

ANNEX III to GRANT AGREEMENT JLS/2008/EIFX/CA/1014

Progress Report

To be sent to:

**DG JLS/B/4 LX46 2/114
DG Justice, Freedom and Security
European Commission
BE-1049 BRUSSELS**

Project Number: JLS/2008/EIFX/CA/1014

Title: Healthy and Wealthy Together – Developing common European modules on migrants health and poverty



Healthy and Wealthy together

Implemented by:

Câmara Municipal da Amadora

The following documents must also be provided: detailed and signed financial statement, including a consolidated statement and a breakdown between each beneficiary, using the document enclosed as Annex III to your grant agreement, including a summary list of all invoices (invoice number, item, price) for all items of expenditure incurred for the operation.

1. Project objectives as described in Annex I to the Grant Agreement

The overall goal of this project is to identify and develop tools and good practice modules in addressing the issue of poverty and health inequalities among migrants.

The priority of the project is: **Developing common European modules for migrants' integration addressing specific integration related issues.**

Specific objectives:

1. To promote mutual learning and exchange of best practices and measures to diffuse at European, national, regional and local levels in relation to migrants' poverty and health inequalities.
2. To elaborate recommendations and operative conclusions targeted at European, national, regional and local stakeholders.
3. To support partners to develop local action plans.

The overall aim of this project is to establish a thematic exchange network of public and private local actors working with or for migrants around the issue of health and poverty.

The overall aim of the thematic network is to establish a transnational exchange programme which will facilitate transfer of data, experience, good practice and policies and also will provide tools and knowledge for the empowerment of local actors in the fields of developing better approaches to poverty and health inequalities among migrants.

In order to bring to this project as much experience as possible it will involve partners who were or/and are experiencing important migration flows of third country nationals in their locations.

To reach the above overall aim, the project has the following specific objectives:

1. Establish local partnerships in partner locations engaging migrants, representatives of migrants associations, healthcare professionals, local politicians and other involved stakeholders. These people will form a Local Forum that will be involved in all the activities of the project and will feed the content of the project in terms of good practices and experience sharing. Each Local Forum will have a cross-section composition (gender-wise and cultural-wise). These working groups will have a connection with the professionals and local politicians through the organisation of collective meetings at the local level.
2. Each Local Forum will undertake a local mapping in order to identify three most relevant issues in the field of Migrants health and poverty that need to be dealt with in their location. This research will determinate the themes of European modules on which the Transnational Exchange Programme will be based on.

3. Transnational Exchange Programme will be built upon the findings of partners local mappings. It will consist of Three Transnational Workshops supported by external experts where good practices, experiences and policies will be exchanged between the representatives of Local Forums, and of an on-line interactive platform (blogs, chats, individual profiles). The platform will serve as a tool for ongoing communication, ideas sharing and a continuously growing database.
4. In terms of dissemination we will produce after each Workshop a booklet with a resume of good and bad experiences and recommendations on the subject coming out from the workshop, this booklet will be translated into local languages and distributed in the places of interest: health care centres, municipalities, migrants associations, welcome centres etc .. All the materials will be also available on the website. We will also produce a final report which will bring together the conclusions from the whole project.

The project will also provide a possibility to sustain engaged work through the community of practice which will be established on the back of the on-line platform.

2. Expected results as described in Annex I to the Grant Agreement

The main expected result are the production of three common module reports related to the poverty and health inequalities of migrants as well as:

