence the location of the Clubs, for example if the blood bank provides a space for Club activities this can increase the stability of the Club. In addition, there are technical reasons, which can facilitate the relation between the blood bank and the Club, for example keeping the cold chain, training - among others. In addition, it is desirable that the blood bank does not spare any effort to provide safe and welcoming procedures for donor care, together with attractive and accessible locations of donor clinics, because the quality of the experience when giving blood makes a difference in retaining the person as a blood donor.

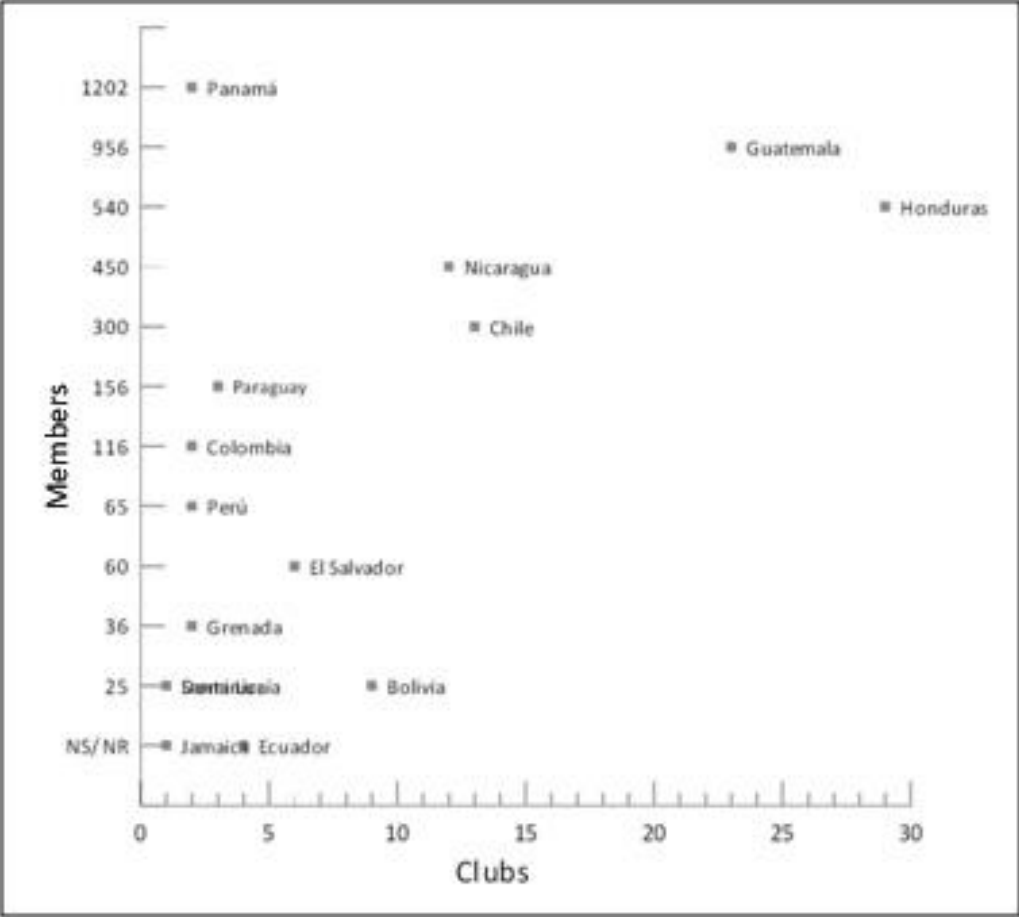
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<sup>2</sup> According to the IFRC, in addition to the information from the survey there are the following Clubs: Brazil (3), Ecuador (16), Mexico (1) and Venezuela (1) for a total of 131 Clubs.

In the English speaking Caribbean countries probably less than five Clubs could fully cover the blood donations needed. For the future it is recommended to develop a suitable indicator, involving number of donors, numbers of donation per donor, club efficiency and blood needed.

**Table 19. Coverage Achieved**

Region	Country	Number of Clubs	Number of Cities	Members	How many are Red Cross volunteers	Verification Mechanisms/frequency
Andean region South America	Bolivia	9	6	25	20	Monitoring Sheet/ Federation Model. Monthly
	Colombia	2	2	116	16 Bogota. Cali no information	Database. No frequency mentioned
	Ecuador	4	4	n/s	All	Monitoring Sheet/ Federation Model. No frequency mentioned
	Peru	2	2	65	12	Monitoring Sheet/ Federation Model. Every three months
	<b>Total</b>	<b>17</b>	<b>14</b>	<b>206</b>	<b>48 (partial info)</b>	<b>NA</b>
Central America	El Salvador	6	2	60	30	Data base. No frequency mentioned
	Guatemala	23	5	956	98	Data base and MoH. Monthly
	Honduras	29	12	540	29	Data base. Donor retention Weekly and monthly
	Nicaragua	12	6	450	28	Data base and meeting Daily, weekly, and monthly
	Panama	2	2	1202	0	No available
	<b>Total</b>	<b>72</b>	<b>27</b>	<b>3208</b>	<b>185</b>	<b>NA</b>
Southern Cone South America	Chile	13	13	300	n/s	Monitoring Sheet/ Federation Model No frequency mentioned
	Paraguay	3	3	156	23	Monitoring Sheet/ Federation Model Every three months
	<b>Total</b>	<b>16</b>	<b>16</b>	<b>456</b>	<b>23</b>	<b>NA</b>
Caribbean	Dominica	1	1	25	14	Data base. Monthly and quartile
	Grenada	2	1	42	32	Data collected no system in place
	Jamaica	1	1	n/s	n/s	Data collected. No frequency mentioned
	Saint Lucia	1	1	25	18	Communication with blood bank. No frequency mentioned
	<b>Total</b>	<b>5</b>	<b>4</b>	<b>92</b>	<b>64</b>	<b>NA</b>



Graph 11. Number of Clubs vs Members

## 8. Limitations

Limitations were defined as any kind or type of obstacle that hinders Club 25 development mentioned by coordinators, members and former members. These obstacles were separated into external and internal factors.

