

Preview mapping survey

To express your interest in participating in the Twinning Programme, we kindly ask you to fill the mapping survey on the strengths and needs of your association before the 15th of February. After the information webinar on January 20, you will receive the link to fill in the survey.

This document is a preview of the questions you will find in the survey, that you can use to start thinking about your association's areas of strengths and needs. Please, feel free to raise any questions regarding the survey or the programme in general during the information webinar.

Country	
Association name	
Type of association	<input type="checkbox"/> Association of patients <input type="checkbox"/> Association of health care professionals <input type="checkbox"/> Association of patients and health care professional
Number of full-time (or equivalent) employees	
Association's latest annual turnover/income level (please specify currency)	
Upload your association's latest annual report (if available)	

Association's STRENGTHS

INDICATE BELOW THE STRENGTH AREAS ABOUT WHICH YOUR ASSOCIATION WOULD LIKE TO SHARE EXPERTISE/KNOWLEDGE:

Diabetes prevention initiatives/campaigns

- Yes
 No

If you answered YES, please share specific prevention initiatives/best practices you have strong expertise in:

Diabetes management and care initiatives/campaigns

- Yes
- No

If you answered YES, please share specific diabetes management and care initiatives/best practices you have strong expertise in:

Improving access to medicines and/or technologies

- Yes
- No

If you answered YES, please share specific initiatives/best practices on improving access to medicines and/or technologies you have strong expertise in:

Stimulate health systems re-organisation

- Yes
- No

If you answered YES, please share specific initiatives/best practices on stimulating health systems re-organisation you have strong expertise in:

Patient empowerment initiatives/campaigns (select all that apply)	
<input type="checkbox"/>	Community building
<input type="checkbox"/>	Youth engagement
<input type="checkbox"/>	Education of people living with diabetes
<input type="checkbox"/>	Type 2 Diabetes dedicated initiatives
<input type="checkbox"/>	Structured peer support programmes
<input type="checkbox"/>	Camps for families/carers
<input type="checkbox"/>	Children/youth camps
<input type="checkbox"/>	None of the above
<input type="checkbox"/>	Others:
Membership development (select all that apply)	
<input type="checkbox"/>	Members' recruitment and retention
<input type="checkbox"/>	Membership value and structure
<input type="checkbox"/>	None of the above
<input type="checkbox"/>	Others:
Association management (select all that apply)	
<input type="checkbox"/>	Governance
<input type="checkbox"/>	Volunteer (including Board) recruitment/management/training
<input type="checkbox"/>	Staffing (recruitment, training, upskilling)
<input type="checkbox"/>	Succession planning
<input type="checkbox"/>	Strategic development
<input type="checkbox"/>	None of the above
<input type="checkbox"/>	Others:

Income sources and fundraising (select all that apply)	
<input type="checkbox"/>	Corporate sponsorship
<input type="checkbox"/>	Events
<input type="checkbox"/>	Donations & legacy
<input type="checkbox"/>	None of the above
<input type="checkbox"/>	Others:

Policy, advocacy and communications (select all that apply)	
<input type="checkbox"/>	Developing strategy
<input type="checkbox"/>	Thought-leadership (reports/position papers/publications etc.)
<input type="checkbox"/>	Defining/effectively using communications channels – social media
<input type="checkbox"/>	Defining/effectively using communications channels – traditional media
<input type="checkbox"/>	Defining/effectively using communications channels – other channels
<input type="checkbox"/>	Engaging and reaching out to stakeholders
<input type="checkbox"/>	Monitoring and evaluation
<input type="checkbox"/>	None of the above
<input type="checkbox"/>	Others:

Please use this space to describe other strength areas your association would like to share expertise/knowledge about:

Association's NEEDS

INDICATE BELOW THE NEEDS AREAS WHERE YOUR ASSOCIATION WOULD LIKE TO IMPROVE KNOWLEDGE/DEVELOP EXPERTISE:

Diabetes prevention initiatives/campaigns

- Yes
- No

If you answered YES, please share specific diabetes prevention initiatives you are interested in learning more about:

Diabetes management and care initiatives/campaigns

- Yes
- No

If you answered YES, please share specific diabetes management and care initiatives you are interested in learning more about:

Improving access to medicines and/or technologies

- Yes
- No

If you answered YES, please share specific issues relating to access to medicines and/or technologies you are interested in learning more about:

Stimulate health systems re-organisation

- Yes
- No

If you answered YES, please share specific expertise on stimulating health systems re-organisation you are interested in learning more about:

Patient empowerment initiatives/campaigns (select all that apply)

<input type="checkbox"/>	Community building
<input type="checkbox"/>	Youth engagement
<input type="checkbox"/>	Education of people living with diabetes
<input type="checkbox"/>	Type 2 Diabetes dedicated initiatives
<input type="checkbox"/>	Structured peer support programmes
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Membership development (select all that apply)

<input type="checkbox"/>	Members' recruitment and retention
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<input type="checkbox"/>	Staffing (recruitment, training, upskilling)
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<input type="checkbox"/>	Strategic development
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<input type="checkbox"/>	Donations & legacy
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Policy, advocacy and communications (select all that apply)	
<input type="checkbox"/>	Developing strategy
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<input type="checkbox"/>	Monitoring and evaluation
<input type="checkbox"/>	None of the above
<input type="checkbox"/>	Others:

Please use this space to describe other needs areas your association would like to develop expertise/knowledge about:

Additional comments/suggestions

Please use this space to share any additional comment/suggestions you would like to make:

PREVIEW - TO BE FILLED ONLINE