EmpowerMed

Action plans for pilot sites

Deliverable D1.6

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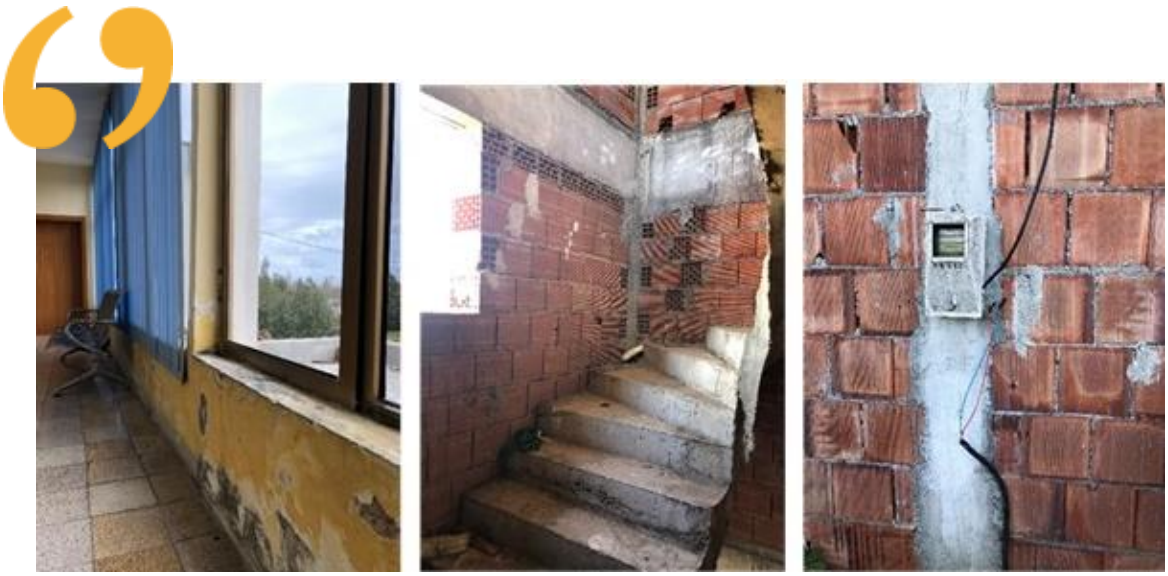
Work package: 1 Mobilizing local actors
Work package leader: UAB
Responsible partner: ESF
Deliverable 1.6: Action plans for pilot sites

Version: Final
Date: June 2020

EmpowerMed

Action plan for EmpowerMed pilot site

Vlora - Albania



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Deliverable 1.6: Action plan for EmpowerMed pilot site Vlora - Albania

Authors: (MiA) Msc. Valbona Mazreku, Msc. Arion Sauku, Bujana Xhindoli

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1 Introduction

1.1 Purpose of the action plan

The purpose of this action plan is to fine-tune the plan for activities in the Vlora pilot site located in south west of Albania. Activities in pilot site were initially planned in the phase of EmpowerMed project proposal, in September 2018. However, on one hand at that time the situation in the pilot site was not thoroughly researched and on the other hand the situation changes constantly (e.g. COVID-19 crisis). At this moment, Milieukontakt Albania (MiA) has better insight into the topic and of the situation in the pilot area, as well as better knowledge of the local actors. The implementation is adjusted to the circumstances of the moment and it is the purpose of this document to align the previously planned actions with the current situation in the pilot site. Based on EmpowerMed's activities for analysis of the situation in the pilot site, as well as on meetings with the local stakeholders, which were implemented from October 2019 – May 2020, this action plan lists and describes the measures that EmpowerMed will implement in the pilot region, as well as specifies the local actors and how EmpowerMed will work with them to implement its activities.

1.2 Energy poverty in the pilot site

Vlora Municipality is composed of 5 Administrative Units: Vlora, Orikum, Qendër Vlora, Novosela and Shushica. It has 2 cities (Vlora and Orikum) and 37 villages. In its territory it is located the only National Marine Park in Albania, the Sazan Karaburun NP.
In January 2020, there are 202,751 inhabitants (Female 101,332, Male 101,419) registered in the Civil Register of Vlora. 49% of the registered population is resident. 71% of the population lives in urban area.
Vlora has a surface of 616.85 km² with density 169.9 inh/km². In Vlora Municipality live ethnic minorities (Greek, roma and gipsy).

Due to tourism potential of the area, along coast there are many second and service type dwellings, which double population during summer. In 2011 there were 14,726 apartments stock while today is estimated 16,269 apartments stock.

Area has high risk of flooding. During 2015-2018, Vlora region reported 52% of the damages registered in national level. Great impact was on arable land, dwellings and dams.

In 2018 total unemployment in Vlora region was 21.9% (national average 12.3%). Gender ratio: 26.2% female, 18.7% man. Employment rate is 31,579 female and 47,235 male. Novosela and Shushica administrative units have the lowest employment rate respectively 26.2% and 30.9%.

PBB in Albania is 4,024 EUR while in EU-28 is 27,780 EUR. In 2018 the average gross income in Albania was **52,312 ALL (430 EUR).**

The main economic sectors that contribute to the economic growth of Vlora are services, industry, construction and agriculture.

The **drinking water** distribution network is much amortized. At the region level there are around 980 dwellings that do not have access to water supply, or 3,358 inhabitants, most of them in rural areas (71.4%).

Based on the World Bank study on Biomass Heating in Western Balkan, in Albania 94% of the buildings have individual private heating system and less than 1% do not have heating. 62% use electricity for heating, 20% biomass and 8% gas. In rural area families are using mainly wood stoves, while in urban areas electricity and gas. Annual average expenses for heating per family is around *829 EUR, or 10.4% of expenses of the annual incomes in Western* Balkan, showing the energy poverty level.

Electric power is supplied by FSHU sh.a, the only company operating in Albania. Throughout the area, the situation of the electricity grid is in poor condition, especially in recent years due to the increase of the network from informal construction such as houses, industrial buildings etc.
Currently, the entire Vlora Municipality **has access to grid**, except for one village in Dhermi that has no inhabitants. Power company has 83,665 clients, of which 72,141 are households (86%). 64% of customers are regular bill payers. 25,868 (36%) are debtors; 14,501 (20%) household clients have low consumption or are not resident. The average monthly consumption per household is 162 kWh. In the last year there have been around 150 cases of illegal power connections. In rural area, customers don't receive the electricity bill, only the notification of the amount to be paid. Making it difficult to judge on the amount used, efficiency of the equipment, measures to take to reduce consume.

Albania is part of Energy Community since 2006, obliged to fulfil obligations deriving from the membership. In 2015 Albania approved Law no. 43 "On Electricity" mentioning for the first time the:

- "**Vulnerable customer**[1]" = household customer which due to social reasons, in special conditions and by definition of this law is entitled of certain special rights regarding the supply with electricity.

Compensations for electricity, for those receiving Social Assistance is 700 ALL/month. While the price is 9.5 ALL / kWh (VAT excluded).

Criteria's set to get the Social Assistance status are very strong, reducing drastically the number of beneficiaries, especially in rural areas. In such conditions many families are excluded because of:

- *Increase of energy price is higher than the increase of incomes;*
- *Unable to access power grip for a low price*
- *The growing need for energy*
- *Lack of efficiency in energy use*

[1] The Commissioner for Protection against Discrimination following requests, complaints made by citizens concluded that: there is a lack of bylaws on the criteria and procedure for obtaining the status of the client in need and the manner of their treatment, expected to be completed within 12 months by date of entry into force of Law No. 43/2015.

- *Policy interventions*

Vlora municipality counts 57,260 households, out of which **1.2% receive Social Assistance** (SA), 450 are tetraplegia and blind persons and 6,600 pensioner. 208 are women head households from those receiving SA, while among disabled persons 689 are female and 1,584 male. In Novosela administrative Unit 48 households receive SA out of 4,900 households in total, less than 1%.

In Vlora municipality there is present **roma community**, around 190 families, 85% live in houses with problems in construction, insulation and hygiene. 82% live in big families, of 5 and more members. Accurate statistics on the unemployment rate for this community are missing, but it is estimated to be quite high. Majority of the children accompany parents in their daily activities or beg, which poses a risk to these children. Despite extreme poverty, the majority of roma families do not benefit from aid schemes mainly due to the fact that they are not registered in the civil registry offices and because of the constant movement from one place to another. Some areas do not have also good access in health service and can't afford to pay for the service or the medication.

The **most common diseases** are polyunsaturated diseases (Broncho pulmonary), seasonal allergies, hypertensive and congenital anaemia, where about 15-20% of the community is transmissible. The roma community has the highest number of visits, 1/3 of visits and mainly 3 to 5-year-old children.

Main features related to EP in the area are:

- 250-300 sunny days throughout the year
- Poor insulation: lack of termoisolation due to mild winter
- Stock of old buildings and the new one are not qualitative: most of the buidlings are not totally renovated.
- Heating and cooling system are missing.
- Low economic level brings difficulties in improving conditions of the houses or in buying and or constructing new ones.
- Winter heating with wood stoves or electricity due to missing central heating system.
- Lack of data and info on EP and gender aspects. Indicators for defining this phenomena can be found at the social assistsance office in the municipality or at the State Social Service Directory in Vlora.
- Lack of data on household revenues as an important indicator for EP. Not only the households that receive SA fall under EP, but also the household that have low incomes, or low pensions.
- Unemployment is high, especially in rural areas, and main source of incomes is agriculture. Low salary remains the problem.

2 Key activities and target groups in the pilot site

2.1 Household visits

Key activities

Household visits will aim to empower family members to reduce energy and water usage. During the visit, energy audit and analytics will be performed by the energy advisors. The advisors will check the energy and water bills of the households, conduct a set of measurements (use of appliances, water use…) and discuss household's habits in energy and water use. By doing this, they will identify the potentials for saving energy and water in the households.

Advisors, based on the HH needs will implement low-cost measures by installing free devices, which will help to reduce energy and water use. They will also give advice for using the devices, changing energy use habits and further possible steps. The package of devices for the households will be to some extent standard and to some extent tailored to the needs of the household. The advice for the household will be tailor-made. They will be notified about the structural problems in their households, such as poorly insulated building, too old heating system or mould. Advisors will be volunteers of Milieukontakt or students from the Vlora University.

Target groups

Given the objectives of EmpowerMed, households at risk of energy poverty, especially women or women led households, are the main target group. However, in Vlora pilot site the most vulnerable subgroups will be:

- Elderly (pensioners), mainly women. This group is also most vulnerable from the health perspective.
- Single parent households, mainly single mothers.
- Ethnic communities (Roma, Egyptian). They are living in very bad conditions and making leaving through informal jobs.
- Unemployed and employed, but at a risk of poverty, mainly women. They are in trouble as the low incomes do no suffice for securing basic energy services.

Answering the needs

Four years ago a local organisation has conducted a limited number of household visits in Vlora city. It was the first time that the concept of EP was introduced in national and local level too. From the discussion with organisers we were told to work more in rural area and cooperate with local administration unit. This is why EmpowerMed will seek stronger cooperation and promotion of the visits from the local governmental structures. EmpowerMed will also implement some visits for the people who are not on social support, but belong to roma community as well as to those that according to public health service have health problems and low incomes.

Scope of planned activities

It is planned that 250 HH visits will be implemented. Of these we plan to implement about 150 visits to HH that receives SA, about 80 visits to roma community and 20 other in HH referred from public health centre. During the HH visits auditors will use advanced questionnaire based on REACH and ACHIEVE projects and a package of devices

Plan B in case of further Covid19 related quarantines

In the case of household visits, there might be some COVID19 implications. Also elderly women, key target groups of the action, are the most vulnerable to COVID19. This is why extra safety measures will be taken (e.g. energy auditors wearing masks during the visits). In case of complete quarantine, the visits will not be possible to be implemented. An alternative solution is to postpone the visits until the situation gets better, and if it does not then EmpowerMed will provide consulting service to the households over phone and deliver the package of devices together with tips for behaviour change.

2.2 Collective assemblies

Key activities

Collective assemblies will be in form of meetings of around 10-15 people affected by energy poverty. The assemblies will be a combination of checking utility bills and discussing similarities and differences, but also sharing cases and trying to find help for the cases. It is expected to have 1-2 project people to facilitate the meetings. The group discussion might start with differences in energy or water bills and further widen with issues as disconnections or debts. As this was one of the concerns articulated by roma community during site visits we foresee to engage legal expert from Consumer Protection Association that can support the process or the community by providing advices and contract review (if necessary).

Target groups

Given the objectives of EmpowerMed, households at risk of energy poverty, especially women or women led households, are the main target group. However, in Vlora pilot site the most vulnerable subgroups will be:

- Elderly (pensioners), mainly women. This group is also most vulnerable from the health perspective.
- Single parent households, mainly single mothers.
- Ethnic communities (Roma, Egyptian). They are living in very bad conditions and making leaving through informal jobs.
- Unemployed and employed, but at a risk of poverty, mainly women. They are in trouble as the low incomes do no suffice for securing basic energy services.

Answering the needs

Collective work and gather the vulnerable people in groups is usually a challenge. But the

experience has shown that some of the target groups are easy to be reached in informal meetings. So, we plan to start with informal meetings and build the trust and continue with more formalised meetings. In different villages we will try to involve local organisations working with community development programs.

Scope of planned activities

It was planned that 5 collective assemblies will gather each about 25 persons engaging a total of about 125 people affected by EP. Due to limited number of persons in specific gathering we will increase number of collective assemblies and have less persons per meeting.

Plan B in case of further Covid19 related quarantines

Similar as with the HH visits, in the case of new wave of the coronavirus, we will postpone the activities for several months. If the situation does not get better, EmpowerMed will try to prepare online calls, or shift the community approach to individual.

2.3 DiY workshops Photovoltaic

Key activities

DiY will be linked to the collective assembly groups, where we provide and exchange experiences how to implement small DIY measures (window and wall insulation, cooling and ventilation techniques, planting the right plants on windows/balconies...).
But in regard to EmpowerMed project in Albania we have planned to organise 3 workshops and post workshop actions as below:

- Part 1: Introduction to photovoltaic: current situation regarding renewable energy, PV in the country, social dimension (incl. gender) in the energy sector, advantages, potential, legal framework, solar energy principles and solar/DIY applications
- Part 2: Practical training with solar kit
- Part 3: Planning of energy community: organisation, funding, service & maintenance
- Post action 1: Installation of PV-power plant, in cooperation with local solar expert and/or vocational school (no training in frame of EmpowerMed)
- Post action 2: Service and maintenance (facultative for EmpowerMed)

Target groups

Given the objectives of EmpowerMed, households at risk of energy poverty, especially women or women-led households, are the main target group. However, in DiY Photovoltaic the target groups will be:

- Energy poor citizens
- Local NGOs
- Social / small enterprises
- Employees of municipality

	Part 1 Introduction	**Part 2 – Practical session**	**Part 3 – energy communities**	**Part 4 – Installation**	**Part 5 – Service & maintenance**
Time	4h – day 1	5h – day 2	4h – after 1 or 2 months	4 days – after 1 or 2 months	1 day – after 1 or 2 months
Target group	Beneficiaries (energy poor citizens, local NGOs, social / small enterprises) and/or employees of municipality	Interested beneficiaries, municipality	Beneficiaries, employees of municipality		
Methodology	Interactive workshop with role play (?)	Practical training	Interactive workshop and exchange on case studies and good practices	Practical training	Input and practical training
Material	Presentation (ready by May, based on DOOR material))	Manual (ready by May)	Presentation (ready by May)	tbd	Manual
Partner	WECF, DOOR, Municipality	WECF, vocational school	Milieukontakt, Municipality, WECF, DOOR	Municipality, Vocational school	Municipality, Vocational school
Language	English, Albanian	English, Albanian	English, Albanian	English, Albanian	English, Albanian

Answering the needs

DiY workshops will be useful for people, affected by EP. EmpowerMed will link the workshops to collective assemblies.

Scope of planned activities

It is planned having part 1 and 2 organised in a 2-day training and part 3 and 4 linked with each other in a month or two months later. Idea is that in between two periods we can get / ask for engagement of confirmation from beneficiaries to support and have the installation in place. This can be used also to introduce and plan energy community, funding, service and maintenance. Structure:

- Renewable Energy - situation in general (ppt and graphics)

- Who uses how much energy and for what? (Interactive exercise)
- Why solar energy? (ppt)
- How does a solar panel work? (ppt and video)
- Electricity generation in numbers in specific regions (ppt and graphics)
- Can I supply myself with enough energy? (Interactive exercise comparison)
- Costs PV vs. Electricity bill (Interactive exercise)
- Best practice DIY: Corporations, PV and decentralization, different options for action.

Plan B in case of further Covid19 related quarantines

See HH visits section.

2.4 Support for financial schemes

Key activities

Albania has no financial schemes for energy poverty, but mostly for energy efficiency measures and renewable energy sources. We will select some people through visits or collective assemblies, to whom we will assist with the filling in of the application forms for subsidies for renovation and insulation measures.

Target groups

Given the objectives of EmpowerMed, households at risk of energy poverty, especially women or women led households, are the main target group. However, in Vlora pilot site the most vulnerable subgroups will be:

- Elderly (pensioners), mainly women. This group is also most vulnerable from the health perspective.
- Single parent households, mainly single mothers.
- Ethnic communities (Roma, Egyptian). They are living in very bad conditions and making leaving through informal jobs.
- Unemployed and employed, but at a risk of poverty, mainly women. They are in trouble as the low incomes do no suffice for securing basic energy services.

Answering the needs

The activity will be used to support the people affected by energy poverty, but also to gain practical experience in accessing and using the funds. In this way we will help to formulate proposals in accessing the funds for energy efficiency. Within this task project will also provide support for women-initiated and managed Installation of PV-power plant, in cooperation with local solar expert (5 panels planned) and Service maintenance during the project period (not foreseen in the project).

Scope of planned activities

It is planned that EmpowerMed will support 20 people in accessing and using funds for energy efficiency. And will also provide installation of PV-panels in off-grid of Vlora (5 panels planned).

Plan B in case of further Covid19 related quarantines

In case of repeated quarantine this activity can be fully implemented through means of communication, such as telephone. Support can be done fully without having to be in meetings with the affected people. In case of PV installation, project will take care to implement the activities during summer.

2.5 Health workshops

Workshops will be done in the pilot site targeting health workers that visits homes. The health personnel will get know-how on how to easily spot situations of energy poverty and what can be 'the first aid' steps, as well as who can provide further support or help to tackle the situation. The workshops will be a mixture of lessons and discussions for exchange of experiences and know-how.

Target groups

This activity will address the frontline health workers that visits homes. But since their number is limited we aim to organise workshops for the whole personnel of the public health centre in 3 administrative unites of the municipality.

Answering the needs

Almost all documents and actors consulted reassures that the health aspects of energy poverty are not considered at all and there is no any planned indicator, while health workers could be an important actor detecting energy poverty. Workshops will be used to share some useful experiences and know-how. We plan to promote the workshops and its result in national level, thus trying to link with advocacy elements of the WP5.

Scope of planned activities

It is planned that 3 workshops of about 20 people each will be implemented, reaching out to about 60 people in total.

Plan B in case of further Covid19 related quarantines

Workshops, in case of Covid-19, are easy to be implemented and fully possible over Zoom.

3 Key local actors in the pilot site and their engagement

Stakeholders and actors are all organizations and institutions that can support the campaign for recruitment and involvement of household affected by energy poverty or provide any other kind of support for the implementation of EmpowerMed project. The following key local actors will be engaged in activities in the pilot site of Vlora:

Local actor	Engagement	Activities
Municipality of Vlora (all administrative units)	Household visits	• Proposing visits to the HH receiving Social Assistance • Promoting and communicating the visits • Collect data using gender disaggregated indicators
	Collective assemblies and DiY workshops	• Promoting and communicating the assemblies and workshops in municipality's communication channels
	Support for financial schemes	• Proposing support for using financial schemes for HH in Vlora municipality • Introduce good practices in social houses invested by municipality (fulfilling standards of living)
Regional Council of Vlora	Household visits	• Presentation of the project in other municipalities of the region, especially in areas where there is no access to energy. • Promotion of EmpowerMed to different institutions for recommending HH visits • Extending audits to gather information on potential families as a 'client in need' either by visiting home or health centres.
	Collective assemblies and DiY workshops	• Presentation of the activities to the regional council members • Participation in the DiY workshops
	Support for financial schemes	• Direct promotion of activities among the users of service
INSTAT Albanian Institute of Statistics	Health Workshops	• Advocate to introduce on their formats info and data on EP. • Exchange of data and information • Participation in Wsh
Local social organisations (Change, CRCD, disable	Household visits	• Training on energy poverty and the impact on gender and health; • Family referrals at the energy poverty level, for further information;

persons, and World Vision)		• Direct promotion of visits with the users of the services of the organisations
	Collective assemblies and DiY workshops	• Direct promotion of activities among the users of services • Placards in organisations
	Support for financial schemes	• Direct promotion of activities among the users of services
State Social Service Directory in Vlora	Household visits	• Presentation of the visits to the persons receiving social service or other services
	Collective assemblies and DiY workshops	• Presentation of the activities to the members • Communicating the workshops in associations' communication channels • Placards in associations' spaces • Implementing assemblies and workshops during the associations' meetings
Public Health centres	Health workshops	• Frontline staff taking part in the workshops
Consumer protection	Visits, assemblies and DiY	• Presentation of the activities through their channels • To prepare a package of information and fundamental rights for families when concluding contractual agreements with the relevant companies.
People's University	Household visits	• Engaging students in groups of auditors • Organizing trainings at some branches of the University on Energy Poverty, for the preparation of auditors and future energy consultants;
	Assemblies and DiY	• Presentation of the activities through their channels; • For possible technical solutions;
Public Utility		•

4 Reaching out to the households

The main way to reach households will be communication through the administrative units, offices of economic aid and State social service directory as well as other social actors, such as local organisations and university. The mentioned actors work directly with households that are under the living conditions revenues, so they can communicate directly to the target groups, will provide us with contact details and can distribute leaflets. The other local actors and university will reach out to households through presentations and notifications for their members.

Milieukontakt will implement regular appearances in the local media to inform households about the activities and attract them to actively participate and make use of them. Presence of EmpowerMed's staff on local radios and TV, as well as regular articles in the local print will support the reach out of the activities of EmpowerMed.

In terms of promoting household visits, they key messages to be used will be focused on messages like: Having trouble paying your electricity, water or heating bills? How to save on payments? We offer you free energy advice at home, free energy and water saving devices.