### 8.1 Coordinators' point of view

The most prevalent external problems cited by coordinators were the lack of support from the National Society in the promotion of Club (40%), followed by the lack of funding (33%). To a lesser extent the coordinators noted the lack of strategic alliances with other institutions, including blood banks. The prevailing myths and prejudices limiting blood donation are also still strong factors that impede Club 25 donation activities. For this reason, the Club 25 initiative must be part of large scale education and awareness raising campaigns (see table 20).

**Table20 . External Limitations**

	No.	%
National Society lack of support	6	40
Budget allocation	5	33
Strategic alliances with institutions	3	20
Social myths and prejudice	3	20
Volunteer availability	2	13
Lack of blood bank	2	13

Among the internal factors that limit Club development, 53% of coordinators noted the lack of funding as the principal obstacle of the internal limitations represented by the lack of support from Red Cross authorities and poor communication with them. This data reveals the scant importance given to the Club by directors and high level authorities in the different National Societies. (see table 21)

This finding highlights the need for the Federation Secretariat to continue to play an important role by seeking a genuine understanding within National Society management and governance in relation to the Club 25 initiative. Benefits for the National Society include: fulfilment of role as auxiliary to government given government responsibility to provide safe blood supplies to its population; the opportunity to reinforce cooperative work among Red Cross programmes such as youth, health and blood services; the contribution to the development and well being of populations, which is in harmony with the Movement's principle of humanitarianism and voluntary service. Club 25 goes beyond the therapeutic value of the blood; it provides the social capital which is the foundation to build a system based on voluntary blood donors.

**Table21. Internal Limitations**

	No	%
Funding	8	53
Few dedicated personnel	7	47
Support from NS authorities and poor communication	8	53
Lack of member commitment	2	13
Minors who are discouraged from donating blood by parents	1	7
Inadequate facilities	1	7

## 8.2 Members

Club members cited a wide range of external and internal constraints. In Colombia, member expressed limitations were focused and specific, including the lack of a meeting place and the low promotion outside Red Cross representing respectively 63% and 25% of the external constraints. Regarding the internal limitations, 75% of respondents mentioned the need for training the members in other matters, such as management, resource mobilization, along with strengthening individual motivation and communication.

In Chile, members cited the lack of information among young people, myths in relation to blood donation and fear of pain were limitations expressed by 63% of those interviewed. For internal limitations 84% of members surveyed expressed the lack of individual motivation and time as the principal internal constraints.

In Guatemala, the external constraints expressed by 70% of the members were the lack of transport considering the Club distance and lack of support/encouragement from family, who do not understand the importance of donating. Regarding internal constraints, 30% of the members did not respond to the question, 30% cited the lack of resources, and 20% indicated that there are no internal problems.

In Nicaragua 48% of the members considered the main limitations to be the lack of resources and the lack of support from their families. On the other hand, the lack of individual motivation was the greater internal constraint expressed as a limitation (42%), however 27% of members did not respond to the question.

In Suriname 73% of the interviewees agree the main external constraints are the lack of information and the low promotion of blood donation within the community. Regarding internal constraints, 33% did not respond and 55% cite limited dissemination and lack of time.

We can conclude that the main limitations in Colombia and Suriname are related to management, while in the other countries the origins have deeper roots because they are related to the education of the community and an enabling environment for blood donation and Club membership. These issues may be solved by organizing management training for the Club coordinators and persons responsible for the Club (e.g. Club presidents and other Club board members) , information training for the members as well as sensitization on blood donation to the surrounding communities in order to reduce their doubts on the benefits of donation.

**Table 22. External and internal limitations expressed by members**

Colombia: 8 members	N	%
External constraints		
Lack of a place for meeting	5	63
Little external advertising/information	2	25
Reduced support of the NS	1	12
Internal Constraints		
Need of training in different subjects as ex. management, resource mobilization	6	75
Poor individual and collective motivation. Communication difficult	1	12
Low support of the NS	1	12
Chile: 19 members		
External constraints		
Lack of information, fears, myths, little interest	12	63
Lack of time	4	21
Financial resources	2	11
Low coverage	1	5
Internal Constraints		
Low individual motivation and poor communication mechanism between members and blood bank	9	47
Lack of time	7	37
Financial resources	3	16
Guatemala: 10 members		
External constraints		
Lack of transport	4	40
Little support from family members who don't know the importance of blood donation	3	30
Others	2	20
NR	1	10
Internal Constraints		
NR	3	30
Lack of resources	3	30
None limitations	2	20
Lack of time	1	10
Others	1	10
Nicaragua: 33 members		
External constraints		
Lack of resources and materials	9	27
Little family and adult community support based on their lack of information	7	21
No response	6	18
Lack of time	4	12
Poor and difficulties with communication	4	12
Support of the NS	2	6
Others	1	3
Internal Constraints		
Poor individual motivation. Poor communication mechanism between members and blood bank	14	42
NR	9	27
Lack of resources and support	5	15
None	4	12
Others	1	3
Suriname: 9 members		
External constraints		
Myths and little information	4	44

Low promotion advertising/information	3	33
NR	2	22
Internal Constraints		
NR	3	33
Poor dissemination among youth	3	33
Lack of time	3	33

### 8.3 Former members

The reasons for members leaving were used as a pointer for limitations. The reasons given by members for leaving the Clubs included sickness, such as dengue fever, resulting in deferral i.e. makes them unable to donate blood (25%). Another 25% of members in Guatemala left due to pregnancy and breastfeeding. Surprisingly 38 % of members left due to family pressures; their parents considered blood donation to be an unhealthy practice that affects people’s general health and favours the spread of diseases. This finding highlights the need to educate the families of Club members on blood donation and to foster relationships with other agencies and educational programmes in order to raise community awareness and dispel myths and misinformation (see Table 23 below).

