

# Kids and Diabetes in Schools

## Advocacy Toolkit



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## Acknowledgements

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KiDS is an education programme developed by the International Diabetes Federation and supported by Sanofi.





# Introduction

## About this toolkit

The KiDS Advocacy Toolkit compiles **information and tips to help advocates** encourage local or national decision-makers to bring diabetes education into schools.

**This toolkit is aimed at anyone interested in diabetes, education, health and/or the school environment**, such as: children and adults living with diabetes; parents, carers and guardians of children with diabetes; local and national diabetes associations; civil society organisations working in education, health and/or human rights; healthcare professionals; school students; school staff; and relevant school bodies (school councils, parents' associations, teachers' associations, teachers' unions).

## What is advocacy?

**Advocacy is systematic and planned work aimed at influencing decisions within political, economic and/or social institutions to generate positive change.** While advocacy can be an individual activity, positive change is brought about mainly through partnerships and collaboration.

For example: an advocacy campaign aimed at banning the sale of unhealthy foods on school premises or at persuading the local authority responsible for education to provide diabetes education sessions for school staff.



**Advocacy in the framework of the KiDS project would be any activity or set of activities aiming to encourage local or national decision-makers to undertake actions or adopt policies to bring diabetes education to schools.**

## About the International Diabetes Federation

The International Diabetes Federation (IDF) is an **umbrella organization** of over 240 national diabetes associations in 168 countries and territories. It represents the interests of the growing number of people living with diabetes and those at risk. IDF has been leading the global diabetes community since 1950. Its mission is to promote diabetes care, prevention and a cure worldwide.

**IDF is engaged in action to tackle diabetes from the local to the global level** – from programmes at community level (such as Kids and Diabetes in Schools), to worldwide awareness and advocacy initiatives. IDF's activities aim to influence policy, increase public awareness and encourage health improvement, promote the exchange of high-quality information about diabetes, and provide education for people with diabetes and their healthcare providers.

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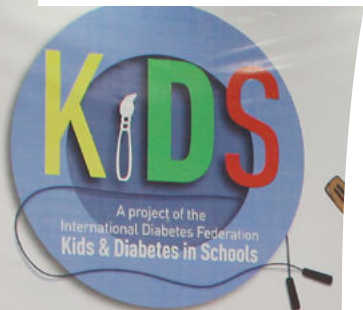
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Find out more about IDF at [www.idf.org](http://www.idf.org)

# Diabetes - a global challenge



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## What is diabetes?

Diabetes is a **non-communicable and chronic disease that occurs when the body cannot produce or use effectively the insulin required** to let glucose pass from the blood stream into the body's cells to provide energy. Over time, high blood glucose can lead to damage in tissues and organs, which can result in the development of complications such as cardiovascular disease, diabetic retinopathy, diabetic kidney disease and nerve/vascular damage.

There are three main types of diabetes:

- **Type 1 diabetes** occurs when the body produces very little or no insulin. Its onset happens most frequently in children and adolescents, but can happen at any age. People living with type 1 diabetes need daily insulin injections to keep their blood glucose levels under control.
- **Type 2 diabetes** occurs when the body cannot use the insulin it produces effectively. Type 2 accounts for around 90% of all diabetes cases. Its onset typically happens in adulthood. People with type 2 diabetes can initially manage their blood glucose with a healthy diet and increased physical activity, but over time most of them will require oral drugs and/or insulin injections.
- **Gestational diabetes** occurs when a woman experiences high levels of blood glucose during her pregnancy. It usually disappears after pregnancy. Women affected by gestational diabetes and children born to women with gestational diabetes are at higher risk of developing type 2 diabetes later in life.

Learn more about diabetes and test your knowledge at  
[www.idf.org/aboutdiabetes](http://www.idf.org/aboutdiabetes)

## The global impact of diabetes

Diabetes is one of the fastest growing health challenges of the 21<sup>st</sup> century, with the number of adults living with diabetes having more than tripled over the past 20 years.

According to IDF figures, in 2019:



**463 million adults (20-79 years) lived with diabetes**



**Approximately half (232 million) were undiagnosed**



**4 in 5 (79%) lived in low and middle-income countries**



**Diabetes caused 4.2 million deaths**



**760 billion dollars were spent on diabetes – 10% of the total adult healthcare expenditure**

Beyond the 463 million people living with diabetes, a further 374 million are at increased risk of developing type 2 diabetes. If action is not taken to address this rising trend, IDF estimates that **700 million adults will live with diabetes by 2045.**



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## Diabetes in the young

- In 2019, **more than 1.1 million children and adolescents** lived with type 1 diabetes.
- Every year, close to 130,000 children and young adults under the age of 20 are diagnosed with type 1 diabetes. Of this number, more than 98,000 are under the age of 15.
- The number of new type 1 diabetes cases among children and adolescents is increasing in many countries at an annual rate of around 3%.
- In countries with limited access to insulin and inadequate health service provision, children and adolescents with type 1 diabetes face serious complications and risk a premature death.
- **Many children and adolescents with type 1 diabetes are often not diagnosed or misdiagnosed with something else**, such as stomach flu, urinary tract infection, strep throat or a viral infection.
- In populations of European origin, nearly all diabetes cases among children and adolescents are of type 1. In other populations (e.g., Japan) type 2 diabetes is more common in this age group.

