KiDS and Diabetes in School

Sanofi

Submitted as part of Access Accelerated
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Program Description
**Program Overview**

1. **Program Name**
   - KIDS and Diabetes in School

2. **Diseases program aims to address**
   - Diabetes (Type 1; Type 2)
   - NCD (Non-Communicable Disease Care, General)

3. **Beneficiary population**
   - Youth (5-18yrs)
   - Others: Teachers, parents of children with diabetes, parents in general

4. **Countries**
   - Brazil
   - India
   - Pakistan
   - United Arab Emirates

5. **Program start date**
   - September 30, 2013

6. **Anticipated program completion date**
   - Completion date not specified

7. **Contact person**
   - [No response provided]

8. **Program summary**

   The KIDS project is an educational program co-created by Sanofi with the International Diabetes Federation (IDF), in collaboration with the International Society for Pediatric and Adolescent Diabetes (ISPAD), Public Health Foundation of India (PHFI), Sociedade Brasileira de diabetes (SBD) and Associação de Diabetes Juvenil of Brazil (ADJ), to fight diabetes. The program was piloted in India and Brazil and is currently being expanded with trainings ongoing in Pakistan and UAE, in partnership with the Diabetes Association of Pakistan (DAP), Lahore Grammar School (LGS) and United Arab Emirates (UAE) Ministry of Health and Prevention respectively. The program is targeted primarily at teachers, school nurses and school staff, school students (6-14 years old) and parents, but it is also targeted at policy makers and governmental officials.

   The program objectives are:
   - To foster a safe and supportive school environment for children with type 1 diabetes to manage their condition and avoid discrimination.
   - To raise awareness of diabetes and the benefits of healthy diets and physical activities among all school-age children.

   The KIDS project involves a Global ‘Diabetes in Schools’ Toolkit to roll out the project in countries interested. The Toolkit was culturally and contextually adapted, pre-tested and tailored for use by the targeted audience. It is divided in four sections dedicated to each audience, i.e. teachers, school nurses and school staff, school students (6-14 years old) and parents (including parents of a child with diabetes). It is available in 9 languages free of charge on the IDF website (Arabic, Chinese, English, French, Greek, Hindi, Portuguese, Russian and Spanish) including quizzes and a game to assess diabetes knowledge. It was also developed for Android and an IOS version for iPad.

   The KIDS project also involves awareness meetings and activities in schools, with key stakeholders including school authorities, NGOs, nurses, teachers, parents and children.

   For further information, the program is presented on the International Diabetes Federation website: [https://www.idf.org/our-activities/education/kids-project.html](https://www.idf.org/our-activities/education/kids-project.html)
# Program Strategies & Activities

## Strategies and activities

**Strategy 1: Community Awareness and Linkage to Care**

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>The program provides diabetes education to teachers, school nurses and school staff, school students (6-14 years old) and parents (including parents of a child with diabetes).</td>
</tr>
<tr>
<td>Technology</td>
<td>An educational toolkit is developed, and culturally adapted to the local needs.</td>
</tr>
</tbody>
</table>

## Strategy by country

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>COUNTRY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Awareness and Linkage to Care</td>
<td>[No response provided].</td>
</tr>
</tbody>
</table>
## Companies, Partners & Stakeholders

### Company roles

<table>
<thead>
<tr>
<th>COMPANY</th>
<th>ROLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanofi</td>
<td>Sanofi is sponsoring the program.</td>
</tr>
</tbody>
</table>