**Table 23. Reasons for Leaving Club**

	No. of Members	%
Family Pressure	3	38
Sickness	2	25
Pregnancy and breastfeeding	2	25
Work	1	12
Total	8	100

The majority (70%) of former members surveyed did not have any objections to rejoining Club 25, which demonstrates the degree of satisfaction and acceptance that the initiative has achieved among the youth members. 30% of the former members requested support from the Club in interceding with family members in order to provide clear and accurate information on blood donation and the advantages and opportunities youth can enjoy as Club members. It is important to disseminate information on Club 25 and blood donation to the families of Club members. This way families will be better informed about blood donation, which can help to dispel myths and inaccurate beliefs, and will allow their children to donate blood (see Table 24 below).

**Table 24. Conditions for Returning**

	No of Members	%
I have no problem in returning, when I finish breastfeeding, when I get better	7	70
When I explain to my family that donating isn’t harmful	3	30
Total	10	100

## 9. Survey Recommendations and Future of the Club 25

### 9.1 Responses from Coordinators

The recommendations solicited from coordinators were gathered following the following criteria: sustainability, growth, impact and management. For each of these items, semi-structured questions were formulated and the answers were later revised and qualitatively compared. In these cases, 100% of those surveyed is equivalent to 15 people, which was the number of coordinators surveyed during the continental meeting in Panama.

The recommendations to guarantee the sustainability of Club 25 were reduced to two principal views. In first place, coordinators recommended the involvement of high-level Red Cross authorities for establishment of a framework agreement with different local authorities for improved functioning and sustainability of Club 25.

In the second place, the presence of a permanent Club 25 team comprising a dedicated salaried coordinator (minimum 50%) and volunteers. Without dedicated staff it is difficult to consistently meet the operational demands required for the Clubs' objectives.

Only 13% of those interviewed think that Club 25 sustainability depends on funding. Opinions on the sustainability of Club 25 are divided, 7 out of 15 coordinators score the sustainability at 5 or under, which means that Club 25 will be difficult to maintain or that it is simply unsustainable. All Caribbean coordinators scores were 4. The other extreme is among those who have had positive results with the Club and believe that it is a sustainable initiative. Nicaragua stands out in this group, having ranked sustainability at 10, meaning that it has all the resources necessary to continue expanding Club 25. The other countries rated sustainability between 7 and 8, implying that lack some 20-30% of resources for the Club to work efficiently. (See graph 12)

The coordinators have recommended for Club's growing, greater diffusion in the mass media and in the National Societies in general (40%). The mechanism of diffusion needs to be used according to the target group. Each group are reached with different mechanism. Another important recommendation was to form a clear organisation and line of work with objectives, resources and goals, in the stages prior to executing any activity in the Clubs (33%). For coordinators, the increase in the number of members is a task that can be helped by incorporating more volunteers (20%) and in a lower degree, through training personnel and providing incentive to youths (13%). The monitoring and evaluation system need to be in place.

The impact on National Society is also seen as a question of Club 25 diffusion in the media of different National Societies (46%). The idea of coordinating with other Red Cross institutions is also supported in order to earn prestige and integrate into social programmes carried forward in the National Societies.

Perspectives on the Clubs' growth are similar to opinions on sustainability. A good portion of the group judged growth as lower than 6, revealing a lack of optimism regarding the recruitment of new members. The Caribbean coordinators were of the opinion that the sustainability of the initiative requires closer examination in their National Societies. (See table 25)

**Graph 12. Score of Sustainability**

**Table 25. Score of Sustainability, Growth, impact and management by coordinators**

Region	Country	Sustainability	Growth	Impact	Management
Andean Region	Colombia	7	5	7	n/s
	Ecuador	8	8	8	8
	Bolivia	7	7	7	7
	Peru	8	8	8	8
	Average	7.5	7	7.5	7.6
Central America	El Salvador	5	8	8	7
	Honduras	5	5	7	6
	Guatemala	7	7	8	7
	Nicaragua	10	10	10	8
	Panama	6	8	10	10
	Average	6.6	7.6	8.6	7.6
Southern Cone	Chile	7	6	8	5
	Paraguay	5	7	8	6
	Average	6	6.5	8	5.5
Caribbean	Dominica	4	4	5	2
	Grenada	4	5	5	7
	Jamaica	4	4	5	5
	Saint Lucia	4	4	4	2
	Average	4	4.3	4.8	4

## 9.2 Future of the Club 25 according to Coordinators

The future impact that the Club could have appears a bit more optimistic. More than 90% of the coordinators rated this over 5, which can be understood as a favourable view of the benefits that Club 25 can bring to the National Societies’ current operations. Opinions are similar on the future of Club management; there seems to be confidence in the possibilities of Club 25’s development in the medium and long term. However, coordinators in Caribbean countries, such as Dominica, Jamaica and Saint Lucia, have expressed little possibility for Club 25 expansion in their countries.

### 9.2.1 New club

The recommendations for the creation of a new Club in the Americas include three fundamental elements. In first place, this requires prior organisation and institutional support with defined resources, objectives and goals. There must also be sufficient personnel and a logical framework to implement the initiative.