5 Summary of the action and communication plan

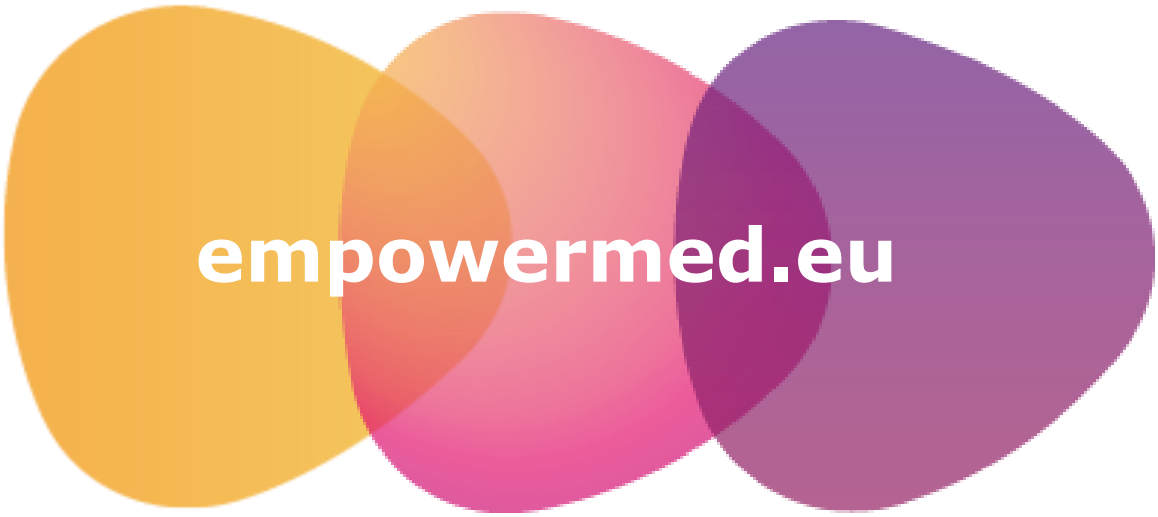
Summary of the action plan

Actions	Key Tasks	Objectives	Responsibility	Timeline	Resources
Community approaches	• Promote assemblies • Implement assemblies • Accompany people if necessary	5 assemblies of about 20 people	MiA, municipality and administrative units local associations	November 2020 – January 2022	MiA staff, venue, promotion materials (placard)
Household visits	• Promote visits • Implement visits	250 visits	MiA, municipality and administrative units, public health centres, local associations	November 2020 – January 2022	Energy auditors, MiA staff, energy and water saving devices, promotion materials (leaflet)
Do-it-yourself solutions	• Promote workshops • Implement workshops	3 workshops of about 20 people	MiA, municipality and administrative units, universities local associations	November 2020 – January 2022	MiA staff, venue, energy and water saving devices, promotion materials (placard)
Support for small investment	• Promote support • Implement support	20 people supported 5 PV panels	MiA, municipality, Region of Vlora, WECF	November 2020 – January 2022	MiA, WECF staff and local energy experts, PV panels,
Health workshops	• Inform about the workshops • Implement workshops	3 workshops of about 20 people	MiA, centres for social work, health centres	November 2020 – January 2022	MiA staff, Public Health expert, venue, workshop materials.

Summary of the communication plan

	Target group(s)	Objectives	Key messages	Tools / format	Channels	How often / many	Responsibility
Community approaches	• Elderly (pensioners), mainly women. • Single parent households, mainly single mothers. • Ethnic communities • Unemployed and employed, but at a risk of poverty, mainly women.	250 people reached	To be developed at a later point	• Placard • Word of mouth • Media	• Municipality channels • Region channels; • Centres for social service • Public Health Centres • Local organisations • Utilities • Local media • Universities	• 50 placards • 5-8 media appearances	MiA and local actors
Household visits	• Elderly (pensioners), mainly women. • Single parent households, mainly single mothers. • Ethnic communities • Unemployed and employed, but at a risk of poverty, mainly women.	250 people reached	Having trouble paying your electricity, water or heating bills? We offer you free energy advice at home, free energy and water saving devices.	• Leaflet • Word of mouth • Media	• Municipality channels • Centres for social work • Social organisations • Pensioner's networks • Church • Utilities • Local media • Public transport monitors	• 1000 leaflets • 5-8 media appearances	MiA and local actors

Do-it-yourself solutions	• Energy poor citizens. • local NGOs • social / small enterprises • Employees of municipality.	60 people reached	To be developed at a later point	• Placard • Word of mouth • Media	• Municipality channels • Centres for social work • Social organisations • Pensioner's networks • Local media • Public transport monitors	• 50 placards • 5-8 media appearances	MiA and local actors
Support for small investments	• Elderly, mainly women. • Single parent households, mainly single mothers. • Ethnic communities. • Unemployed and employed, but at a risk of poverty, mainly women.	200 people reached	Wish to access funds? We help you work through the procedure.	• Leaflet • Word of mouth • Media	• Municipality and regional channels • Centres for social service • local organisations	• 200 leaflets	MiA, WECF and local actors
Health workshops	• health workers that visit homes	60 people reached	What is energy poverty? How to recognise it?	• Direct invitation	• Health centres	• 3 e-mail invitations	MiA and local actors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EmpowerMed

Akcijski plan za EmpowerMed pilot područje

Zadarska županija - Hrvatska

Work package: 1 Mobilizing local actors
Work package leader: UAB
Responsible partner: ESF
Deliverable 1.6: Action plan for EmpowerMed pilot site Zadar county -- Croatia

Authors: Miljenka Kuhar
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Contents

Summary

The aim of the local action plan is to map and describe the stakeholders who will participate in the activities envisaged within the project in the selected pilot area of Zadar County.
The pilot area within the EmpowerMed project covers the entire Zadar County, which is organized into 34 units of local government and self-government (6 cities and 28 municipalities).
Set of local stakeholders: Zadar county, welfare centres, health centres, civil society organizations active in the area and other relevant stakeholders will be involved in project activity implementation. During the project implementation households will be mapped and selected to perform energy audits and consumption analyses.
The plan describes the particular actions envisaged under the work package 3 which includes household visits, energy audits, collective assemblies, DiY workshops, financial workshops and workshops for health practitioners. It also defines the target households, the methodology of household counselling that will visited.
Given the general public health crisis that occurred in the spring of 2020, during which it was strictly forbidden to maintain physical contact with other persons the plan also contains a description of potential measures to be implemented in the event of a recurrent public health crisis caused by COVID-19 or similar viral diseases, which would nevertheless enable the implementation of project activities on a reduced scale.
Zadar County is strongly dependent on tourism revenues. The tourism is one of the sectors hit the hardest with the consequences of health crisis caused by COVID-19 which should also be considered during the household visits.
Household visits will be performed by trained volunteers, and during the visits, special attention will be paid to checking energy and water. At the same time volunteers will discuss the habits of households in energy and water consumption with the members of the households in order to determine possible ways for energy savings.
Considering the goals of the EmpowerMed project, the population structure of Zadar County and the collected data on the population structure, activities on the project regarding household visits will focus on:
Households inhabited primarily by women or households where women are primary caregivers, regardless of age structure,
Senior citizens with the emphasis on retirees,
Households covered by the project of assistance to the elderly population over 65 years of age with a primary focus on women,
Unemployed, with an emphasis on women,
Employees living in households whose monthly income is at or below the average monthly net salary in the Republic of Croatia in 2019, with an emphasis on the average monthly net salary for women.

Uvod

1.1 Cilj lokalnog akcijskog plana

Cilj lokalnog akcijskog plana je mapiranje i opis dionika koji će sudjelovati u aktivnostima predviđenim u okviru projekta na odabranom pilot području Zadarske županije, te kratki opis i analiza područja. Uz pomoć lokalnih dionika poput županijskih centara za socijalnu skrb, Županije, Grada, domova zdravlja, udruga civilnog društva aktivnog na području i drugih relevantnih dionika mapirat će se i odabrati kućanstava u kojima će u okviru projekta izvršiti energetski pregledi i analize potrošnje, ali i potencijalnih mogućnosti uštede energije.
Ovim planom opisat će se podrška koja se tijekom provedbe projekta planira pružiti kućanstvima, te okvirni plan rada u okviru projekta. Planom će se definirati ciljana kućanstva, metodologija savjetovanja kućanstva koja će biti energetski pregledana i savjetovana. Plan sadrži i opis socijalnih i drugih aktera, lokalne i nacionalne partnere u aktivnostima u okviru projekta i naznake zagovaračke kampanje koja će uslijediti po završetku podataka prikupljenih tijekom savjetovanja i posjeta kućanstvima.
Sukladno projektu, implementacija ovog dijela projektnih aktivnosti bi trebala započeti tijekom jeseni 2020. te bi odabrani volonteri posjete kućanstvima i savjetovanje trebali održavati u živo u kućanstvima. Međutim s obzirom na opću javno-zdravstvenu krizu koja je nastupila u proljeće 2020. godine, a tijekom koje bilo strogo zabranjeno održavanje fizičkih kontakata s drugim osobama, okupljanje, napuštanje mjesta stanovanja, te su bile propisane druge i slične mjere pokušaja suzbijanja pandemije, ovaj Plan sadrži i opis potencijalnih mjera koje bi se provodile u slučaju ponovljene javno zdravstvene krize uzrokovane COVID-19 ili sličnim virusnim bolestima, a koje bi ipak omogućile implementaciju projektnih aktivnosti u smanjenom obujmu.

1.2 Energetsko siromaštvo na području Zadarske županije

Pilot područje u okviru EmpowerMed projekta obuhvaća cijelu Zadarsku županiju koja je organizirana u 34 jedinice lokalne uprave i samouprave, odnosno 6 gradova (Zadar, Benkovac, Biograd n/M, Obrovac, Pag i Nin) i 28 općina (Bibinje, Galovac, Gračac, Jasenice, Kali, Kolan, Kukljica, Lišane Ostrovičke, Novigrad, Pakoštane, Pašman, Polača, Poličnik, Posedarje, Povljana, Preko, Privlaka, Ražanac, Sali, Stankovci, Starigrad, Sukošan, Sveti Filip i Jakov, Škabrnja, Tkon, Vir, Vrsi i Zemunik Donji). Grad Zadar administrativno je središte Županije i peti grad po veličini u Republici Hrvatskoj.
Najveću površinu među gradovima imaju Benkovac (513,84 km²), Obrovac (352,73 km²) te Zadar (191,71 km²). Od 28 općina najveću površinu u Zadarskoj županiji imaju Gračac (955,45 km²), Starigrad (171,47 km²), Sali (127,47 km²) te Jasenice (121,30 km²).
Budući da je opći fokus projekta energetsko siromaštvo na području Mediterana, te da je na području Grada Zadra već provođen projekt vezan uz temu energetskog siromaštva u priobalnom području, ovaj projekt će iskoristiti rezultate provedenog Fiesta projekta, te dublje istražiti izazove uzrokovane energetskim siromaštvom s kojima se stanovnici Zadarske županije svakodnevno susreću.
Prema podacima Ankete o potrošnji kućanstava Državnog zavoda za statistiku izdaci za

potrošnju u 2017. iznosili su u prosjeku 82.530 kuna po kućanstvu. Izdaci za skupinu stanovanje i potrošnja energenata iznosili su u prosjeku 12967 kuna po kućanstvu, a unutar te skupine najveći udio činili su izdaci za električnu energiju, plin i ostala goriva, 62,8%.
Od toga najveći udio troškova čine troškovi za električnu energiju, plin i ostala goriva i to:

- električna energija - 46,9 % (3817 HRK)
- kruta goriva - 28% (2279 HRK)
- plin - 19,5% (1585 HRK)
- toplinsku energiju - 3,3% (271 HRK)
- tekuća goriva - 2,3% (185 HRK).

Troškovi energije 2017. godine iznosili su okvirno 10% financijskih godišnjih izdataka prosječnog hrvatskog kućanstva. S obzirom na činjenicu da se prema podacima Državnog zavoda za statistiku na području Zadarske županije u potrošnji energenata dalje se najviše koristi ogrjevno drvo, lož ulje i električna energija za pretpostaviti je da se značajan broj stanovnika Županije susreće s različitim izazovima povezanim uz mogućnost naknade troškova energenata koje koriste u kućanstvima. Budući da područje Županije karakterizira mediteranska klima, što znači da su zime blage, ali vjetrovite, a ljeta vruća i sušna izazovi s kojima se stanovnici Županije susreću povezana su primarno s neadekvatnim sustavima hlađenja tijekom ljeta odnosno grijanja tijekom zimskih mjeseci, lošom izolacijom zgrada i neadekvatnim životnim prostorima – dotrajala i derutna stolarija; pljesnivi i vlažni prostori i sl.
Zadarska županija snažno ovisi o prihodima od turizma stoga se broj zaposlenih mijenja ovisno o periodu godine na koji se odnose podaci. Prema podacima procjenama Državnog zavoda za statistiku, ukupan broj aktivnog (zaposleni i nezaposleni) stanovništva u Zadarskoj županiji u 2017. godini na 31. 03. iznosio 56.729, dok je na 30.06. isti pokazatelj iznosio 61.116. Na temelju podataka o prosječnom broju zaposlenih i troškovima za neto plaće i nadnice, prosječna neto isplaćena mjesečna plaća u gospodarstvu Zadarske županije je u 2017. godini iznosila 4.907,81 kunu.
S obzirom da je prema prvim najavama nedavna javno zdravstvena kriza uzrokovana COVID-19 virusom značajno utjecala na sektor turizma, za očekivati je značajan pad prihoda od turizma, kao i značaj rast nezaposlenosti na području Županije. Pad prihoda značajno bi mogao utjecati i na proračun Županije odnosno na naknade koje Županija isplaćuje korisnicima različitih oblika naknada temeljem Zakona o socijalnoj skrbi. Stoga će se fokus projekta primarno staviti na ona kućanstva čiji prihodi u većoj mjeri ili isključivo ovise o turizmu; u kojima je najmanje jedna osoba starija od 18 godina nezaposlena; u kojima žive osobe korisnici nekog oblika naknada temeljem Zakona o socijalnoj skrbi.

Korisnici nekog oblika prava socijalne skrbi

Prema podacima Ministarstva za demografiju, obitelj, mlade i socijalnu politiku i Godišnjeg statističkog izvješća o korisnicima i primijenjenim pravima socijalne skrbi u Republici Hrvatskoj u 2018. godini, prema podacima o broju korisnika i prava u socijalnoj skrbi u Zadarskoj županiji (stanje 31. 12. 2017.) na području Zadarske županije različite vrste pomoći osigurane iz državnog proračuna primalo je 11,883, dok je na 1940 osoba primalo lokalnu i regionalnu pomoć u obliku naknade za troškove stanovanja (647 korisnika) i naknade za troškove ogrjeva (1293 korisnika).

r. br.	Pravo u socijalnoj skrbi	CZSS ODNOSNO PODRUŽNICA CZSS (PO CZSS)						Ukupno Županija (1.-6.)
		1. Zadar	2. Gračac	3. Obrovac	4. Pag	5. Benkovac	6. Biograd Na Moru	
I	zajamčena minimalna naknada: 1. ukupno naknada (samaca i kućanstava)	574	119	180	12	197	103	1,185
	2. ukupno obuhvaćenih osoba	864	217	285	15	297	159	1,837
II	naknada za osobne potrebe korisnika smještaja	159	17	5	12	26	3	222
III	jednokratna naknada: 1. ukupno naknada u izvještajnoj godini	1,200	235	140	77	275	244	2,171
	2. različiti korisnici (samci i kućanstvo) kojima je jednom ili više puta odobrena naknada u izvještajnoj godini	777	150	130	29	220	242	1,548
IV	naknade u vezi s obrazovanjem	-	2	1	-	3	-	6
V	osobna invalidnina	685	29	31	22	157	87	1,011
VI	doplatak za pomoć i njegu	1,660	155	198	71	453	370	2,907

VII	status roditelja njegovatelja ili njegovatelj	73	3	8	3	21	8	116
VIII	naknada do zaposlenja	14	1	-	-	4	3	22
IX	socijalne usluge (ukupno korisnika) pomoć u kući	50	68	53	-	72	4	247
	psihosocijalna podrška	7	-	-	-	-	-	7
	rana intervencija	1	-	-	-	-	-	1
	pomoć pri uključivanje u programe odgoja i obrazovanja (integracija)	2	-	-	-	-	-	2
	boravak	90	2	-	-	-	-	92
	smještaj (privremeni ili dugotrajni) u udomiteljsku obitelj djece i odraslih osoba	93	13	5	1	32	7	151
	dugotrajni smještaj '- smještaj u obiteljski dom djece i odraslih osoba	4	-	2	-	-	-	6
	- smještaj u dom socijalne skrbi za djecu i odrasle osobe	188	2	8	18	84	37	337
	organizirano stanovanje	10	1	-	-	3	1	15
lokalna i								

regionalna pomoć								
X	naknada za troškove stanovanja	-	-	-	-	-	-	647
XI	naknada za troškove ogrjeva - u izvještajnoj godini	-	-	-	-	-	-	1,293

Zaposlenost na području Županije

Sukladno podacima Hrvatskog zavoda za zapošljavanje vidljivo je da je u razdoblju od 2010. godine broj nezaposlenih osoba na području Županije kontinuirano opada. Pri tome je prema odstupnim podacima vidljivo da se stopa nezaposlenosti u Zadarskoj županiji smanjila u 2017. i 2016. godini.

Zadarska županija	**Zaposleni**			**Stopa registrirane nezaposlenosti**		
	2014.	**2015.**	**2016.**	**2014.**	**2015.**	**2016.**
	43574	44133	43808	22,5%	17,7%	16%

Prema podacima po općinama u Županiji, najveći broj nezaposlenih je u gradu Zadru, a potom u gradu Benkovcu i Gračacu. Ujedno prema podacima za svibanj 2020. godine vidljiv je porast broja ukupno nezaposlenih na području Županije u odnosu na podatke iz prethodnih godina.

Godina / Županija / Općina	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
(13) ZADARSKA	10666	10306	10697	11159	9727	8105	6963	5790	4825	4094	5045
(00175/13) BENKOVAC	514	471	542	614	520	457	412	396	327	293	368
(00205/13) BIBINJE	325	306	298	299	265	220	190	138	102	82	99
(00221/13) BIOGRAD NA MORU	242	217	218	266	232	231	216	182	149	130	213
(01317/13) GRAČAC	654	639	718	758	752	697	585	503	436	346	341
(01678/13) JASENICE	130	140	142	155	120	84	74	56	45	45	51
(01732/13) KALI	67	63	63	57	48	39	36	29	29	19	22
(02348/13) LIŠANE OSTROVIČKE	32	30	50	57	47	32	37	29	26	20	29
(02828/13) NIN	150	146	150	160	150	118	105	84	66	59	70
(02968/13) OBROVAC	404	420	473	498	409	328	287	243	205	178	174
(03166/13) PAG	198	192	175	160	142	116	111	100	81	68	94

(03174/13) PAKOŠTANE	208	185	187	196	175	178	140	116	98	91	150
(03204/13) PAŠMAN	82	83	87	98	86	69	63	54	44	26	35
(03441/13) POLAČA	47	51	60	63	55	46	44	36	33	30	44
(03450/13) POLIČNIK	319	317	341	356	316	239	208	151	109	95	115
(03492/13) POSEDARJE	220	222	230	236	205	150	132	101	103	78	94
(03549/13) PREKO	139	128	137	128	115	96	77	65	49	46	55
(03719/13) RAŽANAC	195	184	180	186	158	112	93	77	53	52	75
(03794/13) SALI	79	68	63	69	63	54	45	37	34	33	46
(04111/13) STANKOVCI	56	55	67	71	69	61	63	55	38	42	49
(04162/13) STARIGRAD	130	122	115	111	96	83	74	58	56	47	66
(04251/13) SUKOŠAN	347	337	356	347	272	209	171	133	110	105	133
(04286/13) SVETI FILIP I JAKOV	240	228	237	267	234	224	177	155	112	98	147
(04456/13) ŠKABRNJA	118	113	107	117	105	80	67	51	43	32	43
(04898/13) VIR	166	175	177	175	161	138	97	91	96	71	65
(05207/13) ZADAR	4730	4584	4676	4852	4159	3428	2966	2445	2039	1731	2116
(05258/13) ZEMUNIK DONJI	150	129	124	133	125	102	79	65	47	38	53
(05371/13) NOVIGRAD	173	157	183	196	196	155	117	83	78	62	86
(05711/13) GALOVAC	86	82	84	92	79	68	53	39	30	29	32
(05720/13) KUKLJICA	24	30	36	38	32	27	19	15	15	13	25
(05738/13) POVLJANA	42	42	40	33	35	34	23	19	18	11	13
(05746/13) PRIVLAKA	124	126	136	121	98	72	66	61	59	44	46
(05754/13) TKON	32	30	23	26	23	22	22	18	14	11	22
(06214/13) VRSI	215	208	196	196	163	118	95	81	65	54	62
(06215/13) KOLAN	30	28	26	27	21	22	25	28	19	17	19

Rizik od siromaštva

Prema podacima Ankete o dohotku stanovništva koju je proveo Državni zavod za statistiku za 2018. godinu, stopa rizika od siromaštva u 2018. iznosila je 19,3%.
Prema podacima „prag rizika od siromaštva u 2018. za jednočlano kućanstvo je iznosio 29 820 kuna na godinu, dok za kućanstvo s dvije odrasle osobe i dvoje djece mlađe od 14 godina je iznosio 62 622 kune na godinu.“ Pri tome je 24,8% osoba bilo u riziku od siromaštva ili socijalne isključenosti, dok je 8,6% osoba bilo u teškoj materijalnoj deprivaciji.

Stopa rizika od siromaštva	**Jadranska Hrvatska**	**Kontinentalna Hrvatska**
2018	18,4%	19,7%
Osobe u riziku od siromaštva	**Jadranska Hrvatska**	**Kontinentalna Hrvatska**
2018.	24.6%	24,9%

Energetsko siromaštvo u Republici Hrvatskoj

Prema podacima European energy poverty indeks (EEIP)[1] Republika Hrvatska je kategorizirana kao država koja pitanju energetskog siromaštva pristupa sa stajališta socijalnih mjera s obzirom da isplaćuje minimalnu naknadu kategoriji kupaca energije koji se definiraju kao ugroženi potrošači. U Hrvatskoj trenutno nema programa usmjerenih posebno na energetski siromašna kućanstva. Pitanja ugroženih potrošača i energetskog siromaštva spominju se u pojedinim javnim politikama[2], međutim većina je mjera proizašla iz javnih politika koje se bave (dijelom) ugroženih potrošača (kupaca). Pri tome je ključno napomenuti da u Hrvatskoj ne postoji sveobuhvatna definicija ugroženog potrošača niti je definirana metoda za utvrđivanje i praćenje energetskog siromaštva. Sukladno Zakonu o energiji (Narodne novine, broj: 120/12, 14/14, 102/15, 68/18) i Zakonu o socijalnoj skrbi (Narodne novine, broj: 157/13, 152/14, 99/15, 52/16, 16/17, 130/17, 98/19) mjere za ugrožene kupce energije propisuju se na nacionalnoj razini, ali je provedba većine tih mjera u nadležnosti centra za socijalnu skrb ili u nadležnosti lokalnih uprava.

[1] Izvor: European energy poverty indeks https://www.openexp.eu/sites/default/files/publication/files/european_energy_poverty_index-eepi_en.pdf

[2] Izvor: Energetsko siromaštvo u Hrvatskoj, http://www.door.hr/wp-content/uploads/2016/04/Energetsko-siromastvo-u-Hrvatskoj.pdf (stranica 12).

Ključne aktivnosti koje će se provoditi na području Zadarske županije

2.1. Posjete kućanstvima

Aktivnosti tijekom posjete kućanstvima

Cilj posjeta kućanstvima je provođenje energetskih pregleda u kućanstvima na području Zadarske županije.
Energetske preglede kućanstva obavljat će za to osposobljeni volonteri, a tijekom pregleda posebna pažnja obratit će se na provjeru potrošnje energije i vode putem računa za energiju i vodu u kućanstvima. Ujedno će se provesti i mjerenja (upotreba uređaja, upotreba vode i sl....) i raspravljati o navikama kućanstava u potrošnji energije i vode. Na taj način identificirat će se potencijali za uštedu energije i vode u kućanstvima.
Temeljem utvrđenih potencijala, volonteri će implementirati jeftine mjere ugradnjom besplatnih uređaja, koji će pomoći kućanstvu da smanji potrošnju energije. Oni će također dati savjet za korištenje uređaja, promjenu navika u korištenju energije i daljnje moguće korake. Paket uređaja za kućanstva sastojat će se od 2 x LED žarulje, 1 brtve za vrata i 6 metara brtve za prozor. Savjeti za kućanstva bit će prilagođeni potrebama, uvažavajući situaciju i navike članova. Osim energetskih pregleda, volonteri će tijekom posjeta kućanstvima provjeriti i opće stanje građevine te će u slučaju da postoje izazovi s izolacijom, neadekvatnim sustavom grijanja ili hlađenja ili plijesni i vlage volonteri članovima kućanstva skrenuti pozornost na uočene izazove. Dodatno, volonteri će tijekom posjete kućanstvima provesti i kratki upitnik s ciljem istraživanja općeg zdravstvenog stanja i kvalitete života članova kućanstava.