### Funding and implementing partners

<table>
<thead>
<tr>
<th>PARTNER</th>
<th>ROLE/URL</th>
<th>SECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>International Diabetes Federation (IDF)</td>
<td>The International Diabetes Federation (IDF) was incorporated in 1950 under the Belgian law for international not for profit organisations of 27th June 1921 (AISBL). Its Articles of Association, last amended on 10th March 2015, provide the legally binding purpose of IDF.KiDS is an initiative of IDF; IDF created the educational material with its partners. <a href="https://www.idf.org/">https://www.idf.org/</a></td>
<td>Voluntary</td>
</tr>
<tr>
<td>International Society for Pediatric and Adolescent Diabetes (ISPAD)</td>
<td>The International Society for Pediatric and Adolescent Diabetes was founded as ISGD, the International Study Group for Diabetes (in childhood and adolescence) in 1974. It is an academic society that contributed to co-create the material. <a href="http://www.ispad.org/">http://www.ispad.org/</a></td>
<td>Voluntary</td>
</tr>
<tr>
<td>Public Health Foundation of India</td>
<td>Public Health Foundation of India (PHFI) is an independent foundation headquartered in New Delhi and its constituent Indian Institutes of Public Health (IIPH) set up by PHFI, have a presence in Hyderabad (Andhra Pradesh), Delhi National Capital Region (NCR), Gandhinagar (Gujarat) and Bhubaneswar (Odisha). The Foundation is managed by an empowered governing board comprising senior government officials, eminent Indian and international academic and scientific leaders, civil society representatives and corporate leaders. PHFI's school partner HRIDAY has a network of 300 schools in Delhi and 500 schools in India. PHFI contributed to build the program and HRIDAY to the implementation in India. <a href="http://www.phfi.org">www.phfi.org</a></td>
<td>Voluntary</td>
</tr>
<tr>
<td>Associação de Diabetes Juvenil of Brazil (ADJ)</td>
<td>The Associação de Diabetes Juvenil of Brazil (ADJ) is a non-governmental and non-profit entity, legally registered in the Civil Registry of Legal Entities under number 32.791/80 (Book A), founded on March 10, 1980 by a group of parents of children with diabetes. ADJ contributed to creating the material and helped implement the program in Brazil. <a href="http://www.adj.org.br/">http://www.adj.org.br/</a></td>
<td>Voluntary</td>
</tr>
<tr>
<td>Diabetic Association of Pakistan</td>
<td>In Pakistan, the program is implemented with Diabetes Association of Pakistan and Lahore Grammar School. DAP contributes to local adaptation of the program.</td>
<td></td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Lahore Grammar School</td>
<td>LGS is a chain of schools that contributes to the implementation of the program in pilot schools.</td>
<td></td>
</tr>
<tr>
<td>Sociedad Brasilea de diabetes (SBD)</td>
<td>Sociedad Brasilea de diabètes (SBD) is an NGO that contributed to create the material and helped implement the program in Brazil.</td>
<td></td>
</tr>
<tr>
<td>UAE Ministry of Education</td>
<td>United Arab Emirates (UAE) Ministry of Education is supporting the UAE Ministry of Health &amp; Prevention in implementing KiDs in schools.</td>
<td></td>
</tr>
<tr>
<td>UAE Ministry of Health &amp; Prevention</td>
<td>United Arab Emirates (UAE) Ministry of Health &amp; Prevention is leading the adaptation and implementation of the program in UAE.</td>
<td></td>
</tr>
</tbody>
</table>

### Funding and implementing partners by country

<table>
<thead>
<tr>
<th>PARTNER</th>
<th>COUNTRY</th>
</tr>
</thead>
<tbody>
<tr>
<td>International Diabetes Federation (IDF)</td>
<td>[No response provided].</td>
</tr>
<tr>
<td>International Society for Pediatric and Adolescent Diabetes (ISPAD)</td>
<td>[No response provided].</td>
</tr>
<tr>
<td>Public Health Foundation of India</td>
<td>[No response provided].</td>
</tr>
<tr>
<td>Associação de Diabetes Juvenil of Brazil (ADJ)</td>
<td>[No response provided].</td>
</tr>
<tr>
<td>Diabetes Association of Pakistan</td>
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</tr>
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<td>Lahore Grammar School</td>
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</tr>
<tr>
<td>UAE Ministry of Health &amp; Prevention</td>
<td>[No response provided].</td>
</tr>
</tbody>
</table>
## Stakeholders