Prior institutional support must also include the presence of high-level agreements with local governmental organisations and the principal entities in the health and education sectors.

Furthermore, ample diffusion in the media is recommended in order to raise the expectations, impact and willingness of target populations for the programme.

Lastly, coordinators stress the importance of establishing efficient communication mechanisms with members of other Clubs in order to build support networks that allow for feedback, the exchange of experiences and the formulation of new strategies for social intervention. (see table7)

**Table 26. Conditions for a New Club**

	N	%
Prior organisation and institutional support	8	53
International contact among Clubs	3	20
Greater diffusion in media	3	20
Establishment of Clubs in non-central areas	2	13

In a sense, what has been expressed by the coordinators highlights the need for IFRC to promote the Club 25 initiative and reinforce it in countries where there is not sufficient National Society commitment or interest to support efforts to increase the national blood supply.

### 9.3 Active Member's Recommendations

For members the sustainability and growth are closely linked, they identify the same items. In the sustainability question, a 20% of none response was observed, resource mobilization (19%) and dissemination and communication (18%) have a similar distribution. Financial issues were expressed in four of the five countries visited, in Guatemala and Chile reached the highest levels. The training resource, for Suriname and Colombia are key elements for sustainability. Diffusion is the most important aspect to consider in Nicaragua, followed by Chile and Suriname. (See table 27 below)

**Table 27. Sustainability**

	None Answer	%	Mobilization of sources	%	Training	%	Dissemination/ communication	%	Others	%
Nicaragua	16	80	3	16	0	0	10	56	4	57
Chile	1	5	6	32	2	14	4	22	2	29
Colombia	0	0	4	21	4	29	0	0	0	0
Suriname	1	5	0	0	6	43	4	22	1	14
Guatemala	2	10	6	32	2	14	0	0	0	0
Total	20	100	19	100	14	100	18	100	7	100

In relation to the responses related to conditions for growth, was relevant the high percentage (40%) of none response. The members indicate the same elements mentioned for sustainability; however the proportion is different, since the major weight was put on training (12%) and dissemination (17%). It cannot be overlooked that good leadership brings sustainability to the Club, and good leadership can be ensured through training and follow up support.

**Table 28. Conditions for Growth**

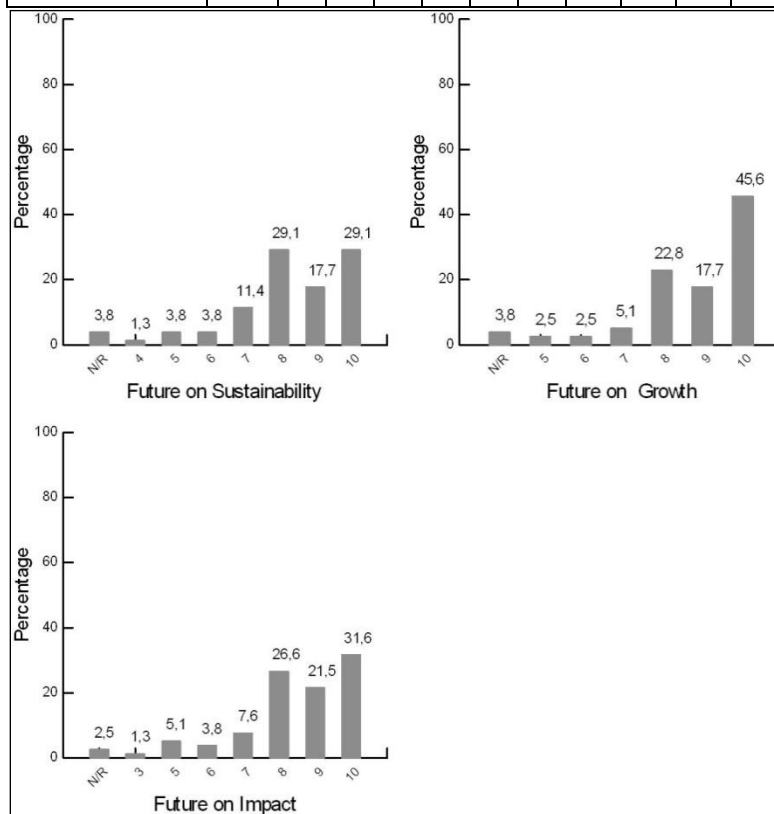
	No Answer	%	Mobilization of sources	%	Training	%	Dissemination/communication	%	Others	%
Nicaragua	30	75	2	29	2	17	4	24	2	67
Chile	3	8	0	0	5	42	9	53	0	0
Colombia	2	5	2	29	0	0	4	24	0	0
Suriname	3	8	1	14	3	25	0	0	1	33
Guatemala	2	5	2	29	2	17	0	0	0	0
Total	40	100	7	100	12	100	17	100	3	100

### 9.3.1 Future of the Club

According to those members surveyed, members' perceptions of Club 25's future are optimistic and show confidence in what has been invested in the Club. For members, Club 25 is a solid and stable initiative that does not run the risk of disappearing. On average, the optimistic views of the Club's future of over 80% of members, thus reflects the high degree of satisfaction and empathy that Clubs have inspired in the members.

**Table 29. Future of Club 25 according to members**

Ranking	N/R	1	2	3	4	5	6	7	8	9	10
Sustainability	3	0	0	0	1	3	3	9	23	14	23
Growth	3	0	0	0	0	2	2	4	18	14	36
Impact	2	0	0	1	0	4	3	6	21	17	25
Implementation	2	0	0	0	0	3	1	13	24	15	20



### Graph 13. Future of Club 25

#### 9.3.2 New Club

Communication (29%) and training (21%) are the most relevant aspect to consider for a new club according with members. Organization, institutional and economical supports also need to be considered.

