Ref. Ares(2026)5146871 - 21/05/2026

HEALTH 4 EU kids

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FUNDACION PARA EL FOMENTO DE LA INVESTIGACION SANITARIA Y BIOMEDICA DE LA COMUNITAT VALENCIANA (FISABIO)

CONSELLERIA DE SANIDAD GENERALITAT VALENCIANA (DGSP-CV), linked to FISABIO

D5.3 Pre-post indicators report

Evaluation of the Best Practice "Grunau Moves"

HEALTH4EUKids

Project Acronym	HEALTH4EUKids
Dissemination Level	PU — Public
Nature of Document	R — Document, report
Title of Document	D5.3 Pre-post indicators report
Reference Number	D5.3
Work Package	WP5
Version	V1.1
Expected Delivery Date	M36
Date	31/11/2025
Partner Responsible	**10 – FISABIO & DGSP-CV (AE)**
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Document History

Version	Date	Changes/Approval	Authors
v0.1	31/11/2025		Marta Garcia-Sierra (FISABIO), Rosana Peiró (DGSP-CV, FISABIO), Ulrike Igel (IPKE-FHE), Fin Kasten (IKPE-FHE), All WP5 partners
v1.1	16/04/2026	All changes suggested by HaDEA (Maria Vasile, PO) and the assigned External Expert (Dr. Adina Dumitru) during the technical audit of project Health4EUkids (GA No. 101082462)	Marta Garcia-Sierra (FISABIO), Rosana Peiró (DGSP-CV, FISABIO), All WP5 partners

File Name: D5.3 WP5 Pre-post indicators report.(Health4EUkids).(31-11-2025)(v0.1)

*This project has received funding from the European Union's **EU4HEALTH** Programme under Grant Agreement no. **101082462***

Disclaimer:

Funded by the European Union.
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Executive Summary

This document details the evaluation of the *Best Practice Grunau Moves (GM)* implemented within the framework of *Work Package 5 (WP5)* of the EU-funded project Health4EUkids. GM is a community-based health promotion and obesity prevention model originally developed in Leipzig-Grünau (Germany) and transferred to 16 pilot sites across Europe. It targets children living in deprived settings and seeks to reduce health inequalities by addressing key social and environmental determinants of health through participatory and context-sensitive approaches.

The purpose of this deliverable (D5.3) is to present the evaluation findings obtained through the WP5 Evaluation Framework, which was designed to assess the transfer and implementation of GM in diverse local contexts. The framework builds on the community action cycle and the principles of the Ottawa Charter for Health Promotion, emphasising participation, empowerment, supportive environments, and the re-orientation of local services towards health equity.

The WP5 framework is structured across three complementary levels:

- **Level 1 – Process Evaluation**, examining contextual factors, fidelity to the original GM model, stakeholder engagement, and community participation.
- **Level 2 – Outcomes**, focusing on the development and implementation of Local Action Plans (LAPs) and the observable benefits emerging from them.
- **Level 3 – Impact on Community Well-Being**, assessing perceived systemic effects such as improved health-promoting environments, strengthened community capacity, and enhanced cross-sector collaboration.

The evaluation shows that the GM model can be effectively adapted to new settings when local partners engage communities in participatory processes and tailor interventions to their specific needs and socio-institutional contexts. Across pilots, actions that involved schools, municipalities, and families were most successful in creating supportive environments for healthy living and in embedding health promotion within existing community and local structures. These experiences underline that sustainable change depends not only on programme design but also on building trust, long-term partnerships, and shared ownership among local actors.

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1. Introduction

This deliverable (D5.3) presents the pre–post evaluation of the Best Practice *Grunau Moves (GM)*, implemented within the Joint Action *Health4EUkids* (Grant Agreement No. 101082462). The GM model is a community-based health promotion and obesity prevention initiative originally developed in Leipzig-Grünau, Germany, and transferred into 16 pilot sites across Europe within this joint effort. The programme specifically targets children living in deprived urban settings and aims to reduce health inequalities by engaging local communities in participatory health promotion strategies, with a strong focus on addressing the underlying social and environmental determinants of health.

The evaluation of complex, community-based health promotion interventions requires approaches that go beyond individual-level health outcomes. Such interventions typically operate within dynamic social, political, and environmental contexts, and their effectiveness is strongly influenced by local conditions, stakeholder engagement, and the degree of community ownership. State-of-the-art evaluation frameworks therefore emphasise a multi-level, mixed-methods perspective, addressing not only *processes* (how interventions are implemented), but also *intermediate outcomes* (e.g., local action plans, strengthened networks), and *long-term impacts* on community well-being and systems change.

Against this background, WP5 Evaluation Framework was developed as a structured, three-level framework tailored to the transfer of GM. The framework acknowledges the complexity of community-based obesity prevention and provides a systematic approach to documenting fidelity, adaptation, outcomes, and impacts. It is aligned with the community action cycle, which emphasises participation, empowerment, and iterative learning. Consistent with the Ottawa Charter for Health Promotion, it also assesses the extent to which interventions: (i) strengthen community action, (ii) create supportive environments, (iii) develop personal and collective skills, and (iv) re-orient local services and governance towards health equity. In this way, the framework reflects the dual ambition of capturing what was implemented and how it contributes to long-term systemic change.

2. Aim and Objectives

The aim of this deliverable (D5.3) is to report on the evaluation of the GM pilots implemented under WP5. Specifically, D5.3 seeks to:

1. Apply the WP5 evaluation framework to systematically assess pilot implementation, outcomes, and impacts.
2. Identify key barriers and facilitators in transferring the Best Practice GM into different local contexts.
3. Document the range of Local Action Plans (LAPs) developed and their maturity of implementation.
4. Assess perceived impacts on community well-being, capacity building, and health equity.
5. Generate insights and lessons learned to inform future transfer, upscaling, and sustainability of GM and similar community-based health promotion approaches.

3. WP5 Evaluation Framework Overview

The WP5 evaluation framework was developed to capture the multi-dimensional nature of implementing and transferring a complex, community-based Best Practice such as GM. It builds on state-of-the-art approaches to evaluating health promotion in community settings, recognising that interventions of this kind are shaped by contextual factors, stakeholder engagement, and community ownership.

The framework is structured around three complementary levels of evaluation —*Process, Outcomes, and Impact*— each with dedicated focus areas and assessment criteria (see Figure 1). It is also informed by approaches such as the community action cycle and the principles of the Ottawa Charter for Health Promotion, placing a strong emphasis on participation, strengthening community action, creating supportive environments, and re-orienting local services towards health equity.

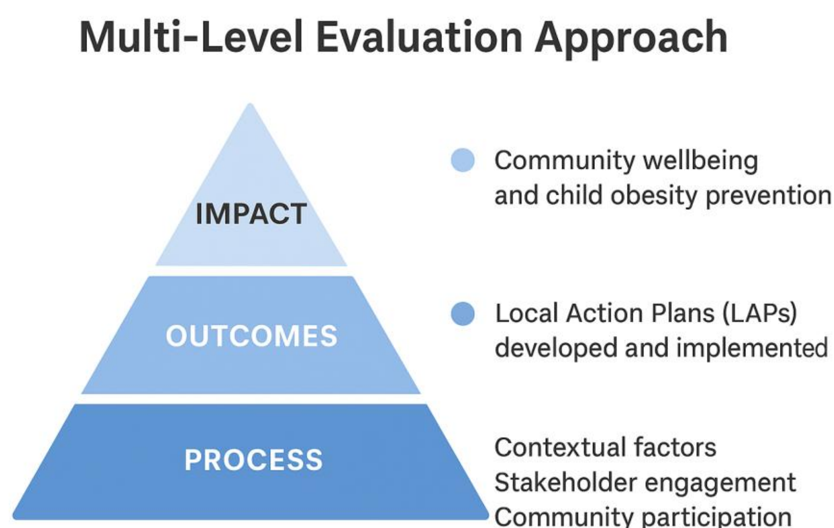


Figure 1. Multi-level evaluation approach in a nutshell.

The evaluation framework was applied across 16 pilot sites in different European countries, each coordinated by local partner organisations. These pilots represent diverse urban, and few rural contexts, with a particular focus on deprived neighbourhoods and vulnerable populations. Table 1 provides an overview of the pilot sites, their locations, and the partners responsible for implementation.

Table 1. Overview of Grünau Moves pilot sites, locations, and coordinating partners.

Partner	Region/Ctry	Intervention area
1. 6th HEALTH ADM (COO) 1.1 UPAT (AE)	6TH Health ADM & UPAT (Greece)	Patras, 2nd district, Prefecture of Achaia (Greece)
2. Sciensano (BEN)	Flanders (Belgium)	Flanders region, Maasmechelen municipality

2. Sciensano (BEN)	Flanders (Belgium)	Flanders region, Eeklo municipality
3. NNGYK (BEN)	Budapest district III (Hungary)	Budapest district III - Obuda-Bekasmegyer, one school (Hungary)
3. NNGYK (BEN)	Jászkarajenő municipality, Pest county (Hungary)	Jászkarajenő municipality, one school (Pest, Hungary)
6 MFH (BEN)	Hamrur (Malta)	Northern Harbour district, Hamrun town (Malta)
10. FISABIO (BEN) DGSP-CV (AE)	Valencia (Cullera), Spain	El Raval (St. Agustí), Cullera (Spain)
10. FISABIO (BEN) DGSP-CV (AE)	Valencia (La Coma), Spain	Paterna municipality, La Coma nbhd (Spain)
10.1 SAS (AE) 10.5 EASP (AE) 10.9 FPS (AE)	Andalusia (Spain)	Polígono Sur district, 6 nbhd (Seville, Spain)
10.2 IdISBa (AE)	Balearic Islands (Spain)	Llevant Sud district, 3 nbhd (Palma, Spain)
10.3 CSG (AE)	Galicia (Ponteareas), Spain	Ponteareas municipality (Spain)
10.4 IDIVAL (AE)	Torrelavega (La Inmobiliaria), Spain	La Inmobiliaria, Torrelavega municipality (Spain)
10.4 IDIVAL (AE)	Torrelavega (Covadonga), Spain	Covadonga, Torrelavega municipality (Spain)
10.8 BIOSISTEMAK (AE)	Basque Country (Spain)	Erandio municipality (Spain)
11. MS (BEN)	Alto Alentejo (Portugal)	Alter do chão municipality, Portugal (rural IA)
11. MS (BEN)	Alto Alentejo (Portugal)	Portalegre municipality, Portugal (urban IA)

Building on this diversity of contexts, the evaluation framework was applied in a way that recognises both the common elements of the GM model and the local adaptations required in each site. To capture this complexity, the analysis is structured across three complementary levels: **Level 1 – Process Evaluation**, **Level 2 – Outcomes**, and **Level 3 – Impact on Community Well-Being**. Each level addresses specific focus areas and assessment criteria, allowing for both cross-site comparison and the identification of context-specific lessons learned. In what follows, we break down the key aspects from Levels 1–3.

The first level of the evaluation framework focuses on the implementation process, examining the contextual conditions, fidelity to the GM model, and the degree of stakeholder and community participation.

Level 1 – Process Evaluation
Focuses on *how the GM pilots were implemented*, including:

1. **Contextual Factors**: target population characteristics, socioeconomic conditions, opportunity indicators (political will, prior community initiatives), and baseline health indicators (if available).
2. **Fidelity to the Original Best Practice**: assessment of the extent to which core GM elements were transferred, such as: structured participatory approaches, focus on

disadvantaged areas, combined behavioural and environmental strategies, participatory needs assessment, community empowerment, networking among local actors, and sustainability planning.
3. **Stakeholder Engagement and Community Participation**: involvement of schools, local authorities, NGOs, parents, children, teachers, and volunteers. Emphasis is placed on identifying barriers, facilitators, and lessons learned.

Level 2 – Outcomes (Local Action Plans)
Focuses on *what was produced and implemented* as a direct result of the pilots:

- **Local Action Plans (LAPs)** were documented with details on objectives, target groups, responsible actors, timelines, expected outcomes, and maturity of implementation.
- Data were structured via **Action Factsheets** and registers for cross-site comparison.
- Visualisation included tables summarising LAPs by pilot site per type of action and maturity level.
- Observable benefits included raised awareness, behaviour changes, improved environments, and strengthened community networks.

Level 3 – Impact on Community Well-Being
Focuses on *higher-level strategic outcomes*, assessed through structured self-assessment by pilot teams across six impact areas:

1. Improved access to health-promoting environments.
2. Reduction in health and social inequalities.
3. Strengthened community capacity.
4. Enhanced cross-sector collaboration and governance.
5. Increased participation and empowerment.
6. Knowledge transfer and scalability.

For each area, pilots report on **key results observed, evidence sources, stakeholders involved, and sustainability potential**, such as integration into local policy, secured funding, formalised governance, or knowledge-sharing initiatives.

4. Results – WP5 Pilots Evaluation

Level 1 – Process Evaluation

1. Contextual Factors:

A. Population & Sociopolitical Context:

The evaluation criteria include:

- **Socioeconomic Status (SES):** education level, employment, income, deprivation indices.
- **Opportunity Indicators:** prior projects, community engagement, institutional support, pre-existing health initiatives, etc.

Here are the results from the partners and pilot sites:

Table 2. Comparative summary the population and sociopolitical context across all 16 pilot sites.