<table>
<thead>
<tr>
<th>STAKEHOLDER</th>
<th>DESCRIPTION OF ENGAGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Together with our partners, we engage in discussions with Government to identify need/feasibility of the project (e.g. selection of the schools where the program will be piloted). In question 12, the list of country governments and respective ministries is provided.</td>
</tr>
<tr>
<td>Non-government organization (NGO)</td>
<td>We work with International Diabetes Federation (IDF) and International Society for Pediatric and Adolescent Diabetes (ISPAD) in co-creating and developing the program, such as creating the educational toolkit, and choosing local partners through IDF network.</td>
</tr>
<tr>
<td>Other</td>
<td>Together with our partners, we are working with local schools to provide diabetes education to students, teachers and school staff.</td>
</tr>
</tbody>
</table>
Local Context, Equity & Sustainability

15 Local health needs addressed by program

According to the World Health Organization (WHO), over the last three decades, the number of people around the world diagnosed with diabetes has tripled, with diabetes prevalence rising more rapidly in middle- and low-income countries. In addition, an estimated 42 million children under 5 years of age were overweight or obese in 2015. This amounts to an increase of about 11 million during the past 15 years. Almost half (48%) of these children lived in Asia and 25% in Africa. The number of people with type 1 diabetes is increasing around the world and it is currently estimated that around every 6 minutes a young person finds out they have type 1 diabetes.

Although highly prevalent in people aged over 50 years old, the number of cases of type 2 diabetes reported in children and adolescents has increased. Schools play an important role in protecting the rights of school children with diabetes; however, for many of these children, evidence has highlighted that lack of knowledge within schools around diabetes can lead to poor support, isolation, stigma and discrimination. Teachers and school staff, nutritionists or nurses need to be adequately trained to deal with diabetes and its implications, in order to create a more supportive classroom environment for children with type 1 diabetes. There is also a lack of awareness in schools of the importance of a healthy lifestyle in preventing young people from developing type 2 diabetes.

Sanofi partnered with the International Diabetes Federation (IDF) and the International Society for Pediatric and Adolescent Diabetes (ISPAD) to produce an educational toolkit that is then translated and culturally adapted by each implementing country with local partners/local IDF members.

16 Social inequity addressed

People living with diabetes constantly need to balance medication, food and physical activity every day to maintain long-term health. This is no different for children with diabetes, and yet, the school environment, where these children spend a significant proportion of their time, can pose significant challenges ranging from difficulties to receive treatment, to exclusion from certain activities. Evidence has highlighted that a lack of diabetes knowledge within the school environment leads to poor support, isolation, stigma and discrimination for the concerned children. The KiDS program aims to fight against discrimination of people living with type 1, more specifically children with type 1 diabetes by fostering a safe and supportive school environment. Through the awareness component of the program (educational sessions and materials), it contributes to health literacy of children irrespective of their social status.

17 Local policies, practices, and laws considered during program design

Before initiating the program in a country, a feasibility assessment is performed, including the review and assessment of the following:

- Diabetes epidemiologic data
- National policies/plans and existing projects/campaigns regarding awareness on diabetes and the benefits of healthy diet and physical activity among school-age children
- Stigma against children with diabetes and lack of knowledge on diabetes

The program started with a pilot in India and Brazil. There was a feasibility assessment that allowed designing and adapting the toolkit to local needs, practices, and regulations. Other countries are now evaluating above criteria to identify the need and potential implementation.

18 How program meets or exceeds local standards

Education programs of teachers generally do not encompass health issue or are more focused on infectious diseases. Management of diabetes and healthy lifestyles is a new topic for teachers.
19. Program provides health technologies (medical devices, medicines, and vaccines)
No.