- a) The production of 3 **Peer review reports** which would provide methodological guidelines and good practice in relation to integration approaches and practice at local/regional levels in relation to the Common Basic Principles .
- b) **Transnational Community of practice** (Qec-live) that would have the following components:
 - Tool for the develop of the project.
 - Case studies linked to key services.
 - Links to relevant websites and publications.
 - Profiles of a selection of participants. This would be an online Coaching and Mentoring Network. The aim here is encourage greater peer learning between participants involved in the project.
 - Details of the project partners.
- c) A **Peer review programme** that would involve over 200 participants and build up partnership working and seek to build up capacity of commuinity based organisations. Each workshop would bring together a delegation of 4 to 5 participants from each partner location plus external experts. These delegations would be cross-sectoral and ensure involvement of local community based organisations as well as key agencies responsible for the key services.
- d) Production of an **online programme** that will facilitate the transfer of experince and learning: The aim being to pool the experience within the partnership and beyond in order to create an online resource that can be useful in disseminating good practise. This would draw on the work undertaken in the workshops but also include a wider mapping exercise.

- e) **8 Local Support Groups** (LSG). Each partner have to establish A LOCAL COORDINATOR to coordinate the project on the local level and build a **local forum** to establish a thematic exchange network of public and private local actors working with or for migrants around the issue of health and poverty. In order to bring to this project as much experience as possible it will involve partners who were or/and are experiencing important migration flows of third country nationals in their locations.
- f) Each Local Forum will undertake a **local mapping** in order to identify three most relevant issues in the field of Migrants health and poverty that need to be dealt with in their location.
- g) **8 Local Action Plans** which incorporate actions that can secure funding from Regional or National OP's for ESF/ERDF.

3. Timetable

Comments on the implementation of timetable

The following timetable shows progress and readjustment of activities against the original calendar submitted.

X original calendar

X progress in implementation against original calendar

Activity	MONTHS																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Steering Group	X		X		X		X					X				X		
Local Action Groups		X	X	X	X	X	X	X		X	X	X		X		X		X
Workshops					X		X					X				X		
Workshop reports							X		X				X				X	
Interim Report										X		X						
Final report																		X
Online Portals				X	XX	XX	XX	XX	XX	XX	XX	X	X	X	X	X	X	X
Local Dissemination			X		X	X	X		X	X		X						X
Transnational Dissemination						X	XX	XX	X	XX	X	XX	X	X	X	X	X	X
Online exchange				XX	XX	XX	XX	XX	X	XX	X	XX	X	X	X	X	X	X

4. Budget

Total Eligible costs of the action as per Annex II of the Grant Agreement	624.531, 00 Euro
Amount of EU grant (€) as per Annex II of the grant Agreement	499.531,00 Euro
EU cofinancing as a percentage of total eligible costs as per Annex II of the grant Agreement	79,98 %
Execution of budget to date (€) as per attached financial report	177.399,84 Euro

Amendments to budget to date and information on when these were notified to or approved by the European Commission:

Comments on execution of the budget: see Request for Amendment to the budget attached.

5. Extent to which project has achieved its aims up to interim report stage – detailed description:

Expected results as set out in project description attached to grant application	Results achieved to date
- The production of three common module reports related to the poverty and health inequalities of migrants.	<ul style="list-style-type: none"> ▪ The first of the three common modules has been developed. This focussed on “Sensitising professionals from health services providers to meet the needs of migrant groups”. This was also the subject of the first Peer review workshop held in Roquetas de Mar. The module covers the health situation of migrants at EU level with a focus on the partner countries. In addition it provides case studies and tools for sensitising services to meet the needs of migrant groups. A copy of the report is available on: http://www.gec-eran.org/projects/healthywealthy/healthywealthyindex.htm
<p>-Online database providing access to good practice case studies and links to relevant documentation and organisations.</p> <ul style="list-style-type: none"> ▪ Case studies linked to the key themes. ▪ Links to relevant websites and publications. 	<p>We have established an interactive web platform which provides space for the management of the project and access to all products.</p> <ul style="list-style-type: none"> ▪ The online database is available on: http://www.gec-eran.org/projects/healthywealthy/healthywealthyindex.htm <p>In relation to the two common modules there are:</p> <ul style="list-style-type: none"> ▪ 6 case studies on services to sensitising professionals on health care for migrants.