Country	Partner	Region / City	Pilot Area	Population	Socio-demographic context	Scale of intervention
Greece	1. 6th HEALTH ADM (COO) / 1.1 UPAT (AE)	Prefecture of Achaia (Patras)	Patras, 2nd district (4 schools)	—	—	4 schools
Belgium	2. Sciensano (BEN)	Flanders (Maasmechelen)	Maasmechelen municipality	39,914	€17,058 income p.p.; 23.8% children in poverty; 29.6% unemployment; 39.3% low education	Municipality-level
Belgium	2. Sciensano (BEN)	Flanders (Eeklo)	Eeklo municipality	22,140	€19,693 income p.p.; 23.4% children in poverty; 12,6% unemployment; 14% subjective poverty	Municipality-level
Hungary	3. NNGYK (BEN)	Budapest (District III)	Óbuda-Békásmegyer (1 school)	—	2,574 unemployed; 23,540 low education (≤ primary)	One school
Hungary	3. NNGYK (BEN)	Pest county (Jászkarajenő)	Jászkarajenő municipality (1 school)	—	83 unemployed; 1,095 low education (≤ primary)	One school
Malta	6. MFH (BEN)	Northern Harbour (Hamrun)	Hamrun municipality	—	—	Municipality-level
Spain	10. FISABIO (BEN) DGSP-CV (AE)	Valencia (Cullera)	El Raval–St. Agustí (1 nbhd)	~1,500	~60% Roma; ~10% migrant; >50% low education; ~14% unemployment	Neighbourhood-level

Country	Partner	Region / City	Pilot Area	Population	Socio-demographic context	Scale of intervention
Spain	10. FISABIO (BEN) DGSP-CV (AE)	Valencia (Paterna)	La Coma (1 nbhd)	7,703	€24,147 income p.p.; 12.39% unemployment; 76.05% low education; 85% Roma / 15% migrant	Neighbourhood-level
Spain	10.1 SAS / 10.5 EASP / 10.9 FPS	Andalusia (Seville)	Polígono Sur (6 nbhd)	28,277	~60% unemployment; 45–50% low education; ~45% Roma; 8–10% migrant	District-level (6 nbhd)
Spain	10.2 IdISBa (AE)	Balearic Islands (Palma)	Llevant Sud (3 nbhd)	14,671	16.6% migrant; 40–48% low education	District-level (3 nbhd)
Spain	10.3 CSG (AE)	Galicia (Ponteareas)	Ponteareas municipality	23,049	€13,873 GDP p.c.; €13,098 income p.c.; 3.78% migrant	Municipality-level
Spain	10.4 IDIVAL (AE)	Cantabria (Torrelavega)	Covadonga nbhd	51,923	~9.6% migrant; ~50% low education	Neighbourhood-level
Spain	10.4 IDIVAL (AE)	Cantabria (Torrelavega)	La Inmobiliaria nbhd	51,723	~19% migrant	Neighbourhood-level
Spain	10.8 BIOSISTEMAK (AE)	Basque Country (Erandio)	Erandio municipality	24,2	~8.6% migrant; 0.31% low education	Municipality-level
Portugal	11. MS (BEN)	Alto Alentejo (Alter do Chão)	Alter do Chão municipality	—	—	Municipality-level
Portugal	11. MS (BEN)	Alto Alentejo (Portalegre)	Portalegre municipality	—	—	Municipality-level

B. Structural Indicators of the Obesogenic Environment:

The structural indicators that measure the obesogenic conditions of the built environment were carefully selected following guidance from OECD experts, with a focus on public health best practices that promote healthy eating and active lifestyles. In selecting these indicators, we also considered their accessibility, including the availability of data sources, feasibility of collection, and any limitations. The proposed indicators draw on insights from the 2022 OECD report on *Healthy Eating and Active Lifestyles,*[1] which highlights country-level measures relevant for evaluating the transferability of initiatives such as JOGG or ToyBox. JOGG, for example, aims to reduce obesity prevalence, making contextual indicators—those measuring obesity risk factors and obesogenic environments—particularly relevant for the Grünau Moves approach. These include the following:

Table 3. Structural indicators of the obesogenic environment across the 16 pilot sites.

Pilot Site / Country	Indicator	Data / Description	Source	Measurement Unit
Psarofai dist., Patra (Greece)	All indicators	NA	NA	NA

[1] OECD (2022), Healthy Eating and Active Lifestyles: Best Practices in Public Health, OECD Publishing, Paris, https://doi.org/10.1787/40f65568-en.

Pilot Site / Country	Indicator	Data / Description	Source	Measurement Unit
Maasmechelen (Belgium)	Sports facilities	>190 sports organisations	Municipal data	No of organisations
	Green spaces	Relative cover of forest, low green and grass in each neighbourhood	Aerts et al. (2022)	Relative cover (%)
	Fast-food access	Food swamp & health scores: - Food swamp score (primary and secondary sale points) = 1.7 - Food swamp score (only primary sale points) = 2.2 - Health score primary and secondary sale points = 2.1 - Health score primary sale points = 2.4	Smets et al. (2022)	Ratio healthy vs total outlets
	Other indicators	NA	NA	NA
Eeklo (Belgium)	Sports facilities	Over 50 sports clubs	Municipal data	Number of clubs
	Green spaces	Relative cover of forest, low green and grass in each neighbourhood	Aerts et al. (2022)	Relative cover (%)
	Fast-food access	Food swamp & health scores: - Food swamp score (primary and secondary sale points) = 2.1 - Food swamp score (only primary sale points) = 2.6 - Health score primary and secondary sale points = 2.1 - Health score primary sale points = 3.0	Smets et al. (2022)	Ratio healthy vs total outlets
	Soft drink ban	All primary schools	Interview municipal coordinator	Total schools
	Nutrition guidelines	Under investigation	NA	NA
Budapest district III – Obuda-Bekasmegyer & Jászkarajenő (Hungary)	Sports facilities	Adequate infrastructure (playgrounds, fitness park, bike paths)	Perceived estimate	NA
	Green spaces	High availability (esp. Jászkarajenő)	Perceived estimate	NA
	Fast-food access	McDonald's near Budapest school; not an issue in Jászkarajenő	Perceived estimate	NA
	Health-labelled foods	None in canteens	Perceived estimate	NA
	Nutrition quality	Regulated by national legislation	https://merokanal.hu/kozetkeztetes/	NA
	Soft drink ban	No school buffets; consumption influenced by families	https://merokanal.hu/kozetkeztetes/	NA
	Guidelines compliance	Official guidelines exist	https://merokanal.hu/kozetkeztetes/	NA
Northern Harbour (Malta)	Sports facilities	3 per 10,000 people	Core Group	Facilities per 10,000
	Green spaces	NA	NA	NA
	Fast-food access	High presence (not quantified)	NA	NA
	Soft drink ban	All schools	Healthy school policy	100%
	Nutrition guidelines	All schools	Healthy school policy	100%
	Other indicators	NA	NA	NA
El Raval–Cullera (Spain)	Nutrition quality	School menus assessed; improvement needed	Public Health audits	Audits
	Soft drink ban	All schools	School records	100%

Pilot Site / Country	Indicator	Data / Description	Source	Measurement Unit
	Guidelines compliance	All schools	National/Regional Legislation (audits every 2-3 years)	100%
	Other indicators	NA	NA	NA
La Coma (Spain)	Sports facilities	Several facilities (court, hall, pool, football field; not free)	Municipal data	NA
	Green spaces	No green spaces	Observation	NA
	Fast-food access	Food desert; 9 illegal kiosks selling unhealthy foods, no other food outlet available	Local mapping	Count
	Health-labelled foods	NA	NA	NA
	Nutrition quality	School menus assessed; improvement needed	Public Health audits	Audits
	Soft drink ban	All schools	School records	100%
	Guidelines compliance	All schools	National/Regional Legislation (audits every 2-3 years)	100%
Polígono Sur (Spain)	Sports facilities	Public facilities per 10,000 people	Municipal data	Rate
	Green spaces	20.87 m² per capita	Local mapping	m² per capita
	Fast-food access	≥5 outlets near schools	Google Maps/Local mapping	Count
	Health-labelled foods	Not measurable (voluntary)	Legislation	NA
	Nutrition quality	School menus assessed; improvement needed	Public Health audits	Audits
	Soft drink ban	70% of schools	School records	%
	Guidelines compliance	100% of schools & kindergartens	National/Regional Legislation (audits)	%
Llevant Sud (Spain)	Sports facilities	0.19 per 10,000 people	Local Council	Rate
	Green spaces	6.2 m² per capita	Local Council	m² per capita
	Fast-food access	NA	Local mapping	No within 500 m from a school
	Health-labelled foods	NA	Food Audits	% of labelled products in school canteens
	Nutrition quality	School menus assessed; improvement needed	Public Health audits	Audits
	Soft drink ban	NA	—	—
	Guidelines compliance	All schools	National/Regional Legislation	100%
Ponteareas (Spain)	Sports facilities	Extensive infrastructure (18.7 per 10,000 people)	Municipal data	Rate
	Green spaces	Multiple spaces (24.7 per 10,000 people)	Municipal data	Rate
	Fast-food access	High availability near schools (not quantified)	Local mapping	NA
	Nutrition quality	"Come Local" program + P16 evaluation	School audits	100%
	Other indicators	NA	NA	NA
Covadonga (Spain)	All indicators	NA	NA	NA
La Inmobiliaria (Spain)	All indicators	NA	NA	NA
Erandio (Spain)	Sports facilities	13.3 public sports facilities per 10,000 inhabitants	SES mapping / municipal data	Rate
	Green spaces	32 green spaces in the municipality	SES mapping	Count
	Fast-food access	15.8 establishments per 10,000 inhabitants	SES mapping	Rate
	Health-labelled foods	Not assessed	—	—

Pilot Site / Country	Indicator	Data / Description	Source	Measurement Unit
	Nutrition quality	School menus assessed (NAOS framework; broadly compliant)	Public Health Directorate	Qualitative
	Soft drink ban	Not reported	—	—
	Guidelines compliance	Assessed via NAOS framework	Public Health Directorate	Qualitative
Alter do Chão (Portugal)	Sports facilities	Multiple public sports infrastructures available	Municipal data	NA
	Green spaces	Public parks and playgrounds; interactive playground added	Urban planning data	NA
	Fast-food access	None identified	Local mapping	Count
	Other indicators	NA	NA	NA
Portalegre (Portugal)	Availability of sports facilities	Multiple public sports infrastructures available	Municipal data	NA
	Availability of green spaces	Public green spaces available	Urban planning data	NA
	Access to fast-food restaurants	Limited presence	Local mapping	Count
	Other indicators	NA	NA	NA

2. Fidelity with respect to the original Best Practice Grünau Moves

In the following, we provide an overview of how the key components of Grünau Moves were implemented across the 16 local pilots. Ten key elements were extracted from the original best practice and self-assessed by the partners. These elements illustrate the extent to which the original model was applied with fidelity, while also highlighting the specific adaptations each partner introduced to respond to local contexts, priorities, and constraints. This summary provides insights into both the consistency and flexibility of implementation across diverse settings.

Fidelity to BP:
Rating Scale:
1 = Fully applied
2 = Partially applied
3 = Not applied
4 = Not applicable

Table 4. Fidelity and contextual adaptations of the Grünau Moves key elements across the 16 local pilots.

Partner	Pilot Site/ Country	Community -Based Approach (1)	Vulnerable Areas (2)	Target Area / Population (3)	Equity / Reducing Health Inequalities (4)	Main Settings (5)	Key Strategies (Beh./Env.) (6)	Participatory Needs Assessment / Methods (7)	Community Empowerment & Co-Design (8)	Networking & Local Collaboration (9)	Sustainability & Legacy (10)	Overall Self-Assessment (1–4)
1. 6th HEALTH ADM (COO) 1.1 UPAT (AE)	Psarofai dist., Patra, Greece	Fully structured; WP5 Meth. Guide & PRECEDE–PROCEED model	✓	Low-income urban area; children 7–12 & families	Equity considered; all families included	Schools	Healthy eating, active living, addressing inequalities	LHT, discussions, health assets map, public conference	Strong co-design with residents	Municipal, health, and academic partnerships	Training, annual conference, KEDIVIM course	1,1
2. Sciensano (BEN)	Maasmechelen mun., Flanders, Belgium	Community-based, informal structure	✓	Vulnerable urban area; children & families	Structural interventions reduce inequalities; children & families engaged	Schools, neighbourhoods	Behavioural & structural interventions	GMB, Photovoice, interviews	Strong co-design with residents	Local health network established	Structural actions & sustainable planning focus	1,1
2. Sciensano (BEN)	Eeklo mun., Flanders, Belgium	Community-based, informal structure	✓	Vulnerable families	Structural interventions reduce inequalities	Schools, neighbourhoods	Behavioural & structural interventions	GMB, Photovoice, interviews	Strong co-design with residents	Local health network established	Structural actions & sustainable planning focus	1,1
3. NNGYK (BEN)	Obuda-Bekasmegyer dist. III (one school), Budapest, Hungary	Structured community-school approach	✓	School in disadvantaged area	Equity considered; school community engaged	One school	Holistic: nutrition + physical activity	LHT, school staff, teachers	Expert-led design	Existing networks	Health-promoting school culture	1,4
3. NNGYK (BEN)	Jászkarajenő mun. (one school), Pest, Hungary	Structured community-school approach	✓	School in disadvantaged area	Equity considered; school community engaged	One school	Holistic: nutrition + physical activity	LHT, school staff, teachers	Expert-led design	Existing networks	Health-promoting school culture	1,4
6 MFH (BEN)	Northern Harbour dist., Hamrun, Malta	Bottom-up participatory process	✓	Low-income urban area (25% non-Maltese families); children 7–12 & families	Partial equity strategies; targeted children & families	Schools, supermarkets, streets	Education, active spaces, family activities	Focus groups with LHT, community workshops	Parents prioritised actions	Health network & local council	Linked to Healthy Lifestyle Council	1,6
10. FISABIO (BEN)	El Raval-St. Agustí nbhd.,	Fully structured; WP5 Meth.	✓	Vulnerable nbhd.;	Equity focus on food environment &	Schools, public &	Awareness, workshops,	LHT, Photovoice, interviews,	Residents voted &	Local health network of 20+ org.	Community ownership & political	2,3