- There is evidence that **type 2 diabetes is increasing** among children and adolescents, but reliable data is scarce.
- With increasing levels of obesity and physical inactivity among children and adolescents in many countries, type 2 diabetes among this age group has the potential to become a global public health issue.

Find the latest diabetes figures at  
[www.diabetesatlas.org](http://www.diabetesatlas.org)

### The typical symptoms of type 1 diabetes



Excessive thirst



Blurred vision



Bedwetting



Frequent urination



Lack of energy, fatigue



Constant hunger



Sudden weight loss





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## COVID-19, diabetes and school

The outbreak of COVID-19 in 2020 has **disproportionally affected people living with diabetes**, who are at higher risk of negative health outcomes if infected by the virus. The pandemic has also had a **significant impact on education**, with many schools needing to close to support measures to contain the spread of the virus.

Despite the lack of data on the long-term impact of the pandemic in children and youth, existing research indicates some trends:

- COVID-19 has undermined years of progress in education around the world and decreased access to quality education, especially among students from poor settings/households.<sup>1</sup> UNICEF estimates that **1 billion children are at risk of falling behind due to school closures**.
- COVID-19 is exacerbating disparities in nutrition, health and stimulation, and services to support young children are too often overlooked in the response to the pandemic.<sup>2</sup>
- COVID-19 may have worsened the already **insufficient levels of physical activity** among children and adolescents, due to the prolonged school closures and home confinement.<sup>3</sup>
- **Recreational screen time**, as well as the **consumption of sugar-sweetened beverages**, seems to have increased during the pandemic.<sup>4,5,6</sup>
- COVID-19 seems to have increased food insecurity rates for children, which are linked to risk of obesity and weight gain.<sup>7</sup>



Children living with diabetes go through lots of hardships at school. In order to participate at school and be treated in the same way as others, children living with diabetes need school staff and fellow students to know more about diabetes and how to best support them.

**Sarah Biyinzika,**  
IDF Young Leader living with  
type 1 diabetes (Uganda)

# The KiDS project

IDF developed the KiDS project in 2013, in partnership with the [International Society for Pediatric and Adolescent Diabetes](#) (ISPAD) and with the financial support of [Sanofi](#).

## Objectives

- **Improve diabetes education in schools to foster a safe and supportive environment** for children with type 1 diabetes and prevent discrimination.
- **Promote healthy habits among children** to raise awareness of the risk factors for type 2 diabetes.

## Who does KiDS target?

- School students (6-14 years).
- Teachers and other school staff (e.g. school nurses).
- Parents (including parents of children living with diabetes).
- Healthcare professionals (with a focus on the primary care level).
- Policymakers and government officers.
- General public (including media).

## Main resources

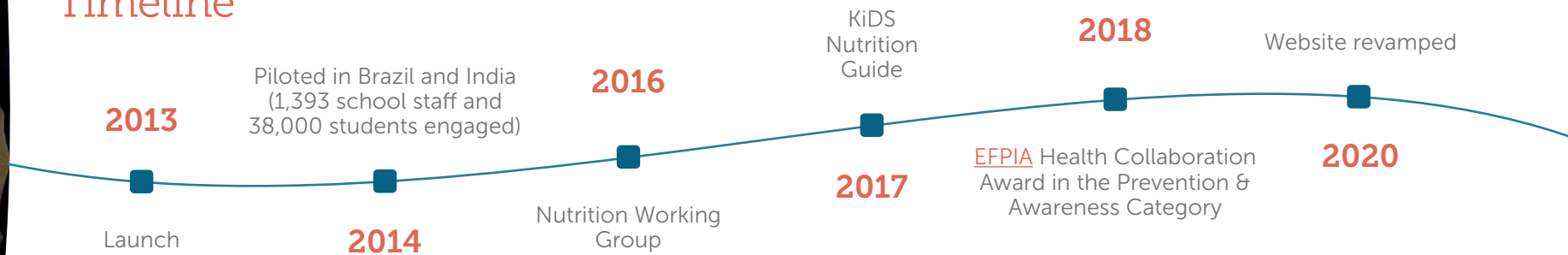
The KiDS resources are a crucial component of the project. They have been developed with an international and multi-disciplinary advisory committee, and are **adapted to local languages, cultures and environments**<sup>8</sup>. One of the strengths of the KiDS education materials is that they include modules targeted to different audiences (e.g., the Informational Pack and the Nutritional Guide have sections for teachers, parents of children with diabetes, all parents, and children).