Ciljana skupina

S obzirom na ciljeve EmpowerMed projekta, te strukturu stanovništva Zadarske županije i prikupljene podatke o strukturi stanovništva, ali i korisnicima različitih oblika pomoći sukladno Zakonu o socijalnoj pomoći projektom se planiraju obuhvatiti kućanstva u riziku od energetskog siromaštva:

- Kućanstva u kojima žive primarno žene ili su žene primarni skrbnici, neovisno o dobnoj strukturi,
- Umirovljenici s naglaskom na umirovljenice,
- Kućanstva koja su obuhvaćena projektom pomoći starijem stanovništvu iznad 65 godina starosti s primarnim naglaskom na žene,
- Nezaposleni, s naglaskom na žene,
- Zaposleni koji žive u kućanstvima u kojima je mjesečni prihod na razini ili niži pod prosječne mjesečne neto plaće u Republici Hrvatskoj u 2019. godini, pri čemu će naglasak biti stavljen na prosječnu mjesečnu visinu neto plaće za žene.

Primarna ciljana skupina u okviru ovog projekta su kućanstva koja su povećanoj opasnosti od energetskog siromaštva.
U razgovoru s lokalnim socijalnim akterima istaknuli su skupinu umirovljenika kao najosjetljiviju i izloženu energetskom siromaštvu, posebno starije žene. Ova je skupina

također najugroženija iz zdravstvene perspektive.

Obuhvat aktivnosti

Ovom aktivnošću bit će obuhvaćeno 200 kućanstva u kojima će biti izvršeni energetski pregledi i energetsko savjetovanje o energetskoj učinkovitosti i jednostavnim mjerama energetske učinkovitosti. Ujedno će biti podijeljeni energetski paketi kućanstvima koja će biti obuhvaćena pregledima.

Plan B u slučaju ponavljanja javno-zdravstvene krize uzrokovane COVID-19

U slučaju da se tijekom razdoblja u kojem je predviđena implementacija aktivnosti pregleda kućanstava ponovi javno-zdravstvena kriza uzrokovana COVID-19 opseg aktivnosti će se smanjiti na način da će kućanstva koja će se prijaviti za energetske preglede biti kontaktirana telefonski, a kako bi se smanjio rizik od zaraze, posebno u slučaju da na lokalnoj ili nacionalnoj razini bude uvezena zabrana kretanja. Tijekom telefonskih intervjua, članovi kućanstva će biti zamoljeni da volonterima daju osnovne informacije o svojim energetskim navikama, općem zdravstvenom stanju te kvaliteti života. U slučaju da na lokalnoj ili nacionalnoj razini neće biti uvedena zabrana kretanja, posjeti kućanstvima će se provoditi uz poštovanje zdravstvenih preporuka. Ujedno, jedna od opcija je da se provedba ove konkretne aktivnosti pomakne za onoliko vremena koliko će trajati javno-zdravstvena kriza.

2.2. Javne rasprave za građane

Cilj javnih rasprava za građane je poticanje šire rasprave o izazovima s kojima se susreću kućanstva koja se suočavaju s energetskim siromaštvom. U okviru ove aktivnosti nastojat će se okupiti skupine koje bi istovremeno uključivale maksimalno do 20 građana koji samoprocijene da žive u kućanstvima koja su pogođena energetskim siromaštvom, a tijekom kojih će se građanima nastojati pomoći primarno pružanjem pomoći u obliku čitanja računa za energiju, informiranja o potencijalnim mjerama koje su građanima dostupne na lokalnoj li nacionalnoj razini i sl. Cilj ove aktivnosti je osnažiti građane u borbi s energetskim siromaštvom, informirati ih, ali i ojačati veze u zajednici s ciljem izgradnje mreže podrške u lokalnoj zajednici. U okviru ove aktivnosti, pokušat će se angažirati što je više moguće građana uključenih u udruge umirovljenika, hrvatskih raznih veterana i sličnih skupina.
Lokalni koordinator bi uz pomoć projektnog osoblja iz DOOR-a trebao moderirati raspravu, a po potrebi je moguće da se u rasprave uključe i predstavnici lokalne samouprave.

Ciljana skupina

Kao i kod aktivnosti pregleda kućanstva ova aktivnost cilja na istu ciljanu skupinu primarno građane koji žive u kućanstva u riziku od energetskog siromaštva s naglaskom na građane ruralnog područja, starije životne dobi ili građane koji su na neki drugi način u nepovoljnijoj situaciji.

Obuhvat aktivnosti

Ovom aktivnošću bit će obuhvaćeno otprilike 360 građana tijekom organiziranih 18 javnih rasprava za građane.

Plan B u slučaju ponavljanja javno-zdravstvene krize uzrokovane COVID-19

U slučaju da se tijekom razdoblja u kojem je predviđena implementacija aktivnosti javne rasprave s građanima ponovi javno-zdravstvena kriza uzrokovana COVID-19 implementacija aktivnosti će se odgoditi za onoliko vremena koliko će trajati javno-zdravstvena kriza. Nije vjerojatno da bi se ovaj aktivnost mogla provesti virtualno jer se njome primarno žele obuhvatiti kućanstva ruralnog područja starije životne dobi koja se najčešće ne koriste suvremenim digitalnim tehnologijama poput ZOOM ili GO to Meeting alata.

2.3. Uradi sam radionice

Ove će radionice biti povezane s javnim raspravama za građane. Pojedine radionice posebno one koje će se baviti temom očitanja i razumijevanja računa bit će povezane s javnim rasprava organiziranim za građane. Dodatno tijekom radionica na kojima će se razmjenjivati iskustva ili informirati građane o jednostavnim mjerama za izradu „uradi sam" (izolacija prozora, instaliranje aeratora iz slavine, tehnika hlađenja i ventilacije, sadnja pravih biljaka na prozore / balkoni ...).

Obuhvat aktivnosti

Ovom aktivnošću bit će obuhvaćeno otprilike 30 građana tijekom organizirane 3 radionice.

Ciljana skupina

Kao i kod prethodne dvije aktivnosti ova aktivnost cilja na istu ciljanu skupinu primarno građane koji žive u kućanstva u riziku od energetskog siromaštva s naglaskom na građane ruralnog područja, starije životne dobi ili građane koji su na neki drugi način u nepovoljnijoj situaciji.

Plan B u slučaju ponavljanja javno-zdravstvene krize uzrokovane COVID-19

U slučaju da se tijekom razdoblja u kojem je predviđena implementacija aktivnosti Uradi sam radionica, ponovi javno-zdravstvena kriza uzrokovana COVID-19 implementacija aktivnosti će se odgoditi za onoliko vremena koliko će trajati javno-zdravstvena kriza. Nije vjerojatno da bi se ovaj aktivnost mogla provesti virtualno jer aktivnost predviđa praktični rad. U najgorem scenariju moguće je da se umjesto radionica održe virtualna ili telefonska savjetovanja građana vezana uz očitanje računa.

2.4. Potpora financijskim shemama

Ova aktivnost blisko je povezana s aktivnosti posjete kućanstvima s obzirom da će se od građana čija će kućanstva biti energetski pregledana izabrati otprilike 20 građana kojima će se pružiti dodatna pomoć u obliku savjetovanja za prikupljanje dokumentacije i popunjavanje dokumentacije potrebne za prijavu na program obnove obiteljskih kuća koje raspisuje Fond za zaštitu okoliša. U slučaju da

Obuhvat aktivnosti

Ovom aktivnošću bit će obuhvaćeno otprilike 20 građana.

Ciljana skupina

Kao i kod prethodnih aktivnosti ova aktivnost cilja na istu ciljanu skupinu, primarno građane koji žive u kućanstva u riziku od energetskog siromaštva s naglaskom na građane ruralnog područja, starije životne dobi ili građane koji su na neki drugi način u nepovoljnijoj situaciji.

Plan B u slučaju ponavljanja javno-zdravstvene krize uzrokovane COVID-19

U slučaju da se tijekom razdoblja u kojem je predviđena implementacija ove aktivnosti ponovi javno-zdravstvena kriza uzrokovana COVID-19 implementacija aktivnosti će se odgoditi za onoliko vremena koliko će trajati javno-zdravstvena kriza. Ili će se jedan dio konzultacija odraditi telefonom i putem elektroničke pošte.

2.5. Radionice za zdravstvene djelatnike

Cilj ove aktivnosti je održati radionice za zdravstvene djelatnike s područja Zadarske županije, primarno liječnike obiteljske medicine, patronažne sestre ali i djelatnike Županijskog zavoda za javno zdravstvo o energetskom siromaštvu i njegovom utjecaju na fizičko i mentalno zdravlje. Dodatni cilj je istražiti mogućnosti otvaranja rasprave o korelaciji energetskog siromaštva i javno-zdravstvene slike Županije kao i daljnje istraživanje mogućnost da se preko zdravstvenog sustava implementiraju pojedine mjere u borbi s energetskim siromaštvom.

Obuhvat aktivnosti

Ovom aktivnošću bit će obuhvaćeno otprilike 45 zdravstvenih djelatnika tijekom organizirane 3 radionice.

Ciljana skupina

Ciljana skupina u okviru ove aktivnosti su:

- liječnici obiteljske medicine,
- patronažne sestre,
- djelatnike Županijskog zavoda za javno zdravstvo
- djelatnici županijskih domova zdravlja
- djelatnici županijske bolnice
- djelatnici u domovima za skrb o starijim i nemoćnim osobama
- socijalni radnici

Plan B u slučaju ponavljanja javno-zdravstvene krize uzrokovane COVID-19

U slučaju da se tijekom razdoblja u kojem je predviđena implementacija ove aktivnosti ponovi javno-zdravstvena kriza uzrokovana COVID-19 implementacija ove aktivnosti će se provesti virtualno putem webinara i on line radionica.

Ključni lokalni akteri i njihova uloga u provedbi aktivnosti

Ključni akteri koji će biti uključeni u provedbu pojedinih aktivnosti u okviru projekta uključuju

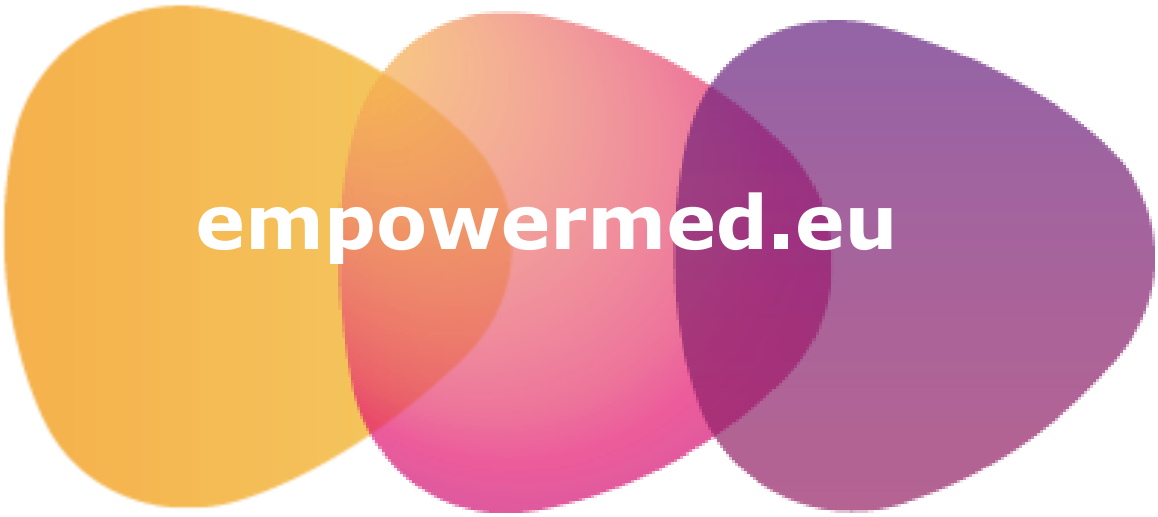
Lokalni akteri	Aktivnost na projektu	Opis aktivnosti
Zadarska županija i Grad Zadar	Posjeti kućanstvima	- informiranje građana o posjetima kućanstvima i o ciljevima projekta - osiguranje medijske prisutnosti na području zadarske županije - kontinuirana suradnja s centrima za socijalnu skrb i domovima zdravlja oko informiranja krajnjih korisnika/građana - kontinuirana suradnja sa Županijom i Gradom
	Javne rasprave za građane i Uradi sam radionice	- medijska prisutnost na području Županije, - suradnja lokalnog koordinatora volontera i lokalnih organizacija civilnog društva - organizacija radionica uz pomoć lokalnog koordinatora volontera
	Potpora financijskim shemama	- pomoć u promociji potpore korisnicima čija su kućanstva posjećena tijekom projekta s informacijama o novim modelima financiranja (poput programa energetske obnove obiteljskih kuća ili sličnih programa koji su u tijeku ili najavi.)
Centri za socijalnu skrb i domovi zdravlja na području Zadarske županije	Posjeti kućanstvima	– informiranje građana o posjetima kućanstvima i o ciljevima projekta – predstavljanje projekta zaposlenicima centara za socijalnu skrb i njihovim korisnicima – kontinuirana suradnja s centrima za socijalnu skrb i domovima zdravlja oko informiranja krajnjih korisnika/građana
	Javne rasprave za građane i Uradi sam radionice	- pomoć u distribuciji informacija o aktivnostima o javnim raspravama i radionicama - animiranje korisnika centara za dolazak na radionice - suradnja s lokalnim koordinatorom volontera
	Potpora financijskim shemama	- davanje informacije korisnicima o potpori korisnicima čija su kućanstva posjećena tijekom projekta s informacijama o novim modelima financiranja (poput

		programa energetske obnove obiteljskih kuća ili sličnih programa koji su u tijeku ili najavi.)
	Radionice za zdravstvene djelatnike	- radionice su namijenjene zdravstvenim djelatnicima – sudjelovanje na radionicama
Lokalne organizacije civilnog društva (udruge umirovljenika, udruge branitelja i udruge koje obavljaju pojedine socijalne usluge)	Posjeti kućanstvima	– informiranje građana o posjetima kućanstvima i o ciljevima projekta – predstavljanje projekta korisnicima udruga – kontinuirana suradnja s udrugama s ciljem identificiranja potreba korisnika
	Javne rasprave za građane i Uradi sam radionice	- pomoć u distribuciji informacija o aktivnostima o javnim raspravama i radionicama - animiranje korisnika udruga za dolazak na radionice - suradnja s lokalnim koordinatorom volontera
	Potpora financijskim shemama	- davanje informacije korisnicima o potpori korisnicima čija su kućanstva posjećena tijekom projekta s informacijama o novim modelima financiranja (poput programa energetske obnove obiteljskih kuća ili sličnih programa koji su u tijeku ili najavi.)
Volonterski centar Zadar	Posjeti kućanstvima	- informiranje građana o posjetima kućanstvima i o ciljevima projekta - osiguranje medijske prisutnosti na području zadarske županije - pomoć u pronalasku volontera

Sažetak akcijskog plana

Aktivnost	Zadatak	Vremenski okvir	Indikator	Uključeni dionici
osjeti kućanstvima	Promocija energetskih posjeta kućanstvima među građanima	Rujan 2020. - početak intenzivne promocije – Prosinac 2021.	200 posjeta	Lokalni volonteri; Koordinator lokalnih volontera; DOOR; Vanjski suradnici; Županija; Centri za socijalnu skrb
	Izbor i koordinatora volontera	Srpanj 2020. – rujan 2020.		
	Izbor lokalnih volontera	Rujan 2020. – Siječanj 2021.		

	Trening lokalnih volontera	Listopad – siječanj 2021.		i domovi zdravlja; lokalni mediji;
	Implementacija posjeta kućanstvima	studeni 2020 - siječanj 2022		
Javne rasprave za građane	Promocija javnih rasprava za građane Implementacija javnih rasprava za građane	Listopad 2020 – siječanj 2022	18 radionica za ukupno 360 građana	
Uradi sam radionice	Promocija radionica Implementacija radionica	Listopad 2020 – siječanj 2022	3 radionice za ukupno 30 građana	Lokalni volonteri; Koordinator lokalnih volontera; DOOR; Vanjski suradnici; Lokalne organizacije civilnog društva;
Potpora financijskim investicijama	Pružanje potpore izabranim građanima čija su kućanstva inicijalno bila energetski pregledana	Studeni 2020 – siječanj 2022	20 građana uključeno u navedenu aktivnost	Lokalni volonteri; DOOR;
Radionice za zdravstvene djelatnike	Promocija radionica Implementacija radionica	Siječanj 2021 – siječanj 2022	3 radionice za ukupno 45 zdravstvenih djelatnika	Vanjski eksperti i DOOR


empowermed.eu

EmpowerMed

Action plan for EmpowerMed pilot site

Marseille Provence

Work package: 1 Mobilizing local actors
Work package leader: UAB
Responsible partner: ESF
Deliverable 1.6: Plan d'action du territoire pilote Aix Marseille Provence

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Le projet pilote mené en France fait partie intégrante d'un programme de lutte contre la précarité énergétique soutenu par :

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English Summary

As part of the implementation of the EmpowerMed project, GERES is rolling out the pilot project within the territory of the Aix Marseille Provence Metropolitan Area in cooperation with key partners in the territory. This document outlines the action plan planned by Geres as part of EmpowerMed.

Based on the analysis of the situation on the territory (see the document presenting the territory D1.1), as well as interviews with local actors, which were implemented from September 2019 to May 2020, this plan addresses the following questions: Which households are most in need of support? What forms of action will be proposed to meet these needs? Which local actors involved and how? How to mobilize households?

The pilot action to combat fuel poverty in the EmpowerMed project in France is being developed in the Aix Marseille Provence metropolitan area and more particularly in the Marseille area and in the communes of Aubagne and Etoile. The region is marked by a Mediterranean climate (hot summers, mild winters) and shares other particularities at the heart of the EmpowerMed project: missing or ineffective heating and cooling systems, poor insulation and general deterioration of buildings, especially those occupied by vulnerable households; fairly low job rates; tensions on the real estate market and in particular increasing due to increased tourism demand. In metropolitan France, 70,000 households are vulnerable to fuel poverty and devote more than 15% of their resources to their energy bill.

This action plan allows us to detail the different interventions and the actors we will be working with to develop it. The actions put in place are the following:

- Household visits (social and energy diagnosis)
- Collective Assemblies
- Encourage yourself to do it - Energy consumption monitoring workshops
- Practical energy workshops (DIY)
- Essential (energy) works
- Health workshops

For all of them this action plan details a Plan B related to possible new curfews because of COVID19.

The households will be mobilised via intermediary actors: Local associations and charities, social centres, Impulse Toit and other structures of job placement, among other municipality actors, as well as WECF France.

The main strategy is relying as much as possible on trusted third parties for households. Each of the actor will use its means of communication to mobilize households, namely the distribution of project leaflets and posters, communications via social networks, direct communication, word of mouth with support from influential people in their network, backing up to paper communications (rent receipt for social landlords, information bulletin for associations, etc.).

1 Introduction

EmpowerMed est un projet européen regroupant 9 partenaires de 7 pays.
L'objectif global d'EmpowerMed est de contribuer à l'amélioration de la qualité de vie des populations via la réduction de la précarité énergétique et à l'amélioration de la santé des personnes touchées dans les zones côtières de la Méditerranée par :

- La mise en œuvre d'un ensemble de mesures pratiques d'efficacité énergétique et d'énergie renouvelable (diagnostic socio-énergétique dans le logement, dynamique collective autour des économies d'énergie, ateliers pratiques participatifs) conçues pour permettre à plus de 5 000 ménages en situation de précarité énergétique de gérer leur consommation d'énergie et d'améliorer leur accès aux ressources énergétiques appropriées,
- L'évaluation de leur efficacité et leurs impacts pour formuler des recommandations politiques locales, nationales et européennes
- La promotion de solutions pour stimuler l'action contre la précarité énergétique auprès de décideur.se.s, acteur.rice.s du secteur social, services publics, expert.e.s de la santé et expert.e.s en matière de précarité énergétique.

Dans le cadre de la mise en œuvre du projet EmpowerMed, le GERES déploie le projet pilote au sein du territoire de la Métropole Aix Marseille Provence en coopération avec des partenaires clés du territoire. Ce document présente les grandes lignes du plan d'action prévu par le Geres dans le cadre d'EmpowerMed.

Sur la base de l'analyse de la situation sur le territoire (voir le document de présentation du territoire D1.1), ainsi que des entretiens avec les acteurs locaux, qui ont été mises en œuvre de septembre 2019 à mai 2020, ce plan d'action aborde les questions suivantes :

- Quels sont les ménages ayant le plus besoin de soutien,
- Quelles formes d'action seront proposées pour répondre à ces besoins,
- Quels acteurs locaux impliqués et comment,
- Comment mobiliser les ménages

Précarité énergétique sur le territoire

L'action pilote de lutte contre la précarité énergétique du projet EmpowerMed en France est développée sur le territoire métropolitain Aix Marseille Provence et plus particulièrement sur le territoire marseillais et des communes du Pays d'Aubagne et de l'Etoile.

La Métropole Aix Marseille Provence est située dans le département des Bouches du Rhône, en région Provence-Alpes-Côte d'Azur.
Elle regroupe 92 communes et compte 1 895 600 habitants en 2018 pour une surface de 3 173 km² soit une densité de 587 habitants / km².
C'est une zone urbaine dense qui comprend notamment la ville de Marseille abritant près de la moitié de la population du territoire avec une façade maritime importante.

La région est marquée par un climat méditerranéen (étés chauds, hivers doux) et partage d'autres particularités au cœur du projet EmpowerMed:

- Des systèmes de chauffage et de refroidissement manquants ou inefficaces,
- Une mauvaise isolation et détérioration générale des bâtiments, plus spécialement ceux occupés par les ménages vulnérables
- Des taux d'emplois assez bas
- Des tensions sur le marché immobilier et notamment en augmentation en raison de la demande touristique accrue.

Sur le territoire métropolitain, 70 000 ménages sont vulnérables à la précarité énergétique et consacrent plus de 15% de leurs ressources à leur facture énergétique[1]. Ces chiffres sont probablement une estimation basse, sachant que de nombreux ménages occupent des logements de faible qualité thermique parfois non équipé de système de chauffage fixe et sont en situation de restriction (ils ne chauffent pas leur logement à un confort standard pour éviter des factures trop importantes, ou bien leur système de chauffage n'est pas adapté au logement et ne permet pas de chauffer correctement).
Ces ménages sont modestes et occupent majoritairement les logements les plus énergivores. Ce sont en majorité des locataires du parc anciens ou semi-récent présentant de faibles performances énergétiques, aussi bien en centre-ville que dans des quartiers périphériques.

Le budget moyen des ménages métropolitains consacré à l'énergie dans le logement est de 1230 €. 51% des logements du territoire sont antérieurs à 1975 et donc potentiellement énergivores[2].
La principale énergie utilisée dans le logement sur le territoire est l'électricité avec plus de 50% des consommations puis vient le gaz qui est la première énergie utilisée pour le chauffage.

Le taux de pauvreté moyen sur le territoire métropolitain est de 18,4% en 2016 et cache des disparités. En effet, il atteint plus de 25% sur Marseille et plus de 51% dans le 3ème arrondissement, commune (ou arrondissement pour Paris, Lyon Marseille) parmi les plus pauvres de France.

Certains ménages, généralement pauvres et sans alternatives, vivent dans des logements insalubres manquant aux règles de sécurité élémentaire et non entretenus par leurs propriétaires.
Ces logements sont le plus souvent situés dans des immeubles anciens. Ils sont dépourvus de systèmes de chauffage adaptés, ont des toitures en mauvais état avec des fuites lors des fortes pluies, des réseaux d'eau, d'électricité non entretenus présentant des fuites ou des anomalies fortes.
Enfin, le taux du parc de logement potentiellement indigne dépasse 20% sur plusieurs arrondissements de Marseille : le 1er, 2ème, 3ème, 15ème et 16ème selon le rapport de la

[1] AGAM - Regards ENVIRONNEMENT | DÉCEMBRE 2017 | N°67
[2] http://www.agam.org/fr/publications/regards-de-lagam/regards-de-lagam-n67.html

mission Nicol[3]. Ce parc est estimé à environ 40 000 logements sur le territoire marseillais présentant potentiellement un risque pour la santé et la sécurité de près de 100 000 habitants.