The coordinators and members coincided in that organization and communication are important factors to consider in establishing a new Club (See table 30).

**Table 30. Recommendations for a new Club**

	None Respond	%	Training Activities	%	Communication	%	Organization	%	Institutional and Economic support	%
Nicaragua	9	75	7	33	6	21	5	42	2	18
Chile	1	8	5	24	4	14	2	17	4	36
Colombia	0	0	3	14	5	17	1	8	3	27
Suriname	2	17	1	5	9	31	3	25	0	0
Guatemala	0	0	5	24	5	17	1	8	2	18
Total	12	100	21	100	29	100	12	100	11	100

#### 9.4 Recommendations of Red Cross Authorities

For the internal authorities an important issue facing Club 25 is economic, since 27% recommend the need for infusion of financial resources. A significant percentage is concerned about the actual way of operating since 33% recommended improving the structure, monitoring process and donor retention. Notably 21% did not respond to this question indicating insufficient knowledge about the Club initiative.

**Table 31. Recommendations of Red Cross authorities**

	No	%
Greater economic resources.	9	27
Continue with training, awareness-raising and motivation activities. Increase number of fun and recreational activities.	7	21
No response/ doesn't know	7	21
Need to work on retaining donors and monitoring processes.	6	18
Strengthen Club structures and define the lines of work. Needs follow-up.	5	15

#### 9.5 Recommendations of External Agencies

Just as with Club achievements, recommendations also represent a wide variety of opinions, however all of them are important. The advice given covers different aspects such as the creation

of new Clubs, seeking financial support, providing greater incentive to members and paying coordinators. In some cases, agencies propose ideas that the Club is already working on, such as greater incentive for members. In other instances, the advice applies to very general problems and in a few cases, the recommendations touch on aspects more related to the day to day running of Clubs.

**Table 32. Recommendations of External Agencies**

	N	%
Design a system to give incentive to members	2	26
Open the initiative so that blood banks outside of the Red Cross establish Clubs	1	13
Create new Clubs	1	13
Request financial support	1	13
Locally manage financial support	1	13
Provide remuneration for coordinators	1	13
Before opening a Club, evaluate the costs/benefits	1	13

Only four people responded in terms possibilities for sustainability and growth, authorities that were knowledgeable on the issue asserted that the Club's future looked optimistic since its objectives address common interests among many societal institutions. However, some authorities indicated that it would be necessary to open new locations and strengthen coordination. With these opinions, it can be inferred that the Club is seen as a project with a future, but that it unfortunately has a weak institutional image when compared to other Red Cross organisations and programmes.

**Table 33. Projections for Sustainability and Growth**

	N	%
No response/ doesn't know	4	50
Yes, due to Club objectives	2	25
Need to strengthen coordination	1	13
Need to open more Clubs	1	13

## 10. Recommendations

The recommendations are divided into groups: IFRC Secretariat, Red Cross authorities, Blood/Health, Club Coordinators and Members.

### 10.1 IFRC Secretariat

- The Club 25 strategy should be considered as part of a comprehensive educational program on blood donation and social responsibility. It should be linked with other donor recruitment initiatives; it cannot be seen as an isolated effort. Therefore, it is important to keep relationships with other institutions involved in the field which contribute to Club 25 objectives. For example: Rotarac since Rotary Club has been involved in promotion of VBD, PAHO with the “Healthy schools” programme, UNICEF.
- The retention of a person as a blood donor has a direct relationship with the quality of the service received at the blood service, so the Club 25 initiative needs to maintain a close relationship with the blood service.
- It will be important to continue supporting Club 25 with technical and financial support for at least three more years. In the project budget it would be worthwhile to establish a percentage that should be covered by the National Society. Part of this contribution could be in kind, however a percentage must be in cash.
- The Caribbean needs special attention. It is necessary to assess the commitment and interest in future Club 25 implementation.
- It is important to maintain regular communication, at least every three months the Red Cross authorities involved with the Club 25 to share experiences, monitor and evaluate results. Facilitate the exchange of experiences and identify successful case studies from existing clubs, in particular working models and interaction of Club 25 with other Red Cross programmes.
- Develop a suitable indicator for blood donation and social development. The indicators could include: number of units to collect, number of donors of new donors, percentage of repeat donors, numbers of donation per donor, changes in sexual behaviour, corporal weight, smoking, frequency of physical activity and social participation.
- Training sessions should be focused on developing plans of action with concrete and feasible goals, establishments of indicators, and a monitoring and evaluation system. Management, leadership and resources mobilization should be included.
- At this point it is very important to learn more about strategies focused on maintaining motivation of long term members.

### 10.2 Red Cross Authorities

- Define and establish a mechanism of coordination of the Club 25 programme with budget allocation according to goals, objectives and expected results. It is necessary to have a coordinated approach among team members, toward the fulfilment of common goals.
- Guarantee the initiative's stability and protect its plans in the medium and long term. This will directly influence the number of potential members and the flow of blood donations. For example: including Club 25 initiative into the general Red Cross annual planning. Members have developed commitment and a sense of belonging that is worth maintaining. This, along with members' optimism, can be a strong motor for the success of Club 25 in National Societies.
- Foment agreements with institutions; agree on terms of cooperation and concrete goals.
- National Societies' lack of interest is a factor that has an immense influence on Club 25 development and the general operations of the Red Cross. It is important to have support from the management and governance level to liaise with government agencies to guarantee support, cooperation and success of established programmes.
- Need to ensure effective communication with relevant local institutions, such as schools, universities and local authorities among others.
- Review the results according to established goals on a regular basis.