The three main KiDS resources are:

Resource	Purpose
<b>Information Pack</b>	Promote awareness and provide information about the management of type 1 diabetes in children and the prevention of type 2 diabetes
<b>Nutritional Guide</b>	Promote awareness and provide information about the important role of nutrition and balanced habits in the management and prevention of diabetes
<b>NutriQuiz</b>	Test the knowledge about nutrition, healthy habits and their role in the prevention of type 2 diabetes and the management of all types of diabetes

All KiDS resources are freely available to download from <https://kids.idf.org/>

## Timeline



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# The potential of KiDS

**"For children, school is not only an educational hub, but also a home outside the home"<sup>9</sup>**

## Improve type 1 diabetes management and fight stigma

The effective management of type 1 diabetes involves daily insulin injections, regular blood glucose (self-)monitoring and the adoption of healthy habits – such as increased exercise and a more balanced diet. This is challenging and can cause emotional and physical distress at all ages – but especially among children and adolescents. The multiple daily injections can also be perceived negatively by people who do not have a good understanding of diabetes. This lack of awareness can lead to discrimination and stigmatisation<sup>10</sup>.

For children and adolescents with type 1 diabetes to feel supported, understood and safe at school, **teachers, school staff, other students and parents must understand what type 1 diabetes is, how it can be managed, and how they can support children and adolescents living with diabetes.**

The KiDS project resources feature information about type 1 diabetes adapted for students, school staff and parents. They also include information about management skills to support students living with diabetes in their daily care. Through its resources, **KiDS can help address misconceptions about diabetes, fight stigma and support better management of type 1 diabetes.**

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School environments are very challenging for students with type 1 diabetes, the lack of knowledge about this condition causes a range of problematic situations that could be resolved if teachers and other staff had better access to quality training and information.

**Lucas San Pedro,**  
Teacher and IDF Young Leader living  
with type 1 diabetes (Argentina)



## Prevent type 2 diabetes

Research indicates that the two main risk factors of type 2 diabetes are unhealthy eating habits and physical inactivity. Although most cases of type 2 diabetes appear in adulthood, its risk factors are often present from childhood. **Schools help shape the values and behaviors of the students in their care. The school is, therefore, the ideal setting to promote healthy habits and establish behaviours that will help prevent the onset of type 2 diabetes later in life.**

The KiDS project materials feature information about type 2 diabetes and its risk factors. The KiDS Nutritional Guide and the Nutriquiz have been developed to provide detailed information about healthy eating habits. Through these resources, **KiDS can help raise awareness of the risk factors of type 2 diabetes and help prevent the onset of new cases later in life.**

## KiDS implementation models

There are currently two implementation models for KiDS:

- **Structured KiDS programmes:** consisting in regular sessions and educational events, with the involvement or endorsement of policy makers, local NGOs and other partners. To date, this model has been applied the following countries: Argentina, Brazil, Egypt, Hungary, India, Japan, Pakistan, Philippines, Poland and the United Arab Emirates.
- **Ad-hoc sessions:** consisting of the adaption of KiDS resources for inclusion within existing school health education programmes. This model has been applied in over 45 countries.

School plays a key role in the development of infants and teens by contributing to their behaviours and beliefs. Thus, a programme for students focused on promoting healthy lifestyles and the prevention of type 2 diabetes and obesity is necessary.

**Dr. Luciana Sardinha,**  
NCD Surveillance Coordinator,  
Ministry of Health of Brazil

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Learn about KiDS implementation experiences at  
<https://kids.idf.org/success-stories/>

# Steps to advocate for KiDS

The following steps will help you develop a strategy to advocate for the implementation of KiDS in your country or community and the development of policies to bring diabetes education and prevention to schools.

## Identify national gaps

The first step in your journey to becoming an effective KiDS advocate is to find out what diabetes education, prevention and care looks like in your country.



**Read as much as possible about the topic to understand the scope of the problem**

On the data portal of the IDF Diabetes Atlas 9th edition, you can generate a factsheet for your country with the latest diabetes estimates and projections – including the estimated number of cases, mortality data, the number of children with type 1 diabetes and diabetes-related health expenditure. These figures will be very relevant when developing your advocacy messages.

Generate your country diabetes factsheet at <https://www.diabetesatlas.org/data/en/>

We also recommend you to do some research on how your country is doing against the international [World Health Organization](#) (WHO) and [United Nations](#) (UN) NCD commitments. All countries have agreed to these goals. Here are some KiDS-relevant NCD targets:

### WHO Global Monitoring Framework (2013)

- 0% increase in diabetes and obesity by 2025.
- 10% reduction in physical inactivity by 2025.
- 80% coverage of essential medicines for non-communicable diseases (as per [WHO's list](#)) and technologies by 2025.

### UN Sustainable Development Goals (2015)

- A 30% reduction in premature mortality due to NCDs by 2030.
- Achieve universal health coverage by 2030.
- End malnutrition in all its forms, including overweight and obesity, by 2030.
- Build and upgrade education facilities that are child, disability and gender sensitive, and provide safe, non-violent, inclusive and effective learning environments for all by 2030.

### High-Level Meeting on Universal Health Coverage (2019)

- Scale-up national efforts towards universal health coverage, including implementing a range of actions to promote active and healthy lifestyles.



**Check the WHO NCD country profiles, to see how well your country is doing against some of the above targets. Hold your government accountable by requesting stronger and more effective actions to address existing gaps**

Check the WHO NCD Country profiles at [www.who.int/nmh/publications/ncd-profiles-2018/en/](http://www.who.int/nmh/publications/ncd-profiles-2018/en/)

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You will need to do some additional research on your country's current actions on diabetes education and promotion of healthy habits in schools, in order to identify areas for improvement. Explore the website of your national Ministry of Education and Ministry of Health, to find out if there are national plans or strategies to coordinate diabetes education in schools. If they exist, further your research to learn whether they have been implemented and, if so, how effective they have been.