Partner	Pilot Site/ Country	Community -Based Approach (1)	Vulnerable Areas (2)	Target Area / Population (3)	Equity / Reducing Health Inequalities (4)	Main Settings (5)	Key Strategies (Beh./Env.) (6)	Participatory Needs Assessment / Methods (7)	Community Empowerment & Co-Design (8)	Networking & Local Collaboration (9)	Sustainability & Legacy (10)	Overall Self-Assessment (1–4)
DGSP-CV (AE)	Cullera, Spain	Guide & community assemblies		children & families	social cohesion	cultural spaces	farmers market	community assemblies	piloted actions		support, budget pending	
10. FISABIO (BEN) DGSP-CV (AE)	La Coma nbhd., Paterna, Spain	Fully structured, based on WP5 Meth. Guide	✓	Vulnerable nbhd.; children & families	Partial equity strategies	Schools, neighbourhood	Behavioural & environmental actions	LHT, interviews; whole-community approach	Residents involved in design	Strong intersectoral cooperation; local health network	Some sustainability achieved	1,4
10.1 SAS (AE) 10.5 EASP (AE) 10.9 FPS (AE)	Polígono Sur dist., Seville, Spain	Community-based participatory via CPS Office	✓	6 vulnerable nbhd.; most deprived areas in EU	Strong equity focus through child health programs; large engagement	Schools, neighbourhoods, public spaces	Training, awareness, asset mapping	LHT, mediators, mothers' group	Participatory sessions; prioritization by Core Group	Professional (CPS Office) + NGO collaboration	Community ownership & political support	1,2
10.2 IdISBa (AE)	Llevant Sud dist., Palma, Spain	Participatory community approach	✓	3 nbhd.; children 4–12 & families	Equity focus; SDH perspective	Schools, public spaces	Behavioural & environmental mix	Semi-structured interviews, LHT	Community & school co-design	Local health network (platform Patronato Obrero & commissions)	Annual planning, weak political support	2,2
10.3 CSG (AE)	Ponteareas mun., Spain	Fully structured, based on WP5 Meth. Guide	✓	Municipality-level; children 6–12 & families	Equity focus; structural interventions & SDH approach	Schools, neighbourhoods	Behavioural & environmental mix	LHT, health assets mapping	Residents & stakeholders co-design	Health network	Sustainability through REGAPS network	1,7
10.4 IDIVAL (AE)	Covadonga nbhd., Torrelavega, Spain	Community-based, informal structure	✓	Low-income urban nbhd.; children & families	Partial equity strategies; some families engaged	Schools	Behavioural & environmental interventions	LHT, participatory meetings	Mixed approach; expert- & community-led	Health network active; political actors absent	Limited sustainability; weak political support	1,5
10.4 IDIVAL (AE)	La Inmobiliaria nbhd., Torrelavega, Spain	Community-based, informal structure	✓	Low-income urban nbhd.; children & families	Partial equity strategies; some families engaged	Schools	Behavioural & environmental interventions	LHT, participatory meetings	Mixed approach; expert- & community-led	Health network active; political actors absent	Limited sustainability; weak political support	1,5
10.8 BIOSISTEMAK (AE)	Erandio mun., Spain	Fully structured, based on WP5 Meth. Guide & community assemblies	✓	Municipality-level; children & families	Equity focus; SDH perspective	Schools & public spaces	Environmental action not yet implemented; plan w. city council	LHT, community workshops	Residents co-design & prioritization	Local health network involving local actors & institutions	Sustainability under city council responsibility	1,6

Partner	Pilot Site/ Country	Community -Based Approach (1)	Vulnerable Areas (2)	Target Area / Population (3)	Equity / Reducing Health Inequalities (4)	Main Settings (5)	Key Strategies (Beh./Env.) (6)	Participatory Needs Assessment / Methods (7)	Community Empowerment & Co-Design (8)	Networking & Local Collaboration (9)	Sustainability & Legacy (10)	Overall Self-Assessment (1–4)
11. MS (BEN)	Alter do chão mun., Portugal	Participatory approach	✓	Rural municipality; children 6–9 & families	Equity focus; SDH perspective	Schools & neighbourhood	Literacy, PA & safe spaces	LHT, focus groups, health assets mapping	Co-design by local actors	Intersectoral collaboration	Signed agreement, training, toolkit	1,2
11. MS (BEN)	Portalegre mun., Portugal	Participatory approach	✓	Urban municipality; children 6–9 & families	Equity focus; SDH perspective	Schools & neighbourhood	Literacy, PA & safe spaces	LHT, focus groups, health assets mapping	Co-design by local actors	Intersectoral collaboration	Signed agreement, training, toolkit	1,2

3. Stakeholders Engagement & Community Participation:

Across pilots, stakeholder engagement and community participation were operationalised through the establishment of Core Groups (CGs) and Local Health Networks (LHNs), whose detailed composition, roles, and levels of engagement are presented in Annex 1 (*A1 Pilot-by-Pilot Overview of Core Groups (CGs) and Local Health Networks (LHNs): Stakeholder Composition, Roles, and Levels of Engagement)*. This structured overview enables a comparative analysis of how different configurations of actors contributed to implementation processes. In most pilot sites, these structures brought together a mix of municipal staff, health professionals, school representatives, community organisations, and local residents, reflecting the multi-sector approach required for community-based prevention. The presence of residents and frontline actors—such as teachers, social workers, NGOs, and parent associations—was particularly important, as it ensured that local knowledge, priorities, and lived experiences shaped both the diagnosis and the actions selected.

In several pilots, CGs later evolved into broader Local Health Networks (LHN) or intersectoral working groups, expanding participation and strengthening institutional fixing. These groups played an active role in planning, co-designing, and implementing actions in most cases. Their continuity beyond the project period in many sites shows that stakeholder engagement went beyond formal participation and started to become part of local governance routines. This level of involvement is essential for maintaining community ownership and increasing the chances that the Local Action Plan (LAP) will continue and evolve over time.

Intersectoral partnerships played a central role in the way the CGs and HNs were formed and operated in the pilots. This approach is fully aligned with established health promotion frameworks. The Ottawa Charter identifies intersectoral action as a key strategy, and the Bangkok Charter calls on health professionals to build broad, cross-network collaborations. In practice, this means bringing together actors from different sectors who are responsible for local governance and everyday management processes. While the practical functioning of such partnerships is rarely explored in detail in the literature, the composition and regular activity of the CGs and HNs in this project offer useful insight into how these structures can work in real settings.

Figure 2. Analysis of Core Group (CG) sizes across the 16 pilots.

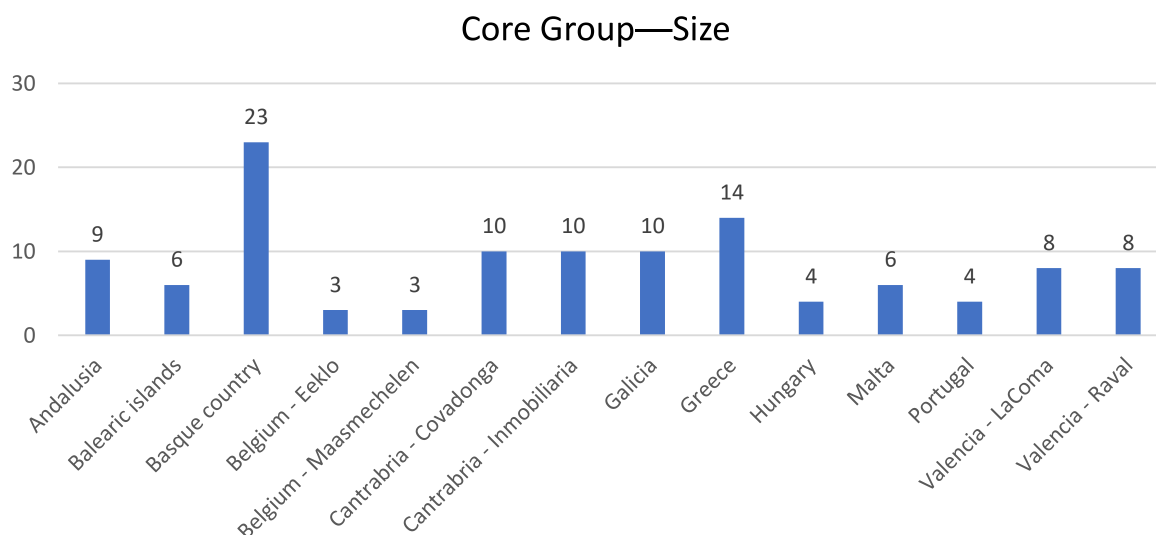


Figure 3. Analysis of Core Group (CG) memberships by sector across the 16 pilots.

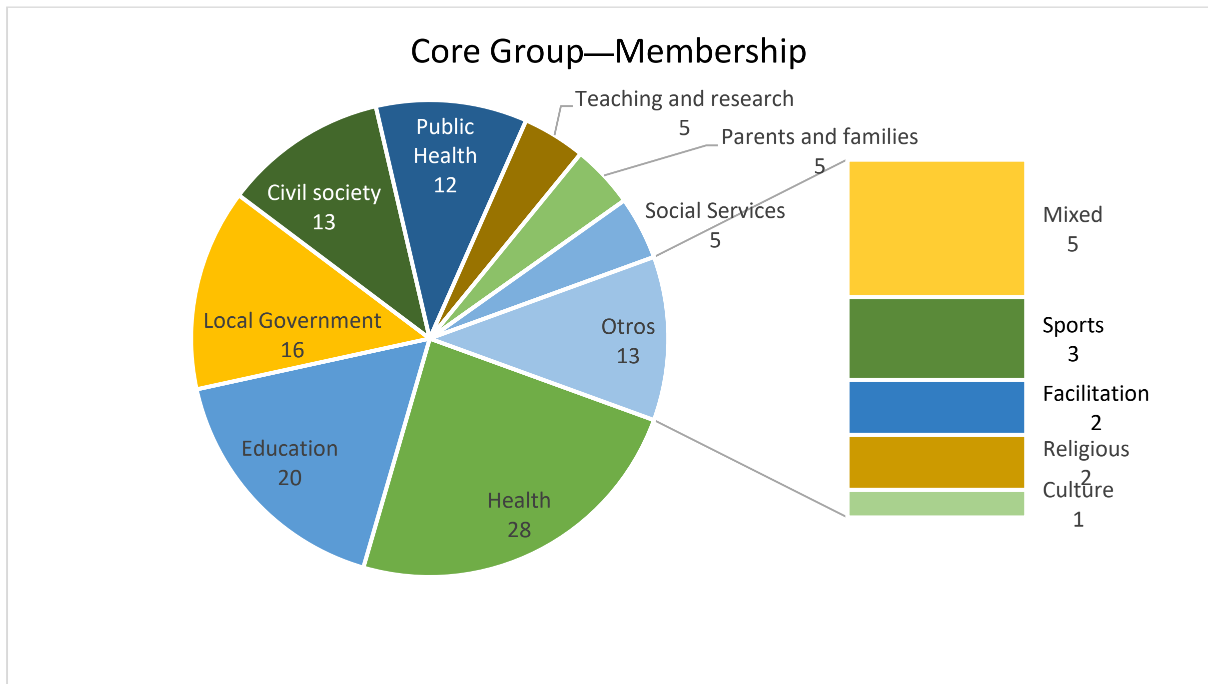


Figure 4. Analysis of Local Health Network (LHN) sizes across the 16 pilots.

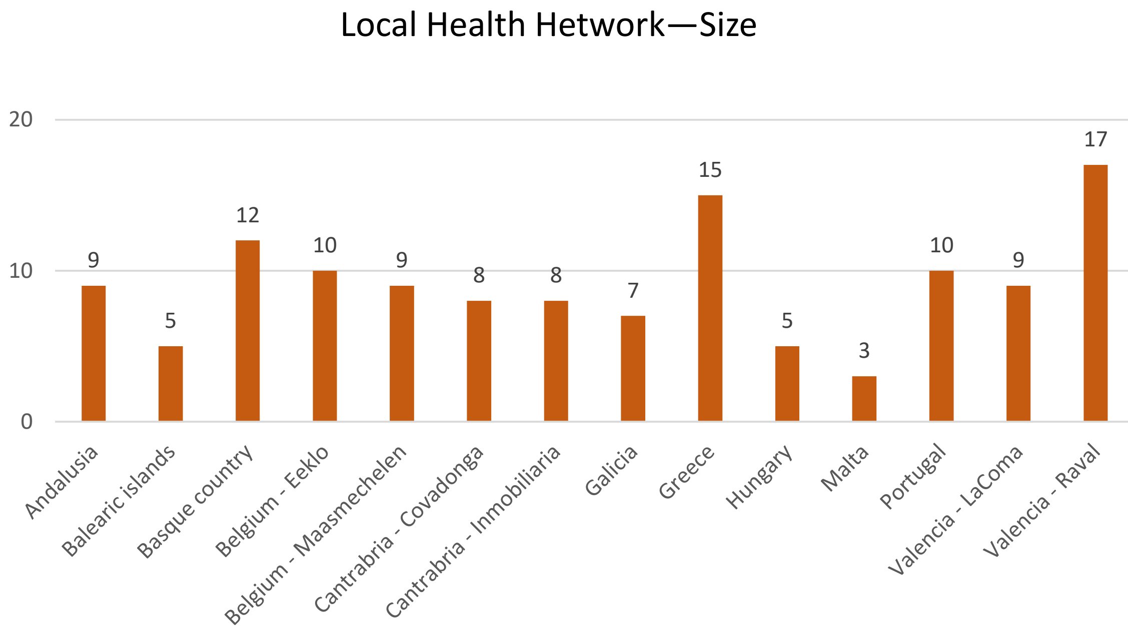
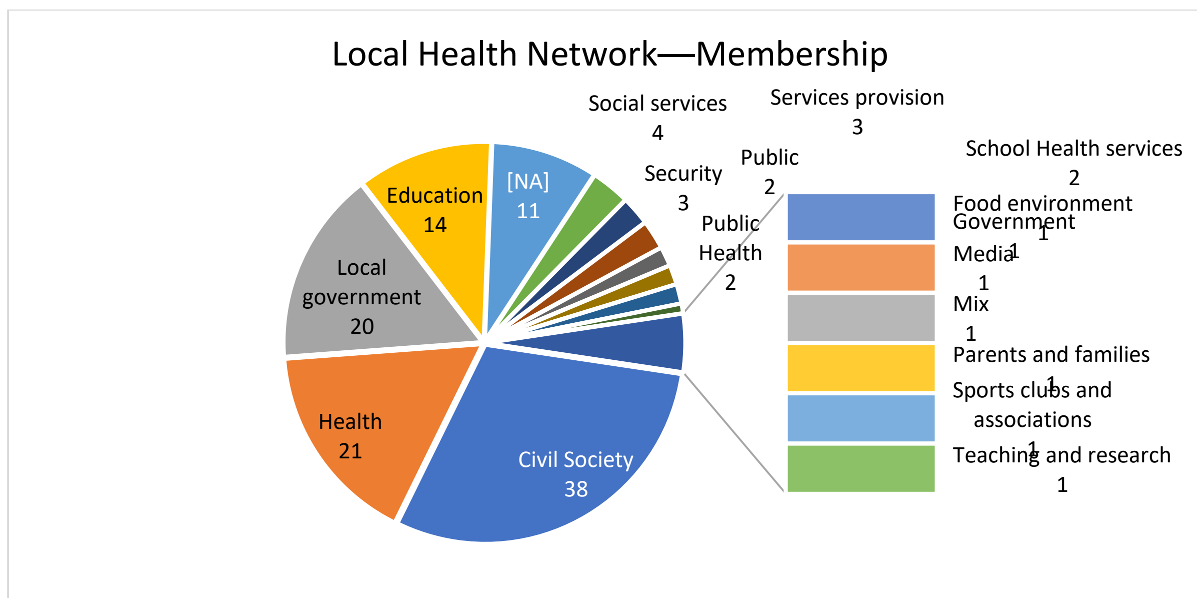