20. Health technologies are part of local standard treatment guidelines
Not applicable.

21. Health technologies are covered by local health insurance schemes
Not applicable.

22. Program provides medicines listed on the National Essential Medicines List
No.

23. Sustainability plan
The ultimate goal of KiDS is to support policy changes on the management of type 1 diabetes and healthy habits at schools by introducing training for teachers on diabetes in the national curriculum of the countries of interest. An advocacy leaflet has been prepared during the development of the program to answer to this need.
Additional Program Information

The descriptions of the program as well as results from the pilots conducted in India and Brazil have been presented in several international and local congresses, here are some key references:

- World Diabetes Congress 2015 - Poster: Children with Diabetes in Schools (KiDS project) – First results on satisfaction of the educational intervention. D. CHINNICI et al.

- World Diabetes Congress 2015 - Oral: Evaluating the impact of the KiDS project in schools in India and Brazil. D. CHINNICI et al.

- 6th World Congress on Diabetes in Chennai: abstract: Profiling Project KiDS: Kids and Diabetes in School, N. Tandon

- 8th European Public Health Conference 2015 (Milan 14 - 17 October 2015): First evaluation on satisfaction of the KiDS project in India and Brazil (phase I: 2013-2014); D. Chinnici et al.

Access Accelerated Initiative participant
Yes.

International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) membership
Yes.
Resources


Program Indicators
## KiDS and Diabetes in School

List of indicator data to be reported into Access Observatory database

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>TYPE</th>
<th>STRATEGY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Tools in use</td>
<td>Output</td>
<td>Community Awareness and Linkage to Care.</td>
</tr>
<tr>
<td>2  Population exposed to community communication activities</td>
<td>Output</td>
<td>Community Awareness and Linkage to Care.</td>
</tr>
</tbody>
</table>
## Tools in Use

**INDICATOR** Tools in Use  
**STRATEGY** COMMUNITY AWARENESS AND LINKAGE TO CARE

<table>
<thead>
<tr>
<th>ITEM</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition</td>
<td>Number of tools (e.g., mHealth, EMR, etc.) introduced and in use by the program (please distinguish from “Management Procedures in Use” indicator).</td>
</tr>
<tr>
<td>Method of measurement</td>
<td>Counting the number of tools created and in use by the program.</td>
</tr>
<tr>
<td><strong>CALCULATION</strong></td>
<td>Sum of number of tools created by the program.</td>
</tr>
<tr>
<td>Data source</td>
<td>Routine program data.</td>
</tr>
<tr>
<td>Frequency of reporting</td>
<td>Once per year.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESPONSIBLE PARTY</th>
<th>DESCRIPTION</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>30</strong> Data collection</td>
<td>International Diabetes Federation (IDF)</td>
<td>The implementing Partner is reviewing and approving the locally translated and adapted educational toolkit and keeps record of the number of tools approved and in use by the program.</td>
</tr>
<tr>
<td><strong>31</strong> Data processing</td>
<td>International Diabetes Federation (IDF)</td>
<td>The implementing partner is reviewing the consistency of local adaptation and translation with the original main toolkit. The implementing Partner is also gathering and consolidating the figures.</td>
</tr>
<tr>
<td><strong>32</strong> Data validation</td>
<td></td>
<td>No specific process</td>
</tr>
</tbody>
</table>

**Challenges in data collection and steps to address challenges**

Most of the tools are available free of charge and anyone can download and adapt them. Guidelines for adaptation of the tools and implementation of the program are also provided free of charge. Thus it is not possible to keep a complete record of all potential tools that have been adapted and created from our tools. To minimize the impact of this challenge, local partners are strongly encouraged to share the tools they adapt and develop.
### Population Exposed to Community Communication Activities

**STRATEGY**  COMMUNITY AWARENESS AND LINKAGE TO CARE

<table>
<thead>
<tr>
<th>ITEM</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
<td>Number of population reached through a community awareness campaign.</td>
</tr>
<tr>
<td><strong>Method of measurement</strong></td>
<td>Counting of participants that attend campaign meetings or reached by media messages disseminated.</td>
</tr>
<tr>
<td><strong>CALCULATION</strong></td>
<td>Number of people or participants in the target audience segment who participated or attended the community awareness campaign recorded in a given period of time</td>
</tr>
<tr>
<td><strong>Data source</strong></td>
<td>Routine program data.</td>
</tr>
<tr>
<td><strong>Frequency of reporting</strong></td>
<td>Once per year.</td>
</tr>
</tbody>
</table>