<ul style="list-style-type: none"> ▪ Profiles of a selection of participants. This would be an online Coaching and Mentoring Network. The aim here is encourage greater peer learning between participants involved in the project. ▪ Details of the project partners. 	<ul style="list-style-type: none"> ▪ 6 case studies on mental health and pre/post maternity services. ▪ 1 orientation papers on Health of third country nationals ▪ 3 presentations from experts on mental health and pre/post maternity services. ▪ 1 presentation from expert on immigrants and health services. ▪ Audio record from the meeting. ▪ 4 key documents and 10 links on: access to health and intercultural dialogue as well as key reports on migration and integration. ▪ Common Module one report. ▪ 8 Local mapping reports undertaken by Local Action Groups.
<p>-Transnational Peer Review Programme.</p>	<ul style="list-style-type: none"> ▪ 8 multi-sectoral Local Action Groups were established. Guidelines on how to build a LAG were prepared by the lead partners and circulated to the project partners. The LAGs have met on a regular basis, creating a local network of stakeholders, providing participation and active intervention at PREWs. ▪ Each LAG is led by a LAG coordinator who is responsible for implementing at local level the action-plan agreed in the Steering Group Meeting. This group also prepares the intervention at each peer review exchange and identifies the delegates who participate in it. The first SGM took place in Brussels (QeC-ERAN venue) on February 04-06, 2010. Participants discussed the aims and objectives of the Healthy and Wealthy project and agreed on a work programme for the coming year. The agenda and supporting documents are available on: http://www.qec-eran.org/projects/healthywealthy/healthywealthyindex.htm ▪ Partners have agreed 3 main sub-themes which will constitute the focus of the Peer Review Programme and the three common modules. These are: Theme 1: Facilitate access to health service to meet the needs of migrant groups. Theme 2: Mental health and maternity. Theme 3: Child poverty & older retired migrants. <p>Integration as a two way process (CBP 1) is a horizontal measure which cuts across all the themes.</p> <ul style="list-style-type: none"> ▪ A Peer Review Programme was built consisting of 3 Peer Review Workshops, composed of 5 parts: External experts presentations to introduce an overview of the theme in question and connect the partners with the wider EU context. Case studies presentations made by the partners to share practice and obtain feedback from other partners. Working groups with the objective to discuss policy and



practice in relation to the theme in question and what are the ways forward to improve policy and practice. The conclusions of the workshops are then circulated to partners.

Visits to local project(s)/services.

A Common Module report at the end of each workshop.

- The **first Peer Review Workshop** was organised in Roquetas de Mar (Spain) on the 9 to 11 of June 2010 (45 participants attended the workshop). An internal evaluation of the workshop was done through a questionnaire that was circulated to all participants . The evaluation helped to improve the Peer Review Programme.

Outputs:

_1 presentations from external experts: **An overview of trends relating to immigrants and health services.** *Raluca Nagy, Collaborateur scientifique, Laboratoire d'Anthropologie des Mondes Contemporains (LAMC), Université Libre de Bruxelles.*

- The partners and their Local Action Group participated to a Training course organised by Susan Wright of *Doctors of the World UK, London.*
- 6 Case studies were presented by the partners around local initiatives to Sensitising professionals and volunteers from health to meet the need of migrant groups.

- The **second Peer Review Workshop** took place in the University of Birmingham (UK) on the 9 to 12 of November 2010 focusing on the themes of *"Mental health and pre/post maternity services for migrants in Europe"*.

45 participants attended the workshop.