Figure 5. Analysis of Local Health Networks (LHN) memberships by sector across the 16 pilots.



Analysis of local government involvement by role type based on the information provided by partners about their pilot site experience:

a) Core Groups (CG)	b) Local Health Networks (LHN)
Main contributions/functions: • **Institutional Facilitation and Political Support:** Provided institutional backing, political leadership, and logistical coordination. • **Local Leadership and Community Knowledge:** Contributed local expertise, led on-the-ground implementation, and ensured alignment with community needs. • **Intersectoral Coordination:** Connected schools, services, and community organizations to support joint action. • **Technical and Operational Support:** Offered health promotion expertise, practical support for activities, and continuity for sustainability.	**Main contributions/functions:** • **Partners –** Lead roles with shared responsibility in planning and implementing key activities. • **Collaborators –** Manage essential local resources, supporting partners' work. • **Technical Expertise –** Provide specialized knowledge about the community and resources. • **Supporters –** Offer logistical support, meeting spaces, and advisory roles without direct leadership.

Following this structural overview, further insight into stakeholder engagement can be drawn from the detailed composition of CGs and LHNs across pilots (see Annex 1). A cross-pilot comparison reveals both common patterns and important variations in ombining institutional actors with community-level stakeholders. In all pilots, CGs typically included key institutional actors (e.g., public health authorities, municipalities, and schools), ensuring coordination, technical expertise, and alignment with existing policy frameworks. LHNs, in turn, expanded participation to a broader set of stakeholders, including civil society organisations, community representatives, and service providers, supporting outreach, co-design, and local mobilisation. This confirms the complementary roles already observed in the functional analysis above.

However, the balance between institutional leadership and community-driven participation varied across pilots, reflecting different governance models:

- **Highly institutional models (e.g., Seville, Galicia, Portugal)** were characterised by strong leadership from regional and local public authorities and formalised coordination structures. These facilitated policy alignment, resource mobilisation, and integration into existing systems, although additional efforts were sometimes needed to strengthen bottom-up participation.
- **Top-down / technically driven models (e.g., Greece, Hungary, Cantabria–Torrelavega)** were led primarily by project technical teams and public health institutions. In these cases, stakeholder engagement was more structured and guided, with less emphasis on shared governance, but with clear advantages in terms of implementation efficiency and operational control.
- **Mixed models with strong community participation (e.g., Malta, Valencia–La Coma, Valencia–El Raval, Belgium, Basque Country–Erandio)** combined institutional leadership with active and meaningful community participation. In all cases, public authorities remained involved—often through formal commitments (e.g., municipal agreements or participation in regional health networks such as Xarxa Salut)—while community actors played a central role in co-design, implementation, and local mobilisation. Differences within this group relate to the degree of community embeddedness and diversity of stakeholders, with some pilots (e.g., Erandio) showing particularly dense and mature intersectoral ecosystems, and others demonstrating strong grassroots engagement supported by institutional frameworks.

These differences highlight the adaptability of the implementation approach across diverse contexts. While no single model emerged as universally optimal, effective stakeholder engagement was consistently associated with: (i) clear role distribution within CGs, (ii) diverse and active LHNs, and (iii) strong linkages between institutional and community actors. The comparative perspective provided by Annex 1 thus reinforce the importance of context-sensitive governance arrangements in supporting sustainable and participatory health promotion interventions.

Level 2 – Outcomes (Local Action Plans)

This section presents the Level 2 Outcomes of the Local Action Plans (LAPs) developed across the 16 pilot sites, focusing on implemented actions, their maturity levels, and associated action typologies. Actions were classified into three typologies:

- **Stakeholder Engagement & Community Capacity (SE&CC):** mobilizing local stakeholders, engaging the community, leveraging local health assets.
- **Programmatic Interventions:** educational programs, workshops, and similar activities.
- **Structural Interventions (Built Environment):** infrastructure changes such as bike lanes, parks, or community spaces.

Implementation progress is assessed using three maturity levels:

- **Level 1 – Approaching:** early stages of development or planning.
- **Level 2 – Meeting:** implemented and functioning as intended.

- **Level 3 – Exceeding:** fully implemented, showing early results or under evaluation for impact or scalability.

Across all pilots, a total of 108 actions were co-designed (see Table 5): 40 SE&CC (community engagement), 41 Programmatic (educational/workshops), and 27 Structural (environmental changes). Of these, 88 actions reached full or partial implementation (Levels 2–3), reflecting strong community ownership, feasibility, and progress toward sustainable, equity-focused childhood obesity prevention.

Table 5. Total number of actions designed and implemented (Maturity Levels 2–3) across pilots, categorised by action typology (SE&CC, Programmatic, Structural).

	Action Typology			Total
	SE&CC	Programmatic	Structural	
Total Actions	40	41	27	**108**
Implemented (L2–L3)	37	34	17	**88**

Notes: Maturity Level 2 = Meeting; Level 3 = Exceeding. Typologies: SE&CC (Stakeholder Engagement & Community Capacity), Programmatic, Structural.

The following tables provide a comprehensive overview of each pilot's LAP, capturing not only the actions implemented but also the participatory process behind them. For each action, information is presented on the partner, pilot site/country, action title, main objective, target groups, initiating actor(s), priority criteria, responsible actor(s), timeline, expected outcome/impact, maturity level, and action typology. These data reflect the broader community-based health promotion initiative, informed by local needs assessments and implemented to promote sustainable, equity-focused childhood obesity prevention.

Table 6. Summary of Local Action Plans (LAPs) by action typology and implementation maturity across the 16 pilots.

No.	Partner	Pilot Site/ Country	Action Title	Main Objective	Target Group(s)	Raised by (e.g., families, schools)	Priority Criteria (e.g., feasibility, impact)	Responsible Actor(s)	Timeline	Expected Outcome / Impact	Maturity Level	Action Typology
1	1. 6th HEALTH ADM (COO) 1.1 UPAT (AE)	Psarofai dist., Patra, Greece	Health Network–Psarofai	Intersectoral collaboration & local action plan	Local gov., schools & health actors	WP5 Methodology	WP5 Methodology	6th HEALTH ADM & UPAT	Sep 2023-Nov 2025	Coordinated local actions for health promotion	Level 3: Exceeding	SE&CC
2	1. 6th HEALTH ADM (COO) 1.1 UPAT (AE)	Psarofai dist., Patra, Greece	Books: "Public Health for Children", "The Battle Against Child Obesity"	Health awareness through children's books	Children 7–12	WP5–6 team members	Sustainability	Res. team & schools	Year 1: 2024 Year 2: 2025	Information for families & children; accessible reference materials	Level 3: Exceeding	Programmatic
3	1. 6th HEALTH ADM (COO) 1.1 UPAT (AE)	Psarofai dist., Patra, Greece	Monthly poster campaigns (nutrition, exercise, play, cooking)	Monthly health poster campaigns on health themes (nutrition, exercise, play, cooking)	Children 7–12	WP5 team; students; graphic designers	Sustainability; education; commitment	Res. team & schools	Year 1: Jan 2024-Jun2024 Year 2: Dec 2024-Jun 2025	Education; lifestyle change; interactive learning	Level 3: Exceeding	Programmatic
4	1. 6th HEALTH ADM (COO) 1.1 UPAT (AE)	Psarofai dist., Patra, Greece	Motion detector–day workshop	Interactive workshop with 5 rotating stations (sugar, food pyramid, portions, oral hygiene & cooking)	Children 7–12	WP5 team; UPAT volunteers; hospital staff; chef; 6th Health ADM volunteers	Education; fun; experiential learning; team bonding; relationship building	Healthcare Centers	Year 1: Feb 2024 Year 2: Dec 2024	Active participation; experiential & interactive learning	Level 3: Exceeding	Programmatic

No.	Partner	Pilot Site/ Country	Action Title	Main Objective	Target Group(s)	Raised by (e.g., families, schools)	Priority Criteria (e.g., feasibility, impact)	Respon sible Actor(s)	Timeline	Expected Outcome / Impact	Maturity Level	Action Typology
5	1. 6th HEALTH ADM (COO) 1.1 UPAT (AE)	Psarofai dist., Patra, Greece	Ancient Olympia–Lighting of the Olympic Flame	Olympic-themed excursion to promote PA	Children 7–12	WP5 team; teachers	Education; fun	Schools	April 2024	Education; history learning; local adaptation	Level 3: Exceeding	Programmatic
6	1. 6th HEALTH ADM (COO) 1.1 UPAT (AE)	Psarofai dist., Patra, Greece	Football cup	One-day football cup between schools	Children 7–12	WP5 team; teachers; volunteers	Sports; fun; healthy living	Res. team & schools	Year 1: April 2024 Year 2: April 2025	Active play; team bonding	Level 3: Exceeding	SE&CC
7	1. 6th HEALTH ADM (COO) 1.1 UPAT (AE)	Psarofai dist., Patra, Greece	Movement city map	Health and sports map distributed in schools	Children 7–12	WP5 team; graphic designers	Area awareness; walking enhanceme nt	Res. team & schools	Year 1: April 2024 Year 2: May 2025	Active mobility (walking); safe local pathways	Level 3: Exceeding	Programmatic
8	1. 6th HEALTH ADM (COO) 1.1 UPAT (AE)	Psarofai dist., Patra, Greece	Conference "Childhood Obesity in the Spotlight - Good Practices" (Annual conference)	Knowledge exchange on childhood obesity and good practices	Children 7–12	WP5–6 teams; university & hospital members; paediatric professors; health specialists; policymaker s	Education; communicat ion with parents; interaction with professional s	Res. team	22.4.2024	Education; knowledge exchange; communicati on with parents & professionals	Level 3: Exceeding	Programmatic
9	1. 6th HEALTH ADM (COO) 1.1 UPAT (AE)	Psarofai dist., Patra, Greece	Active to school & back–Painting school grounds	Schoolyard drawing event to incentivize active commuting	Children 7–12	WP5 team; local artists; pupils	Fun; sustainabilit y	Res. team & schools	Year 1: May 2024 Year 2: May 2025	Increased daily PA through active communiting & active play	Level 3: Exceeding	Structural
10	1. 6th HEALTH ADM	Psarofai dist., Patra, Greece	Summer Recipe	Healthy snack recipes for	Children 7–12	WP5–6 teams;	Fun; healthy diet	Res. team	June 2024	Continued engagement during	Level 3: Exceeding	Programmatic

No.	Partner	Pilot Site/ Country	Action Title	Main Objective	Target Group(s)	Raised by (e.g., families, schools)	Priority Criteria (e.g., feasibility, impact)	Respon sible Actor(s)	Timeline	Expected Outcome / Impact	Maturity Level	Action Typology
	(COO) 1.1 UPAT (AE)			school summer break		paediatrician; dietician				summer; digital communication (QR/social media)		
11	1. 6th HEALTH ADM (COO) 1.1 UPAT (AE)	Psarofai dist., Patra, Greece	Nutrition days– 'Living Bee' & 'Myth or true'	Nutrition days with class talks	Children 7–12	WP5 team; pupils; teachers	Fun; active play; education; healthy diet	Res. team & schools	Living Bee (Jan 2025) 'Myth or true', year (April 2025)	Active participation; healthy diet promotion; knowledge reinforcement	Level 3: Exceeding	Programmatic
12	1. 6th HEALTH ADM (COO) 1.1 UPAT (AE)	Psarofai dist., Patra, Greece	Active breaks– Lets stay active!	Movement game playing with balloons on rainy days	Children 7–12	WP5 team; pupils; teachers	PA during rainy days; fun	Res. team & schools	Year 1: Nov 2024 Year 2: Mar 2025	PA during rainy days; student-led activity design	Level 3: Exceeding	Programmatic
13	1. 6th HEALTH ADM (COO) 1.1 UPAT (AE)	Psarofai dist., Patra, Greece	Day workshop–'I eat well, I move a lot, I live better!'	Outdoors workshop with athletic activities	Children 7–12	WP5 team; pupils; teachers; local stakeholders; PE teachers; chef; professors	Fun; communication; sports; education	Res. team & schools	04.05.2025	PA; education; sustainability	Level 3: Exceeding	Programmatic
14	2. Sciensano (BEN)	Maasmechelen mun., Flanders, Belgium	Health Network– Maasmechelen	Intersectoral collaboration & local action plan	Local gov., schools & health actors	WP5 Methodology	WP5 Methodology	Sciensano	Aug 2023–Nov 2025	Joint understanding of causes & local action	Level 3: Exceeding	SE&CC
15	2. Sciensano (BEN)	Maasmechelen mun., Flanders, Belgium	Safe walking routes to school	Promote active & safe school commuting	School-aged children & families	Parents, teachers	High feasibility, strong impact	TBD	--	More active & safer school travel	Level 1: Approaching	Structural