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<th>DESCRIPTION</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>30 Data collection</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
International Diabetes Federation (IDF); Public Health Foundation of India. 
A member of the local team (the implementing partner) asks each school to count the number of sessions and number of attendees (teachers and students) per session. Collection of information is done on an ongoing basis, at the time the session occurs. | Ongoing |
| **31 Data processing** | 
International Diabetes Federation (IDF); Public Health Foundation of India. 
A member of the team of the implementing partner gathers on an ongoing basis the number of attendees per session. This allows consolidating at the end of one calendar year the total number of people exposed. | Ongoing |
| **32 Data validation** | No specific process. | |

**Challenges in data collection and steps to address challenges**

There are difficulties to find a time that is conducive to getting parents to attend, and depending on the schools, there are difficulties to get parents to attend the sessions, even when the timing was agreeable and accepted by them at first instance.
Appendix

This program report is based on the information gathered from the Access Observatory questionnaire below.

Program Description

PROGRAM OVERVIEW

1 Program Name

2 Diseases program aims to address:
Please identify the disease(s) that your program aims to address (select all that apply).

3 Beneficiary population
Please identify the beneficiary population of this program (select all that apply).

4 Countries
Please select all countries that this program is being implemented in (select all that apply).

5 Program Start Date

6 Anticipated Program Completion Date

7 Contact person
On the public profile for this program, if you would like to display a contact person for this program, please list the name and email address here (i.e. someone from the public could email with questions about this program profile and data).

8 Program summary
Please provide a brief summary of your program including program objectives (e.g., the intended purposes and expected results of the program; if a pilot program, please note this). Please provide a URL, if available. Please limit replies to 750 words.

PROGRAM STRATEGIES & ACTIVITIES

9 Strategies and activities
Based on the BUSPH Taxonomy of Strategies, which strategy or strategies apply to your program (please select all that apply)?

10 Strategy by country
If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g. some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable. For each portion you have you selected from above (program strategies), please identify which country/countries these apply.

COMPANIES, PARTNERS AND STAKEHOLDERS

11 Company roles
Please identify all pharmaceutical companies, including yours, who are collaborating on this program:

What role does each company play in the implementation of your program?

12 Funding and implementing partners
Please identify all funding and implementing partners who are supporting the implementation of this program (Implementing partners is defined as either an associate government or non-government entity or agency that supplements the works of a larger organization or agency by helping to carry out institutional arrangements in line with the larger organization’s goals and objectives.)

a. What role does each partner play in the implementation of your program? Please give background on the organization and describe the nature of the relationship between the organization and your company. Describe the local team’s responsibilities for the program, with reference to the program strategies and activities. (response required for each partner selected).
b. For each partner, please categorize them as either a Public Sector, Private Sector, or Voluntary Sector partner. (Public Sector is defined as government; Private Sector is defined as a business unit established, owned, and operated by private individuals for profit, instead of by or for any government or its agencies. Generation and return of profit to its owners or shareholders is emphasized; Voluntary Sector is defined as Organizations whose purpose is to benefit and enrich society, often without profit as a motive and with little or no government intervention. Unlike the private sector where the generation and return of profit to its owners is emphasized, money raised or earned by an organization in the voluntary sector is usually invested back into the community or the organization itself (ex. Charities, foundations, advocacy groups etc.).)

c. Please provide the URL to the partner organizations’ webpages.

Funding and implementing partners by country
If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g., some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable. For each portion you have you selected from above (funding and implementing partners), please identify which country/countries these apply.

Stakeholders
Please describe how you have engaged with any of these local stakeholders in the planning and/or implementation of this program. (Stakeholders defined as individuals or entities who are involved in or affected by the execution or outcome of a project and may have influence and authority to dictate whether a project is a success or not (ex. Ministry of Health, NGO, Faith-based organization, etc.). Select all that apply.