### 10.3 Blood Banks/health programmes

- Provide concrete goals on blood donation, health promotion and life skills development. Clubs need to make strategy and goals which fit in the local community.
- Foster relationships with other educational programs to raise levels of cooperation and closeness to the community
- Ensure ongoing guidance for the Clubs.
- Provide technical support for training and use trainers from the Red Cross.
- Review the results according to established goals and make suggestions for continuous improvement.

### 10.4 Recommendations of Club Coordinators

- Approach local authorities and get involved with the local blood donation plan. Social myths and prejudice are still an obstacle to blood donation activities. It is recommended for large scale educational campaigns to be conducted by National Societies in order to promote voluntary blood donation and guarantee the future of the programmes developed by the Red Cross.

- The lack of communication and training for families can be an obstacle to Club 25 development in this region, as was observed in Guatemala. It will be important to develop educational campaigns for families or hold sensitization meetings with parents to inform them of the Club 25 strategy and the value of voluntary blood donation. Parents or family members should be provided with information about blood donation, healthy life styles, and the value of Club 25 in promoting social responsibility, leadership and volunteerism among youth.
- Increase the numbers of active Clubs taking into consideration the location of blood banks, blood needs and availability of cold chains. Clubs in large urban centres have not been as successful as in medium and small cities, since they have very few active members. Thus it is necessary to develop strategies to increase and maintain the number of active members.
- Increase the use of youth friendly electronic media (web-pages, social networks such as face book, twitter, etc.) to increase recognition and social presence.
- It is important to create alternatives to facilitate the entry of new members. The majority seem to arrive directly through the Red Cross or are referred directly to the Club. The strategy in schools is either not very successful or not being implemented with much frequency. We would recommend the use of more intense campaigns in schools and universities and starting a snowball system to recruit members. Diffusion mechanisms need to be chosen on the basis of the target group.
- Retention of existing members to allow the flow of blood donations is needed. It is necessary to search for new educational and recreational alternatives for the formation and growth of members.
- To keep good relations and develop cooperation between Club 25, blood bank/health, youth, HIV, etc. within the National Society.
- The progress of Club 25 depends on effective diffusion and gaining recognition within National Societies, with local communities, educational institutions, government departments and city councils.
- Reporting mechanism established to Red Cross authorities and IFRC on the progress and constraints.
- Urgent need to establish criteria and strengthen the data base system for monitoring and evaluation.
- Ensure active and participatory training sessions for Club members.
- Maintain and update data base of members.

- Proritise the development of new funding sources including the development of public/private partnerships with support from IFRC.

## 10.5 Recommendations of Club Members

- Provide alternatives for the recruitment of new members and retention of existing members.
- Members should commit to making at least two annual blood donations.
- Members should commit to making at least two health improvements or develop new life skills.
- In the case of minors define the people who will support them to donate twice a year.
- Attend meetings and participate in all the activities, and their planning, programmed by the Club.
- Propose alternative development activities and mobilization of financial resources for the sustainability of the Club 25 initiative.

## 11. Conclusions

Club 25 has been effective in mobilizing young people and retaining their engagement over a period of time providing young people with opportunities for socialization and community involvement. Club 25 has been effective in creating health awareness, promoting voluntary and community service, and promoting healthy lifestyles among youth members.

The great challenge of the Club 25, is to maintain the enthusiasm of its members over time and this concern is accentuated for those programmes which have involved young under the age of 16.

It would be worthwhile to expose young people between 12-16 years to the Club 25 initiative in order to promote healthy lifestyles and blood donation and recruit potential new members of Club 25.

To date, there is positive feedback from current and former members of the Club 25 initiative however to maintain and further develop it will be important to design new recreational and educational alternatives, according to the social context and the idiosyncrasies of each country.

To date, most of the current Clubs have engaged youth as passive participants rather than fostering their active leadership. It will be important to generate new approaches which enable members to take a more active role and apply their creativity to develop new strategies and activities. This includes for example management training.

Regarding future coverage, it is difficult to assess because the number of Clubs and members will depend on the needs of each country and capacity and interest of the National Society. None of the Clubs visited during the evaluation site visits had clearly defined goals.

There are aspects that still not can be evaluated, such as the impact on the reduction of sexually transmitted infections and positive behaviour change. Therefore it is necessary to generate data and an efficient monitoring system.

Club 25 has the potential to articulate effectively with local initiatives so it is advised to increase the intensity of relationships with other stakeholders such as schools, universities, churches and community groups.

The review of the different experiences has allowed us to generate the following list of items related to success:

- Support from the National Society represented by:
  - Recognition of the importance and value of Club 25
  - Provision of a physical space for meetings and activities
  - The designation of a permanent Club Coordinator, with a minimum availability of half time.
  - Allocation of a budget based on a plan and expected results

- Mechanisms and permanent channels of communication between Club 25 with blood bank, health, youth and other related Red Cross programmes.
  - Participation and empowerment of youth working on concrete results.
  - Communication with other institutions outside of the Red Cross.
- Monitoring and evaluation based on targets.
  - Establishment of a system of exchange of experience between Clubs.
  - Clearly defined incentives for Club members.

Although this analysis did not include a cost analysis, the findings indicated that the economic investment required for the establishment and operation of Club 25 is relatively low when compared with the social benefits and the improvement of the availability, adequacy and security of the blood supplies.