No.	Partner	Pilot Site/ Country	Action Title	Main Objective	Target Group(s)	Raised by (e.g., families, schools)	Priority Criteria (e.g., feasibility, impact)	Respon sible Actor(s)	Timeline	Expected Outcome / Impact	Maturity Level	Action Typology
16	2. Sciensano (BEN)	Maasmechelen mun., Flanders, Belgium	Cooking workshops for families	Promote healthy family eating	School-aged children & families	Community centre & school kitchen staff	Medium feasibility, high interest	TBD	--	Increased vegetable intake among children	Level 1: Approaching	Programmatic
17	2. Sciensano (BEN)	Maasmechelen mun., Flanders, Belgium	New playground in the nbhd	Encourage active play	School-aged children	Local children	High impact, low feasibility	TBD	--	Increased physical activity among children	Level 1: Approaching	Structural
18	2. Sciensano (BEN)	Maasmechelen mun., Flanders, Belgium	Agenda setting for Meerjarenplan	Integrate pilot insights into municipal planning	Municipal officials & policy planners	Sciensano, LHN & local government	High impact, medium feasibility	Local government	Feb 2025–July 2025	Sustained policy integration & local action	Level 1: Approaching	SE&CC
19	2. Sciensano (BEN)	Eeklo mun., Flanders, Belgium	Health Network–Eeklo	Intersectoral collaboration & local action plan	Local gov., schools & health actors	WP5 Methodology	WP5 Methodology	Sciensano	Aug 2023–Nov 2025	Joint understanding of causes & local action	Level 3: Exceeding	SE&CC
20	2. Sciensano (BEN)	Eeklo mun., Flanders, Belgium	Playground access in all nbhd.	Improved access to safe play spaces	School-aged children	LHN & families	Medium feasibility, strong impact	TBD	--	Promote active play	Level 1: Approaching	Structural
21	2. Sciensano (BEN)	Eeklo mun., Flanders, Belgium	School meal evaluation	Assess and improve school meal quality	School-aged children	LHN & schools	High feasibility, possibly impactful	TBD	--	Healthier, more balanced school meals	Level 1: Approaching	Structural
22	2. Sciensano (BEN)	Eeklo mun., Flanders, Belgium	Open schoolgrounds & sports facilities via joint-use agreements	Expand community access to school spaces for PA	Children, families & local residents	LHN, schools, sports clubs (all parties agreed)	High impact, high feasibility	TBD	--	Increased physical activity & community use	Level 1: Approaching	Structural
23	3. NNGYK (BEN)	Obuda-Bekasmegyer dist. III (one	Health Network-Obuda-	Intersectoral collaboration & local action plan	Local gov., PH staff, school,	WP5 Methodology	WP5 Methodology	NNGYK	Sep 2023-Nov 2025	Coordinated local actions for health promotion	Level 3: Exceeding	SE&CC

No.	Partner	Pilot Site/ Country	Action Title	Main Objective	Target Group(s)	Raised by (e.g., families, schools)	Priority Criteria (e.g., feasibility, impact)	Respon sible Actor(s)	Timeline	Expected Outcome / Impact	Maturity Level	Action Typology
		school), Budapest, Hungary	Bekasmegy er		local business es, media							
24	3. NNGYK (BEN)	Obuda-Bekasmegy er dist. III (one school), Budapest, Hungary	Cycling Camp	Increasing physical activity among students	School-aged children	Expert-led design	--	School	Aug 2024	Increase PA	Level 3: Exceeding	SE&CC
25	3. NNGYK (BEN)	Obuda-Bekasmegy er dist. III (one school), Budapest, Hungary	Together For the Future! Family Day	Promote family health, learning & active participation through fun, educational & sports activities	School-aged children & families	Expert-led design	--	School & local health experts	07/09/202 4	Increase health knowledge & engagement	Level 3: Exceeding	SE&CC
26	3. NNGYK (BEN)	Obuda-Bekasmegy er dist. III (one school), Budapest, Hungary	Kitchen: How to use Munch products; Lecture: The dangers of child	Promote healthy eating knowledge	Families w. children & communit y	Expert-led design	--	Local health experts	Oct 2024	Increase knowledge on healthy eating	Level 2: Meeting	Programmatic
27	3. NNGYK (BEN)	Obuda-Bekasmegy er dist. III (one school), Budapest, Hungary	Kitchen: Preparing healthy snacks at home	Expand knowledge & encourage healthy eating	School-aged children	Expert-led design	--	School	Nov 2024	Increase knowledge on healthy eating	Level 2: Meeting	Programmatic
28	3. NNGYK (BEN)	Obuda-Bekasmegy er dist. III (one	Kitchen: Healthy Christmas dining	Expand knowledge & encourage	School-aged children & families	Expert-led design	--	School	Dec 2024	Increase knowledge on healthy eating	Level 2: Meeting	Programmatic

No.	Partner	Pilot Site/ Country	Action Title	Main Objective	Target Group(s)	Raised by (e.g., families, schools)	Priority Criteria (e.g., feasibility, impact)	Respon sible Actor(s)	Timeline	Expected Outcome / Impact	Maturity Level	Action Typology
		school), Budapest, Hungary		healthy eating								
29	3. NNGYK (BEN)	Obuda-Bekasmegyer dist. III (one school), Budapest, Hungary	Spinal exercises, walking tours, sledding	Laying the foundations for healthy exercise	Families	Expert-led design	--	School & local health experts	Jan 2025	Promote healthy PA & improve childrens' mental health	Level 2: Meeting	Programmatic
30	3. NNGYK (BEN)	Obuda-Bekasmegyer dist. III (one school), Budapest, Hungary	Health & Sustainability Week	Expand children's knowledge of healthy eating	School-aged children & teachers	Expert-led design	--	School & local health experts	Feb 2025	Increase knowledge on healthy eating	Level 2: Meeting	Programmatic
31	3. NNGYK (BEN)	Obuda-Bekasmegyer dist. III (one school), Budapest, Hungary	World Water Day event: Sewerage Works	Raise awareness around water consumption & sustainability	School-aged children	Expert-led design	--	School & local entrepreneur	Mar 2025	Increased knowledge of sustainable water use & environmental impact	Level 2: Meeting	SE&CC
32	3. NNGYK (BEN)	Obuda-Bekasmegyer dist. III (one school), Budapest, Hungary	Family walking & foot/spine exercises	Increase PA among schoolchildren & families	School-aged children & families	Expert-led design	--	School	April 2025	Increase PA	Level 2: Meeting	SE&CC
33	3. NNGYK (BEN)	Obuda-Bekasmegyer dist. III (one school), Budapest, Hungary	Closing Event & Annual Awards	Motivate participants to take part in the program	School-aged children, families & community	Expert-led design	--	School & local gov.	Jun 2025	Increase PA knowledge & motivation	Level 3: Exceeding	SE&CC

No.	Partner	Pilot Site/ Country	Action Title	Main Objective	Target Group(s)	Raised by (e.g., families, schools)	Priority Criteria (e.g., feasibility, impact)	Respon sible Actor(s)	Timeline	Expected Outcome / Impact	Maturity Level	Action Typology
34	3. NNGYK (BEN)	Jászkarajenő mun. (one school), Pest, Hungary	Health Network-Jászkarajenő	Intersectoral collaboration & local action plan	Local gov., PH staff, school, local businesses, media	WP5 Methodology	WP5 Methodology	NNGYK	Sep 2023-Nov 2025	Coordinated local actions for health promotion	Level 3: Exceeding	SE&CC
35	3. NNGYK (BEN)	Jászkarajenő mun. (one school), Pest, Hungary	Student Sports Day	Increase PA among schoolchildren & families	School-aged children & families	Expert-led design	--	School & local entrepreneur	Sep 2024	Learning new sports, increasing PA	Level 2: Meeting	SE&CC
36	3. NNGYK (BEN)	Jászkarajenő mun. (one school), Pest, Hungary	Informative lecture for families on childhood obesity, diabetes & healthy eating	Expand families' knowledge	Families & children	Expert-led design	--	School & local health experts	Oct 2024	Better nutrition knowledge & engagement	Level 3: Exceeding	Programmatic
37	3. NNGYK (BEN)	Jászkarajenő mun. (one school), Pest, Hungary	Health education week programs (weight control, sugar-free week, healthy food, screenings, team contest on healthy habits)	Expand students' knowledge, implementing screening programs, increasing motivation	School-aged children & teachers	Expert-led design	--	School & local health experts	Nov 2024	Expanding knowledge, increasing commitment to health	Level 3: Exceeding	Programmatic
38	3. NNGYK (BEN)	Jászkarajenő mun. (one school),	Mother-Daughter PA Day at	Promote PA	Community members,	Expert-led design	--	Local health experts	Dec 2024	Increased PA among	Level 2: Meeting	Programmatic

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		Pest, Hungary	the Community Center		mainly women & girls					community members		
39	3. NNGYK (BEN)	Jászkarajenő mun. (one school), Pest, Hungary	Winter mountain hike, sledding	Just have fun!	School-aged children	Expert-led design	--	School	Jan 2025	Increase mental health of the children	Level 2: Meeting	SE&CC
40	3. NNGYK (BEN)	Jászkarajenő mun. (one school), Pest, Hungary	Sports demonstrations, introduction to sports	Increase PA among students & families	School-aged children & families	Expert-led design	--	School	Feb 2025	Learning new sports, increase PA	Level 2: Meeting	Programmatic
41	3. NNGYK (BEN)	Jászkarajenő mun. (one school), Pest, Hungary	Family day at Karai Minimajor	Promote parent–child bonding through PA	School-aged children & families	Expert-led design	--	School & local entrepreneur	Mar 2025	Increase knowledge & PA, improve mental health	Level 2: Meeting	SE&CC
42	3. NNGYK (BEN)	Jászkarajenő mun. (one school), Pest, Hungary	Hike on the Nádirigó nature trail in the Tisza floodplain	Expanding children's knowledge of sustainability	School-aged children & teachers	Expert-led design	--	School	April 2025	Increase knowledge & PA	Level 2: Meeting	Programmatic
43	3. NNGYK (BEN)	Jászkarajenő mun. (one school), Pest, Hungary	Cross-country race & swimming sessions	Increase PA among students & families	School-aged children & families	Expert-led design	--	School & local entrepreneur	May 2025	Learning new sports, increase PA	Level 3: Exceeding	SE&CC
44	3. NNGYK (BEN)	Jászkarajenő mun. (one school), Pest, Hungary	Horse riding camp	Increase PA among students & families	School-aged children & families	Expert-led design	--	School & local entrepreneur	Jun 2025	Learning new sports, increase PA	Level 2: Meeting	Programmatic
45	3. NNGYK (BEN)	Jászkarajenő mun. (one school), Pest, Hungary	Closing Event & Annual Awards	Motivate participants to take part in the program	School-aged children, families &	Expert-led design	--	School & local gov.	Jun 2025	Increase PA knowledge & motivation	Level 3: Exceeding	SE&CC

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					communit y							
46	6 MFH (BEN)	Northern Harbour dist., Hamrun, Malta	Health Network– Hamrun	Consult team & map existing health assets	Health care staff	WP5 Methodolog y	WP5 Methodolog y	School nurse & PH staff	Set 2023– Nov 2025	Optimize use of existing health assets & resources	Level 3: Exceeding	SE&CC
47	6 MFH (BEN)	Northern Harbour dist., Hamrun, Malta	Summer School Health Education Programme	Educate on nutrition, wellbeing & PA	School-aged children, 7-10 year	LHN	--	School & PH staff	Summer 2024, namely mid-July-August 2024 (1st edition); ongoing	Improved knowledge & healthy behaviours	Level 3: Exceeding	Programmatic
48	6 MFH (BEN)	Northern Harbour dist., Hamrun, Malta	Shop for Wellness	Learn to read food labels & choose healthier products	Hamrun communit y	LHN	--	PH staff & local superma rkets	Summer 2024	Increased food label literacy & healthier choices	Level 3: Exceeding	Programmatic
49	6 MFH (BEN)	Northern Harbour dist., Hamrun, Malta	Community Outreach & Cicku Ciku Cu Family Fest (inc. health checks)	Engage underserved communities & raise project awareness	Hamrun communit y	LHN	--	PH staff & local residents	Diversity Outreach: 30.08.202 4 Cicku Ciku Cu Family Fest: 24.11.202 4	Improved knowledge for healthier lifestyle uptake	Level 3: Exceeding	SE&CC
50	6 MFH (BEN)	Northern Harbour dist., Hamrun, Malta	"Power Up with a Perfect Plate"- School Play	Deliver nutrition and PA messages through a school play	School-aged children	LHN	--	PH staff (nutritioni sts) & school staff	Aug 2024	Children empowered to adopt healthy habits	Level 3: Exceeding	Programmatic