Government, please explain
Non-Government Organization (NGO), please explain
Faith-based organization, please explain
Commercial sector, please explain
Local hospitals/health facilities, please explain
Local universities, please explain
Other, please explain

LOCAL CONTEXT, EQUITY & SUSTAINABILITY

Local health needs addressed by program
Please describe how your program is responsive to local health needs and challenges (e.g., how you decided and worked together with local partners to determine that this program was appropriate for this context)?

Social inequity addressed
Does your program aim to address social inequity in any way (if yes, please explain). (Inequity is defined as lack of fairness or justice. Sometime ‘social disparities’; ‘structural barriers’ and ‘oppression and discrimination’ are used to describe the same phenomenon. In social sciences and public health social inequities refer to the systematic lack of fairness or justice related to gender, ethnicity, geographical location and religion. These unequal social relations and structures of power operate to produce experiences of inequitable health outcomes, treatment and access to care. Health and social programs are often designed with the aim to address the lack of fairness and adjust for these systematic failures of systems or policies.)*

*Reference: The definition was adapted from Ingram R et al. Social Inequities and Mental Health: A Scoping Review. Vancouver: Study for Gender Inequities and Mental Health, 2013.

Local policies, practices, and laws considered during program design
How have local policies, practices, and laws (e.g., infrastructure development regulations, education requirements, etc.) been taken into consideration when designing the program?

How program meets or exceeds local standards
Is there anything else that you would like to report on how your program meets or exceeds local standards?

Program provides health technologies
Does your program include health technologies (health technologies include medical devices, medicines, and vaccines developed to solve a health problem and improve quality of lives)? (Yes/No)
20 Health technology(ies) are part of local standard treatment guidelines
Are the health technology(ies) which are part of your program part of local standard treatment guidelines? (Yes/No) If not, what was the local need for these technologies?

21 Health technologies are covered by local health insurance schemes
Does your program include health technologies that are covered by local health insurance schemes? (Yes/No) If not, what are the local needs for these technologies?

22 Program provides medicines listed on the National Essential Medicines List
Does your program include medicines that are listed on the National Essential Medicines List? (Yes/No) If not, what was the local need for these technologies?

23 Sustainability plan
If applicable, please describe how you have planned for sustainability of the implementation of your program (ex. Creating a transition plan from your company to the local government during the development of the program).

ADDITIONAL PROGRAM INFORMATION

24 Additional program information
Is there any additional information that you would like to add about your program that has not been collected in other sections of the form?

25 Access Accelerated Initiative participant
Is this program part of the Access Accelerated Initiative? (Yes/No)

26 International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) membership
Is your company a member of the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)? (Yes/No)

Program Indicators

INDICATOR DESCRIPTION

27 List of indicator data to be reported into Access Observatory database
For this program, activities, please select all inputs and impacts for which you plan to collect and report data into this database.

28 Data source
For this indicator, please select the data source(s) you will rely on.

29 Frequency of reporting
Indicate the frequency with which data for this indicator can be submitted to the Observatory.

30 Data collection
a. Responsible party: For this indicator, please indicate the party/parties responsible for data collection.
b. Data collection — Description: Please briefly describe the data source and collection procedure in detail.
c. Data collection — Frequency: For this indicator, please indicate the frequency of data collection.

31 Data processing
a. Responsible party: Please indicate all parties that conduct any processing of this data.
b. Data processing — Description: Please briefly describe all processing procedures the data go through. Be explicit in describing the procedures, who enacts them, and the frequency of processing.
c. Data processing — Frequency: What is the frequency with which this data is processed?

32 Data validation
Description: Describe the process (if any) your company uses to validate the quality of the data sent from the local team.

33 Challenges in data collection and steps to address challenges
Please indicate any challenges that you have in collecting data for this indicator and what you are doing to address those challenges.