Finally, strengths found during site visits, which could be exchanged between programmes:

**Table 34. Strength of Club 25 in countries visited**

<b>Country</b>	<b>Strength</b>
Chile	The large number of cities where Club 25 is present
Colombia	The good relationship between Youth and the Blood Bank personnel
Guatemala	The acknowledgment from Health authorities to Red Cross Club 25
Nicaragua	The high motivation among Club 25 members
Suriname	Knowledge and involvement of the Red Cross Board with Club 25

## 12. Annexe

### 12.1 Formats for Data Collection

The formats designed for data collection:

- Guideline for Coordinators
- Guideline for active and former Club members
- Guideline for Red Cross authorities
- Guideline for related agencies

Inclusion Criteria:

- Responsible for 25 clubs attending the continental meeting in Panama.
- Members of 25 clubs visited. The sample will be determined according to the total members of each Club.
- Civil authorities of National Societies (NS) to be visited, as proposed in the plan of work.
- Persons working with blood-related institutions. People will be elected in countries where visits are made according to availability and the points made in the work plan.


#### 12.1.1 Coordinators

<b>CLUB 25</b> Evaluation of the Implementation, Sustainability and Impact of 25 Pledge in the Americas	
Coordinators interview	
<ul style="list-style-type: none"> <li>▪ Name.</li> <li>▪ Age.</li> <li>▪ Gender.</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Length of the time as Coordinator</li> <li>▪ Daily hours dedicated to the Club</li> <li>▪ Time with Red Cross]</li> <li>▪ E mail</li> </ul>	
Internal Organization	
1. List the implemented strategies to reach the three Club's objectives <ul style="list-style-type: none"> <li>▪ Promotion of VDB</li> <li>▪ Promotion of healthy life styles</li> <li>▪ Building capacity of management and raising fund :</li> </ul>	
2. Which mechanism has been established for the effective functioning of the Club?	
3. Who are participating and how is it functioning?	
4. Describe the communication channels and frequency of communication with: <ul style="list-style-type: none"> <li>▪ NS authorities</li> <li>▪ Blood Ban/blood program</li> <li>▪ Other health areas such as HIV/AIDS, road safety , first aids</li> <li>▪ NS volunteer groups</li> <li>▪ Others institutions like <del>MqH</del>, PAHO/WHO, schools etc</li> <li>▪ Among members</li> <li>▪ IFRCR</li> <li>▪ Others NS</li> </ul>	
5. Have you ever established a monitoring and evaluation system? Indicate frequency of monitoring and evaluation undertaken in collaboration with	

<ul style="list-style-type: none"> <li>▪ Blood bank/blood program</li> <li>▪ Other health areas such as HIV/ AIDS, road safety , first aids</li> <li>▪ Others institutions like MoH, PAHO/WHO, schools etc</li> <li>▪ Among members</li> </ul>
6. List the strategies used to attract and maintain members
<b>Relation with other Institution</b>
1. List the available resources to run the Club ( Funding, materials, name of the supporting institutions)
2. How have you developed the capacity to establish and maintain relations with others Institutions and members?
<b>Scope</b>
1. How long have you implementing Club 25 in your NS? Please indicate <ul style="list-style-type: none"> <li>▪ Number of Clubs, City and location</li> <li>▪ How many members are register d in each Club</li> <li>▪ Where are the Club members from? (city, location, school, volunteer group etc)</li> <li>▪ Individual and community responsibility</li> <li>▪ How many are RC volunteer</li> <li>▪ What percentage of the volunteers are Club 25 members?</li> </ul>
<b>Efectivity</b>
1. What is the average length of time of Club Members' membership?
2. List the achievements with other Institutions and the members? Have they been increase in time?
3. What is the average number of blood donations per member?
4. How many units of blood have been collected?
5. Which strategies have been developed and implemented to promote healthy life of members. How it has been done?
<b>Achievements</b>
1. Indicate the main achievements of the Club respect to :


<ul style="list-style-type: none"> <li>▪ Promotion of VBD</li> <li>▪ Promotion of health style</li> <li>▪ Building capacity of management and raising fund</li> </ul>
2. Indicate the impact of the Club with respect to: <ul style="list-style-type: none"> <li>▪ Promotion of VBD</li> <li>▪ Promotion of health style</li> <li>▪ Building capacity of management and raising funds</li> </ul>
<b>Limitations and solutions</b>
1. What are the external factors affecting the development of the Club?
2. What steps have been taken to improve the situations?
3. What internal factors are affecting the development of the Club?
4. What steps have been taken to improve the situations?
<b>Recommendations</b>
1. How do you rate the future of the Club 25 in terms of ( Score from 1 to 10 1 , been the lowest and 10 highest) <ul style="list-style-type: none"> <li>▪ Sustainability</li> <li>▪ Projection</li> <li>▪ Impact at the NS</li> <li>▪ Building capacity in management and raising fund</li> </ul>
2. What are you recommendations to increase? <ul style="list-style-type: none"> <li>▪ Club sustainability</li> <li>▪ Growth of the Club</li> <li>▪ Impact of the Club in the NS</li> <li>▪ Impact in the community</li> </ul>
3. What are your recommendations for implementing a new Club?
4. Score from 1 to 10 the achievements of the Club?