The agenda and supporting documents are available on:[http://www.gec-](http://www.gec-eran.org/projects/healthywealthy/healthywealthyindex.htm)

[eran.org/projects/healthywealthy/healthywealthyindex.htm](http://www.gec-eran.org/projects/healthywealthy/healthywealthyindex.htm)

Outputs:


- 3 presentations from external experts:

1. Maternity, mental health and migration *Jayne Thornhill, Associate Researcher, University of Birmingham, Uk.*

2. Migrants Mental Health: any specificities? *ZEROUG-VIAL Halima, France.*

3. Consultant Midwife in Public Health, *Heart of Birmingham Primary Care Trust with Vicki Fitzgerald and Annette Williamson.*

- 6 Case studies were presented by the partners around this

	<p>theme.</p> <ul style="list-style-type: none"> - 2 working groups on access Mental Health and pre/post maternity services. - 2 Studies visit were undertaken : <p>My Time, mental health service</p> <p>http://www.mytime.org.uk</p> <p>Wardlow Road Centre, refugees centre</p> <p>http://www.aspire-birmingham.org.uk/</p> <p>The conclusions of the working groups will be available in the report of the meeting by end of December 2010.</p>
<p>- 8 Local mapping reports.</p>	<p>8 Mapping reports were elaborated by the partners. The local mapping are available on line:</p> <p>http://www.gec-eran.org/projects/healthywealthy/healthywealthyindex.htm</p> <p>The mapping exercise consisted to identify most relevant issues in the field of Migrants health and poverty that need to be dealt with in their location</p> <ul style="list-style-type: none"> o Examining what are the services available for migrants, particularly the access to service for migrants. o Assessing the dissemination mechanisms of these services and if they are reaching the target groups. o Identifying the type of information and services new comers need and that are not already provided by other information channels.
<p>- 8 Local Action Plans.</p>	<p>A draft version of the eight Local Action Plans was discussed in the SGM3 in Birmingham.</p> <p>Before end of January 2011 all partners will develop a draft a plan for future possible action, inspired by the Healthy & Wealthy project:</p> <p>The LAP's will be structured around some keyquestions :</p> <ol style="list-style-type: none"> 1. What is the problem that the LAG wish to tackle in relation to the sub-theme? 2. What action(s) are currently undertaken to address this problem? 3. What action have you identified to improve/create new solutions? 4. Which type of indicators did you use to monitor and validate your action? 5. Which costs do you foresee for this action? Which is the timetable for its implementation? 6. What help do you need from the attached experts and the

<p>-Transnational Community of practice.</p>	<p>other participants of the project?</p> <p>The project Healthy & Wealthy is using a new tool for project management on local and international level. http://project1.qec-eran.org/</p> <p>QeC-ERAN LIVE is an innovative platform providing new interactive tools to deal with the project management process. Partners can use the platform for:</p> <ul style="list-style-type: none"> • Forums.Groups.Create content.
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6. Detailed description of problems encountered in implementation of project:

We have encountered the following problems:

- The grant agreement has a start date of 1/12/2009. In practice, the signed grant agreement was not able to be presented to our council until January. We have in effect had a one month “delay” from the outset. However, we believe that we have made up for the “lost” time.
- Two partners experienced some initial difficulties. In one case this was caused by local elections which resulted in a change of political leadership and this created a hiatus for about one month during which the officers were unable to progress the work of the project. This has now been resolved. With the second partner, this was simply owing to change in personnel and the usual delay in recruitment and selection.
- On a more policy and juridical level, the legal status of third country nationals is not the same in the member states covered by the partnership. In France the process of granting “right to stay”, albeit temporarily, creates a “third country status” for a large group of migrants BUT they have a level of precarity which is more common with refugees and asylum seekers. The impact of crisis has been significant in all of the member states involved and this in turn has meant greater uncertainty in terms of current service provision.