**Establishing contact with your national or local diabetes association will be helpful to identify gaps**

## Set your advocacy goal

Once you have identified national gaps in diabetes education and the promotion of healthy habits in schools, you will be able to set your advocacy goal.

Your advocacy goal is the ultimate desired outcome you want to achieve through your advocacy actions. As a general rule, goals are broad, abstract, not measurable and long-term aspirations, as opposed to objectives, which are a useful way to break down goals into more manageable components (which are concrete, measurable, and short-to-medium-term).



**Objectives are the intermediate steps to help you attain your goal. Make sure not to confuse these terms when planning your advocacy strategy**

In the framework of the KiDS project, the overarching advocacy goal would be for countries to improve diabetes education and the promotion

of healthy habits in schools through the development of policies and the implementation of programmes such as KiDS. Depending on the main gaps in your country, you could have a more specific secondary advocacy goal focused on just one of the KiDS objectives:

- If the main national gap is type 1 diabetes awareness, one potential goal could be "to fight discrimination against children with type 1 diabetes through the national implementation of KiDS in schools".
- If the main issue is the increasing prevalence of type 2 diabetes, a potential goal could be "to encourage the prevention of type 2 diabetes from a young age through the implementation of KiDS in schools".

## Build partnerships

Generating positive change takes time and is rarely achieved by just one individual or organisation. In an environment with limited human and financial resources, **establishing partnerships and combining resources is the best way to maximise the chances of success.**



**If you feel you cannot identify national gaps and set advocacy goals on your own, start your advocacy journey by building partnerships. Your partners may provide useful insights that allow you to identify the gaps and set goals!**

Now you have identified the main national gaps and set your goal, you should focus on finding partners who can support your advocacy work. Since KiDS covers aspects such as education, health promotion, nutrition and children's rights there will be a long list of actors you could engage with in KiDS advocacy, including: people living with diabetes, carers of people living with diabetes, (primary) healthcare

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professionals, local/national diabetes associations, education/health/human rights organisations, academia, school parents' associations, school teachers' unions, policymakers, and the private sector.

Check out all IDF national members at  
<https://idf.org/our-network/regions-members.html>

If you consider collaborating with the private sector, you need to make sure to avoid any potential conflict of interest. This would happen when the commercial interest of the company/ies you collaborate with interferes with your primary interest (taking diabetes education to schools). In the framework of KiDS, a clear case of conflict of interest would be working with companies involved in the manufacture and marketing of unhealthy products (such as sugar-sweetened beverages and ultra-processed food), since their commercial interests are incompatible with the promotion of healthy habits.



When advocating for a cause, it is fundamental to involve the people directly affected by it. Make sure that your KiDS advocacy strategy meaningfully involves people living with, and affected by, diabetes!

## Identify your target audience

Now that you have determined the partners with whom you will collaborate to overcome the existing gaps and achieve your goal, you need to identify your target audience – the people and organisations who can help you improve diabetes education and promote healthy habits in schools in your country or community.

As a KiDS advocate, your audience falls into two main categories:

- **Primary decision-makers:** people and organisations with capacity to bring about change, including national or local governments, ministries and parliamentarians. In the framework of KiDS, school networks/associations are a primary decision-maker, since they have the capacity to implement KiDS across a large number of schools.
- **Influencers:** people and organisations who advise or have the capacity to persuade primary decision-makers. This includes opinion leaders (national or local media outlets, community leaders), celebrities and public figures, experts in the field and civil society (diabetes associations and patient networks). A clear group of influencers for KiDS are parents' associations, teachers' or students' unions, which could convince governments of the need to implement the project in schools.



Depending on your advocacy strategy, stakeholders such as parents' associations could be considered advocacy partners or target audience.

Once you have understood the characteristics of each category, you and your partners should do some research to prepare a detailed list with all the people and organisations who could help you achieve your goal. Bear in mind that, since resources are limited, you will not be able to target all of the stakeholders you identify.



Depending on your advocacy strategy, stakeholders such as parents' associations could be considered advocacy partners or target audience.

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Power mapping can help you identify your actual target audience – the people and organisations from within your list who can help you the most and are therefore important to target. For each player in your list, ask yourself if they are in favour or against the KiDS objectives, and how much power/influence they have in terms of your goal. **You should focus your efforts to target influential or powerful audiences who strongly support your goal.** Stakeholders in favour of your activities but with a lower level of influence could also be important in your advocacy work – particularly if you fail to mobilise more influential actors. You should update your power mapping from time to time, since stakeholders initially opposed to your goal could change their minds.



Use the template on [page 21](#) for your power mapping.

## Define your objectives

The next step of your KiDS advocacy work will be to **define your advocacy objectives** – the intermediate specific actions that will help you achieve your advocacy goal.



**Too many or unclear objectives make it very difficult to control your advocacy activities. Make sure to concentrate on just three or four clear objectives!**

In order to effectively plan your advocacy activities, **you need to set objectives that are SMART:**

S



**Specific:** objectives must be concrete and well-defined – vague objectives make it very difficult to determine which activities to undertake.