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51	6 MFH (BEN)	Northern Harbour dist., Hamrun, Malta	Healthy Lifestyle programme for parents and children	Parental guidance to promote healthy child weight	School-aged children & families	LHN	--	Health professionals, caregivers & children	Mar 2025-April 2025	Improved cooking skills, food literacy & stress coping	Level 3: Exceeding	Programmatic
52	6 MFH (BEN)	Northern Harbour dist., Hamrun, Malta	Portion Size Leaflet (3–12 yrs)	Educate parents on children's portion sizes	School-aged children & families	LHN	--	PH staff	Sep 2025	Improved portion-size knowledge	Level 1: Approaching	Programmatic
53	10. FISABIO (BEN) DGSP-CV (AE)	El Raval-St. Agustí nbhd., Cullera, Spain	Health Network–El Raval	Intersectoral collaboration & local action plan	Local gov., associations /NGOs, schools, day-cares, PHC, etc.	WP5 Methodology	WP5 Methodology	Fisabio & PH staff	Set 2023–Nov 2025	Coordinated local actions for health promotion	Level 3: Exceeding	SE&CC
54	10. FISABIO (BEN) DGSP-CV (AE)	El Raval-St. Agustí nbhd., Cullera, Spain	Cultural & community spaces	Organise intergenerational cultural & health activities	Residents, associations /NGOs	Residents, associations /NGOs	High impact, strong community support, feasible w. municipal support	Local gov., associations, Core Group	Design: Q1–Q2 2025 Pilot: Q3–Q4 2025	Increased community participation & cohesion	Level 2: Meeting	SE&CC
55	10. FISABIO (BEN) DGSP-CV (AE)	El Raval-St. Agustí nbhd., Cullera, Spain	Weekly farmers market	Improve access to healthy food & support local economy	Families, local farmers & traders	Families, local traders & farmers	High impact on food environ., feasible w. municipal resources	Local gov. (Markets), associations, farmers	Pilot: Q2–Q3 2025	Better access to fruit & veg, stronger local economy	Level 1: Approaching	Structural
56	10. FISABIO (BEN)	El Raval-St. Agustí nbhd.,	Community Sports Activities	Increase PA across ages	Children, youth & adults	Children, youth & municipal	High feasibility, immediate	Municipal youth staff,	From Q1 2025,	Increased sports participation	Level 2: Meeting	SE&CC

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	DGSP-CV (AE)	Cullera, Spain				youth/sports staff	impact on PA	sports clubs & schools	seasonal events	& improved wellbeing		
57	10. FISABIO (BEN) DGSP-CV (AE)	El Raval-St. Agustí nbhd., Cullera, Spain	Christmas sports activities	Promote healthy lifestyles in children	Children 6–12 years	Local gov., XarxaSalut – Regional Ministry of Health, GVA & Ludus Sports SL	Feasible, high health impact	Ludus Sports SL & local gov.	December 23, 27, 28 & 30 2024, and January 2, 3 & 4 2025 (continuation after project end)	Improved child health & lower obesity risk	Level 3: Exceeding	SE&CC
58	10. FISABIO (BEN) DGSP-CV (AE)	El Raval-St. Agustí nbhd., Cullera, Spain	School food environment action	Limit ultra-processed foods near schools	School-aged children & families	Teachers, health prof.	Feasible, high health impact	CEIP Sant Agustí, local gov., PH staff	Planning: Q2 2025 Implementation: Q3 2025	Healthier school environment	Level 1: Approaching	Structural
59	10. FISABIO (BEN) DGSP-CV (AE)	El Raval-St. Agustí nbhd., Cullera, Spain	Annual community event "Connectar Junts amb Salut"	Maintain mobilisation, review progress	Residents	Core Group, associations / NGOs	High feasibility, high visibility	Core Group, local gov., associations/ NGOs	Annual: 1st Ed. Jun 2024 2nd Ed. Nov 2025	Reinforce identity & visibility of actions	Level 3: Exceeding	SE&CC
60	10. FISABIO (BEN) DGSP-CV (AE)	La Coma nbhd., Paterna, Spain	Health Network–La Coma	Intersectoral collaboration & local action plan	Local gov., associations /NGOs, schools, high school, PHC, etc.	WP5 Methodology	WP5 Methodology	Fisabio & PH staff	Set 2023–Nov 2025	Coordinated local actions for health promotion	Level 3: Exceeding	SE&CC

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61	10. FISABIO (BEN) DGSP-CV (AE)	La Coma nbhd., Paterna, Spain	Health literacy workshops	Promote health literacy & self-care skills	Families & secondary-school students	Families, teachers, technical staff	High feasibility, strong impact	H4EUK technician (PH staff)	Q3–Q4 2024, Q3 2025	Community insight & trust built	Level 3: Exceeding	Programmatic
62	10. FISABIO (BEN) DGSP-CV (AE)	La Coma nbhd., Paterna, Spain	Health Routes–La Coma	Promote PA (walking)	Local residents, NGOs, schools & community workers	Youth, families. teachers, technical staff	High feasibility, strong impact	Core Group	Monthly, ongoing (2024-2025)	Safer spaces for PA, more active & connected community	Level 3: Exceeding	SE&CC
63	10. FISABIO (BEN) DGSP-CV (AE)	La Coma nbhd., Paterna, Spain	Family training in health & parenting	Provide families with knowledge, skills & resources for positive parenting	Families, children & youth	Families, teachers, technical staff, young people.	High feasibility, strong impact	Health professionals & local gov.	Monthly, ongoing (2024-2025)	Stronger parenting & health access	Level 3: Exceeding	Programmatic
64	10. FISABIO (BEN) DGSP-CV (AE)	La Coma nbhd., Paterna, Spain	School Gardens-La Coma	Promote healthy eating, sustainability & peer learning	Children (students) & teachers	Teachers from two primary schools, technical staff	Medium feasibility, high interest	Schools, high school & CG	Weekly, ongoing (2024-2025)	Improved healthy eating & environmental awareness	Level 3: Exceeding	Structural
65	10. FISABIO (BEN) DGSP-CV (AE)	La Coma nbhd., Paterna, Spain	Healthy eating workshops for children & families	Promote healthy eating habits at home	Children & families	Teachers, technical staff, young people	High feasibility, strong impact	NGOs & local gov.	Q2 2025	Improved nutrition knowledge & habits	Laval 2: Meeting	Programmatic
66	10.1 SAS (AE) 10.5 EASP (AE) 10.9 FPS (AE)	Polígono Sur dist., Seville, Spain	Health Network–Polígono Sur ('PS4Health')	Intersectoral collaboration & local action plan	Local gov., health services & health actors	WP5 Methodology	WP5 Methodology	SAS, EASP, FPS & CPS	Aug 2023–Nov 2025	Coordinated local actions for health promotion	Level 3: Exceeding	SE&CC
67	10.1 SAS (AE) 10.5 EASP	Polígono Sur dist.,	Training the Trainers	Train professionals & community	Vulnerable families &	Health professionals, NGO	High feasibility,	CG & CPS	Q4 2024 – Q2 2025	Cascade workshops; foster equity	Level 3: Exceeding	Structural

No.	Partner	Pilot Site/ Country	Action Title	Main Objective	Target Group(s)	Raised by (e.g., families, schools)	Priority Criteria (e.g., feasibility, impact)	Responsible Actor(s)	Timeline	Expected Outcome / Impact	Maturity Level	Action Typology
	(AE) 10.9 FPS (AE)	Seville, Spain		agents to promote healthy eating	professionals	mediators, families	strong impact			& community engagement		
68	10.1 SAS (AE) 10.5 EASP (AE) 10.9 FPS (AE)	Polígono Sur dist., Seville, Spain	Mapping Community Assets to Promote PA	Identify community assets to increase PA for children and adolescents	Children & adolescents	Health professionals	Moderate feasibility, low impact	CG & CPS	–	Knowledge of PA-promoting community resources	Level 1: Approaching	SE&CC
69	10.1 SAS (AE) 10.5 EASP (AE) 10.9 FPS (AE)	Polígono Sur dist., Seville, Spain	Ideas Competition – Healthy Habits Among Youngsters	Raise awareness & engagement in healthy lifestyles among youngsters	Children, youth; local professionals & institutions	Health professionals, NGO mediators, families	High feasibility & interest, strong impact	CG & CPS	Jun 2024 – Jul 2025	Creative engagement; social cohesion & health in culturally relevant arts	Level 3: Exceeding	SE&CC
70	10.1 SAS (AE) 10.5 EASP (AE) 10.9 FPS (AE)	Polígono Sur dist., Seville, Spain	“Momentos Dis-Fruta” (Sank & Chill) in secondary schools	Promote healthy snack consumption in secondary schools	School-aged adolescents	CG & CPS reps	Moderate feasibility & impact, low interest	CG & CPS	–	Encourage fruit & veg. intake in attractive school spaces	Level 1: Approaching	SE&CC
71	10.1 SAS (AE) 10.5 EASP (AE) 10.9 FPS (AE)	Polígono Sur dist., Seville, Spain	Time for a Healthy & Smile	Promote healthy eating & oral care in schools	School-aged children	Health professionals, Local NGO mediators	Moderate feasibility and impact	CG & CPS	November 2024 - April 2025	Better diet & oral health; stronger school–family–health links	Level 3: Exceeding	Programmatic
72	10.2 IdISBa (AE)	Llevant Sud dist., Palma, Spain	Health Network–Llevant Sud (‘PS4Health’)	Intersectoral collaboration & local action plan	Local gov., health services & health actors	WP5 Methodology	WP5 Methodology	SAS, EASP, FPS & CPS	Aug 2023–Nov 2025	Coordinated local actions for health promotion	Level 3: Exceeding	SE&CC

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73	10.2 IdISBa (AE)	Llevant Sud dist., Palma, Spain	Active schoolgrou nds	Increase PA of children & families	Schools, children & families	Education staff	High feasibility, strong impact	Sports trainer (hired), PH staff	Sep 2024–Mar 2025	Less sedentary time during school breaks	Level 2: Meeting	Structural
74	10.2 IdISBa (AE)	Llevant Sud dist., Palma, Spain	Cooking workshops for families–Small & Big Chefs	Promote healthy eating in the family	Children & families	LHN & Social Services	Medium feasibility, high interest	Commun ity platform, PHC & Social Services	Feb-June 2025	Promote family bonding through cooking	Level 1: Approaching	Programmatic
75	10.2 IdISBa (AE)	Llevant Sud dist., Palma, Spain	Health Route–Treasure hunt in 'The Magical Forest for Lynderath'	Promote PA & healthy eating in children & families	Children & families	PHC, schools, community platform, social services, PH staff	Medium impact, high feasibility	Schools, PHC, Commun ity Platform & Social Services	June–Dec 2025 (1st Ed.)	Agroecology-based & active approach; participation & empowermen t	Level 2: Meeting	SE&CC
76	10.2 IdISBa (AE)	Llevant Sud dist., Palma, Spain	School Gardens–Llevant Sud	Promote school garden for healthy, sustainable eating	Children, families & teachers	Schools, families	High impact, high interest	Schools, Commun ity Platform & PH staff	Dec 2024–June 2025	Community engagement & gardening skills	Level 3: Exceeding	Strctural
77	10.3 CSG (AE)	Ponteareas mun., Spain	Health Network–Ponteareas	Strengthen local health governance & collaboration	Stakehold ers & civil society	WP5 Methodolog y	WP5 Methodolog y	Health Counsell or & HN	Monthly; Sep 2023-Nov 2025	Intersectoral work & community engagement	Level 3: Exceeding	SE&CC
78	10.3 CSG (AE)	Ponteareas mun., Spain	Harvard Plate Workshop	Encourage healthy eating habits	School-aged children	Health Councilor	High feasibility, medium interest, low impact	Regional Health Departm ent	One-off / term-based	Improved knowledge of balanced meals	Level 3: Exceeding	Programmatic
79	10.3 CSG (AE)	Ponteareas mun., Spain	Workshop on nutrition labelling &	Encourage healthy eating habits	School-aged children	Regional Health	High feasibility, medium	Regional Health	Regional Health	Regional Health Department	Level 3: Exceeding	Programmatic

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			food processes			Department staff.	interest, low impact	Departm ent	Departme nt			
80	10.3 CSG (AE)	Ponteareas mun., Spain	School assets route	Strengthen connection with local health resources & assets	School-aged children	PH staff	Medium feasibility, high interest, high impact	School & local associati ons/ NGOs	Througho ut project	Increased awareness of local health assets	Level 3: Exceeding	SE&CC
81	10.3 CSG (AE)	Ponteareas mun., Spain	Active breaks in classroom	Promote PA during school hours	School-aged children	PH staff	Medium feasibility, high interest, high impact	Teacher s & school staff	Daily / weekly	Increased PA & focus in class	Level 2: Meeting	Programmatic
82	10.3 CSG (AE)	Ponteareas mun., Spain	Participator y interactive map	Empowering the community to recognise local health assets	Residents (gnal populatio n)	PH staff	High feasibility, high interest, high impact	HN & volunteer s	Througho ut project	Enhanced community participation & knowledge of local health resources	Level 3: Exceeding	SE&CC
83	10.3 CSG (AE)	Ponteareas mun., Spain	Active Open Spaces-Games at the Square	Promote active leisure & intergenerati onal participation	Children, families & residents	Health Councillor	High feasibility, high interest, high impact	Voluntee rs + City Council	Spring–Summer 2025	Increased use of public spaces; intergeneratio nal engagement	Level 3: Exceeding	Structural
84	10.4 IDIVAL (AE)	Covadonga nbhd., Torrelavega , Spain	Health Network–Covadonga	Intersectoral collaboration & local action plan	School leaders, teachers, health professio nals, local gov. & communit y orgs	WP5 Methodolog y	WP5 Methodolog y	IDIVAL	Aug 2023–Nov 2025	Coordinated local actions for health promotion	Level 3: Exceeding	SE&CC
85	10.4 IDIVAL (AE)	Covadonga nbhd.,	Obesity Prevention Initiative	To provide teachers with tools,	Teachers, pupils (primary	Mixed approach;	--	Schools (teacher	Dec 2024–Feb 2025	Raised obesity awareness &	Level 2: Meeting	Programmatic