Selon les travaux menés au niveau national et de précédentes actions sur le territoire, les besoins identifiés sont les suivants :

- Un manque de lisibilité et de recours aux aides existantes avec un soutien nécessaire à faire valoir les droits des ménages
- Un besoin de lisibilité sur les différentes offres des fournisseurs d'énergie pour un choix éclairé par les ménages en fonction de leurs besoins
- Des actions pour renforcer le pouvoir d'agir des ménages face à leur situation (meilleure connaissance de leurs besoins en matière d'énergie et de confort, meilleure connaissance de leurs droits et les faire appliquer…) et améliorer leur santé
- Des travaux de première nécessité pour proposer un premier pas vers une amélioration durable de la situation
- Des solutions pour le confort d'été jusqu'à maintenant peu proposées
- Un accompagnement vers des travaux de rénovation des logements plus poussés

Les actions du projet EmpowerMed menées sur le territoire par le Geres ont pour objectif de répondre au mieux aux besoins des ménages vulnérables à la précarité énergétique.

A la suite de ces actions, le projet EmpowerMed a pour objectif de développer des actions de plaidoyer, s'appuyant sur les expériences de terrain, pour encourager des avancées au niveau des politiques publiques en matière de lutte contre la précarité énergétique pour un renforcement du pouvoir d'agir des ménages et une amélioration de leurs conditions de vie et de santé.

2 Les activités et les groupes cibles de l'action pilote

Les différentes activités mises en œuvre dans le projet sont listées ci-dessous ainsi que les personnes ciblées, en quoi elles répondent aux besoins identifiés, quelle portée elles auront et enfin, les possibles adaptations en cas de dégradation de la situation sanitaire pendant la période de mise en œuvre de ces actions.

2.1 Visite – diagnostic socio-énergétique

Descriptif de l'activité

Les ménages repérés via un réseau d'acteurs relais font l'objet de diagnostics socio-énergétiques réalisés à domicile par des chargés de visite énergie.
L'objectif de cet accompagnement individuel qui passe par la visite du logement et la

[3] http://www.psmarseille.fr/wp-content/uploads/2017/03/Rapport%20Mission%20Nicol%20pt%C3%A9%20priv%C3%A9%20et%20copro%20Marseille%2027%20mai%202015%20.pdf

rencontre du ménage est de proposer au ménage des clés de compréhension sur le confort thermique, les consommations d'eau et d'énergie de manière ensuite à renforcer son pouvoir d'agir avec la mise en œuvre de solution adaptée.

Le diagnostic socio-énergétique comprend au minimum une visite à domicile, l'installation d'équipements économes adaptés à la situation du ménage, des propositions d'actions pour aller plus loin vers une sortie de la précarité énergétique pour faire valoir ses droits en matière d'énergie, d'amélioration du logement ou encore d'accompagnement social, et enfin l'information au ménage des gestes et habitudes qui pourraient lui permettre de réduire sa facture énergétique ou d'améliorer son confort.

Les données recueillies et les observations faites à domicile ainsi que les calculs permettent, à l'aide de la saisie dans un outil issu de projets Européens précédents (ACHIEVE – REACH) d'élaborer un rapport à destination du ménage.
Ce rapport reprend les informations générales, récapitule les économies possibles suite à la mise en œuvre des équipements économes et des écogestes proposés. Il suggère également des orientations vers des solutions à plus long terme.
Ce rapport est transmis à la famille, généralement lors d'une deuxième visite. Il sert essentiellement de support pour une discussion avec le ménage, qui en général a eu le temps de se poser des questions, de réfléchir sur les éléments discutés lors de la première visite.
La posture des chargés de visite est réellement basée sur l'écoute des interrogations du ménage et l'encouragement dans le lancement de démarche ou de gestes de changement. Les discussions de pair à pair, avec l'apport d'exemples vécus par d'autres ménages (voire par la personne en charge de la visite) ont montré leur efficacité pour renforcer le pouvoir d'agir des ménages.

En parallèle, un rapport technique, reprenant les informations sur le bâti, sur le niveau de confort général du ménage dans son logement est transmis aux partenaires du secteur social lorsque le ménage est suivi. C'est également un outil important pour que les ménages puissent faire état objectivement à leurs propriétaires de l'état de leur logement et des travaux nécessaires pour atteindre un confort standard.

Enfin, après 6 mois à un an, un échantillon de ménages (au minimum 10%) seront recontactés par téléphone pour un suivi des actions menées par le ménage et l'évaluation des impacts de soutien individuel.

Groupe cible de l'activité

Les personnes ciblées pour la réalisation de ces accompagnements individuels sont essentiellement des ménages repérés par les acteurs relais, à savoir par les structures du secteur social, caritatif et associatif, ou encore des conseillères en Environnement Intérieur qui sont en contact direct avec des ménages vulnérables et qui repèrent des problématiques liées à l'énergie.
Les personnes ont donc exprimé des problèmes de paiement de leur facture d'eau et d'énergie ou de factures trop élevées selon elles, des problèmes de confort dans le logement (ont froid dans leur logement en hiver ou trop chaud l'été), des problèmes liés

au bâti et aux équipements (panne, anomalies…).

Les ménages touchés, via la méthodologie de repérage, ont des ressources modestes et reçoivent des aides sociales.
Il s'agit, selon notre expérience, le plus souvent de personnes âgées, personnes seules, familles monoparentales, ou encore familles nombreuses.

Réponse aux besoins exprimés

Les accompagnements individuels de premier niveau proposés ici permettent d'une part d'informer, sensibiliser, renforcer le ménage pour qu'il soit en capacité de défendre ses droits vis-à-vis de l'énergie notamment (chèque énergie, droits associés, aides pour impayés d'énergie…), le ménage aura également les clés pour être proactif sur les améliorations possibles dans son logement n'impliquant pas des investissements lourds (organisation des meubles, aération, utilisation des volets, de rideaux pour diminuer les effets de parois froides, surventilation nocturne lorsque cela est possible…). Cela permettra par ailleurs de repérer les cas nécessitant l'activation d'une démarche de travaux de première nécessité mis en place dans le projet (cf paragraphe 2.5) ainsi que l'orientation vers des structures d'accompagnement aux travaux de rénovation pour les propriétaires occupants.
Les ménages locataires notamment du parc privé, ont après la visite, des éléments objectifs permettant de mobiliser leurs propriétaires pour la réalisation de travaux de rénovation énergétique.

Portée des activités prévues

L'objectif de cette activité est l'accompagnement de 350 ménages sur la durée du projet pilote.
Les visites sont effectuées par des personnes recrutées par le Geres pour l'occasion et formées à la réalisation des diagnostics socio-énergétiques et par des personnes de l'équipe permanente du Geres.
Elles sont complétées par un accompagnement spécifique aux travaux de première nécessité si ce type d'intervention est repérée comme nécessaire lors des visites (voir le paragraphe 2.5).

Plan B en cas de nouvelle quarantaine liée au COVID 19

Actuellement, la période de déconfinement suite à l'épidémie de COVID 19 va de nouveau permettre la réalisation de visites à domicile dans le cadre d'un respect strict des consignes sanitaires.

Durant cette première période de confinement, ces protocoles de pré-visite téléphoniques ont été travaillés. Le Réseau des Acteurs de la Pauvreté et de la Précarité dans le Logement (RAPPEL) a notamment organisé un groupe de travail à ce sujet et collecté les différents outils et méthodologies. Le document produit est disponible en ligne : https://www.precarite-energie.org/wp-content/uploads/2020/05/cr-gt-vad-a-distance-vf.pdf

Si la situation sanitaire venait de nouveau à se dégrader et à limiter la possibilité de réaliser ces visites à domicile, alors le Geres entreprendra de réaliser les accompagnements à distance selon les méthodologies décrites ci-dessus.

2.2 Assemblée collective

Descriptif de l'activité

En coopération avec différents centres sociaux du territoire et d'autres organisations caritatives ou associatives, le Geres propose de coordonner l'organisation d'assemblées collectives autour de l'énergie. Une démarche au maximum co-construite avec les structures accueillantes permettra de répondre au mieux aux besoins des ménages sur l'énergie, l'eau, le confort dans le logement, en hiver et en été, la cuisson mais aussi les droits auxquels les personnes ont accès (chèque énergie, aide aux impayés d'énergie, aides sociales…).
Sur l'exemple inspirant des actions menées à Barcelone autour d'assemblées collectives renforçant les citoyens pour accéder à leurs droits énergétiques (présidence par une personne s'étant sorti d'une situation de précarité énergétique, témoignages, appui par les personnes participant pour la personne qui vient chercher un soutien…), le Geres s'attachera au cours de l'organisation de ces assemblées, à renforcer le pouvoir d'agir des personnes, en faisant émerger les sujets traités par les participant.e.s, en favorisant les témoignages de personnes participant ayant réussi à améliorer leur confort dans leur logement, à mobiliser leurs propriétaires sur des travaux, à mobiliser des aides spécifiques par exemple pour la rénovation…

Pour cette action, le Geres s'appuiera sur son expérience passée de sensibilisation, information autour de l'énergie, avec des outils facilitant la prise de parole autour de l'énergie sujet assez abstrait. Des outils de photolangages, ou encore des principes amenant les participant.e.s à comparer leurs factures d'eau et d'énergie, les niveaux d'isolation ou l'âge de leur logement, les types d'énergie pour le chauffage, l'eau chaude, la cuisson, leurs pratiques en matière d'usage d'énergie permettent à chacun.e de s'exprimer et de partager son vécu et ses expériences. Une des conditions à réunir pour le bon déroulement de ces actions collectives est la confiance mutuelle des personnes y participant et la liberté de parole.
La méthodologie développée par les Compagnons Bâtisseurs, « l'œil énergie » est également un des outils à regarder pour la réalisation de ces assemblées collectives.

Groupe cible de l'activité

Les personnes ciblées dans le cadre de cette activité, sont principalement des personnes fréquentant des centres sociaux, des organisations caritatives pour y effectuer des activités hebdomadaires ou chercher un soutien pour la vie quotidienne. Le Geres est en contact avec un certain nombre de structures sur le territoire pour lancer cette action.
Les groupes des femmes déjà formés au sein de centres sociaux seront mobilisés sur cette thématique. Généralement, elles se réunissent une fois par semaine, et abordent aux côtés d'une équipe d'animation, des thèmes variés, participent à des actions et

élaborent des projets ensemble (projet de départ en vacances, organisation de repas collectifs, activités linguistiques, culturelles, appui aux activités des enfants…).
Les personnes ciblées sont essentiellement des personnes modestes vulnérables à la précarité énergétique.

Réponse aux besoins exprimés

La thématique de l'énergie n'est pas en soi un sujet qui est cité prioritairement par les personnes ciblées, en revanche, les aspects confort dans le logement, maîtrise des factures et choix des fournisseurs d'énergie et des contrats, appui pour des demandes de travaux à leurs propriétaires sont des besoins qui émergent très rapidement lorsque les débats se lancent.
L'objectif des assemblées est d'une part de faciliter l'expression des besoins des ménages et d'autre part d'orienter, en coopération avec l'ensemble des personnes participantes, vers des solutions adaptées et des organismes pertinents pouvant accompagner à la résolution des problèmes.

Portée des activités prévues

Ces assemblées collectives ont pour objectif de toucher 360 personnes sur la durée de l'action pilote, avec l'organisation au total d'un peu moins d'une vingtaine d'évènements. Le Geres est en charge de la coordination de l'action et s'appuiera sur des organisations en lien direct avec les ménages et qui ont déjà des groupes constitués. Par exemple, des groupes de femmes, de mamans au sein des centres sociaux ou encore des groupes au sein d'organisations caritatives.

Plan B en cas de nouvelle quarantaine liée au COVID 19

Comme le Geres s'appuie, pour cette activité, essentiellement sur des groupes déjà constitués pour y aborder des questions d'énergie, il sera envisagé de travailler avec les centres sociaux, sur des formats en ligne (type visioconférence), comme ça se fait déjà par ailleurs, par exemple le collectif l'énergie des possibles mené à Roubaix par la Fondation Rexel.

2.3 Encourager le faire soi-même – Ateliers de suivi des consommations d'énergie

Descriptif de l'activité

Dans le but de renforcer le pouvoir d'agir des ménages sur l'énergie et de les appuyer sur les liens entre consommations et factures qui restent souvent une charge.
Les ménages mobilisés dans le cadre de cette action seront amenés à suivre leurs consommations d'électricité via des compteurs d'énergie (soit le compteur Linky, en cours de déploiement en France, s'ils en sont équipés, soit un compteur fourni par le Geres dans le cadre du projet avec affichage déporté des consommations (en euros ou en kWh). En parallèle de ces compteurs d'énergie, un ou plusieurs capteurs de température et d'humidité seront proposés aux ménages pour un suivi de ces paramètres

dans le logement.
L'objectif de l'accompagnement sera d'une part de vérifier avec les ménages si le contrat de fourniture d'électricité souscrit est bien adapté à leurs consommations actuelles et si ce n'est pas le cas, à les encourager à choisir un abonnement correspondant à leurs besoins. D'autre part, la lecture des consommations et des paramètres de température et d'humidité avec les ménages permettra à chacun.e de mieux comprendre ses consommations et de trouver des solutions simples et adaptées pour améliorer son confort dans le logement tout en maîtrisant ses consommations.
Les suivis seront proposés d'une part en hiver et d'autre part en été pour donner aux ménages les moyens de comprendre les différentes situations.

Cet accompagnement pourra, si les personnes le souhaitent, être complété par des ateliers pratiques de partage d'expérience entre personnes ayant réalisé des mesures à domicile. Ces moments seront construits de manière conviviale autour d'un goûter et chacun.e sera amené.e à présenter ses observations, ce que le suivi lui aura apporté.

Groupe cible de l'activité

Cette activité sera principalement proposée à des ménages logés par des bailleurs sociaux, à savoir des ménages modestes locataires du parc public, vulnérables à la précarité énergétique.

Réponse aux besoins exprimés

Le suivi des consommations adossé à un suivi des paramètres liés au confort thermique (température et humidité) apporte d'une part aux ménages la possibilité de vérifier que leur abonnement électrique est bien calibré par rapport à leurs consommations réelles. Ça amène la discussion sur les choix de fournisseurs et d'abonnement et ainsi rendre plus intelligible ces différentes possibilités par rapport à leur propre situation. D'autre part, cela permettra d'aborder des aspects liés au confort dans le logement en lien avec les consommations d'énergie. Si des besoins collectifs venaient à émerger de ces accompagnements, ils pourraient alors être remontés au bailleur social concerné.

Portée des activités prévues

Cette action a pour objectif la mobilisation d'une quarantaine de ménages sur 4 zones différentes.

Plan B en cas de nouvelle quarantaine liée au COVID 19

Cette action plutôt menée à l'échelle individuelle et par les ménages peut être organisée à distance dès lors qu'il est possible de procurer au ménage les appareils de mesures des consommations et que les personnes sont en capacité de les installer (soit ils sont équipés de compteur Linky, soit il est nécessaire d'installer un compteur externe avec une pince ampèremétrique au niveau du tableau électrique, action à la portée d'une partie des ménages. Le reste du suivi peut se faire à distance sur la base des informations transmises par les ménages et les actions à mener par la suite peuvent être discutées par téléphone avec les ménages. Il est assez clair que si on en vient à cette

solution, l'action ne sera possible que pour des ménages pouvant s'investir un peu techniquement, mais pour le Geres il sera plus facile de rester dans une posture de facilitateur par rapport aux ménages.

2.4 Ateliers pratiques énergie (DIY)

Descriptif de l'activité

En coopération avec des acteurs de proximité comme les centres sociaux ou encore les structures partenaires du projet (structure d'insertion professionnelle notamment), des ateliers pratiques seront proposés autour de l'énergie. Sur les besoins remontés par les publics, l'objectif sera de réaliser des activités pratiques dans le cadre d'ateliers collectifs pour apprendre :

- à repérer des disfonctionnements grâce à la lecture de compteur, à des arrêts d'appareil…
- à mesurer des points de consommation : mesure de débit au niveau de l'évier, du lavabo, de la douche, mesure de température et où positionner le thermomètre, mesure de l'humidité de l'air et dans quelle plage l'humidité de l'air n'augmente pas la consommation d'énergie et permet de réduire la circulation des microbes ou ne favorise pas les maladies respiratoires
- à mettre en œuvre des gestes économes un peu techniques comme la baisse de la température du chauffe-eau électrique
- à installer des petits équipements : mise en place de réducteurs de débit, installation de joints de fenêtre, installation d'un ventilateur de plafond

Les compétences des participant.e.s seront mises à profit pour réellement encourager des ateliers participatifs où chacun.e peut apporter son expertise le cas échéant.

Groupe cible de l'activité

Le recrutement des ménages pour ces ateliers se fera via plusieurs vecteurs. Les structures accueillant les ateliers, à savoir les centres sociaux et structures de quartier, réaliseront la mobilisation de ménages au sein de leurs publics. D'autre part, le Geres est amené à travailler avec une structure d'insertion professionnelle pour les travaux de première nécessité (cf paragraphe 2.5). Au minimum un atelier pratique sera proposé aux équipes de cette structure qui sont tous des personnes aux revenus modestes, vulnérables à la précarité énergétique.

Réponse aux besoins exprimés

Ici il s'agira de créer une dynamique autour du faire ensemble pour que les ménages développent leurs savoir-faire pour améliorer leur confort thermique dans leur logement et maîtriser ce sur quoi ils ont un pouvoir dans leurs consommations d'énergie. Il s'agit de s'appuyer sur des dynamiques de quartier pour renforcer l'entraide avec un focus sur l'énergie sans forcément l'aborder en direct.

Portée des activités prévues

Ces ateliers ont pour objectif de toucher une cinquantaine de personnes répartis lors de cinq ateliers différents.

Plan B en cas de nouvelle quarantaine liée au COVID 19

C'est une activité qui sera plus difficile à mener en cas de nouveau confinement. Si tel était le cas, alors nous envisagerions d'avoir recours à des vidéos déjà disponibles en ligne sur des pratiques à développer. Le côté collectif pourrait alors être réalisé via des posts sur les réseaux sociaux à partager entre les participants. Cela implique une réorientation de l'effort de préparation.

2.5 Travaux de première nécessité

Descriptif de l'activité

La réalisation de travaux de première nécessité sera encouragée chez des ménages ayant été repérés lors des visites à domicile (cf paragraphe 2.1). Il s'agit avec la personne visitée d'envisager la réalisation de travaux légers qui ne pourraient pas être pris en charge par ailleurs et qui permettraient rapidement d'améliorer la situation du ménage avant des interventions plus importantes le cas échéant.
Les besoins en travaux sont repérés lors de la visite à domicile. Pour ces ménages, une visite spécifique sera réalisée par une personne experte de l'équipe Geres pour qualifier plus précisément les besoins en travaux : l'objectif est de collecter des informations préliminaires à la réalisation d'un devis.
Avec ces informations, le Geres se mettra en contact avec une entreprise d'insertion professionnelle ou une entreprise classique selon la demande et les possibilités de réponse via les chantiers d'insertion.
Dans le cadre d'une démarche complémentaire au projet EmpowerMed, le Geres travaille au montage d'un fonds d'aide pour aider en partie les ménages pour la réalisation de ces travaux de première nécessité, qui s'ils ne sont pas réaliser conduisent à des situations pénalisantes et le plus souvent inconfortables pour les ménages voire peuvent aller jusqu'à des situations dangereuses (fuite d'eau, moisissures…).

Groupe cible de l'activité

Les ménages ciblés par les travaux de première nécessité sont repérés lors des visites à domicile. Il s'agit donc de ménages rencontrant des difficultés liées à l'énergie et au confort dans leur logement. Ce sont des ménages aux ressources modestes et qui pour la plupart reçoivent des aides sociales.

Réponse aux besoins exprimés

Il s'agit ici de combler les problèmes rencontrés par les ménages suite à des défaillances d'équipements (par exemple vitre cassée comme on le voit régulièrement chez les

ménages visités, ou encore installation d'un contacteur heures creuses / heures pleines pour réduire les charges du ménage…). Ces travaux, lorsqu'ils sont réalisés avec succès, permettent de redonner confiance au ménage qui par la suite peut soit se mobiliser pour des travaux plus conséquents (propriétaires occupants) soit être mieux armé pour contacter leur propriétaire et demander des travaux de rénovation nécessaires.

Portée des activités prévues

La réalisation de travaux de première nécessité devra concerner 40 ménages repérés lors des visites à domicile.

Plan B en cas de nouvelle quarantaine liée au COVID 19

En cas de dégradation de la situation sanitaire et la nécessité d'un nouveau confinement, cette activité serait compromise sauf si dans le respect de protocoles sanitaires contraignants, il soit tout de même possible de réaliser des travaux chez des particuliers.

2.6 Ateliers santé – énergie

Descriptif de l'activité

En coopération avec WECF France qui met en œuvre un programme de sensibilisation à la qualité de l'air intérieur à destination des futurs parents et de professionnels les accompagnant (Nesting), le Geres prévoit de mener des ateliers d'information santé – énergie à destination des ménages. L'objectif est de créer une discussion avec les ménages autour des problématiques de santé liées à l'énergie : ventilation, température dans le logement, aération, moisissures… et d'encourager les ménages à faire valoir leurs droits si besoin est ou de mettre en place des habitudes préventives en matière de facteurs de santé liés au logement.
Les ateliers seront animés de manière participative avec par exemple l'organisation de jeux autour des thématiques de santé en lien avec l'énergie dans le logement.

Groupe cible de l'activité

Les personnes ciblées dans le cadre de cette activité seront mobilisées via les mêmes vecteurs que les assemblées collectives (voir paragraphe 2.2). Au-delà de ces relais, le Geres travaillera en coopération avec des associations sur Marseille œuvrant déjà en faveur de prévention en matière de santé qui rassemblent des familles et des femmes plus spécialement issues de quartiers prioritaires autour de questions sur la santé (prévention des maladies respiratoires, suivi de maladies chroniques).

Réponse aux besoins exprimés

La préservation de la santé des ménages modestes est une problématique importante, or les situations de précarité énergétique dégradent les facteurs de santé des ménages touchés avec des pathologies du système respiratoire, cardio-vasculaire voire une

affectation de la santé mentale. Réduire les situations de précarité énergétique et améliorer les conditions de confort thermique dans le logement permettent aux personnes d'agir pour une amélioration de leur santé.
La crise liée au COVID 19 a mis en avant l'importance de la santé et notamment le risque potentiellement accru pour les personnes plus fragiles et notamment ayant des maladies cardiovasculaires, ou maladies respiratoires. Il est d'autant plus crucial que les ménages puissent agir sur leur confort et leur santé et puissent faire jouer ce levier pour une amélioration de leurs conditions de logement (auprès de leurs bailleurs notamment).

Portée des activités prévues

L'action a pour objectif de toucher 90 personnes au cours de 6 ateliers.

Plan B en cas de nouvelle quarantaine liée au COVID 19

La crise a amplifié le besoin de réaliser des actions en faveur de la santé des plus modestes. Si la situation venait de nouveau à se dégrader, alors nous serions dans l'obligation de réaliser ces actions selon une méthodologie adaptée. Soit en plus petits groupes si les regroupements sont autorisés, soit en organisant des évènements en ligne avec projection de témoignages et autres outils attractifs. Si tel était le cas, alors nous nous appuierons d'autant plus sur les associations et les groupes constitués (groupes de femmes des centres sociaux…).

3 Acteurs clés du projet pilote et leurs rôles dans le projet

Le tableau suivant présente les différents acteurs mobilisés dans le cadre du projet EmpowerMed sur le territoire Aix Marseille Provence.