M



**Measurable:** if your objectives are not measurable, you will not be able to assess whether and to a what extent they have been achieved.

A



**Attainable:** you can be ambitious, but you also need to be realistic – your objectives need to be achievable with the resources available.

R



**Relevant:** objectives must support the achievement of your ultimate goal.

T



**Time-bound:** setting deadlines for the accomplishment of your objectives will allow you and your team to plan when your activities need to take place.



**Use the template on [page 22](#) to work on your objectives. If you are not sure if they are SMART, discuss them with other advocates. Do not plan any activities until you are 100% sure the objectives are SMART**

Achieving the change you aim for will often take years, so **we recommend you to structure your advocacy strategy in phases.** When planning a phase, you should set realistic objectives based on the resources and capacities you have at that given moment. Once you have achieved all the objectives of a phase, you can move to planning the following phase with a more ambitious set of objectives.

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## Shape your advocacy messages

Good messaging is key for the success of your advocacy work. It facilitates communicating your demands and can strengthen the engagement of your target audience. Messages need to appeal to the head (what is the problem?), the heart (why should stakeholders care?) and the hands (what can stakeholders do?).<sup>11</sup>



**A great message should be simple, direct, impactful and easy to remember. Share your advocacy message with a child; if they can understand the issue, it's understandable for everyone!**

Messages should contain:

- The **problem**.
- The **evidence** (data, facts).
- An example of the problem (a **testimonial**).
- The **reasons** why change is necessary.
- The **actions** desired from the target audience.
- The **deadline** by which change should be achieved.



**If you are going to use someone's personal story as part of your advocacy messaging, make sure they sign a consent form first. If they are under age, the consent form will need to be signed by their parent or guardian**

Advocacy messages are not universal – they need to be tailored according to your audience and the channel you will use to deliver them. Each target audience has different values, interests and motivations. A message for school parents cannot be the same as

one addressed to policymakers: while parents particularly appreciate messages focused on health promotion and the wellbeing of their children, policymakers are more likely to pay attention to messages focused on the economic impact of diabetes.



**Use the template on [page 23](#) to create and tailor your advocacy messages. Carefully evaluate the evidence at your disposal and choose which facts are more appealing to your audience and relevant to your channel.**

Each communication channel will require the message to be shaped differently. If your channel is a podcast, the language and type of evidence you use cannot be the same if your channel is an article in the press. In advocacy, social media is a powerful channel, since it allows you to reach a large audience and mobilise additional support for your cause. To maximise success, consider integrating your online efforts and offline efforts.

In the framework of KiDS, we recommend you to use social media to promote the programme resources, share testimonials of students living with diabetes, their caregivers/parents and share tips to promote healthy habits. For more tips on digital advocacy, go to page 20.



**Letters are a great way to deliver your message to policymakers. You can find a KiDS letter template on [page 24](#).**

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## Select the messengers

The messengers are as important as the messages themselves. **Messengers need to be credible and have the capacity to influence your target audience.** They can be someone from your team, but you can also look for an external collaborator to deliver specific messages.

Messengers should have a good grasp of the topic about which they communicate. Ideally you might consider using different messengers to target different audiences. **Messages will work better when delivered by a messenger with whom the target audience can identify.** For example, you can choose a parent to deliver messages to their peers, and a policymaker living with diabetes to present messages to other policymakers.

## Plan your activities

Once you have set your SMART objectives, shaped your messages and selected your messengers, it is time to work on defining the advocacy activities to help you achieve your targets. Start by making a list of relevant national and international days (such as World Diabetes Day, World Health Day, International Youth Day, World Teachers' Day, World Children's Day) that can provide an opportunity to advocate for KiDS. You can then think of activities around those key dates that could help you influence change.

Check out the United Nations international days at [www.un.org/en/observances/international-days-and-weeks](http://www.un.org/en/observances/international-days-and-weeks)

Remember that the level of ambition of your objectives should depend on the phase of your advocacy strategy you are at. You can find a few KiDS-relevant objectives and activities on next page.

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The KiDS Programme is wonderful. It's something that is needed urgently, for parents of children with diabetes like myself to be able to share their experiences. Governments should implement KiDS in all public and private schools.

**Roxana Vizcaíno Saltos,**  
mother of a child living with type 1 diabetes and  
IDF Blue Circle Voices member (Ecuador)

## Objective

## Activities

Target at least 20 policymakers/school networks with the KiDS materials on International Education Day

- Mailing campaign to policy-makers/schools networks attaching the KiDS materials.
- Distribute KiDS materials at the parliament/schools on International Education Day.
- Organise face-to-face meetings to present the KiDS materials.

Reach at least five national/local media outlets to encourage them to talk about the KiDS project on World Diabetes Day

- Contact media outlets with the KiDS materials before World Diabetes Day.
- Organise awareness activities on World Diabetes Day and invite media representatives.
- Organise face-to-face meetings with journalists from relevant media outlets.

Mobilise your network to get at least 1,000 people signing a petition to include diabetes education and the promotion of healthy habits in school curricula by the end of the year

- Launch petition and mobilise your network to sign and share it.
- Tag relevant media and policy-makers on social media messages about the petition.