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		Torrelavega , Spain		training, and knowledge to address childhood obesity in their classrooms	and secondar y), indirectly families	expert-led & LHN		s) & IDIVAL		teacher knowledge		
86	10.4 IDIVAL (AE)	Covadonga nbhd., Torrelavega , Spain	Implementa tion of the Cantabria Health Plan in Schools	To ensure schools understand and adapt the new Cantabria Health Plan to their own educational context	Teachers, school families	Mixed approach; expert-led & LHN	--	Schools (manage rs), IDIVAL & reg. gov.	Mar–mid-Apr 2025	Health promotion integrated into schools & aligned with policy	Level 2: Meeting	Structural
87	10.4 IDIVAL (AE)	La Inmobiliaria nbhd., Torrelavega , Spain	Health Network–Covadonga	Intersectoral collaboration & local action plan	School leaders, teachers, health professio nals, local gov. & communit y orgs	WP5 Methodolog y	WP5 Methodolog y	IDIVAL	Aug 2023–Nov 2025	Coordinated local actions for health promotion	Level 3: Exceeding	SE&CC
88	10.4 IDIVAL (AE)	La Inmobiliaria nbhd., Torrelavega , Spain	Obesity Prevention Initiative	To provide teachers with tools, training, and knowledge to address childhood obesity in their classrooms	Teachers, pupils (primary and secondar y), indirectly families	Mixed approach; expert-led & LHN	--	Schools (teacher s) & IDIVAL	Dec 2024–Feb 2025	Raised obesity awareness & teacher knowledge	Level 2: Meeting	Programmatic

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89	10.4 IDIVAL (AE)	La Inmobiliaria nbhd., Torrelavega, Spain	Implementation of the Cantabria Health Plan in Schools	To ensure schools understand and adapt the new Cantabria Health Plan to their own educational context	Teachers, school families	Mixed approach; expert-led & LHN	--	Schools (managers), IDIVAL & reg. gov.	Mar–mid-Apr 2025	Health promotion integrated into schools & aligned with policy	Level 2: Meeting	Structural
90	10.8 BIOSISTEMAK (AE)	Erandio mun., Spain	Health Network–Erandio	Intersectoral collaboration & local action plan	Local gov., associations /NGOs, businesses, etc.	WP5 Methodology	WP5 Methodology	PH staff, Biosistemak	Set 2023–Nov 2025	Coordinated local actions for health promotion	Level 3: Exceeding	SE&CC
91	10.8 BIOSISTEMAK (AE)	Erandio mun., Spain	Workshops and courses for families & youngsters on healthy & unhealthy eating	Promote healthy eating through activities, encouraging local food, intergenerational & cultural learning	Children, families, local business & residents	LHN	Medium relevance, high feasibility, probably low impact	Local gov., Basque Health Service, local associations/ NGOs	2025-2028	Healthier food habits & stronger community engagement	Level 1: Approaching	Programmatic
92	10.8 BIOSISTEMAK (AE)	Erandio mun., Spain	Organisation of healthy breakfasts and design of simple menus (dinners & snacks)	Regular healthy menu campaigns, workshops & events promoting balanced eating across	Children & families	LHN	Low relevance, high feasibility, probably low impact	Local gov., Basque Health Service, schools	2025-2028	Improved family nutrition & daily routines through healthy menus, school & community activities	Level 1: Approaching	Programmatic

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				schools & community								
93	10.8 BIOSISTE MAK (AE)	Erandio mun., Spain	Promote inclusive sports & family activities in schools & public spaces	Promote inclusive, intergenerati onal physical activity through schools, families, and community spaces; integrate active habits into daily life; and strengthen collaboration between sports, health, and social sectors	Children, families, seniors, youngster s, women, PRM & residents	LHN	Low-mediu relevance, high feasibility	Sports associati ons & clubs, local gov., educatio n communi ty	2025-2028	Greater participation in inclusive PA, active classrooms, affordable access to sports, stronger intergeneratio nal relationships	Level 1: Approaching	Programmatic
94	10.8 BIOSISTE MAK (AE)	Erandio mun., Spain	Youth meeting spaces & mutual support groups on mental health	Provide safe, engaging spaces for youth to access mental health programs, social support, and well-being activities	Youth & children	LHN	High relevance, medium feasibility	Local gov., Basque Health Service, Social Services	2025-2028	Multiple youth activities & group sessions, supported by professionals , fostering well-being & safe, engaging spaces	Level 1: Approaching	Structural
95	10.8 BIOSISTE MAK (AE)	Erandio mun., Spain	Strengtheni ng psychologic	Provide accessible, preventive, &	Adolesce nts, children,	LHN	Very high relevance,	Basque Health Service	2025-2028	Early detection, coordinated	Level 1: Approaching	Structural

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			al support services (schools & Health Services)	coordinated mental health support for children, adolescents, families & school staff	families & schools		medium-low feasibility	& local gov.		care, improved access to mental health, wider coverage		
96	10.8 BIOSISTE MAK (AE)	Erandio mun., Spain	Screen-time awareness campaigns for children and adults with role models.	Raise awareness of healthy screen and device use for children and adults.	Children, adolesce nts & families	LHN	High relevance, high feasibility	PH staff, local gov. & associati ons /NGOs	2025-2028	Reduced screen time & associated negative impacts (sleep, learning, attention)	Level 1: Approaching	Programmatic
97	10.8 BIOSISTE MAK (AE)	Erandio mun., Spain	Training for sports coaches to support the emotional wellbeing of young people	Increase awareness & capacitation of sports coaches, who are very close to children & adolescents	Monitors & sports coaches from sports clubs & associatio ns	LHN	High relevance, low feasibility	Basque Health Service & local gov.	2025-2028	Improve wellbeing among children & adolescents	Level 1: Approaching	Structural
98	11. MS (BEN)	Alter do chão mun., Portugal	Health Network– Alter do chão	Establish intersectoral collaboration for sustainable health promotion	Children, families, schools, communit y	WP5 Methodolog y	WP5 Methodolog y	Municipa lity, schools, health unit, coordinat ors	Jan 2024– Nov 2025	Strengthened intersectoral governance; better alignment of education, health, and local policies	Level 3: Exceeding	SE&CC
99	11. MS (BEN)	Alter do chão mun., Portugal	Anthropom etric & Lifestyle Eval. In School-	Baseline assessment of children's health behaviours	School-aged children; indirect: families,	Expert-led (PH staff)	--	PH staff	Data Collection: Oct–Nov 2024; Analysis:	Evidence-based planning for health promotion;	Level 3: Exceeding	Structural

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			Aged Children		school, communit y				Jan 2025; Results: Feb 2025	improved community awareness of children's needs		
100	11. MS (BEN)	Alter do chão mun., Portugal	Training Program for Teachers	Equip teachers with knowledge & skills to promote healthy lifestyles	Teachers; indirect: children & school communit y	Expert-led (PH staff)	--	PH staff	12-hour theoretical & practical course	Increased pedagogical capacity; teachers confident in supporting student health	Level 3: Exceeding	Structural
101	11. MS (BEN)	Alter do chão mun., Portugal	Training Program for Educational Assistants	Equip assistants with tools to support healthy school environment s	Education al assistants ; indirect: children & school communit y	Expert-led (PH staff)	--	PH staff	9-hour theoretical & practical course	Improved well-being support; enhanced engagement in health-promoting activities	Level 3: Exceeding	Structural
102	11. MS (BEN)	Alter do chão mun., Portugal	Safe School Routes	Create safe, active, health-promoting routes to school	Children; indirect: families, schools, communit y	Parents, teachers, local associations	High feasibility, strong impact	Local gov. (urban planning, security forces), communi ty	Sep 2024–Jul 2025	Safer, more active travel environ.; improved PA & health literacy	Level 3: Exceeding	Structural
103	11. MS (BEN)	Alter do chão mun., Portugal	Interactive Playground	Transform school spaces into dynamic areas encouraging activity	School-aged children	Students, educators	Medium feasibility, high impact	School & local gov.	Design: Dec 2024; Inaugurati on: Feb 2025; Continuati on beyond project	Stimulated physical, cognitive & social development through play	Level 3: Exceeding	Structural

No.	Partner	Pilot Site/ Country	Action Title	Main Objective	Target Group(s)	Raised by (e.g., families, schools)	Priority Criteria (e.g., feasibility, impact)	Responsible Actor(s)	Timeline	Expected Outcome / Impact	Maturity Level	Action Typology
104	11. MS (BEN)	Portalegre mun., Portugal	Health Network–Portalegre	Establish intersectoral collaboration for sustainable health promotion	Children, families, schools, community	WP5 Methodology	WP5 Methodology	Municipality, schools, health unit, coordinators	Jan 2024–Nov 2025	Strengthened intersectoral governance; better alignment of education, health, and local policies	Level 3: Exceeding	SE&CC
105	11. MS (BEN)	Portalegre mun., Portugal	Anthropometric & Lifestyle Eval. In School-Aged Children	Baseline assessment of children's health behaviours	School-aged children; indirect: families, school, community	Expert-led (PH staff)	--	PH staff	Data Collection: Oct–Nov 2024; Analysis: Jan 2025; Results: Feb 2025	Evidence-based health promotion planning; improved community awareness	Level 3: Exceeding	Structural
106	11. MS (BEN)	Portalegre mun., Portugal	Training Program for Teachers	Equip teachers with knowledge & skills to promote healthy lifestyles	Teachers; indirect: children & school community	Expert-led (PH staff)	--	PH staff	12-hour theoretical & practical course	Increased pedagogical capacity; teachers confident in supporting student health	Level 3: Exceeding	Structural
107	11. MS (BEN)	Portalegre mun., Portugal	Training Program for Educational Assistants	Equip assistants with tools to support healthy school environments	Educational assistants; indirect: children & school community	Expert-led (PH staff)	--	PH staff	9-hour theoretical & practical course	Improved well-being support; enhanced engagement in health-promoting activities	Level 3: Exceeding	Structural
108	11. MS (BEN)	Portalegre mun., Portugal	Safe School Routes	Create safe, active, health-promoting routes to school	Children; indirect: families, schools, community	Parents, teachers, local associations	High feasibility, strong impact	Local gov. (urban planning, security forces),	Sep 2024–Jul 2025	Safer, more active travel environ.; improved PA & health literacy	Level 3: Exceeding	Structural

No.	Partner	Pilot Site/ Country	Action Title	Main Objective	Target Group(s)	Raised by (e.g., families, schools)	Priority Criteria (e.g., feasibility, impact)	Respon sible Actor(s)	Timeline	Expected Outcome / Impact	Maturity Level	Action Typology
								communi ty				

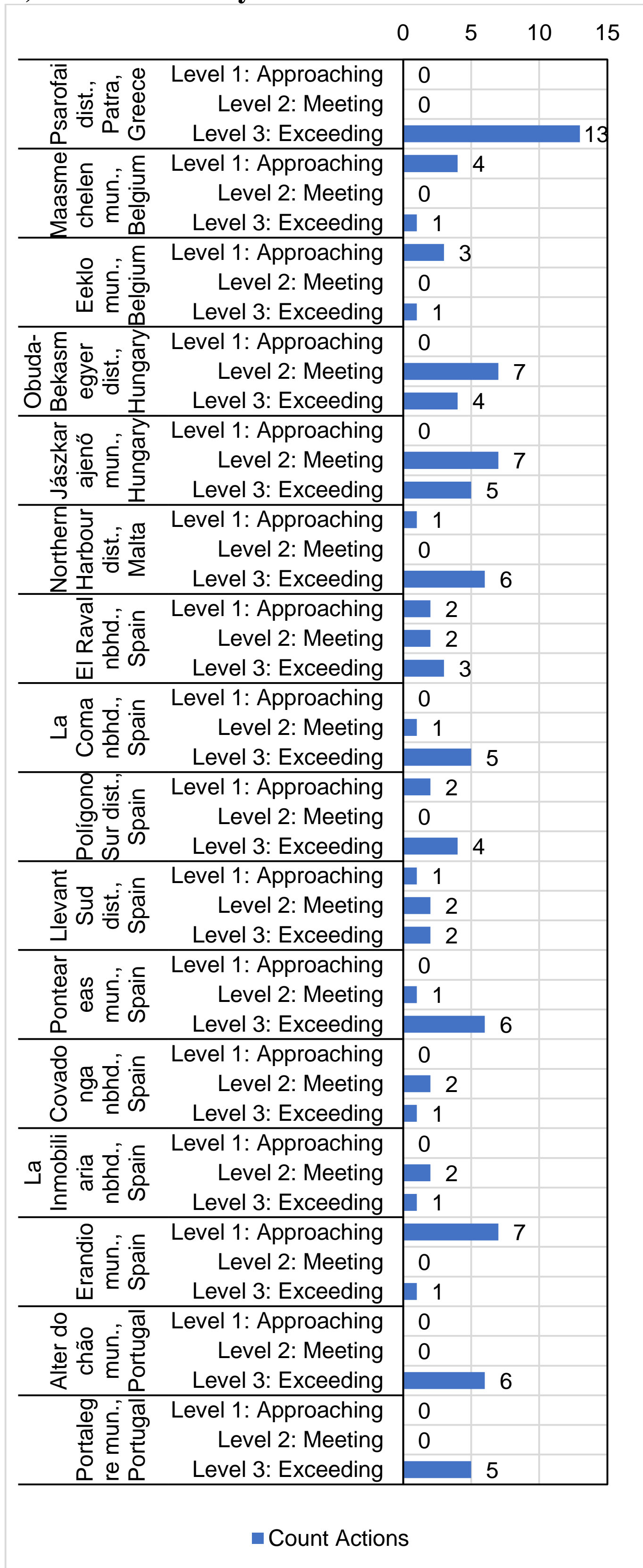
Note: Maturity Level Definitions are as follows: Level 1: Approaching – Early stages of development or planning; Level 2: Meeting – Implemented and functioning as intended; Level 3: Exceeding – Fully implemented, showing early results or under evaluation for impact or scalability.