## 12.1.2 Members


 Evaluation of the Implementation , Sustainability and Impact of 25 Pledge in the Americas	
Members interview	
<ul style="list-style-type: none"> <li>▪ Name.</li> <li>▪ Age.</li> <li>▪ Gender.</li> </ul>	
<p>1. How did join the Club?</p> <ul style="list-style-type: none"> <li>▪ Through your school or college</li> <li>▪ Through your University</li> <li>▪ Through a friend from your neighborhood</li> <li>▪ Through a University friend</li> <li>▪ Through a relative</li> <li>▪ Directly by the Club.</li> <li>▪ Another - Please indicate how.....</li> </ul>	
<p>2. As a Club 25 member which the following statements describes you best?</p> <ul style="list-style-type: none"> <li>▪ Blood donor</li> <li>▪ Member of the Club</li> <li>▪ Red Cross volunteer</li> <li>▪ Club member and part of Red Cross</li> <li>▪ None of above. Please write your own description:</li> </ul>	
<p>3. Describe your relationship with Red Cross volunteers and blood bank blood donation promoters. Score from 1 to 10, with 1 being the lowest and 10 the highest:</p>	
Quality	
<p>1. Score from 1 to 10, been 1 lowest and 10 highest your level of satisfaction with the following:</p> <ul style="list-style-type: none"> <li>▪ The process of becoming a member of the Club 25</li> <li>▪ Recreational activities</li> <li>▪ Opportunities to develop your communication skills.</li> <li>▪ Opportunities to develop leadership skills</li> <li>▪ Opportunities to develop your management skills</li> <li>▪ Information received on voluntary blood donation of blood</li> <li>▪ Information received on healthy living habits</li> </ul>	
Effectivity	
<p>1. How long have you been with the Club 25?, How many times have you donated blood during this time?</p>	
<p>2. Since being a member of the Club 25, to what extent has you changed or modified the following</p>	

<p>personal habits. Score from 1 to 10, 1 being the lowest and 10 the highest:</p> <ul style="list-style-type: none"> <li>▪ Eating habits</li> <li>▪ Physical activity</li> <li>▪ Sexual activity</li> <li>▪ Individual and community responsibility</li> <li>▪ Personal relationships with friends and relatives</li> <li>▪ Use of free time</li> </ul>
Limitations and solutions
<p>1. What are the external factors affecting the development of the Club 25?</p>
<p>2. What steps have been taken to improve the situation?</p>
<p>3. What internal factors are affecting the development of the Club 25?</p>
<p>4. What solutions have been taken to improve the situations?</p>
Recommendations
<p>1. How do you rate the future of the Club 25 in terms of ( Score from 1 to 10, 1 being the lowest and 10 the highest):</p> <ul style="list-style-type: none"> <li>▪ Sustainability</li> <li>▪ Growth</li> <li>▪ Impact on the NS</li> <li>▪ Building management and fund raising capacity</li> </ul>
<p>2. What are your recommendations to improve:</p> <ul style="list-style-type: none"> <li>▪ Club sustainability</li> <li>▪ Growth of the Club</li> <li>▪ Impact of the Club on the NS</li> <li>▪ Impact in the community</li> </ul>
<p>3. What are your recommendations for implementing a new Club?</p>
<p>4. Score from 1 to 10 the implementation process of the Club.</p>
<p>5. Score from 1 to 10 the achievements of the Club</p>

### 12.1.3 Former members

 Evaluation of the Implementation, Sustainability and Impact of 25 Pledge in the Americas	
Former member Coordinators interview	
<ul style="list-style-type: none"> <li>▪ Name.</li> <li>▪ Age.</li> <li>▪ Gender.</li> </ul>	
1. Indicate what were the reasons that you left the Club 25	
2. Under what conditions will you re-join the Club 25?	

### 12.1.4 Authorities

 Evaluation of the Implementation, Sustainability and Impact of 25 Pledge in the Americas	
Authorities interview	
<b>Inclusion criteria</b>  NS authorities: <ul style="list-style-type: none"> <li>▪ Director General</li> <li>▪ Person responsible for Blood Services, Health and Youth,</li> </ul> Other related Institutions <ul style="list-style-type: none"> <li>▪ MoH</li> <li>▪ PAHO/ WHO person responsible for blood.</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Name.</li> <li>▪ Institution</li> <li>▪ Position.</li> </ul>	
Relationship	
1. Are you familiar with Club 25 initiative? If yes, which is your relationship with Club 25?	
2. Indicate the main achievements of the Club with respect to:	
<ul style="list-style-type: none"> <li>▪ Promotion of VBD</li> <li>▪ Promotion of healthy life styles.</li> <li>▪ Building management capacity and fund raising</li> </ul>	
3. Indicate the impact of the Club with respect to :	
<ul style="list-style-type: none"> <li>▪ Promotion of VBD</li> <li>▪ Promotion of healthy life styles.</li> <li>▪ Building management capacity and raising funds</li> </ul>	
3. How do you rate the future of the Club 25 in terms of ( Score from 1 to 10, been 1 lowest and 10 highest):	
<ul style="list-style-type: none"> <li>▪ Sustainability</li> <li>▪ Impact at the NS</li> <li>▪ Building management capacity and fund raising</li> </ul>	

5. What are your recommendations for the sustainability of Club?

6. From 1 to 10, how would you rate the performance of the Club?

7. Any additional comments

## 12.2 Photographs



Photo 1. Panama, December 2009



Photo 2. Panama, December 2009



Photo 3. Nicaragua, December 2009



Photo 4. Suriname, December 2009



Photo 5. Chile, January 2010



Photo 6. Colombia, January 2010

## 12.3 Site Visits programme

Country	City	Responsible / Position	Date
Nicaragua	Juigalpa Managua Matagalpa	Marcela García G Consultant  María Pikkarainen Delegate FRC	December 2009
Suriname	Paramaribo	Marcela García G Consultant  María Pikkarainen Delegate FRC	December 2009
Guatemala	Guatemala	Leticia Herrera IFRC Regional Health Officer	December 2009
Chile	Santiago Quillota Valparaíso	Carolina Cossio Regional Health Officer  Marcela García G Consultant	January 2010
Colombia	Cali	Adriana Ferrero Colombian Red Cross Donor Recruitment Officer  Marcela García G Consultant	January 2010

## 12.4 References

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