

## Action plan for EmpowerMed pilot site Vlora - Albania



















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

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Version: Final Date: June 2020

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This project has received funding from the European Union's Horizon 2020 research and innovation program under grant agreement No 847052. The sole responsibility for the content of this document lies with the authors. It does not necessarily reflect the opinion of the European Union. Neither the EASME nor the European Commission are responsible for any use that may be made of the information contained therein.

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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 km<sup>2</sup> with density 169.9 inh/km<sup>2</sup>. 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<sup>1</sup>" = 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

<sup>&</sup>lt;sup>1</sup> 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 buildings 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

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

persons, and World Vision)		<ul> <li>Direct promotion of visits with the users of the services of the organisations</li> </ul>
	Collective assemblies and DiY workshops	<ul> <li>Direct promotion of activities among the users of services</li> <li>Placards in organisations</li> </ul>
	Support for financial schemes	<ul> <li>Direct promotion of activities among the users of services</li> </ul>
State Social Service	Household visits	• Presentation of the visits to the persons receiving social service or other services
Directory in Vlora	Collective assemblies and DiY workshops	<ul> <li>Presentation of the activities to the members</li> <li>Communicating the workshops in associations' communication channels</li> <li>Placards in associations' spaces</li> <li>Implementing assemblies and workshops during the associations'</li> </ul>
Public Health centres	Health workshops	<ul><li>the associations' meetings</li><li>Frontline staff taking part in the workshops</li></ul>
Consumer protection	Visits, assemblies and DiY	<ul> <li>Presentation of the activities through their channels</li> <li>To prepare a package of information and fundamental rights for families when concluding contractual agreements with the relevant companies.</li> </ul>
People's University	Household visits	<ul> <li>Engaging students in groups of auditors</li> <li>Organizing trainings at some branches of the University on Energy Poverty, for the preparation of auditors and future energy consultants;</li> </ul>
	Assemblies and DiY	<ul> <li>Presentation of the activities through their channels;</li> <li>For possible technical solutions;</li> </ul>
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	<ul> <li>Promote assemblies</li> <li>Implement assemblies</li> <li>Accompany people if necessary</li> </ul>	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	<ul><li> Promote visits</li><li> Implement visits</li></ul>	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	<ul><li>Promote workshops</li><li>Implement workshops</li></ul>	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	<ul><li> Promote support</li><li> Implement support</li></ul>	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	<ul><li>Inform about the workshops</li><li>Implement workshops</li></ul>	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	<ul> <li>Elderly (pensioners), mainly women.</li> <li>Single parent households, mainly single mothers.</li> <li>Ethnic communities</li> <li>Unemployed and employed, but at a risk of poverty, mainly women.</li> </ul>	250 people reached	To be developed at a later point	<ul> <li>Placard</li> <li>Word of mouth</li> <li>Media</li> </ul>	<ul> <li>Municipality channels</li> <li>Region channels;</li> <li>Centres for social service</li> <li>Public Health Centres</li> <li>Local organisations</li> <li>Utilities</li> <li>Local media</li> <li>Universities</li> </ul>	<ul> <li>50 placards</li> <li>5-8 media appearances</li> </ul>	MiA and local actors
Household visits	<ul> <li>Elderly (pensioners), mainly women.</li> <li>Single parent households, mainly single mothers.</li> <li>Ethnic communities</li> <li>Unemployed and employed, but at a risk of poverty, mainly women.</li> </ul>	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.	<ul> <li>Leaflet</li> <li>Word of mouth</li> <li>Media</li> </ul>	<ul> <li>Municipality channels</li> <li>Centres for social work</li> <li>Social organisations</li> <li>Pensioner's networks</li> <li>Church</li> <li>Utilities</li> <li>Local media</li> <li>Public transport monitors</li> </ul>	<ul> <li>1000 leaflets</li> <li>5-8 media appearances</li> </ul>	MiA and local actors

Do-it- yourself solutions	<ul> <li>Energy poor citizens.</li> <li>local NGOs</li> <li>social / small enterprises</li> <li>Employees of municipality.</li> </ul>	60 people reached	To be developed at a later point	<ul> <li>Placard</li> <li>Word of mouth</li> <li>Media</li> </ul>	<ul> <li>Municipality channels</li> <li>Centres for social work</li> <li>Social organisations</li> <li>Pensioner's networks</li> <li>Local media</li> <li>Public transport monitors</li> </ul>	<ul> <li>50 placards</li> <li>5-8 media appearances</li> </ul>	MiA and local actors
Support for small investments	<ul> <li>Elderly, mainly women.</li> <li>Single parent households, mainly single mothers.</li> <li>Ethnic communities.</li> <li>Unemployed and employed, but at a risk of poverty, mainly women.</li> </ul>	200 people reached	Wish to access funds? We help you work through the procedure.	<ul> <li>Leaflet</li> <li>Word of mouth</li> <li>Media</li> </ul>	<ul> <li>Municipality and regional channels</li> <li>Centres for social service</li> <li>local organisations</li> </ul>	• 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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