Engage with at least one school network/association to achieve a commitment to promote healthy habits in their schools through the KiDS programme by World Obesity Day

- Mailing campaign to school networks/associations with KiDS materials and evidence on the benefits of promoting healthy habits from a young age.
- Organise face-to-face meetings with the school networks/associations directors and his or her team to discuss KiDS.
- Pilot a KiDS session in a school, with the participation of members from the school networks/associations.

Collaborate with officers from your local governments to achieve a commitment from the mayor to provide training to school teachers to support pupils with diabetes by International Children's Rights Day

- Mailing campaign to the mayor with testimonials from children with type 1 diabetes, parents and teachers.
- Organise face-to-face meetings with the mayor and his or team to present KiDS and discuss the support required for pupils with diabetes.
- Organise a demonstration requesting the mayor to train teachers in diabetes through the implementation of KiDS in local schools.

Collaborate with officers from the regional/national government to achieve a commitment to ban vending machines in schools and assess the nutritional value of school menus by the end of their term in office

- Mailing campaign to the Ministers of Health and Education with testimonials from nutritionists providing evidence on the benefits of promoting healthy diets from a young age.
- Organise face-to-face meetings with relevant Ministers and their teams to discuss the proposal and present KiDS.
- Mobilise parents, students and school staff through a social media campaign requesting support for the proposal.

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Once you and your partners have agreed your advocacy activities, you need to:

- **Set a timeline:** bear in mind the deadlines you have set for your SMART objectives.
- **Assign responsibilities:** establish which team member will be responsible for each activity.
- **Analyse the resources required:** human and/or financial.
- **Assess risks:** foresee the challenges you may face for implementation, such as insufficient funds, lack of institutional support or limited human resources. This will help you adjust your plan if required.



Use the work plan template from [page 25](#) to plan your KiDS advocacy activities. Here is an example of how you should fill it for one of the potential activities mentioned on [page 16](#).

### SMART objective:

*Reach at least five national/local media outlets to encourage them to talk about the KiDS project on World Diabetes Day*

Activity number	1
Name of the activity	<i>Contacting media outlets</i>
Description	<i>Send KiDS materials via email to more than five media outlets before World Diabetes Day</i>
Date(s)	<i>August-September</i>
Person responsible	<i>(preferably someone with experience with the media)</i>
Resources required	<i>volunteer time</i>
Potential challenges	<i>difficulty to contact the right people</i>
Expected outcomes	<i>at least two media outlets showing interest in the KiDS project, and one of them committing to talk about KiDS on World Diabetes Day</i>
Status (to be started/ongoing/completed)	<i>(to be started/ongoing/completed)</i>

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## Measure and report your results

The last step of your advocacy work is to **evaluate the impact of your advocacy activities**, to understand whether they have been successful in the achievement of your SMART objectives.

We recommend you and your team **closely monitor the progress of each of your activities**. This will allow you react if you encounter significant challenges to implementing your plans. Team meetings or calls are very important to share updates and adapt your activities and timeline if required. Progress reports are also helpful for the team to understand where you are with the activities and what remains to be done.



**Flexibility is key to your project success. Do not think of having to adapt your plans as a defeat. Learn from the challenges and difficulties you face, and make sure you use that knowledge to improve your planning going forward!**

Tracking progress of some of your SMART objectives may require you to **survey your target audience**. If your objective is to have a certain number of policymakers reporting an improved knowledge about diabetes education requirements in schools, you will not only need to survey them after you have implemented your awareness activity, but also beforehand so you can set the baseline to track progress.

Once you have achieved your SMART objectives, you will need to **prepare a final report**. This document may be very helpful to plan a second phase of your advocacy work and set additional SMART objectives to support the consecution of your ultimate goal. If you have partners who support you financially in your advocacy activities, remember to share the progress and final reports with them. Reports can also encourage your funders to continue supporting you.



**Keep IDF informed about your KiDS advocacy activities at [kids@idf.org](mailto:kids@idf.org). We would love to hear about your experience and promote your advocacy work!**

**Good luck advocating for KiDS and thanks in advance for your efforts!**

■ Introduction

■ A global challenge

■ The IDF KiDS project

■ The potential of KiDS

■ Advocacy steps

■ Advocacy resources

# Advocacy resources: checklist

1: Identify national gaps	Ongoing	Done	N/A
Generate your IDF Atlas country factsheet			
Check your country's performance on NCD action			
Research national/local government action on diabetes education and healthy habits promotion in schools. Identify areas for improvement			
2: Set your advocacy goal	Ongoing	Done	N/A
Set your overarching advocacy goal			
Set your secondary advocacy goal			
3: Build partnerships	Ongoing	Done	N/A
Identify national/local diabetes associations			
List all potential partners			
Reach out to all potential partners			
4: Identify your target audience	Ongoing	Done	N/A
Identify decision-makers and their position towards your ultimate goal			
Identify influencers and their position towards your ultimate goal			
Power map your target audience (template 1)			
Reach out to your target audience			
5: Define your objectives	Ongoing	Done	N/A
Develop 3-4 SMART objectives (template 2)			
If required, develop several phases for your advocacy strategy			