Acteur	Activité	Rôle
Collectivité – Aix Marseille Provence Métropole / Marseille / Septèmes	Toute action	• Communication des informations auprès des administrés et orientation plus formelle des ménages si pertinent
Centre Communal d'Action Sociale Marseille	Visite conseil énergie	• Information des équipes sur le repérage des situations de précarité énergétique et la possibilité de repérer des ménages vulnérables • Proposition aux ménages suivis de bénéficier de visites conseil énergie à domicile • Communication sur les visites via leurs modes de communication auprès des

		familles.
	Assemblées collectives	• Communication auprès de leurs bénéficiaires
	Ateliers pratiques énergie	• Communication des informations auprès de leurs bénéficiaires et orientation plus formelle des ménages si pertinent
	Travaux de première nécessité	• Cf visite conseil énergie
	Ateliers santé - énergie	• Communication des informations auprès de leurs bénéficiaires et orientation plus formelle des ménages si pertinent
Centres sociaux Marseille – Septèmes (Saint Jérôme, les Hauts de Mazargues - La Gavotte Peyret…)	Visite conseil énergie	• Communication sur les visites via leurs modes de communication auprès des familles et des équipes.
	Assemblées collectives	• Communication active et mobilisation de groupes formés au sein de la structure (groupe femmes, mamans, secteur famille…) • Co-construction des contenus avec leurs bénéficiaires (identification des besoins) • Co-organisation des assemblées dont l'accueil dans leurs locaux
	Ateliers suivi de consommation	• Communication des informations auprès de leurs bénéficiaires et orientation plus formelle des ménages si pertinent
	Ateliers pratiques énergie	• Co-organisation d'ateliers • Communication des informations auprès de leurs bénéficiaires et orientation plus formelle des ménages si pertinent
	Ateliers santé - énergie	• Communication des informations auprès de leurs bénéficiaires et orientation plus formelle des ménages si pertinent
Associations locales et organisations caritatives (Secours Catholique, Secours Populaire)	Visite conseil énergie	• Communication sur les visites via leurs modes de communication auprès des familles et des équipes. • Accompagnement des ménages post-visite
	Assemblées collectives	• Communication active et mobilisation de groupes formés au sein de la structure • Co-construction des contenus avec leurs bénéficiaires (identification des besoins) • Co-organisation d'une partie des assemblées
	Ateliers de suivi des consommations	• Communication des informations auprès de leurs bénéficiaires et orientation plus formelle des ménages si pertinent
	Ateliers pratiques énergie	• Communication des informations auprès de leurs bénéficiaires et orientation plus formelle des ménages si pertinent

	Travaux de première nécessité	• Cf visite conseil énergie
	Ateliers santé - énergie	• Communication des informations auprès de leurs bénéficiaires et orientation plus formelle des ménages si pertinent
Associations locales sur la santé (Mère enfants Paca, Banlieues Santé)	Toute action	• Communication des informations auprès de leurs bénéficiaires et orientation plus formelle des ménages si pertinent
	Ateliers santé - énergie	• Recueil des besoins des ménages et co-construction des contenus • Co-organisation d'ateliers
Bailleurs sociaux (Erilia, Logirem, Logis Méditerranée…	Toute action	• Communication des informations auprès de leurs bénéficiaires et orientation plus formelle des ménages si pertinent
	Ateliers de suivi des consommations	• Co-organisation de l'action plus spécialement sur des sites ayant déjà bénéficié de rénovation • Communication auprès des locataires pour repérer les ménages volontaires (campagne d'affichage, messages ciblés dans les quittances de loyer…)
WECF France	Ateliers santé - énergie	• Animation des ateliers (forme et contenu) • Repérage de professionnels à impliquer dans le repérage des participants
Impulse Toit et autres structures d'insertion professionnelle	Toute action	• Communication des informations auprès de leurs bénéficiaires et orientation plus formelle des ménages si pertinent
	Ateliers pratiques énergie	• Repérage des besoins auprès des équipes des chantiers d'insertion • Co-organisation d'ateliers à destination des équipes de la structure avec accueil des ateliers
	Travaux de première nécessité	• Réalisation des travaux de première nécessité suite aux visites conseil énergie par des équipes en insertion professionnelles

4 Mobilisation des ménages

La mobilisation des ménages sera réalisée via les acteurs relais et le réseau d'acteurs mentionnés dans le chapitre précédent. Il s'agit de s'appuyer au maximum sur des tiers

de confiance pour les ménages.
Chacune des structures partenaires utilisera ses moyens de communication pour mobiliser les ménages à savoir la distribution des dépliants du projet et de l'affichage, des communications via les réseaux sociaux, la communication directe, le bouche à oreille avec appui sur des personnes influentes dans leur réseau, l'adossement à des communications papier (quittance de loyers pour les bailleurs sociaux, bulletin d'information pour les associations…).
L'objectif est pour nous que les actions soient utiles aux ménages et que les acteurs en soient convaincus pour une fluidité de la communication des messages et une réelle diffusion par les équipes.

Concernant plus spécifiquement les visites conseil énergie, l'information sera diffusée largement. Mais nous avons vu précédemment que le meilleur relais était une orientation directe des ménages vers les visites par les équipes de travail social dans les différentes structures (Centre Communal d'Action Sociale, association d'accompagnement social ou de médiation, organisations caritatives). Des fiches d'orientation permettent aux structures de détailler la situation des ménages ainsi que leurs coordonnées avant transmission au Geres.

Les messages clés qui seront utilisés pour mobiliser les ménages seront définis avec les différents partenaires et selon les préoccupations principales de leurs bénéficiaires, locataires…
Nous mettrons l'accent sur les droits et accompagnements possibles sur l'énergie et l'amélioration du confort : chèque énergie et droits afférents, aides à la rénovation (pour les propriétaires occupants), aides pour les travaux de première nécessité…
Le confort dans le logement sera aussi un Vous avez froid dans votre logement…
Les messages sur la santé seront construits en partenariat avec les associations déjà en lien avec les familles sur ce sujet.

5 Synthèse du plan d'action et de communication

Synthèse du plan d'action

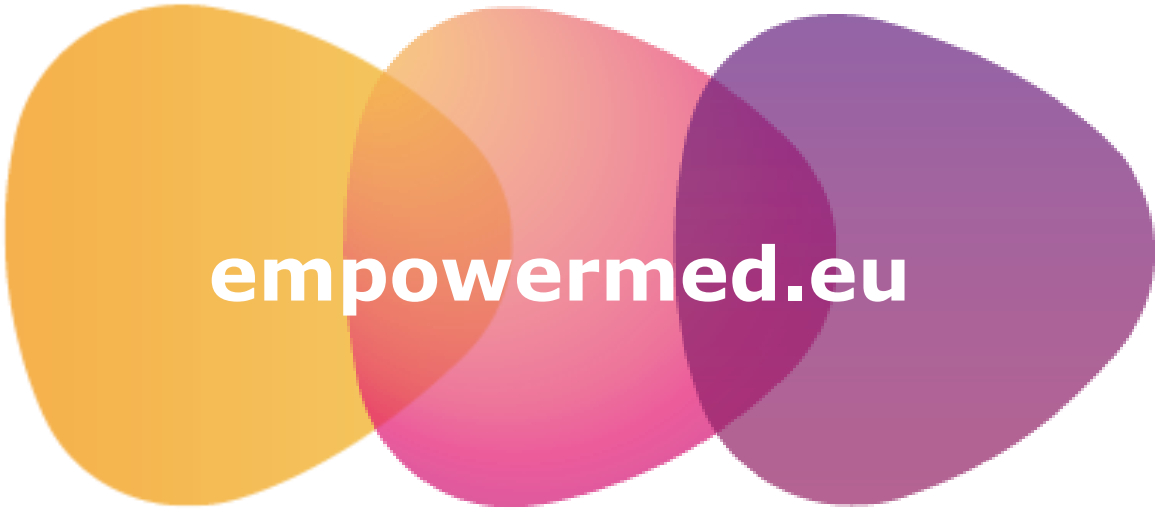
Actions	Tâches principales	Objectifs quantitifs	Responsabilité	Dates	Ressources
Assemblées collectives	• Promotion des assemblées • Organisation et animation • Accompagnement post assemblée pour des ménages si nécessaire	18 assemblées d'environ 20 personnes	Geres, acteurs relais et notamment centres sociaux, organisations caritatives	Novembre 2020 – Janvier 2022	Equipe Geres, salles des partenaires pour l'accueil des réunions, Matériel de communication (affiche)
Visites conseil énergie	• Promotion des visites • Realisation des visites	350 visites	Geres, acteurs relais	Novembre 2020 – Janvier 2022	Chargés de visite, équipe Geres, équipements économes énergie – eau, matériel de promotion (dépliant)
Ateliers suivi de consommation	• Promotion des suivis de consommation • Réalisation des suivis de consommation • Réalisation d'ateliers selon les souhaits des personnes suivies	40 personnes suivies	Geres, acteurs relais et plus spécifiquement les bailleurs sociaux	Novembre 2020 – Janvier 2022	Equipe Geres, accueil, Matériel de communication (affiche)
Ateliers pratiques énergie	• Promotion des suivis de consommation • Réalisation des suivis de consommation	5 ateliers d'environ 10 personnes	Geres et co-organisateurs à savoir les centres sociaux et associations locales	Novembre 2020 – Janvier 2022	Equipe Geres, accueil, Matériel de communication (affiche)

Travaux de première nécessité	• Repérage des travaux nécessaires dans le cadre des visites • Mise en œuvre de l'action	40 personnes accompagnées	Geres, Impulse Toit	Novembre 2020 – Janvier 2022	Equipe Geres, équipe Impulse Toit pour la réalisation des travaux
Ateliers santé énergie	• Promotion des ateliers • Organisation et animation des ateliers	6 ateliers d'environ 15 people	Geres et WECF France, en coopération avec centres sociaux, associations santé	Novembre 2020 – Janvier 2022	Equipe Geres, salles des partenaires pour l'accueil des réunions, Matériel de communication (affiche)

Synthèse du plan de communication

	Groupes cibles	Objectifs	Messages clés	Outils / format	Canaux de diffusion	Nombre d'apparition / nombre	Responsabilité
Assemblées collectives	• Elderly women • Single mothers • Unemployed / working poor	750 personnes touchées	To be developed at a later point	• Placard • Word of mouth • Media	• Municipality channels • Centres for social work • Social organisations • Pensioner's networks • Church • Utilities • Local media • Public transport monitors	• affiches • 5-8 media appearances	Geres et acteurs locaux
Visites conseil énergie	• Elderly women • Single mothers	500 personnes	Having trouble paying your	• Leaflet • Word of	• Municipality channels	• 1000 dépliants	Geres et acteurs

	• Unemployed / working poor	touchées	electricity, water or heating bills? We offer you free energy advice at home, free energy and water saving devices and savings of up to EUR 100..	mouth • Media	• Centres for social work • Social organisations • Pensioner's networks • Church • Utilities • Local media • Public transport monitors	• 5-8 media appearances	locaux
Ateliers Do it yourself (suivi de consommation et astuces, petits équipements)	• Elderly women • Single mothers • Unemployed / working poor	135 personnes touchées	To be developed at a later point	• Placard • Word of mouth • Media	• Municipality channels • Centres for social work • Social organisations • Pensioner's networks • Local media • Public transport monitors	• 50 affiches • 5-8 media appearances	Geres et acteurs locaux
Travaux de première nécessité	• Elderly women • Single mothers • Unemployed / working poor	350 personnes touchées	Besoins de travaux complémentaires au-delà de la visite	• Via les visites conseil énergie /	• Municipality channels • Centres for social work • Social organisations		Geres et acteurs locaux
Ateliers santé énergie	• social workers that visit homes • health workers that visit homes • elderly people's home personnel that visit homes	180 personnes touchées	What is energy poverty? How to recognise it? How to help it with basic steps?	• Centres sociaux	• Centres for social work • Health centres		Geres et acteurs locaux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EmpowerMed

Action plan for EmpowerMed pilot site

Comune di Padova

Work package: Work Package 1 – Mobilising local actors
Work package leader: UAB
Responsible partner: ESF
Deliverable 1.6: Action plan for EmpowerMed pilot site – Comune di Padova

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INDICE

English Summary

The purpose of this action plan is to fine-tune the activities in Padova Municipality pilot site. The main vulnerable categories identified to implement the project interventions are: inhabitants of public housing, elderly (over 74), single parents with children.
The approach to each category will fit their specific needs and habits.

In light of the needs identified for each category, the support actions have been defined and developed as follows: 18 collective assemblies to engage 360 vulnerable people; households visits, with energy audits and interviews, to engage 100 poor families residents in public housing; workshops on DIY smart meter, DIY small low-cost measures, support to financial schemes and health issues due to energy poverty to reach about 95 people.

The actions will be carried out in collaboration with the Municipality of Padua, which has approved the support to project with a City Council decision; OIPE, Italian Observatory on Energy Poverty, a network of researchers and experts, coming from universities, public and private institutions; and a series of local actors such as social cooperatives, NGOs and associations already in contact with the vulnerable population.

The report also proposes a communication plan for analysing the way to reach and engage the vulnerable categories.

A "Plan-B" is also provided, considering the case of a new COVID-19 pandemic in the next months.

1 Introduzione

Il seguente *D.1.6 Action plan for EmpowerMed pilot site Padova – Italia* rappresenta il piano d'azione per le attività e iniziative di progetto, elaborate da SOGESCA e da eseguirsi all'interno dell'area pilota del Comune di Padova.

1.1 Scopo del piano d'azione

Le attività di progetto individuate nel WP3 sono state inizialmente predisposte nella fase di *Project proposal* a settembre 2018. Tuttavia, è necessario considerare che le azioni teorizzate possano essere modificate una volta che si entra nel merito della situazione reale dell'area pilota. A tal proposito, le azioni pratiche saranno adattate alle circostanze del momento e del contesto in cui si elaborano.
Lo scopo finale di questo documento è pertanto quello di allineare le azioni precedentemente pianificate con la situazione attuale, nello specifico, del Comune di Padova.
Sulla base dell'analisi della situazione nel sito pilota (*D1.1 Report on local situation in Padova*), nonché dei primi contatti e incontri con le parti interessate locali, avvenuti tra settembre 2019 e maggio 2020, questo piano d'azione sviluppa i seguenti punti:

- quali sono le famiglie e categorie che hanno bisogno di sostegno,
- quali sono le forme di supporto che devono essere fornite in base agli specifici bisogni,
- quali sono gli attori locali e come verranno coinvolti,
- quali metodi verranno usati per entrare in contatto con le famiglie e le categorie vulnerabili,
- quali messaggi possono raggiungere al meglio le famiglie e le categorie individuate.

1.2 La povertà energetica nel Comune di Padova

L'area pilota del Comune di Padova e la sua popolazione

Il Comune si estende su una superficie di 93 km² ed ha una popolazione di 210.912 abitanti (ISTAT 2018), con una densità di 2.263,64 ab/km² (2017) è la città più densamente popolata del Veneto
La popolazione residente nel Comune di Padova rientra principalmente nella fascia tra i 45 e i 59 anni; più di un quarto dei residenti ha un'età superiore ai 65 anni, evidenziando una tendenza al progressivo invecchiamento della popolazione.
Nel Comune si registrano 94.773 famiglie residenti, tra le quali si contano principalmente nuclei unipersonali o costituiti da 2 membri. 10.129 famiglie sono monogenitoriali di cui 1.614 formate da padre più figli e 8.515 da madre più figli (dato da ISTAT 2011). Infine, si rende noto che circa il 23% delle famiglie sono in affitto, ossia circa 22.000 famiglie (dato ISTAT 2011).
Il 55% della popolazione padovana ha un titolo di studio medio-alto, il titolo di diploma superiore è quello più diffuso. Il tasso di disoccupazione cala all'aumentare del livello di istruzione ed è più alto per le donne con qualunque titolo di studio, eccetto la licenza

elementare.

Lo stock edilizio del Comune di Padova

Con il progetto PadovaFit! Expanded (H2020 – Project Number 847143) è stata eseguita una raccolta dati riguardante lo stato attuale dello stock edilizio, consultando la banca dati del S.I.T. (Sistema Informativo Territoriale).
Su 30.886 edifici residenziali individuati nel territorio comunale, si registra una maggioranza di edifici a due piani (52%) e a tre piani (23%). In generale la maggioranza dello stock edilizio è composto da case bifamiliari e piccoli condomini, anche se esistono aree in cui gli edifici a blocco di vetusta edificazione (compresa tra gli anni 60 e 80) sono preponderanti. I condomini risalenti allo scorso secolo sono caratterizzati da prestazioni energetiche modeste, ricadendo nella classe G con un fabbisogno energetico medio annuo pari a 180 kWh/m2.
Gli edifici storici sono comunque concentrati nel centro della città, mentre quelli di costruzione più recente si incontrano man mano che ci si sposta verso i confini della città.

I consumi energetici nell'area pilota del Comune di Padova

Con il progetto PadovaFit! Expanded sono stati analizzati il consumo di energia elettrica e gas naturale per ogni sezione di censo del Comune relativi all'anno 2018. I consumi, espressi rispettivamente in kWh e Sm^3, sono stati rapportati con il dato relativo alla superficie delle abitazioni occupate da almeno una persona residente. Il consumo medio per l'anno 2018 risulta rispettivamente per l'elettricità e il gas pari a:

- 20,83 kWh/m^2,
- 10,3 Sm^3/m^2.

Dati sulla povertà energetica nel Comune di Padova

In Italia non esiste ancora una definizione di povertà energetica riconosciuta a livello nazionale e per il nostro paese è più corretto rifarsi alla nozione di vulnerabilità energetica, definita come la condizione per cui l'accesso ai servizi energetici implica una distrazione di risorse (in termini di spesa o di reddito) superiore a quanto socialmente desiderabile (Faiella et Lavecchia, 2014). Gli unici dati disponibili fanno riferimento alla quota di famiglie in povertà energetica a livello nazionale, che nel 2017 ha raggiunto un valore pari all'8,7% (2,2 milioni di famiglie) (Report OIPE 2019).
Ad oggi non sono state eseguite analisi approfondite in relazione alla popolazione che versa in situazione di povertà energetica/vulnerabilità all'interno del Comune di Padova.
Il Comune, in data 6 giugno 2011, ha approvato con deliberazione n. 2011/48 il Piano d'azione per l'energia sostenibile (PAES), che prevede azioni rivolte all'affrontare la povertà energetica, data la presenza di popolazione vulnerabile all'interno della città.

Le misure di contrasto alla povertà energetica

In Italia, benché non vi sia una misura ufficiale di vulnerabilità energetica, esistono dal 2009 specifici strumenti di contrasto a tale fenomeno. L'accesso a questi strumenti è condizionato ad uno specifico valore dell'Indicatore della situazione economica

equivalente (ISEE) dei soggetti che ne fanno richiesta. Le principali misure sono:

- Riduzione IVA per restauro edifici,
- Conto termico,
- Detrazioni fiscali per l'efficienza energetica,
- Riduzione della potenza disponibile,
- Assistenza finanziaria per i costi di riscaldamento,
- Bonus gas,
- Bonus elettrico.

Si vedano i *D.1.1 Reports on local situation in Padova* e *D2.2 Training materials – Incentives for new devices, RES and EE investments* per una descrizione più dettagliata di questi strumenti

2 I gruppi vulnerabili nel Comune di Padova e gli interventi

Le categorie di soggetti vulnerabili che sono stati individuati nel Comune di Padova quali target delle azioni di progetto sono le seguenti:

- abitanti delle case popolari del Comune
- anziani over 74 anni
- madri e padri single con figli a carico

Si riporta di seguito una descrizione delle categorie individuate.

2.1 I gruppi vulnerabili

Abitanti delle case popolari del Comune

Le famiglie alle quali viene assegnata una casa popolare, vivono generalmente in una condizione di povertà e incarnano una o più delle caratteristiche sotto riportate, presentando pertanto una condizione di vulnerabilità energetica.
Il requisito principale per poter accedere alle case popolari del Comune di Padova è legato alla situazione economica del nucleo familiare, che deve essere rappresentata dall'Isee-Erp del valore non superiore a € 20.000.
Altri requisiti per l'assegnazione di una casa popolare sono:

- Presenza nel nucleo familiare di persone anziane;
- Presenza nel nucleo familiare di persone con disabilità;
- Genitore solo con figli a carico (sia minorenni che maggiorenni);
- Nucleo familiare di nuova formazione;
- Residenza anagrafica o attività lavorativa nel Veneto;
- Emigrati che dichiarino di rientrare in Italia per stabilirvi la residenza;
- Nuclei familiari che hanno beneficiato di prestazioni sociali, socio-assistenziali e socio-sanitarie, sia di natura economica che assistenziale, erogate direttamente o indirettamente dal Comune di Padova;
- Nuclei familiari composti solo da anziani di età pari o superiori a 65 anni residenti a Padova;
- Condizioni abitative improprie;
- Mancanza di alloggio da almeno un anno.

Le famiglie a cui viene assegnata una casa popolare presentano pertanto una condizione di vulnerabilità energetica.

Anziani over 74 anni

Sono 3.700 gli anziani che vivono soli nel Comune di Padova, senza figli vicini, amici o parenti. Questa condizione di solitudine, insieme all'eventuale presenza e/o al più alto rischio di insorgenza di patologie, alla loro età e ad altri elementi che ne conseguono, fanno degli anziani una categoria vulnerabile dal punto di vista energetico. Si sottolinea inoltre che circa il 63% della popolazione over 74 è donna.

Madri single e padri single con figli a carico

Nel Comune di Padova 10.129 famiglie (su 94.773 totali) sono monogenitoriali di cui 1.614 formate da padre più figli e 8.515 da madre più figli (dato da ISTAT 2011). Si considerano entrambe le categorie vulnerabili in quanto è statisticamente più probabile che un genitore solo possa fare più fatica a sostenere economicamente le spese di una famiglia. Si sottolinea inoltre che circa l'84% delle famiglie monogenitoriali è composta da madri single, le quali, con più alta possibilità rispetto ad una figura maschile, percepiscono un reddito basso e rientrano in una categoria svantaggiata.
Tale categoria potrà essere facilmente raggiunta tramite l'affiliazione con alcune scuole del Comune di Padova.

2.2 I bisogni delle categorie vulnerabili

Le categorie individuate necessitano di supporto e consulenza per far fronte alle situazioni di difficoltà, precarietà e privazione. Tali situazioni si possono presentare sotto diversa forma, in quanto spesso si sovrappongono altre vulnerabilità legate al genere, all'età, al paese di origine, alla presenza di disabilità, malattia o familiari a carico (bambini, anziani, ecc.), al tipo di abitazione, al regime di locazione, etc.
In generale, le criticità più comuni che si riscontrano sono le seguenti:

- sospensione della fornitura di elettricità e/o gas perché mancato pagamento delle bollette;
- eccessivi debiti accumulati nei confronti dei fornitori;
- necessità di modificare i contratti di fornitura;
- necessità di accedere alle tariffe sociali e ad altre forme di assistenza mirata;
- capacità limitate di dialogo con i fornitori e le autorità competenti;
- capacità limitate di utilizzo dei di contatori intelligenti.

I principali bisogni per le categorie vulnerabili individuate sono:

- il miglioramento della performance energetica dell'edificio, l'individuazione di canoni personalizzati; l'esposizione di soluzioni semplici e pratiche di risparmio energetico e miglioramento del comfort. Ad alcuni di questi bisogni si può far fronte anche con un aiuto/sussidio economico per le bollette di gas e energia elettrica.
- Generalmente, gli abitanti delle case popolari possono essere interessati ad un miglioramento dell'edificio attraverso il contributo comunale, alla possibilità di risparmio economico e ad un miglioramento della qualità di vita all'interno della propria abitazione.
- Gli anziani non hanno più un'aspettativa di vita così ampia da essere interessati al miglioramento dell'edificio in cui risiedono, ma sono probabilmente interessati alle soluzioni finalizzate ad un risparmio economico e al miglioramento del comfort nella propria abitazione.
- Le madri e i padri single che convivono con i figli solitamente non hanno abbastanza denaro per il miglioramento energetico dell'edificio e sono abbastanza

informati sui diversi canoni possibili (in quanto generalmente giovani e muniti di dispositivi come smartphone e PC), ma potrebbero essere interessati a soluzioni semplici per il risparmio energetico e a sussidi economici.

L'importanza dell'*empowering* delle donne, quale target evidenziato in modo trasversale dal progetto, viene trattata nell'area pilota di Padova considerando che la maggior parte delle persone vulnerabili delle categorie degli over 74enni e dei genitori single è di sesso femminile.