7. Detailed description of how visibility has been afforded to date to EU cofinancing. (Attach a copy of all project-related publications, press articles, etc.):

- EU 2010 anti poverty

http://www.2010againstopoverty.eu/calendarofevents/events/event_form21.html?langid=en

- « Bâtir ensemble une société pour tous –Un cirque contre l’exclusion », 19-20 octobre, Halles de Schaerbeek, Bruxelles

http://www.2010againstopoverty.eu/export/sites/default/downloads/Events/event_265_94_participatory_forum_programme_fr.pdf

- Conference on Integration, The added value of a regional and local approach, Gent 25-26/11/2010

<http://www.kompasgent.be/Portals/9/Template%20good%20integration%20practices%20-%20Healthy%20Wealthy%20together.pdf>

- External communication: a written acknowledgment is made in external communications with the mention “*Project financed under the European Fund for Integration of Third – Country Nationals*” with the European Union logo.
- Reports and other materials: all reports and written material produced by the project have the mention “*Project financed under the European Fund for Integration of Third –Country Nationals*” with the European Union logo.

8. Detailed description of evaluation and monitoring of the project (e.g. in-house or external evaluation, quality control system, record-keeping, system for follow-up of project participants, etc). Note that copies of external evaluations should be attached to the final report:

Continuous evaluation is undertaken at internal level in two ways:

- Questionnaires are circulated to the participants at each Peer Review Workshop

Result PRW2

http://fr.surveymonkey.com/MySurvey_Responses.aspx?sm=aqskk%2fyzIRH2PZwldxK13u%2fAeE3uLZzrEBnE%2fE15nZw%3d (Username: LUDEN; Password: 505050)

- An evaluation session takes places at each Steering group meeting to evaluate the Peer Review workshop.

Both evaluations form the basis for improving the peer review programme as well as the project implementation.

9. Comments on possible synergies/complementarities with other activities implemented at European, national or sub-national level:

This project has synergies with the EU 2020 strategy and in particular the flagship initiative relating to the “platform against poverty” which the strategy proposes. QeC-ERAN has participated in the EU Round Table on Poverty and in the workshop relating to this flagship initiative. The project has also fed into the European year against poverty and social exclusion, on national and transnational level.

10. Description of the project’s innovative aspects:

We consider our project to be innovative for a number of reasons:

- The focus on production of action plans/project proposals linked to identify sources of funding we believe constitutes an important variation to the general transnational exchange process.

- The Action Learning Set methodology is also innovative in that it seeks to use a mixture of face-to-face work alongside online learning and exchange.
- The creation of an exchange of practice and experience which brings together key actors (organisations representing immigrants/third country nationals; key service providers; policy and strategy officers responsible for health and poverty services) at the local and regional levels provides a vehicle for improving joint working.
- The online Community of Practice is also innovative as it provides a means for peer learning as well as creating a mechanism for targeted information exchange and resource provision. This will also deepen the dissemination impact of our proposal.
- The focus on local/regional services/resources gives the project a focus on organisational practice and policy at the point of delivery. This we believe constitutes a rich source for identifying good practice as well as capitalising experience (positive and negative).
- The project could contribute by adding value to the Integration Handbook.
- The project in policy terms influences important EU strategies (Employment; Social Inclusion; Anti-Discrimination) which are key elements of the EU2020 Strategy.

11. Description of any transnational activities and/or impact of the project:

Please refer to the details provided in response to Q5 above as this describes the transnational activities undertaken. One of the goals of the Peer Review Programme is to maximise the impact of the project at local level. This was achieved in the first Peer Review Workshop and the Second through the participation of over 80 representatives of the Local Action Groups. The participants of the workshop were people who are actively connected to the themes of the workshop. The results of the workshop are then shared at local level with the rest of the LAG and other stakeholders. This process is helping partners to develop their Local Action Plans which seek to ensure impact of the transnational exchange programme at local level.

12. Overall assessment of the project to date:

The project is running to plan. An objective assessment of the project can be based on the internal evaluation conducted after each Steering Group meeting with local coordinators. (see above in (8)). Overall the evaluation shows a satisfaction in the sense that there has been a lot of learning among the partners, especially from the Peer Reviews as expected.

Date: 17/12/2010	
Name and signature of the Authorised representative of the organisation	