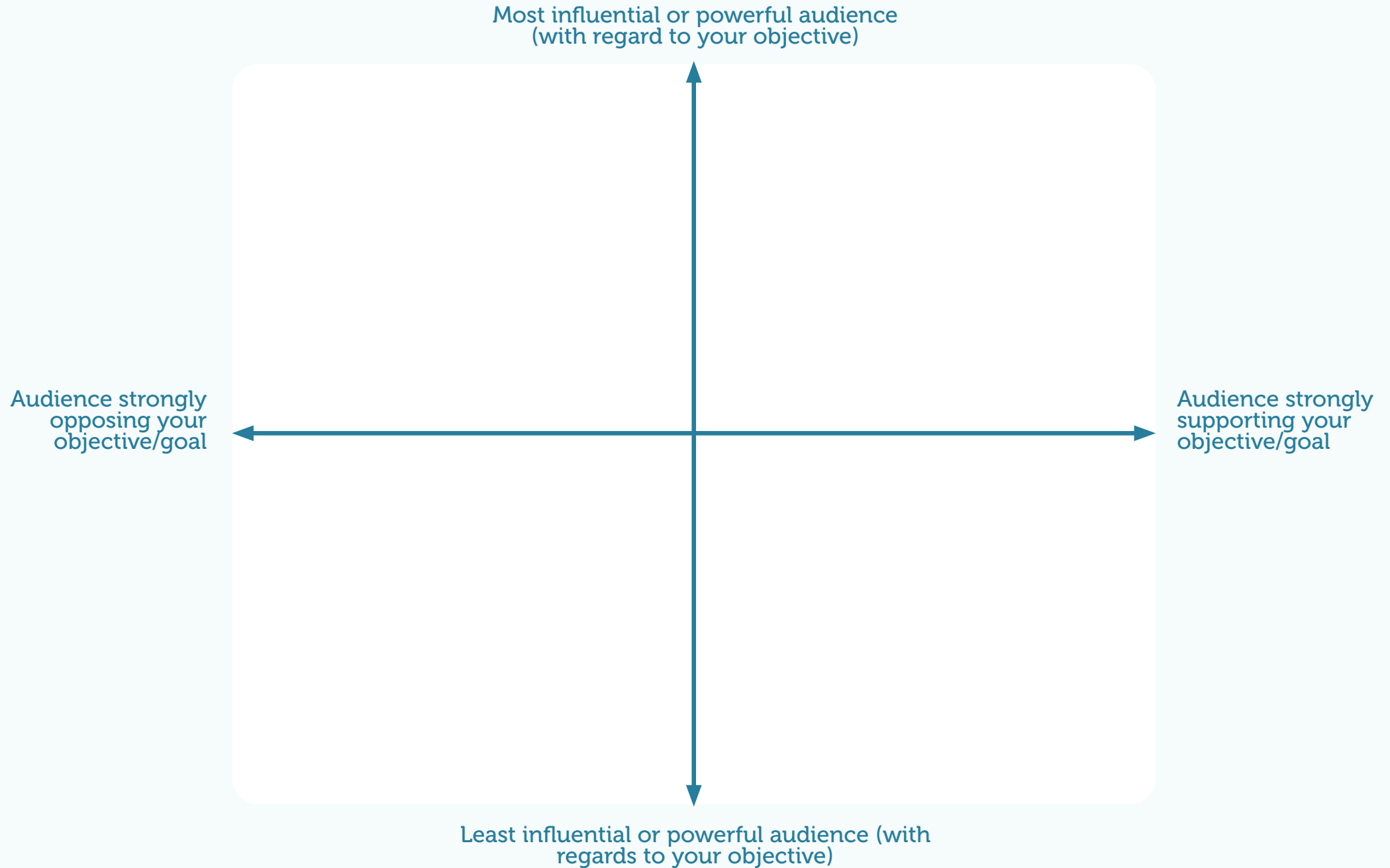
6: Shape your advocacy messages	Ongoing	Done	N/A
Develop your advocacy messages and tailor them to different audiences (template 3)			
Prepare your social media plan (check "10 steps for digital advocacy" on page 20)			
Prepare your advocacy letter(s) (template 4)			
7: Select your messengers	Ongoing	Done	N/A
List your potential messengers			
Identify the best messengers for the different target audiences (add them to template 3)			
Coach messengers to deliver the messages			
8: Plan your activities	Ongoing	Done	N/A
List relevant international days			
Set a timeline			
Assign responsibilities in your team			
Analyse the resources required			
Assess risks			
Fill out the Advocacy work plan (template 5)			
9: Measure and report your results	Ongoing	Done	N/A
Monitor progress of each activity			
Adapt your plans if required			
Survey your target audience to set baseline prior to intervention			
Survey your target audience to track progress after intervention			
Prepare final report once SMART objectives are achieved			
Share final report with your partners/funders			
Keep the KiDS team informed of your advocacy activities			