2.3 Gli interventi programmati

In seguito si analizzano gli interventi di progetto nello specifico, andando a descrivere a chi è rivolto tale intervento e in che modo potrà essere migliorativo per il gruppo vulnerabile individuato.

A causa delle restrizioni imposte dalla pandemia da COVID-19 non è stato possibile consultare preventivamente gli attori e stakeholders del territorio per verificare se gli interventi programmati e le modalità di coinvolgimento e svolgimento proposte siano ritenuti efficaci per i fini proposti dal progetto EmpowerMed. Gli interventi elaborati prendono anche in considerazione l'esperienza e i feedback ricevuti dagli altri partner di progetto.

2.2.1 Assemblee collettive

Attività previste nelle assemblee collettive

È prevista l'organizzazione di 18 assemblee che vadano a coinvolgere in totale 360 persone. Si presuppone che tutti e tre i gruppi vulnerabili individuati per il Comune di Padova possano beneficiare di tali incontri. Pertanto, in differenti occasioni e location, verranno organizzate assemblee finalizzate ad incentivare un supporto reciproco tra pari, a conferire consapevolezza delle tecnologie disponibili, informazioni sui servizi e incentivi sociali e finanziari e a rispondere alle esigenze specifiche dei partecipanti.
Ciascuna assemblea prevederà la partecipazione di circa 20 persone vulnerabili e/o generalmente interessate alla tematica del risparmio energetico e del miglioramento delle condizioni di comfort e salute nelle abitazioni. Potranno essere presenti anche soggetti non specificatamente vulnerabili energetici al fine di allargare la platea e creare maggiore solidarietà e motivazione tra le fasce più deboli.
Le persone verranno invitate principalmente tramite comunicazioni mirate che verranno veicolate direttamente presso le famiglie vulnerabili e tramite le scuole affiliate al fine di raggiungere i target sopra descritti.
Le assemblee saranno gestite da 2-3 facilitatori appartenenti al team di progetto o attori locali di supporto (come operatori delle cooperative sociali) che chiederanno, per esempio, di visionare alcune bollette di chi voglia approfondirne la lettura o faranno domande sui diversi aspetti relativi alla gestione delle spese di elettricità, gas e acqua o di comfort energetico delle famiglie. Lo scopo è quello di stimolare il dialogo e la condivisone tra i presenti, creando una percezione di appartenenza e aumentando la consapevolezza della propria situazione e delle possibili azioni da intraprendere.

Quando possibile verranno invitati esperti di settore che possano portare testimonianza delle azioni per affrontare i casi di difficoltà nei pagamenti o delle soluzioni per i piccoli interventi di miglioramento dell'efficienza energetica e nell'utilizzo dell'acqua, del comfort, della salute etc.
Scopo delle assemblee collettive sarà anche quello di stimolare i soggetti più interessati ed attivi a partecipare ai workshop specifici che verranno organizzati nell'ambito del progetto.
Infine, le assemblee saranno di fondamentale importanza per il team di progetto al fine di raccogliere testimonianze utili al miglioramento delle azioni progettuali.

Target delle assemblee collettive

Le assemblee collettive mirano al coinvolgimento di tutte le categorie di vulnerabili energetici individuati come sopra descritto:

- abitanti delle case popolari del Comune
- anziani (sopra i 74 anni)
- madri e padri single con figli a carico

Obiettivi delle assemblee collettive

Si prevede lo svolgimento di 18 assemblee con la partecipazione di circa 20 persone ciascuna al fine di raggiungere almeno 360 persone vulnerabili.

2.2.2 Visite a domicilio

Attività previste nelle visite a domicilio

È prevista l'organizzazione di 100 visite presso le famiglie vulnerabili delle case popolari del Comune di Padova. Ciascuna visita prevederà la compilazione di un questionario da parte della famiglia, la consegna di gadget per il risparmio energetico, l'analisi della condizione energetica della casa e l'elaborazione di consigli ad hoc per il miglioramento del comfort nell'abitazione e per il risparmio in bolletta.
Le visite presso le famiglie saranno svolte in collaborazione con gli operatori delle cooperative sociali che collaborano con il settore Servizi Sociali del Comune di Padova. Si ritiene infatti che gli operatori delle cooperative che operano nel campo del sociale, e che già sono attivi presso le famiglie con monitoraggio regolare delle situazioni di disagio, abbiano instaurato un rapporto di fiducia con le famiglie che potrà agevolare lo svolgimento delle visite domiciliari. Gli operatori delle cooperative verranno formati dal partner SOGESCA per gli aspetti relativi all'utilizzo dell'energia e dell'acqua nelle abitazioni e per le problematiche di salute che possono insorgere dalle situazioni di vulnerabilità energetica.
E' stato elaborato un questionario, sulla base di quello predisposto dal partner sloveno FOCUS, che verrà sottoposto alle famiglie durante le visite. Il questionario è stato finalizzato grazie ai suggerimenti di OIPE con cui SOGESCA collabora per le finalità di progetto. OIPE ha esperienza e competenza nel settore, sia per quanto riguarda gli aspetti relativi alla povertà energetica che per quanto riguarda l'elaborazione statistica dei dati che verranno raccolti, e utilizzerà i risultati del questionario per i propri fini di ricerca e per il progetto EmpowerMed relativamente al perfezionamento di policy di settore e per l'advocacy (WP5).
Il fine ultimo delle visite domiciliari è quello di supportare i membri delle famiglie e

stimolarli a intraprendere azioni volte a ridurre il consumo di energia e acqua e a migliorare il comfort degli ambienti. Durante la visita, i consulenti energetici (gli operatori delle cooperative formati per lo scopo) effettueranno una sorta di audit dell'abitazione e un'analisi dei consumi energetici. Principalmente verranno controllate le bollette energetiche e idriche delle famiglie, verrà effettuata un'ispezione visiva degli elettrodomestici e dell'abitazione nel suo complesso e si discuteranno le abitudini delle famiglie in termini di consumi. In questo modo sarà possibile identificare il potenziale per il risparmio di energia e acqua nelle famiglie, per il miglioramento del comfort e delle condizioni di salute.
Infine, gli operatori avranno a disposizione un kit per il risparmio energetico (il kit, acquistato con il budget di progetto, conterrà semplici dispositivi, ad esempio riduttori di flusso per la diminuzione del consumo di acqua, lampadine a basso consumo o LED, schermature da installare tra i termosifoni e il muro per ridurre la dispersione di calore etc.). L'installazione di questi dispositivi gratuiti supporterà le famiglie che necessitano di ridurre il consumo di energia e acqua. Gli operatori sociali forniranno inoltre consigli sull'utilizzo dei dispositivi, sulla modifica delle abitudini di consumo energetico e su ulteriori possibili comportamenti virtuosi da adottare.

Target delle visite a domicilio

Gli abitanti delle case popolari sono stati definiti come target delle visite a domicilio nell'area pilota del Comune di Padova in quanto, normalmente, le case popolari vengono assegnate a famiglie in difficoltà economiche o con diverse vulnerabilità. Le famiglie, inoltre, sono facilmente circoscrivibili e rintracciabili grazie ai dati forniti dal Comune che già effettua visite regolari tramite gli operatori dei Servizi Sociali e delle cooperative sociali che si occupano di educazione, salute, disabilità, etc. Lo svolgimento della visita e dell'intervista a domicilio, la compilazione del questionario, la consegna dei gadget e le istruzioni sul loro utilizzo, si svolgeranno con il supporto delle cooperative sociali che già sono in contatto con questo tipo di realtà al fine di facilitare il contatto con le famiglie con le quali non sarà necessario creare un rapporto di fiducia in quanto già in essere con gli operatori sociali.

Obiettivi delle visite a domicilio

È prevista l'organizzazione di 100 visite presso le famiglie vulnerabili delle case popolari del Comune di Padova. Ciascuna visita prevederà la compilazione di un questionario da parte della famiglia, la consegna di gadget per il risparmio energetico, l'analisi della condizione energetica della casa e l'elaborazione di consigli ad hoc per il miglioramento del comfort nell'abitazione e per il risparmio in bolletta. Le visite verranno svolte da operatori delle cooperative sociali individuate da SOGESCA in collaborazione con il Comune di Padova, settore Servizi Sociali e opportunamente formati da SOGESCA per lo svolgimento delle visite. Il settore Servizi Sociali del Comune opera già presso le famiglie anche con regolari visite a domicilio e questo faciliterà lo svolgimento delle visite per il progetto EmpowerMed grazie al rapporto di fiducia già in essere con le famiglie.

2.2.3 Workshops

Attività previste nei workshop

Nell'ambito del progetto EmpowerMed si prevede lo svolgimento di una serie di workshop

che hanno lo scopo di insegnare alle famiglie alcune tecnologie o comportamenti per il risparmio energetico e il miglioramento del comfort nelle abitazioni con conseguente impatto positivo anche sulla salute.
In particolare, nell'area pilota di Padova si volgeranno le seguenti tipologie di workshop:

- workshop sulla lettura del contatore intelligente (n.1)
- workshop sulle misure low-cost per il risparmio energetico (n.2)
- workshop per comprendere le misure di supporto finanziario (n.2)
- workshop per il miglioramento delle condizioni di salute (n.3)

La lettura del contatore intelligente

È prevista l'organizzazione di un workshop per insegnare la lettura del contatore intelligente ad una decina di abitanti delle case popolari o interessati. La lettura si esegue tramite applicazione da smartphone, pertanto i beneficiari potranno essere i genitori single o alcune famiglie più giovani delle case popolari. Lo scopo è quello di aumentare la consapevolezza degli abitanti in materia di consumi energetici in correlazione al risparmio economico. Potranno essere fornite delle indicazioni relative al proprio contratto e suggerimenti sulla scelta di quello più adatto alle diverse esigenze. Al fine di conformarsi alla legislazione vigente, dovrà essere firmata una liberatoria per l'accesso ai dati del contatore intelligente.

Le misure low-cost per il risparmio energetico

È prevista l'organizzazione di due workshop finalizzati alla spiegazione, da parte di esperti, di piccole strategie da adottare nella propria abitazione per contenere i consumi energetici ed incentivare il risparmio economico. Tali workshop saranno principalmente indirizzati alle famiglie vulnerabili delle case popolari e ai genitori single. Il workshop riguarderà i consumi energetici di lampadine ed elettrodomestici, i consumi di gas delle caldaie, la gestione della temperatura in casa, la qualità degli infissi, la gestione dei termosifoni ed infine il risparmio di acqua.

Le misure di supporto finanziario

È prevista l'organizzazione di due workshop finalizzata alla spiegazione degli strumenti di finanziamento disponibili e al supporto nell'applicarli. Tali workshop saranno principalmente indirizzati alle famiglie vulnerabili delle case popolari e ai genitori single.

La salute

È prevista l'organizzazione di tre workshop sul tema della salute, intesa come un complesso di benessere psico-fisico in relazione alle condizioni di comfort nella propria abitazione.
Tali workshop saranno indirizzati a chiunque fosse interessato di tutte le categorie vulnerabili. Si prevede la collaborazione dell'associazione Medici per l'Ambiente (affiliata all'International Society of Doctors for the Environment – ISDE, riconosciuta dall'ONU e dall'OMS) che ha anche un sezione a Padova e che si occupa della tematica della salute in relazione all'ambiente e alle condizioni abitative.

Target dei workshop

I beneficiari dei workshop saranno tutte le persone interessate che verranno stimolate alla partecipazione ai workshop grazie alla precedente partecipazione alle assemblee

collettive, alle visite in famiglia, o semplicemente grazie al passaparola e alla pubblicità che verrà fatta agli eventi tramite distribuzione di leaflet o invio di email di invito. Sebbene non vi siano restrizioni alla partecipazione ai workshop, si ritiene che il target per il workshop sulla lettura dei contatori intelligenti debbano essere i genitori single o alcune famiglie più giovani delle case popolari. Si tratta infatti di un workshop tecnico e i maggiori benefici potranno averli gli utenti con smartphone. E' quindi più probabile che si tratti di persone giovani. Per la partecipazione ai workshop sulle misure low-cost per il risparmio energetico e sul supporto finanziario il target sarà più ampio, comprendendo le famiglie residenti nelle case popolari e i genitori single. Infine, il workshop sulla salute è rivolto a tutti i soggetti "vulnerabili" dal punto di vista energetico in quanto non si intravedono difficoltà di applicazione di eventuali misure proposte e si ritiene di fondamentale importanza la presa di consapevolezza degli effetti sulla salute, fisica e psichica, di condizioni abitative inadeguate dal punto di vista energetico (muffe, freddo, mancanza di corrente etc. e conseguenti effetti sul benessere).

Obiettivi dei workshop

È prevista l'organizzazione di 1 workshop sulla lettura del contatore intelligente, 2 workshop sulle misure low-cost per il risparmio energetico, 2 workshop per comprendere le misure di supporto finanziario e 3 workshop per il miglioramento delle condizioni di salute. Si prevede la partecipazione di un minimo di circa 10-15 persone per ciascun workshop per un target complessivo di 95 persone che verranno aiutate nelle varie tematiche proposte.

I workshop saranno condotti dal personale di SOGESCA, da attori locali e da esperti di settore esterni coinvolti.

3 Gli attori locali ed il loro coinvolgimento

Gli attori locali che saranno coinvolti nel progetto avranno come ruolo principale quello di coinvolgere le famiglie in situazione di vulnerabilità energetica e le categorie individuate come target del progetto nel Comune di Padova nonché di fornire qualsiasi tipo di supporto tecnico e parere esperto per l'attuazione delle attività di progetto. I seguenti attori locali saranno impegnati nelle attività condotte nel sito pilota di Padova:

- Comune di Padova (Ufficio Informambiente e Settore Servizi Sociali)
- OIPE (Osservatorio Italiano Povertà Energetica)
- Cooperative Sociali
- Medici per l'Ambiente
- Operatori energetici agenti sul territorio (EstEnergy, E.ON).

SOGESCA ha definito due accordi strategici con:

- Il Comune di Padova, il quale ha deliberato in Consiglio Comunale il supporto al progetto.

- OIPE, Osservatorio Italiano sulla Povertà Energetica, network di ricercatori ed esperti, provenienti da Università, enti e istituti pubblici e privati. L'Osservatorio è ospitato dal Centro Studi di Economia e Tecnica dell'Energia "Giorgio Levi Cases" dell'Università di Padova presieduto dalla prof.ssa Paola Valbonesi (Università degli Studi di Padova), assistita da un comitato esecutivo. La collaborazione è finalizzata al supporto tecnico reciproco ed è stata sottoscritta per i seguenti ambiti:
  - Condivisione di una strategia di raccolta dati e individuazione del target di riferimento nel Comune di Padova.
  - Elaborazione di questionari da sottoporre a famiglie residenti nelle case popolari del Comune di Padova.
  - Individuazione di stakeholders/attori locali di supporto alla somministrazione dei questionari e ad altre attività.
  - Partecipazione ad eventi pubblici locali e nazionali di disseminazione, di informazione e di advocacy da parte di OIPE.
  - Raccolta di elementi utili alla definizione di raccomandazioni a livello locale/nazionale finalizzati a fronteggiare la povertà energetica.

Le utilities operanti nel territorio, con cui SOGESCA ha preso contatto, sono: EstEnergy, il maggiore fornitore di gas nell'area pilota ed E.ON, leader europeo per la fornitura di energia elettrica e presente come fornitore anche nel territorio di Padova. Queste utilities potrebbero essere disponibili per la partecipazione a workshop o ad assemblee collettive relativamente alla lettura del contatore intelligente e delle bollette. Si sta valutando l'utilizzo di una applicazione fornita dai suddetti operatori energetici per l'audit energetico durante le visite a domicilio. E' stata contattata anche AcegasApsAmga, gestore delle utilities locali come acqua e rifiuti, per completezza di analisi del territorio.

4 Come raggiungere le categorie vulnerabili

Si riportano di seguito le diverse strategie che verranno adottate per contattare i target di soggetti vulnerabili individuati. Il dettaglio delle attività di comunicazione è presentato nella tabella dedicata al Piano di Comunicazione.

Abitanti delle case popolari

Gli abitanti delle case popolari sono facilmente rintracciabili grazie ai dati forniti dal Comune e al fatto che queste famiglie vengono visitate con regolarità dai Servizi Sociali e/o dalle cooperative sociali che già sono in contatto con loro. È previsto lo svolgimento di una visita e di un'intervista a domicilio, tramite il supporto delle cooperative sociali, al fine di facilitare il contatto con la famiglia con la quale non sarà necessario creare un rapporto di fiducia in quanto già esistente con gli operatori sociali. Questo faciliterà la collaborazione sul progetto che prevede un ruolo attivo delle famiglie per esempio nella compilazione dei questionari.

Anziani over 74 anni

Gli anziani sono rintracciabili grazie ai dati dei Servizi Sociali comunali o, specialmente se bisognosi di assistenza, attraverso un contatto diretto con i Centri anziani e le parrocchie. È prevista una visita presso la loro abitazione, qualora risiedano nelle case popolari, altrimenti la partecipazione alle assemblee collettive o workshop.

Madri e padri single con figli a carico

Le madri e i padri single con figli carico non sono facilmente rintracciabili nelle liste dei Servizi Sociali (ammesso che non ricevano specifici aiuti) e generalmente hanno poco tempo per ricevere visite a casa, risulta pertanto più congruo rintracciarli attraverso la scuola frequentata dai figli; inoltre si considera la loro possibile partecipazione alle assemblee collettive e ai workshop.

Il piano d'azione

Le attività	Compiti	Obiettivi	Responsabili	Scadenze	Risorse *A. Disponibili* *B. Necessaria*
Assemblee collettive	Pubblicizzare le assemblee, Svolgere le assemblee	18 assemblee con circa 20 partecipanti	SOGESCA, Attori locali, Cooperative sociali	Nov 2020-Gen 2022	A. SOGESCA staff B. operatori, location, materiali
Visite a domicilio	Pubblicizzare le visite, Svolgere le visite.	100 visite	SOGESCA, Servizi Sociali e cooperative sociali	Nov 2020-Gen 2022	A. SOGESCA staff B. operatori delle cooperative sociali formati da SOGESCA, kit
Workshop - La lettura del contatore intelligente	Pubblicizzare il workshop, Svolgere il workshop.	1 workshop circa 10 partecipanti	SOGESCA ed esperti di settore	Nov 2020-Gen 2022	A. SOGESCA staff B. esperti di settore
Workshop - Le misure low cost per il risparmio energetico	Pubblicizzare il workshop, Svolgere il workshop.	2 workshop circa 10 partecipanti	SOGESCA ed esperti di settore	Nov 2020-Gen 2022	A. SOGESCA staff B. esperti di settore
Workshop – Le misure di supporto finanziario	Pubblicizzare il workshop, Svolgere il workshop.	2 workshop circa 10 partecipanti	SOGESCA ed esperti di settore	Nov 2020-Gen 2022	A. SOGESCA staff B. esperti di settore
Workshop – Salute	Pubblicizzare il workshop, Svolgere il workshop.	3 workshop circa 15 partecipanti	SOGESCA ed esperti di settore	Nov 2020-Gen 2022	A. SOGESCA staff B. esperti di settore

Il piano di comunicazione

	Gruppi vulnerabili	Obiettivi	Messaggi chiave	Strumenti di comunicazione	Canali di comunicazione	Quantità	Responsabili
Assemblee collettive	- residenti delle case popolari del Comune - anziani (over 74 anni) - madri e padri single con figli a carico	18 assemblee collettive con circa 20 persone presenti (360 persone raggiunte in totale)	Condividere le problematiche relative alla gestione dell'energia nelle abitazioni e fornire consigli e supporto	- Cartelloni - Passaparola - Volantinaggio - Intervista su giornali locali/TV	- Canali del Settore Servizi Sociali del Comune - Cooperative sociali - Organizzazioni laiche e religiose - Reti di pensionati - Utilities locali - Media locali	- 3 cartelloni - 700 volantini	SOGESCA e attori locali
Visite a domicilio	- residenti nelle case popolari del Comune di Padova	100 visite	Avete problemi nel pagare le bollette? Vi offriamo consulenza gratuita per risparmiare e migliorare il comfort delle vostre abitazioni e anche la vostra salute. Vi regaliamo dei piccoli gadget per risparmiare	- Cartelloni - Passaparola - Volantinaggio - Intervista su giornali locali/TV	- Canali del Settore Servizi Sociali del Comune - Cooperative sociali - Organizzazioni laiche e religiose	- 200 volantini	SOGESCA e attori locali
Workshop - La lettura del contatore intelligente	- residenti nelle case popolari del Comune di Padova (più giovani) - madri e padri single con figli a carico	1 workshop con circa 10 persone presenti	Vi insegniamo a leggere il contatore intelligente e a migliorare la gestione dei vostri consumi elettrici	-Cartelloni -Passaparola -Volantinaggio - Intervista su giornali locali/TV	- Canali del Settore Servizi Sociali del Comune - Cooperative sociali - Organizzazioni laiche e religiose - Reti di pensionati - Utilities locali - Media locali	- 10 volantini - 1 cartellone	SOGESCA e attori locali
Workshop - Le misure low cost per il risparmio energetico	- residenti nelle case popolari del Comune di Padova - madri e padri single con figli a carico	2 workshop con circa 10 persone presenti	Vi diamo dei consigli per il risparmio e il miglioramento del comfort delle vostre abitazioni. Vi regaliamo dei piccoli gadget per	-Cartelloni -Passaparola -Volantinaggio - Intervista su giornali locali/TV	- Canali del Settore Servizi Sociali del Comune - Cooperative sociali - Organizzazioni laiche e religiose - Reti di pensionati	- 20 volantini - 1 cartellone	SOGESCA e attori locali

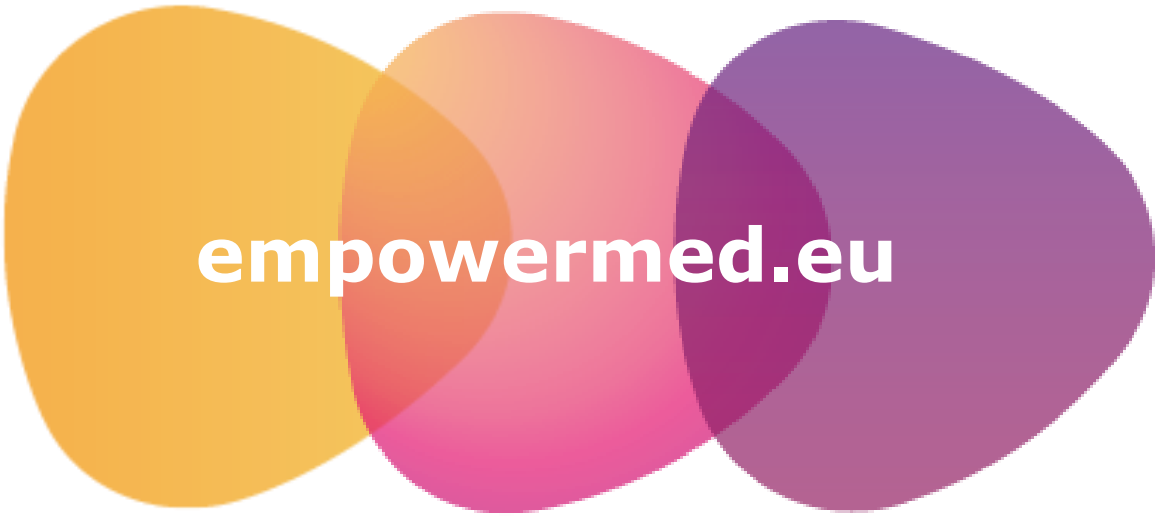
			risparmiare		- Utilities locali - Media locali		
Workshop – Le misure di supporto finanziario	residenti nelle case popolari del Comune di Padova - madri e padri single con figli a carico	2 workshop con circa 10 persone presenti	Vi illustriamo quali sono gli strumenti attualmente disponibili per finanziare "il risparmio" e come accedervi	-Cartelloni -Passaparola -Volantinaggio - Intervista su giornali locali/TV	Canali del Settore Servizi Sociali del Comune - Cooperative sociali - Organizzazioni laiche e religiose	- 20 volantini - 1 cartellone	SOGESCA e attori locali
Workshop - Salute	- residenti delle case popolari del Comune - anziani (over 74 anni) - madri e padri single con figli a carico	3 workshop con circa 15 persone presenti	Vi spieghiamo cos'è la povertà energetica e quali effetti possa avere sulla vostra salute e come migliorare la vostra situazione	-Cartelloni -Passaparola -Volantinaggio - Intervista su giornali locali/TV	- Canali del Settore Servizi Sociali del Comune - Cooperative sociali - Organizzazioni laiche e religiose - Reti di pensionati	- 45 volantini - 1 cartellone	SOGESCA e attori locali

Il piano B in caso di nuova emergenza COVID-19

L'Italia è stato uno dei paesi maggiormente colpiti dall'epidemia di COVID-19 durante la primavera del 2020. Al momento della stesura di questo report si sta verificando una grande diminuzione dei contagi e una lenta e progressiva riapertura e ritorno alla normalità. Nonostante ciò, si ritiene necessario elaborare un ipotetico piano B, che tenga in considerazione lo svolgimento delle attività di progetto nel caso in cui i contagi aumentino nuovamente e ci si veda costretti a ripristinare alcune restrizioni.
Il Piano B non prevede particolari stravolgimenti delle attività di progetto, si focalizza sul rispetto delle prescrizioni legate all'uso dei dispositivi di prevenzione e limitazione del contagio (mascherina, guanti e/ogel igienizzante) e soprattutto sulla sottoscrizione preventiva di documenti che auto-attestino il proprio stato di salute.