## Advocacy resources: 10 steps to digital advocacy

1 Create a calendar of posts	This will help you know what to post and when
2 Get the theme right	The overarching theme for your social media posts should be diabetes education and healthy habits promotion in the school environment
3 Share facts and figures	This will help your audience discover the issue. Feel free to share relevant content from IDF social media and KiDS resources
4 Get the tone right for your audience	The general public needs basic facts, while people who already know about the topic need more specific information
5 Have a clear call to action	Make sure your audience has somewhere to go or something to do next. For example, direct them to a Facebook page or website where you bring together your advocacy goal and your requests from them
6 Make your messages visual	Share an image or video, and encourage your audience to do the same
7 Use a relevant hashtag	This is key to help build momentum. The hashtag of the KiDS project is #diabeteskids
8 Have a conversation	Social media should be about engaging a conversation. Ask your followers questions and start a discussion
9 Engage with your target audience	Find the usernames of stakeholders who can help you generate change and engage them in the conversation by tagging them (using the '@user' function)
10 Tag IDF	Feel free to tag IDF in your posts to increase the visibility of your social media messages ( <a href="https://facebook.com/intdiabetesfed">facebook.com/intdiabetesfed</a> , @IntDiabetesFed ( <a href="#">Twitter</a> and <a href="#">Instagram</a> ), International Diabetes Federation ( <a href="#">LinkedIn</a> ))

## Advocacy resources: Template 1 - Power Mapping



## Advocacy resources: Template 2 - SMART objectives

	SMART questions	SMART answers
 <b>Specific</b>	What do you want to achieve? Be as specific as possible	
 <b>Measurable</b>	How will you be able to measure the success?	
 <b>Attainable</b>	Is your objective realistic? Do you have, or will you be able to get, the resources you will need?	
 <b>Relevant</b>	Is this objective relevant for your ultimate advocacy goal?	
 <b>Time-bound</b>	By when should this objective be achieved? You need to bear in mind your overall advocacy timeline	



## Advocacy resources: Template 3 - Advocacy messaging

### OVERALL ADVOCACY MESSAGE

Problem	
Evidence (data, facts)	
Example (testimonial)	
Reasons for change	
Deadline for change	

### AUDIENCE-TAILORED ADVOCACY MESSAGE

Audience	Main interest	Actions desired from them	Potential messenger	Tailored message

## Advocacy resources: Template 4 - Advocacy letter

[Title and name of the recipient]

[Address of the recipient]

Subject: [line expressing what you want to achieve with this letter]

Dear [title and name of the recipient],

On behalf of pupils living with diabetes, parents of pupils living with diabetes and school staff, [name of your organisation]/I request/s you to bring diabetes education and the promotion of healthy habits to schools in [city, state or country].

The International Diabetes Federation (IDF) estimates that over 1.1 million children, adolescents and young adults under the age of 20 live with type 1 diabetes – including [figure from the IDF Atlas] in our country. People with type 1 diabetes need to inject insulin to survive. This can be a source of stigma – especially in the school environment. The general lack of awareness and understanding about the condition often leads to discrimination, which can be particularly difficult for children and adolescents with type 1 diabetes.

In addition to the challenges posed by type 1 diabetes, type 2 diabetes – a highly preventable condition which until recently was mainly diagnosed in adults – is on the rise among children and adolescents due to increasingly sedentary and unhealthy habits. IDF estimates that the number of diabetes cases in our country will rise from [figure from the IDF Atlas] in 2019 to [figure from the IDF Atlas] by 2045 – the majority of which corresponds to type 2 diabetes.

[Paragraph about local/national gaps in diabetes education and promotion of healthy habits in the school environment. Feel free to include a quote/testimonial from a pupil with diabetes, a parent or school staff.]

The inclusion of diabetes education and the promotion of healthy habits in the school curricula is paramount to protect pupils living with diabetes from discrimination and prevent the expected increase of type 2 diabetes cases in the coming decades. We/I therefore ask you to:

- [List the actions you want the recipient to implement]

One way to improve diabetes education and the promotion of healthy habits in schools is through the implementation of the IDF Kids and Diabetes in Schools (KiDS) project. Since 2013, more than 1,790 schools have implemented the KiDS project, engaging over 248,000 children and 18,700 teachers. Its implementation has improved knowledge about diabetes management among teachers and pupils, led to healthier food choices and encouraged increased physical activity in the school environment<sup>1,2</sup>.

[Name of your organisation]/I stand ready to work with you and your team to address this urgent issue and present the KiDS project to you. We/I count on your leadership to support pupils living with type 1 diabetes and address the increase in type 2 diabetes cases.

Yours sincerely,

[Name and contact details]

<sup>1</sup> Improving the school experience of children with diabetes: Evaluation of the KiDS project. Chinnici et al., Journal of Clinical & Translational Endocrinology 15 (2019) 70–75.

<sup>2</sup> «KiDS and Diabetes in Schools» project: Experience with an international educational intervention among parents and school professionals. Bechara GM, et al. Pediatr Diabetes. 2018 Jun;19(4):756–760.

## Advocacy resources: Template 5 - Advocacy work plan

Name of your SMART objective:	
Activity number	
Name of the activity	
Description	
Date(s)	
Person responsible	
Resources required	
Potential challenges	
Expected outcomes	
Status (to be started/ ongoing/completed)	



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