Le attività	Piano B	Previsione
Assemblee collettive	Lo svolgimento delle assemblee collettive potrebbe essere modificato con la limitazione ad un numero massimo di partecipanti, in modo da mantenere la distanza di sicurezza superiore a 1m. In tal caso si provvederà a svolgere più assemblee collettive in luoghi preventivamente sanificati, con previa registrazione online dei partecipanti. Nel caso venga nuovamente vietata qualsiasi forma di assembramento, le assemblee collettive verranno svolte su piattaforma online.	Nel primo caso, la modifica delle attività non influirebbe particolarmente sugli obiettivi di progetto. Nel secondo caso invece si perderebbe sicuramente parte dei potenziali partecipanti, soprattutto se non muniti o non pratici con la tecnologia, ad esempio gli anziani e le famiglie più povere.
Visite a domicilio	Le visite a domicilio verrebbero svolte esclusivamente da una unica figura di auditor (previo monitoraggio giornaliero della sua temperatura corporea e sottoscrizione di documento che attesti che non è a contatto di nessun paziente affetto da COVID) che si sposta di casa in casa munito di mascherina, guanti e/o gel igienizzante, propria penna ed eventualmente computer, nel rispetto delle volontà delle famiglie, che, prima di accoglierlo in casa, dovranno sottoscrivere un documento per attestare che non vi siano persone contagiate all'interno della casa e/o del nucleo familiare. Soluzioni alternative in caso si affrontasse una nuova quarantena è	La modifica dell'attività non influirebbe particolarmente sugli obiettivi di progetto. Potrebbe eventualmente rallentare la raccolta dei dati se le famiglie non accettassero che una persona esterna al nucleo familiare entri nella loro casa.

	quella di posticipare le visite di diversi mesi o di fornire un servizio di consulenza telefonica alle famiglie inviando il kit di gadget via posta, insieme a relativi suggerimenti per il miglioramento del comportamento e istruzioni per l'installazione.	
Workshop – La lettura del contatore intelligente	I workshops verrebbero svolti virtualmente, tramite piattaforma online. Il numero di fruitori delle piattaforme è solitamente alto e pertanto si possono coinvolgere molte persone semplicemente condividendo e girando l'invito.	Non si presenta il rischio di non contattare il numero prestabilito di persone, piuttosto quello di limitare i workshop a chi è munito e/o pratico con le modalità degli incontri virtuali su piattaforme online, perdendo pertanto la parte di popolazione più anziana o povera.
Workshop – Le misure low cost per il risparmio energetico		
Workshop – Le misure di supporto finanziario		
Workshop – Salute		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EmpowerMed

Action plan for EmpowerMed pilot site

Primorska - Slovenia

Work package: 1 Mobilizing local actors
Work package leader: UAB
Responsible partner: ESF
Deliverable 1.6: Action plan for EmpowerMed pilot site Primorska - Slovenia

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1 Introduction

1.1 Purpose of the action plan

The purpose of this action plan is to fine-tune the plan for activities in the pilot site in Slovenia, Primorska. Activities in pilot site were initially planned in the phase of EmpowerMed project proposal, in September 2018. However, on one hand at that time the situation in the pilot site was not thoroughly researched and on the other hand the situation changes constantly (e.g. COVID-19 crisis). At this moment there is better insight into the situation in the pilot area, as well as better knowledge of the local actors, which is why now the practical actions of EmpowerMed in the pilot site can be fully designed. The implementation is adjusted to the circumstances of the moment and it is the purpose of this document to align the previously planned actions with the current situation in the pilot site. Based on EmpowerMed's activities for analysis of the situation in the pilot site, as well as on meetings with the local stakeholders, which were implemented from September 2019 – May 2020, this action plan lists and describes the measures that EmpowerMed will implement in the pilot region, as well as specifies the local actors and how EmpowerMed will work with them to implement its activities.

1.2 Energy poverty in the pilot site

EmpowerMed's pilot area in Slovenia covers 4 municipalities that line up the coast of Slovenia, Koper, Izola, Ankaran and Piran. The main focus of the activities will be in the coastal city Koper, but the actions will also target the other 3 coastal municipalities. Along with the rest of Slovenia, energy poverty in Obalno-Kraška region is becoming an increasing problem as rising energy prices surpass the rise of income of the population. Thus, the expenditure for energy for households in the first income quintile in 2015 represented 17.7% of all available resources of individual households. The area is marked by Mediterranean climate (hot summers, mild winters) and shares other specifics, targeted by EmpowerMed:

- lacking or inefficient heating and cooling systems,
- poor insulation and general deterioration of buildings,
- tourism related low quality jobs and
- tensions in real-estate markets due to tourist demand for housing.

The main harbour of Slovenia is located in Koper, which creates employment opportunities, but mainly for low quality and often precarious jobs. With almost 2.4 million of tourist stays, this region generates the largest share of tourist stays in the country, but tourism related jobs also have a highly precarious character. Although in terms of GDP per capita the second richest region in Slovenia, about 3% of inhabitants are recipients of regular social support. Against this backdrop, the following criteria will be used to prioritize actions of EmpowerMed in Slovenian pilot area:

- Unemployment
- Risk of poverty
- Receiving of social support

Unemployment and employment rate

Data on registered unemployment rate shows that unemployment rate in the Obalno-kraška region is lower than the national average. On the municipal level, the lowest rate is in Ankaran (9%), and the highest in Piran (11.9%).

Table 23: Registered employment and unemployment rates according to the proportion of the active population (in %), for Slovenia, Obalno-Kraška region and 4 municipalities, in 2016 [1]

	Slovenia	Region	Koper	Izola	Piran	Ankaran
Unemployment rate (in %)	11.2	10.1	9.8	10.4	11.9	9

Poverty risk rate and number of people below the poverty line

Poverty risk rate represents the percentage of people living below the poverty line. People below the poverty line are those living in households with available income below 60% of median equivalent available income in the country. Risk of poverty rate in Obalno-Kraška region is lower than the national average, yet still high in absolute terms.

Table 25: Poverty risk rate and number of people below poverty line [2]

	2014	2015	2016	2017	2018
Poverty risk rate (% of people)					
Obalno-kraška region	15.1	13.7	8.7	10.7	12.3
Number of people below poverty line					
Obalno-kraška region	15,000	12,000	6,000	8,000	9,000

Recipients of social support

There is no comprehensive statistics in this area. Latest available information is from 2017, when about 3% of inhabitants were recipients of regular social support (the situation was the same in all three coastal municipalities), which in absolute terms represents about 2,000 people and their dependent members of the family. All three municipalities detected a trend of growing demand for social support in recent years (e.g. in Piran the number of recipients grew by 14% from 2015 to 2017).

Existing measures against energy poverty

In Slovenia, the government supports households, affected by energy poverty in several ways. It offers free visits to households that implement energy audit and provide households with a package of free devices for saving energy and water plus a tailor-made advice. The other format of support are free subsidies of 100% for renovation of dwellings. However, in the pilot region both forms of support are not used by the affected people, which is what EmpowerMed will try to address with its measures in the pilot area.

2 Key activities and target groups in the pilot site

2.1 Household visits

Key activities

Household visits will be implemented to empower household members to reduce energy and water use. During the visit, energy audit and analytics will be performed by the energy advisors. The advisors will check the energy and water bills of the households, conduct a set of measurements (use of appliances, water use…) and discuss household's habits in energy and water use. By doing this, they will identify the potentials for saving energy and water in the households.

Based on the identified potentials, the advisors will implement low-cost measures by installing free devices, which will help the household reduce energy and water use. They will also give advice for using the devices, changing energy use habits and further possible steps. The package of devices for the households will be to some extent standard and to some extent tailored to the needs of the household. The advice for the household will be tailor-made, taking into consideration the situation and habits of the members. The household will specifically be notified about the structural problems in their households, such as poorly insulated building, too old heating system or mould. Advisors will be from the national network of energy advisors or from Focus.

Target groups

Given the objectives of EmpowerMed, households at risk of energy poverty, especially women or women led households, are the main target group. However, in the Primorska pilot site this group will be segmented in order to give priority to the most vulnerable subgroups of this group:

- Elderly (pensioners), mainly women: When talking to local social actors, they highlighted the group of pensioners to be the most vulnerable and exposed to energy poverty, especially the elderly women. This group is also most vulnerable from the health perspective.
- Single parent households, mainly single mothers: Another group to be highlighted as particularly vulnerable are the single parents, mainly single mothers.
- Unemployed and employed, but at a risk of poverty, mainly women: Households with unemployed people are highly prone to energy poverty, but often also the households with employed people are in trouble as the low incomes do no suffice for securing basic energy services.

Answering the needs

Consulted actors expressed the concern that national program of household visits is barely used in Primorska region, hence it is needed to promote it better, plus expand the visits to people who are just above the census for the governmental visits. This is why EmpowerMed will support stronger promotion of the visits from the governmental program. EmpowerMed will also implement some visits for the people who are not on social support, but still have

very low income. With the promotion of the visits we will study what are the main obstacles for people to not use these visits from the governmental program and based on that, form recommendations for the change of the governmental program as needed.

Scope of planned activities

It is planned that 200 household visits will be implemented. Of these we plan to implement about 120-150 through the governmental program of visits, whereby the role of Focus will be to support the promotion activities of Ecofund (the agency in charge of operationalising the program of visits), and about 50-80 visits directly done by Focus. The visits directly done by Focus will be for people who are just above the census for receiving social support, yet their incomes are so low that they do not ensure decent living.

Plan B in case of further Covid19 related quarantines

In the case of household visits, there might be some COVID19 implications. One issue is that EmpowerMed wants to work with elderly women as one of the key target groups of the action, but they are the most vulnerable to COVID19. This is why it might be needed to omit this target group or upgrade the action with extra safety measures (e.g. energy auditors wearing masks during the visits). In case of complete quarantine, the visits will not be possible to be implemented. An alternative solution is to postpone the visits for several months – in case the situation gets better, and if it does not then Empowermed will provide consulting service to the households over phone and mail the package of devices over post, together with tips for behaviour change and instructions for installation.

2.2 Collective assemblies

Key activities

Collective assemblies will be in form of meetings of around 20 people affected by energy poverty. Potentially the groups will be bigger, including also people who are not affected by energy poverty in order to erase the lines of vulnerability among people and motivate people, affected by energy poverty to attend the assemblies. The assemblies will be a combination of checking utility bills and discussing similarities and differences, but also sharing cases and trying to find help for the cases. It is expected to have 2-3 project people to guide the collective discussion/advice that is given to the people. The aim is not to have a bilateral or expert/affected approach, but rather a space where everyone's experience adds to the collective knowledge.

Initially, discussions will be focused on some issues that are easier to share with other people, such as the differences in energy bills, while with time, when some trust is established in the group, more difficult issues will be tackled (disconnections, debts etc.). It is expected the first versions will be more the type of assembly that Geres does, as we need to build know-how in how to solve some cases. We might need to engage legal experts in the work/support. In the assemblies EmpowerMed will collect information on what are the most often situations/cases, which will lead to systemic issues and challenges, which we can tackle with activities in WP5.

Target groups

Given the objectives of EmpowerMed, households at risk of energy poverty, especially women or women led households, are the main target group. However, in the Primorska pilot site this group will be segmented in order to give priority to the most vulnerable subgroups of this group:

- Elderly (pensioners), mainly women: When talking to local social actors, they highlighted the group of pensioners to be the most vulnerable and exposed to energy poverty, especially the elderly women. This group is also most vulnerable from the health perspective.
- Single parent households, mainly single mothers: Another group to be highlighted as particularly vulnerable are the single parents, mainly single mothers.
- Unemployed and employed, but at a risk of poverty, mainly women: Households with unemployed people are highly prone to energy poverty, but often also the households with employed people are in trouble as the low incomes do no suffice for securing basic energy services.

Answering the needs

Several actors consulted believe that collective assemblies are a good idea. Yet they highlighted that trying to do collective work and gather the vulnerable people in groups is usually a challenge. Some of the consulted actors tried such approaches before, but faced challenges in gathering the people. For this reason, EmpowerMed will try to make groups of affected and not affected people, to erase the lines of vulnerability. This is also why it is planned to work with existing groupings, such as pensioners associations, to reach out to the people affected by energy poverty. Consulted actors appreciate the empowerment perspective of assemblies.

Scope of planned activities

It is planned that 5 collective assemblies will gather each about 20 persons, hence engaging a total of about 100 people affected by energy poverty.

Plan B in case of further Covid19 related quarantines

Similar as with the visits, in the case of new wave of the coronavirus, we will postpone the activities for several months. If the situation does not get better, EmpowerMed will try to prepare online workshops (via zoom), although the target group is not best suited for it; or shift the community approach to individual and do it as it will be done with the households visits – working with households via telephone.

2.3 DiY workshops

Key activities

These workshops will be linked to the collective assembly groups. We anticipate that some of the collective assembly meetings can be done in a more workshop style, where we will exchange experiences in how to implement small DIY measures (window insulation,

installing tap aerators, cooling and ventilation techniques, planting the right plants on windows/balconies...). For these workshops we will try to work with existing groups, such as pensioners associations.

Target groups

Given the objectives of EmpowerMed, households at risk of energy poverty, especially women or women led households, are the main target group. However, in the Primorska pilot site this group will be segmented in order to give priority to the most vulnerable subgroups of this group:

- Elderly (pensioners), mainly women: When talking to local social actors, they highlighted the group of pensioners to be the most vulnerable and exposed to energy poverty, especially the elderly women. This group is also most vulnerable from the health perspective.
- Single parent households, mainly single mothers: Another group to be highlighted as particularly vulnerable are the single parents, mainly single mothers.
- Unemployed and employed, but at a risk of poverty, mainly women: Households with unemployed people are highly prone to energy poverty, but often also the households with employed people are in trouble as the low incomes do no suffice for securing basic energy services.

Answering the needs

In consultation with the local actors it was highlighted that DiY workshops will be useful for people, affected by energy poverty. Having and sharing some basic knowledge and skills on simple measures to improve your wellbeing is deemed useful by local actors. Because it is estimated that it will be difficult to motivate people to join the workshops, EmpowerMed will link the workshops to collective assemblies. Hence also here we will try to combine affected and not affected people to blur the lines between more and less marginalised groups

Scope of planned activities

It is planned that 3 workshops of about 20 people each will be implemented, reaching out to about 60 people in total.

Plan B in case of further Covid19 related quarantines

See section for collective assemblies, similar is valid for DiY.

2.4 Support for financial schemes

Key activities

Slovenia has several financial schemes for energy poverty, but mostly they are not well used. We will select some people through visits or collective assemblies, to whom we will assist with the filling in of the application forms for the free full subsidies for renovation and insulation measures.

Target groups

Given the objectives of EmpowerMed, households at risk of energy poverty, especially women or women led households, are the main target group. However, in the Primorska pilot site this group will be segmented in order to give priority to the most vulnerable subgroups of this group:

- Elderly (pensioners), mainly women: When talking to local social actors, they highlighted the group of pensioners to be the most vulnerable and exposed to energy poverty, especially the elderly women. This group is also most vulnerable from the health perspective.
- Single parent households, mainly single mothers: Another group to be highlighted as particularly vulnerable are the single parents, mainly single mothers.
- Unemployed and employed, but at a risk of poverty, mainly women: Households with unemployed people are highly prone to energy poverty, but often also the households with employed people are in trouble as the low incomes do no suffice for securing basic energy services.

Answering the needs

Slovenian Eco Fund that implements financial schemes for energy poverty reports rather strong underusage of the funds available. The main reasons are complex application procedures and stigmatisation of having to use energy poverty funds. This is why EmpowerMed will provide support to people in filling in the application forms and accessing the funds. The activity will not only be used to support the people affected by energy poverty, but also to gain practical experience in accessing and using the funds. In this way we will get to know the challenges from practical experience, which will help us to formulate proposals on how to reduce the obstacles in accessing the funds for energy poverty. Once we know better where the main challenges are, we will be able to formulate policy recommendations on how to change/improve the financial schemes and their application in practice. It takes a long time to change the existing rules for using the funds, so it might take a long time before the Eco Fund resolves the problems.

Scope of planned activities

It is planned that EmpowerMed will support 20 people in accessing and using funds for energy poverty.

Plan B in case of further Covid19 related quarantines

In case of repeated quarantine this activity can be fully implemented through means of communication, such as telephone, skype or zoom. Support can be done fully without having to be in meetings with the affected people. Should reaching of numbers be problematic with the visits and collective assemblies, it is possible that we provide support to more people under this activity.

2.5 Health workshops

It is expected that the workshops will be done with three types of personnel: social workers

that visit homes, health workers that visits homes and elderly people's home personnel that visits homes. With these three types of personnel we will exchange know-how on how to easily spot situations of energy poverty and what can be 'the first aid' steps, as well as who can provide further support or help to tackle the situation. The workshops will be a mixture of lessons and discussions for exchange of experiences and know-how.

Target groups

This activity will address the frontline workers, more specifically the following target groups that were identified with the help of the local actors:

- social workers that visit homes,
- health workers that visits homes and
- elderly people's home personnel that visits homes.

Answering the needs

Almost all consulted actors find it that the health aspects of energy poverty are underexplored and believe that various types of personnel that works in the field with people (home visits, work with local groups...) are ill equipped with know-how on energy poverty, while they could be an important actor detecting energy poverty and taking the first steps to resolve the main issues. We want to implement these workshops in a more collaborative manner, as consulted actors believe that many of the health or social personnel can also share some useful experiences and know-how. After the workshops we will see if it would make sense to make such workshops nation-wide and if this is the case, we can propose this to the responsible actors with the activities of WP5. The three types of personnel we plan to work with are usually very busy and burdened with many 'users', hence we need to find a way to gather them in the least intrusive manner possible.

Scope of planned activities

It is planned that 3 workshops of about 20 people each will be implemented, reaching out to about 60 people in total.

Plan B in case of further Covid19 related quarantines

Should it not be possible to implement the workshops for real, EmpowerMed will implement the workshops over Zoom. With this target group such a format should be fully possible.

3 Key local actors in the pilot site and their engagement

Stakeholders and actors are all organizations and institutions that can support the campaign for recruitment and involvement of household affected by energy poverty or provide any other kind of support for the implementation of EmpowerMed project. The following key local actors will be engaged in activities in the pilot site of Primorska:

Local actor	Engagement	Activities
Municipalities of Koper, Ankaran, Izola and Piran	Household visits	• Proposing visits to the users of heating support in Koper • Communicating the visits in municipality's communication channels
	Collective assemblies and DiY workshops	• Communicating the assemblies and workshops in municipality's communication channels
	Support for financial schemes	• Proposing support for using financial schemes to the users of heating support in Koper
Centres for social work of Koper, Izola and Piran	Household visits	• Presentation of the visits to the employees of social centres • Promotion stands of EmpowerMed and Ecofund during the office hours of the centres • Direct promotion of visits with the users of the services of the centres
	Collective assemblies and DiY workshops	• Presentation of the activities to the employees of social centres • Direct promotion of activities among the users of service • Placards in centres
	Support for financial schemes	• Direct promotion of activities among the users of service
	Health workshops	• Frontline staff taking part in the workshops
Local social organisations (Caritas and Red Cross)	Household visits	• Presentation of the visits to the employees • Direct promotion of visits with the users of the services of the organisations
	Collective assemblies and DiY workshops	• Presentation of the activities to the employees • Direct promotion of activities among the users of services • Placards in organisations
	Support for financial schemes	• Direct promotion of activities among the users of services
Pensioner's associations	Household visits	• Presentation of the visits to the members during meetings • Communicating the visits in associations' communication channels
	Collective assemblies and DiY workshops	• Presentation of the activities to the members • Communicating the workshops in associations' communication channels • Placards in associations' spaces

		• Implementing assemblies and workshops during the associations' meetings
Local health groups of Izola and Piran	Visits, collective assemblies and DiY workshops	• Presentation of the activities to the members of the groups • Communication of the activities in the groups' communication channels
	Health workshops	• Frontline staff taking part in the workshops
Health centres	Health workshops	• Frontline staff taking part in the workshops
Youth and other civil society centres	Visits, assemblies and DiY	• Presentation of the activities through their channels
People's University	Assemblies and DiY	• Presentation of the activities through their channels

4 Reaching out to the households

The main way to reach households will be communication through the centres for social support and other social actors, such as pensioners networks or Red Cross. The listed actors will reach out to households in different manners. The centres for social work and other social actors work directly with households affected by energy poverty, so they will reach out in direct contact/meetings with the households, but also with leaflets and placards. The other actors will reach out to households through meetings and presentations for households and through notifications for their members, after initial contacts also through snowballing. The activities are specified in the table in section 3.

Also, regular communication of the activities through the local media will be an important manner for reaching out to the households. EmpowerMed will implement regular appearances in the local media to inform households about the activities and attract them to use them. Presence of EmpowerMed's staff on local radios and TV shows, as well as regular articles in the local print will support the reach out of the activities of EmpowerMed.

In terms of promoting household visits, they key messages to be used will be focused on messages like: Having trouble paying your electricity, water or heating bills? How to save on payments? We offer you free energy advice at home, free energy and water saving devices and savings of up to EUR 100 per year in energy and water costs.

5 Summary of the action and communication plan

Summary of the action plan

Actions	Key Tasks	Objectives	Responsibility	Timeline	Resources
Community approaches	• Promote assemblies • Implement assemblies • Accompany people if necessary	5 assemblies of about 20 people	Focus, centres for social work, municipalities, pensioners' associations	November 2020 – January 2022	Focus staff, venue, promotion materials (placard)
Household visits	• Promote visits • Implement visits	200 visits	Focus, centres for social work, municipalities, pensioners' associations	November 2020 – January 2022	Energy auditors, Focus staff, energy and water saving devices, promotion materials (leaflet)
Do-it-yourself solutions	• Promote workshops • Implement workshops	3 workshops of about 20 people	Focus, centres for social work, municipalities, pensioners' associations	November 2020 – January 2022	Focus staff, venue, energy and water saving devices, promotion materials (placard)
Support for small investment	• Promote support • Implement support	20 people supported	Focus, municipalities, centres for social work	November 2020 – January 2022	Focus staff
Health workshops	• Inform about the workshops • Implement workshops	3 workshops of about 20 people	Focus, centres for social work, health centres	November 2020 – January 2022	Focus staff, venue, workshop materials

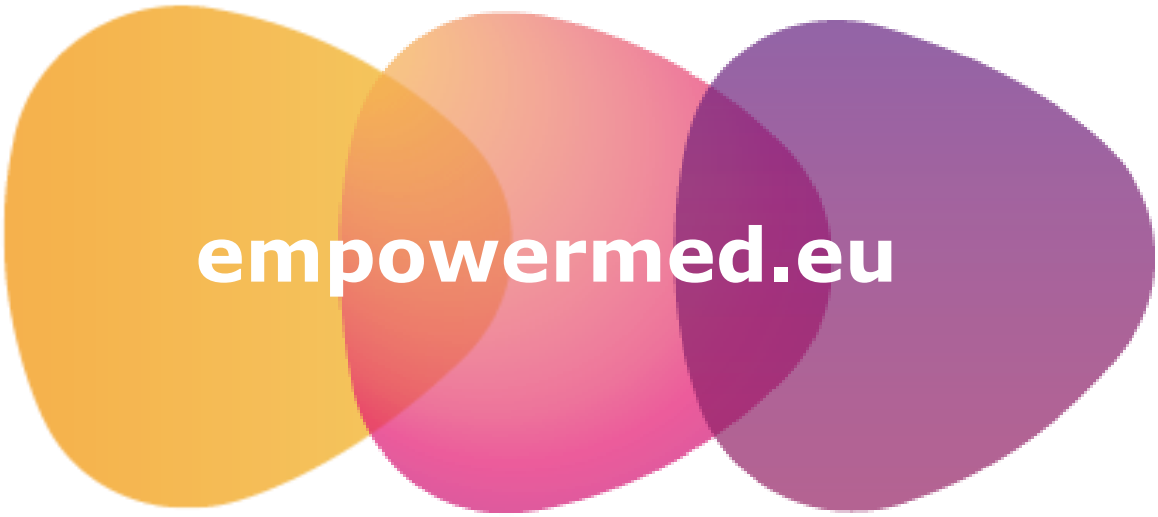
Summary of the communication plan

	Target group(s)	Objectives	Key messages	Tools / format	Channels	How often / many	Responsibility
Community approaches	• Elderly women • Single mothers • Unemployed / working poor	1000 people reached	To be developed at a later point	• Placard • Word of mouth • Media	• Municipality channels • Centres for social work • Social organisations • Pensioner's networks • Church • Utilities • Local media • Public transport monitors	• 50 placards • 5-8 media appearances	Focus and local actors
Household visits	• Elderly women • Single mothers • Unemployed / working poor	1000 people reached	Having trouble paying your electricity, water or heating bills? We offer you free energy advice at home, free energy and water saving devices and savings of up to EUR 100..	• Leaflet • Word of mouth • Media	• Municipality channels • Centres for social work • Social organisations • Pensioner's networks • Church • Utilities • Local media • Public transport monitors	• 1000 leaflets • 5-8 media appearances	Focus and local actors
Do-it-yourself solutions	• Elderly women • Single mothers • Unemployed / working poor	500 people reached	To be developed at a later point	• Placard • Word of mouth • Media	• Municipality channels • Centres for social work	• 50 placards • 5-8 media appearances	Focus and local actors

					• Social organisations • Pensioner's networks • Local media • Public transport monitors		
Support for small investments	• Elderly women • Single mothers • Unemployed / working poor	500 people reached	Wish to access funds? We help you work through the procedure.	• Leaflet • Word of mouth • Media	• Municipality channels • Centres for social work • Social organisations	• 100 leaflets	Focus and local actors
Health workshops	• social workers that visit homes • health workers that visit homes • elderly people's home personnel that visit homes	100 people reached	What is energy poverty? How to recognise it? How to help it with basic steps?	• Direct invitation	• Centres for social work • Health centres	• 3 e-mail invitations	Focus and local actors

6 References

[1] Statistični urad, 'Občina Koper'. https://www.stat.si/obcine/sl/2016/Municip/Index/68.
[2] Statistični urad, 'Stopnja tveganja revščine'.
https://pxweb.stat.si:443/SiStatDb/sq/3448.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EmpowerMed

Action plan for EmpowerMed pilot site

Metropolitan Area of Barcelona

Work package: 1 Mobilizing local actors
Work package leader: UAB
Responsible partner: ESF
Deliverable 1.6: Action plan for EmpowerMed pilot site Metropolitan Area of Barcelona

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1 Introduction

1.1 Purpose of the action plan

The purpose of this action plan is to fine-tune the plan for activities in pilot sites. Initially, activities in pilot sites were planned in the drafting phase of EmpowerMed project proposal, in September 2018. However, situations in pilot sites change, stakeholders (dis)appear, vulnerable groups change, etc. This is why it is the best if the practical actions in the pilot site are adjusted to the circumstances of the moment and it is the purpose of this document to align the previously planned actions with the current situation in the pilot site.

Based on EmpowerMed's activities for analysis of the situation in the pilot site (see D1.1), as well as on meetings with the local stakeholders, which were implemented from September 2019 – May 2020, this action plan will answer questions, such as

- which are the households that most need support,
- what forms of support need to be provided,
- which local actors will be engaged and how,
- what methods for reaching the households should be used, and
- what messages can best reach the households.

1.2 Energy poverty in the pilot site

- The Metropolitan Area of Barcelona (AMB) has a surface of 636 km^2, 36 municipalities (including the city of Barcelona) and more than **3.2 million inhabitants.**[1]

- Energy supply **grids are in a poor condition** in some of the areas of the AMB, which leads to **massive cut-offs in vulnerable neighbourhoods** such as La Mina[2]. Also the state of residential buildings requires retrofitting in many occasions. Data from the latest available joint survey of the Public Health Agency of Barcelona, the Platform of Affected by Mortgages and the Alliance against Energy Poverty show that **65% of households interviewed (a majority of them affected by energy poverty) live in dwellings built before 1979 without following any required energy performance guidelines.**

- **24.7% of the metropolitan population were at risk of poverty** or social exclusion and 5.3% suffered severe material deprivation in 2016-2017. Data from the city of Barcelona indicate that poverty affects women disproportionately as

[1] http://www.amb.cat/en/web/area-metropolitana/coneixer-l-area-metropolitana/poblacio

[2] http://territori.scot.cat/cat/notices/abastament_d_energia_a_barcelona_2007_180.php

they have lower salaries and pensions, more precarious jobs and lower levels of self-perceived health. Regarding gender inequality, **55% of the total population at risk of poverty and material deprivation in the city of Barcelona are women** and the percentage of women who do not receive any income (21%) is significantly higher than percentage of men in the same conditions (16%).

- In the Metropolitan Area of Barcelona (AMB), **93,500 households spent more than 10% of their income on domestic energy; and 47,300 spent more than 3% of their income on domestic water.**

- In the municipality of Barcelona alone, 170,000 people (around **10% of the city's total population**) **were unable to keep their homes at an adequate temperature or were in arrears on utility bills as of 2016.**

- Related to the context, the measures currently available in the region to tackle energy poverty are the following:

    - **Law 24/2015 of the Parliament of Catalonia**, forbidding disconnections of drinking water, natural gas and electricity for households 'at risk of housing-related exclusion' according to social services. This Law also provides a tool for administrations and utility companies to identify the families at risk of suffering from energy poverty that never visited their social worker before, through the utility companies lists of consumers with unpaid bills. The 'precaution principle' assumes these families do not pay because they cannot, and not because they do not want to. This precaution protects them and at the same time allows the administration to better reach affected people and offer the required accompaniment. The law has been implemented during almost 5 years now and prevented more than 40.000 disconnections. The question regarding who assumes the accumulated debt of unpaid bills remains under negotiation between the utility companies and the administrations[3].

    - **Social bonus of electricity[4]** (discount from 25 to 40% on the bill) and **thermal social bonus** (one-off payment of a maximum 124 € per year for non-electricity energy expenses), at Spanish level, though the measures are not automatized and do not cover everybody fulfilling the criteria. At the same time the amounts of discount from the social bonus of electricity represent a very small amount of the total bill, since the

[3] Campuzano, M (2017) "La Llei 24/2015: un instrument imprescindible que cal concretar". *Pobresa energètica a Catalunya: Reptes i dilemes*: 72-76. Barcelona, Primer Congrés Català de Pobresa Energètica. https://issuu.com/congrespe/docs/1r_congres_pobresa__energetica_v8_w

[4] Law 24/2013, 26th of December, of the Electric Sector, Royal Decree 897/2017, 6th of October, and finally Royal Decree Law 15/2018, 5th October

discount is only from the consumption section, which represents less than 50% of the final cost for the household.

- The City Council of Barcelona is running 10 **Energy Advisory Points** (*Punts d'Assessorament Energètic*, or PAEs) located across all districts of the municipality since 2017. They provide information and support to secure the energy rights of citizens and to ensure that vulnerable consumers protected by law 24/2015 do not have their domestic and energy and water supply disconnected. This points also accompany vulnerable and non-vulnerable population to have their energy consume and expenditure adapted to their needs and situation. Since they were born, Energy Advisory Points have given advise to more than 80.000 people (67% women)[5].

- **Financial schemes for buildings' retrofitting** at AMB and municipal level, though the majority of funds or schemes do not normally target vulnerable groups. In 2019 (and during 5 years) the AMB with European Investment Bank funds will retrofit 10.000 buildings, specifically from vulnerable areas of the AMB.[6]

- **Energy efficiency programs and audits** at different levels. The Provincial Deputation of Barcelona offers support in the form of home household visits, energy audits, installation of low-cost efficiency measures and tailored energy advice to affected households through local and county councils and associations of municipalities in the province of Barcelona[7]. In the Metropolitan Area of Barcelona, similar assistance is provided by the Fuel Poverty Group and the project *Energia Justa* both run by NGOs *Associació Benestar i Desenvolupament* (ABD) and Ecoserveis.

5 https://ajuntament.barcelona.cat/santmarti/ca/noticia/els-punts-dassessorament-energetic-una-de-les-millors-accions-contra-lemergencia-climatica_859514

6 https://www.sostenible.cat/noticia/el-banc-europeu-dinversions-i-lamb-milloraran-leficiencia-energetica-de-10000-habitatges

7 https://www.diba.cat/es/web/benestar/auditories#Objectius

2 Key activities and target groups in the pilot site

Key activities or forms of support that need to be provided, have been identified as follows:

2.1 Collective advisory assemblies

Collective advisory assemblies and accompaniment: they consist in meetings of around 25 people affected by energy poverty that share their case with the rest of the assembly. Between the participants it is expected to have 2-3 long term activists/affected people and 1-2 assembly facilitators, that guide the collective discussion and advice that is given to the people affected who share their case and experience. The aim is not to have a bilateral or one-on-one expert/affected approach but rather a safe, welcoming space where everyone's experience adds to the collective knowledge.

Plan B in case of further Covid19 related quarantines

Because of **COVID situation,** the possibility of virtual (online) Collective Assemblies is considered, as well as a deeper study of extra measures of protection that affected people can benefit from.

2.2 Support on financial schemes

Support on financial schemes and subsidies: it will be given through "information capsules" in the collective assemblies or alternatively in specific training sessions with affected people. The aim is to inform about the different financial schemes available for those in a situation of vulnerability, specifically the collectives specified.

Plan B in case of further Covid19 related quarantines

Because of **COVID situation,** the possibility of virtual Collective Assemblies will require digital materials to explain these information capsules.

2.3 Health workshops

Health workshops: they will be centered on tackling the psychological and emotional impacts of energy poverty, specifically on the collectives specified. The aim is to implement strategies, through mutual support and empowerment, to better face the situations of energy poverty, and effectively visibilising physical health impacts but specifically tackling mental health impacts and illnesses, such as anxiety, depression, etc.

Another activity related to health workshops will be the monitoring and tracking of temperature and air quality through wireless sensors that will be given to volunteer households during collective assemblies. These volunteers will leave the sensors somewhere (with oriented recommendations) in the house during 2 weeks and return it in the following collective assembly, when trained personnel will discharge the data and prepare a report to share with the volunteers. This will be repeated through different seasons (winter/summer) trying to do pre and post interventions (for those cases when the volunteer is already active 6 months later) and an overall workshop is thought to be done to share the common issues encountered to build knowledge.

Plan B in case of further Covid19 related quarantines

Because of **COVID situation,** the possibility of virtual health workshops is considered, though the format seems less adaptable than with collective assemblies, for the importance of nearness when talking about feelings and uncomfortable situations and suffering. They might be held in person depending on the phase of de-confinement, fulfilling all sanitary measures required, because there are less participants than in collective assemblies.

2.4 DIY

DIY low-cost measures and smart meter monitoring: Volunteer households taking part in the collective assemblies that are willing to know more about their consumption or uses of energy will allow trained personnel to access their smart meter data from the distribution company. Discharge and analysis of the data collected through the smart meter of volunteer households will also be provided. A manual for doing this on their own will be shared. As in the case of thermal comfort in health workshops, a final group session is expected to be done to share the common situations.

Plan B in case of further Covid19 related quarantines

Because of **COVID situation,** the possibility of virtual Collective Assemblies will not facilitate this intervention, but telephone or digital communication for those who are willing to take part in DIY is being considered.

Target groups

Through previous diagnosis during WP1, the identified target groups and profiles that most need support are the following:

- households without access to domestic energy and/or water supply or at risk of disconnection, with focus on women;
- single-parent households with underage children (mostly headed by women);
- persons with poor mental health;
- households depending on electricity-based modes of domestic heat provision;
- persons born outside Spain;
- and households living in rented accommodation.

These profiles need support and advice to face situations of inequality, precariousness and deprivation, in which **different axis of vulnerability are present and often overlap (intersectionality)**: **gender, age, country of origin, presence of disabilities, illness, or dependent family members** (children, elderly, etc.), **type of dwelling, regime of tenancy**, etc.

Answering the needs

The situations vary from one to another, but most common needs are the following:

- households with supply cuts or those irregularly connected to the grid;
- households with accumulated debt to suppliers;
- in need of changing their supply contracts;
- in need for accessing social tariffs and other forms of targeted assistance;
- with limited capabilities to engage with suppliers and competent authorities;
- with limited capabilities for the use of smart meters.

Collective Assemblies and related forms of provided support (i.e., DIY low-cost measures, smart metering tool and health workshops) arise from the need of support that goes beyond individual assessment and that enables the continued engagement of affected people as an alternative to more traditional one-off advice and support approaches. With a horizontal participatory and communication methodology, Collective Assemblies will provide affected people with continued information and tools to improve their comfort at home, lower their energy bills, and at the same time empower them in exercising their rights.

Finally, also legal and/or administrative processes need to start consequently to ensure implementation of practical measures fulfill the deadline. Access to data from smart meters will require to enter the personal space from volunteers to extract data. To comply with current legislation, they will have to be requested and processed after acknowledgement, since this data is not public. Once data is collected, it will be encrypted so no link is possible to reach the individual.

3 Key local actors in the pilot site and their engagement

- Define the key local actors for the actions:
  - **Barcelona City Council's Energy Advisory Points**[8] (and equivalent offices or social services in other municipalities of the metropolitan area). These actors are part of bilateral conversations and interviews with partners of Barcelona pilot site EmpowerMed partners.
  - **Electricity and natural gas suppliers** with a dominant position in the local domestic energy retail market (Endesa and Naturgy). These utility companies have been part of the discussion and diagnosis through the **Working Group on Energy Poverty, inside the Housing Council of the municipality**.[9]
  - **Barcelona Rehabilitation Institute**[10], who is in charge for financial schemes provided in terms of energy efficiency.
  - Health actors such as the **Catalan Health Institute**[11] and the **Health Agency of Barcelona.**[12]
  - **Women's organisations**; in the case of Barcelona, being the migrated women's organisations those better representing intersectional perspective and targeted needs.

- Define how they will be engaged (how will the local actors be engaged?)
  - There will be regular communication and derivation of cases (phone and e-mail) with **Barcelona City Council's Energy Advisory Points**, through some of the cases being discusses in the collective assemblies.
  - There will be regular communication and derivation of cases through their offices and specific communication channels (such as vulnerability lines or officers). Also there will be meetings where to exchange views with utility companies in the **Working Group on Energy Poverty, inside the Housing Council of the municipality.**
  - There will be separated sectorial meetings with **Barcelona Rehabilitation Institute, the Catalan Health Institute and Women's organisations**, in order to periodically identify possible needs and targeted strategies for specific collectives and vulnerable groups. Derivation needs are not identified at the moment but will be put in place if needed.

[8] https://ajuntament.barcelona.cat/dretssocials/ca/innovacio-social/pae-punts-dassessorament-energètic
[9] http://www.bcn.cat/consorcihabitatge/es/consell-habitatge.html
[10] https://habitatge.barcelona/ca/qui-som/institut-municipal-habitatge-rehabilitacio
[11] http://ics.gencat.cat/ca/inici
[12] https://www.aspb.cat

4 Reaching out to the households

- Define how you will reach the households:
  - **Joint work and derivation protocols** with other organisations and entities receiving possible affected people and vulnerable households.

  - Households will be also directly reached through **leaflets and social media dissemination**.
    - Because of COVID situation, physical leaflets will be suppressed, and only virtual communication would be recommended if a new curfew scenario arises.

- Define key messages for the households:
  - **Messages in first person**, so that possible affected people can relate to those testimonies. When possible, affected people will volunteer to share their own pictures, videos or messages. That will allow others to connect more personally.

  - **Simple and straight forward messages**:
    - Have you been recently disconnected?
    - Do you struggle to pay your bills?
    - Are you being harassed by utility companies?
    - Do you have an accumulated debt from unpaid bills and are unable to cope with it?
    - Are you also cold at home? You are not alone. Being comfortable at your place is a right, not a privilege!

5 Summary of the action and communication plans

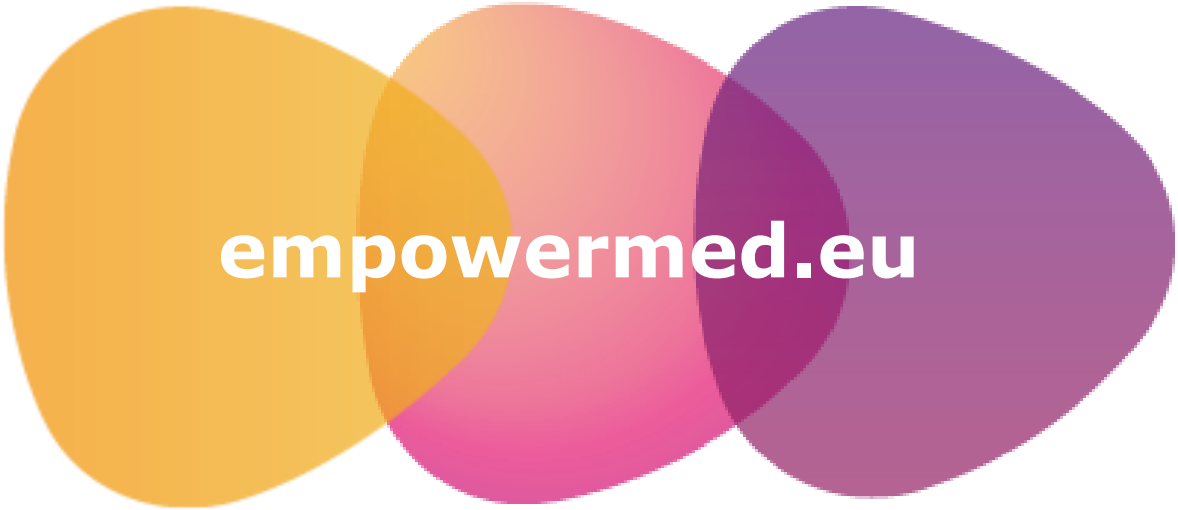
Summary of the action plan

Actions *What Will Be Done?*	Key Tasks	Objectives	Responsibility *Who Will Do It?*	Timeline *By When?*	Resources *A. Available B. Needed*
Community approaches	- Promote collective assemblies - Implement collective assemblies - Accompany people if necessary	Collective assemblies consist in meetings of around 25 people affected by energy poverty **that share their case with the rest of the assembly**. The aim is not to have a bilateral or expert/affected approach but rather a **space where everyone's experience adds to the collective knowledge**. Also there will be accompaniments to utility companies when needed.	ESF, UAB	Intervention is already being implemented and will continue until March 2022	ESF/UAB staff, venue, collective assembly materials, volunteers for accompaniment
Do-it-yourself solutions	• DIY low cost measures • DIY smart meter	Volunteer households taking part in the collective assemblies that are willing to know more about their consumption or uses of energy will allow trained personnel to **access their smart meter data from the distribution company**. Discharge and analysis of the data collected through the smart meter of volunteer households will also be provided. A final group session is expected to be done to **share the common situations**.	IREC, ESF	October 2020 to June 2021	IREC and ESF staff, manual on DIY smart metering
Support for small investment	• Provide information about financial schemes • Accompany people if necessary	The support to financial schemes will be given through **information capsules** in the collective assemblies or alternatively in specific training sessions with affected people. The aim is to **inform about the different financial schemes available** for those in a situation of vulnerability, specifically the collectives specified.	ESF, UAB	October 2020 to March 2022	ESF and UAB staff
Health workshops	• Promote workshops • Implement workshops • Health-thermal monitoring	The health workshops will be centered on **tackling the psychological impacts of energy poverty, specifically on the collectives specified**. The aim is to implement strategies, through mutual support and empowerment, to **better face the situations of energy poverty, and effectively visibilising physic health impacts but specifically tackling psycho-emotional health impacts** and illnesses, such as anxiety, depression, etc. Health-thermal comfort will also be monitored for those who volunteer.	ESF, IREC	October 2020 to June 2021	ESF and IREC staff, venue, workshop materials, wireless sensors

Summary of the communication plan

Actions	Target groups	Objectives	Key messages	Tools/ Format	Channels	How often / many	Respon sibility
Community approaches	Women (specially single mother families), elderly, youth, people with disabilities, migrants, low income households, people with several axes of vulnerability.	Several actors consulted agree with the need for human rights and empowerment perspective and initiatives, that puts the affected people in the center, as actors of change (parallel coordinated with institutions).	- Visibilising testimonies stuck in one or other step of existing procedures/ laws. - Visibilising the lack of guarantees/ protections on certain collectives/ situations - Need for empowerment and mutual support	-Testimonies - Infographics - Pictures - Useful documents related to procedures/ laws	- Social media, website, etc. - Leaflets - Internal channels (mail, telegram, etc.) - Internal channels of the local actors we work with.	Weekly, until March 2022	ESF, UAB
Do-it-yourself solutions	Women, low income households (specially avoiding profiles that might be disturbed by presence at home)	Several actors consulted agree with the importance of having proof that commonly EP affected people have a consumption that is below average, and not adequate to real needs.	- Confront the imaginaries of consumption patterns of non-efficiency, - Achieving an adequate consumption is possible and can be affordable	-Testimonies - Infographics - Pictures	- Social media, website, etc. - Internal channels (mail, telegram, etc.) - Internal channels of the local actors we work with.	Bi-weekly, October 2020 to June 2021	IREC, ESF
Support for small investment	Women (specially single mother families), elderly, youth, people with disabilities, migrants, low income households, people with several axes of vulnerability.	Several actors consulted agree with the need of giving support on financial schemes to tackle EP, and specially on the information available on it.	- Understandable and reachable information on the financial schemes - Translation of the procedures to easy steps so that more EP affected people can benefit from these mechanisms.	-Testimonies - Infographics - Pictures - Useful documents related to procedures/ laws	- Social media, website, etc. - Leaflets - Internal channels (mail, telegram, etc.) - Internal channels of the local actors we work with.	Bi-weekly, October 2020 to March 2022	ESF, UAB

Health workshops	Women, people with several axes of vulnerability, people with disabilities, people with mental illness.	Several actors consulted agree with the need for studying and tackling the impacts of EP on health. There are few initiatives that address this and almost lack of initiatives centered in psychological aspects.	- Visibilising the link of EP situations with mental health impacts and in psychosocial wellbeing impacts. - Visibilising the inacceptable deficiencies on thermal comfort of EP households	-Testimonies - Infographics - Pictures	- Social media, website, etc. - Internal channels (mail, telegram, etc.) - Internal channels of the local actors we work with.	Bi-weekly, October 2020 to June 2021	ESF, IREC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