In the case of the Belgian pilots (Maasmechelen and Eeklo), Sciensano adopted a revised implementation strategy following the prioritisation of local actions (shown in the table). Rather than selecting a limited number of structural actions for immediate execution, the team established thematic task forces to further analyse the prioritised actions in terms of feasibility, stakeholder support, barriers, facilitators, associated costs, expected outcomes, and available international evidence. These analyses will feed into a toolbox for municipalities, supporting sustainable and transferable strategies for childhood obesity prevention. The prioritised actions were not implemented during the project timeframe, however.

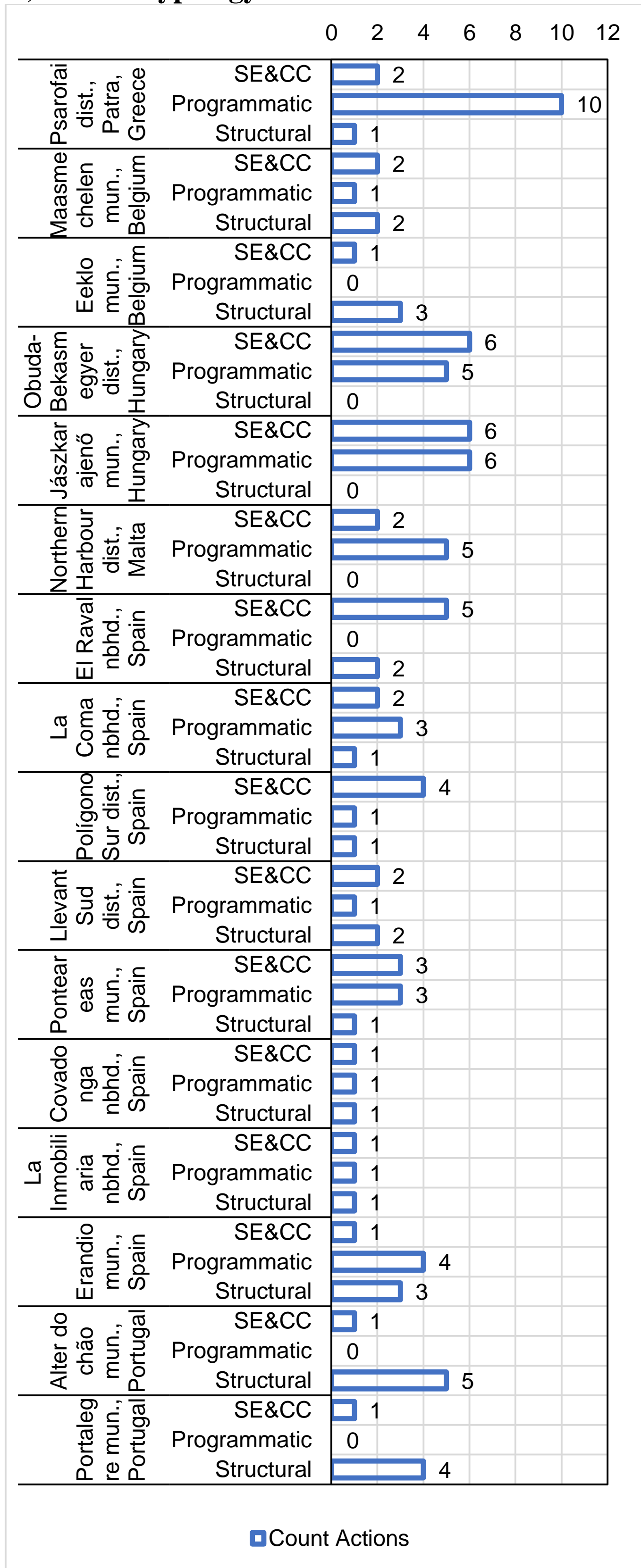
In the case of the Basque Country pilot (Erandio), the implementation strategy has centred on close, continuous collaboration with the municipality from the earliest stages of the process. This approach led to the co-design of a comprehensive masterplan—Erandio mugitzen ari da! (2025–2028)—developed jointly with local stakeholders and citizens participating in the Local Health Network, who were actively involved in the public prioritisation events. The resulting plan, which has been formally endorsed by the local government, reflects a strong political commitment to its future implementation. It comprises 7 priority actions deemed both highly relevant and feasible for the local context, and further elaborated by the Technical Secretariat before undergoing the validation by municipal representatives (including the mayor, technical staff and councillors). These 7 actions encompass a total of 95 activities across key domains: healthy and unhealthy food environments (A1 & A2); physical activity, active mobility and play spaces (A3 & A7); and parenting and emotional wellbeing (A4, A5 & A6, with the latter still under activity development). This collaborative process illustrates a robust example of full integration and transference of Grünau Moves best practice principles into local policy and planning, laying the foundations for a long-term, sustainable approach to childhood obesity prevention in Erandio.

Figure 6. Analysis of pilot-level Local Action Plans (LAPs) by action maturity level and typology.

a) Action Maturity Level



b) Action Typology



Note: Maturity levels: Level 1 – Approaching: early development or planning; Level 2 – Meeting: implemented and functioning as intended; Level 3 – Exceeding: fully implemented and showing early results or undergoing evaluation. Action typology: SE&CC = Stakeholder Engagement & Community Capacity (e.g., mobilising stakeholders, community engagement, asset use); Programmatic = educational or behavioural interventions (e.g., workshops, training); Structural (Built Environment) = infrastructure-related actions (e.g., parks, bike lanes, community spaces).

Table 7. Summary of actions, participants, and tools/resources produced across the 16 pilots.

Partner	Pilot Site / Country	No. actions implemented	No. participants engaged	No. tools/resources created
1. 6th HEALTH ADM & 1.1 UPAT (AE)	Psarofai dist., Patra, Greece	36 (+2 for social reasons)	29th school: 85 (1st year); 57 (2nd year) 32nd school: 124 (1st year); 95 (2nd year) 13th school: 101 (2nd year) 26th school: 125 (2nd year)	2 books 1 website 2 Healthy Living Tool (HLT) 5 standards posters and 2 creatives 4 movement maps 12 games (7 snakes, 2 mazes, 2 twisters, 1 rocket) 1 recipe 1 brochure with 100 questions Myths or True 1 balloon 1 evaluation tool
2. Sciensano (BEN)	Maasmechelen mun., Flanders, Belgium	5	114	2 (GMB, Photovoice)
2. Sciensano (BEN)	Eeklo mun., Flanders, Belgium	4	167	2 (GMB, Photovoice)
3. NNGYK (BEN)	Obuda-Bekasmegyer dist. (one school), Budapest & Jászkarajenő mun. (one school), Pest, Hungary	10 in Obuda-Bekasmegyer dist.; 15 in Jaszkarajeno mun.	Students & families at schools	Local health experts gave numerous health-related presentations in both areas, and students in Jászkarajenő produced a video series on health topics
6 MFH (BEN)	Northern Harbour dist., Hamrun, Malta	7	500	Portion guide for children 3 gate leaflet; life size snakes and ladders game; evaluation sheets for Summer and Winter health education programmes; presentations for the programmes;
10. FISABIO (BEN) DGSP-CV (AE)	El Raval-St. Agustí nbhd., Cullera, Spain	5	≈ 200–220 total across activities (≈146 in LHT/participatory sessions + ≈30 in the December 2024 assembly + ≈40–50 in events such as sports week and cultural activities)	3 participatory tools applied/adapted (Living Healthy Tool (LHT), Photovoice, “Create a Common Language” dynamic) + Action Factsheets / planning templates for pilot activities
10. FISABIO (BEN) DGSP-CV (AE)	La Coma nbhd., Paterna, Spain	5	≈ 360	5

Partner	Pilot Site / Country	No. actions implemented	No. participants engaged	No. tools/resources created
10.1 SAS (AE), 10.5 EASP (AE), 10.9 FPS (AE)	Polígono Sur dist., Seville, Spain	4	1. Health network Poligono Sur: PS4Health Around 20 people (not always the same individuals), representing the 8 institutions and entities that actively take part in the Childhood health working group (Mesa de salud de la infancia). 2. Training of trainer's strategy: Trainers:21 Institutions (health, local admin, NGO): 11 Local community members: 71 3. Ideas competition to promote healthy habits in the young population of Poligono Sur Number of participants, broken down into: Students: 900 Teachers: 44 Educational centres: 10 Partner entities: 5 4. Time for a healthy and sustainable smile Number of participants, broken down into: Students: 300 Teachers: 20 Educational centers: 5 Partner entities: 3 Parents: 30	11 deliverables developed for Pilot Implementation: 2 Resources for participant engagement: - Magnifying glass for food labels reading - Shopping Bag with recommendations 6 Training materials for workshops: Poster + 3 foam boards: Weekly Menu, Harvard Plate, Label Reading Infographic, Analysis Checklist and Andalusia Seasonal Calendar 1 Trainer's Manual 1 Online campus for the Training of Trainers course 1 Workshop Materials Book, including materials for activities: Label Reading Checklist, Weekly Menu planification, Harvard Plate activity
10.2 IdISBa (AE)	Llevant Sud dist., Palma, Spain	3	500 children in primary school; 24 children twice a week in activity for children after lunch; 40 people each week in Neigbourhood Court Yard	7

Partner	Pilot Site / Country	No. actions implemented	No. participants engaged	No. tools/resources created
10.3 CSG (AE)	Ponteareas mun., Spain	7	≈ 400	Manuals, guidelines, toolkits, or educational materials created: 4 Local Actions — Actions Factsheets, inc. action evaluation results: 8 Tools and participatory methods adapted or developed: 4
10.4 IDIVAL (AE)	Covadonga & La Inmobiliaria nbhd., Torrelavega, Spain	3 in Covadonga nbhd. 3 in La Inmobiliaria nbhd.	NA	NA
10.8 BIOSISTEMAK (AE)	Erandio mun., Spain	8	LHN: 35 Erandio mugitzen ari da party!, participatory process: ≈ 250 Project branding & website development: 4 Development of the Local Action Plan 2025-2028: ≈ 35 Project sustainability development: ≈ 20	Currently: - 2 municipal technicians in charge of promoting the continuation of the Local Health Network - 1 dedicated website for dissemination of the process Near future: - Allocation of budget to hire the services of expert facilitators for the Technical Secretariat of the process
11. MS (BEN)	Alter do chão mun. & Portalegre mun., Portugal	9	>350	3

Finally, we analyse the observable benefits and changes associated with the implementation of the LAPs, based on the evidence reported across pilot sites. This analysis focuses on three broad types of interventions: SE&CC interventions (community engagement), Programmatic interventions (educational programs and workshops), and Structural interventions (environmental or service-related changes). Across these domains, actions contributed—at varying levels and depending on context—to increased awareness, healthier behaviours, enabling environments, higher stakeholder satisfaction, and strengthened community networks and capacities.

To ensure methodological consistency and avoid over-interpretation of partial or uneven data, outcome reporting in Table 8 focuses on actions classified as Level 3 – Exceeding, namely those that were implemented and for which outcome evidence is available. Actions classified as Level 2 – Meeting are implemented, but no outcome data is yet available, while actions at Level 1 – Approaching are not yet implemented and remain at the planning stage.

Please note that outcome information has not been reported for the following pilot sites, either because actions were not evaluated at outcome level or did not yield observable results within the reporting period:

- **10.4 IDIVAL (AE): Torrelavega – Covadonga nbhd., Spain**
- **10.4 IDIVAL (AE): Torrelavega – La Inmobiliaria nbhd., Spain**

The pilots that did provide outcomes' evaluation results are presented below, organised according to the key outcome categories used in WP5. These include:

- Changes in awareness, attitudes, or behaviours among participants.
- Changes in infrastructure, services, or living environments that enable or promote healthy behaviours.
- Stakeholder or community satisfaction levels.
- Strengthened community networks or capacities.
- Initial results emerging from qualitative or quantitative action evaluations.

These categories are operationalised in Table 8 as: Awareness/Attitudes/Behaviours; Infrastructure/Services/Environments; Stakeholder/Community Satisfaction; and Community Networks/Capacity. Within these categories, both quantitative measures (where available) and qualitative insights (including participant feedback, observations, and illustrative examples) are reported to provide a comprehensive overview of observed changes across pilot sites. The availability and level of detail of outcome data varied across pilots, reflecting differences in local contexts, implementation processes, and evaluation approaches. Where reported, participant numbers (N) refer to those completing specific evaluation tools, typically within individual activities rather than across the full target population.

The **WP5 evaluation was not designed to produce standardised or directly comparable quantitative indicators across pilots**, but to capture context-specific evidence of change using locally adapted methods. Therefore, results should be interpreted as **contextualised evidence and illustrative trends within each pilot**, rather than directly comparable metrics across sites.

Table 8. Overview of Local Action Plan (LAP) implementation and associated outcomes across the 16 pilots. Outcomes are reported for Level 3 (L3 – Exceeding) actions based on available evidence.

Pilot Site/ Country	Action Title	Main Objective	Expected Outcome / Impact	Implementation Status (Maturity Level)	Linked Outcome Category (WP5)	Observed Outcome	Data Source	Quantitative Measure (if available)	Qualitative Insight / Feedback
Psarofai dist., Patra, Greece	Health Network	Intersectoral collaboration & local action plan	Coordinated local actions for health promotion	L3–Exceeding: Implemented, outcomes observed	Community Networks / Capacity	Linked to strengthened local collaboration and functioning network	Workshop evaluation	NA	Positive stakeholder engagement
	Books	Health awareness through children's books	Information for families & children; accessible reference materials	L3–Exceeding: Implemented, outcomes observed	Awareness / Attitudes / Behaviours	Contributes to increased awareness among children and families	Workshop feedback	NA	High satisfaction
	Poster campaigns	Monthly health poster campaigns on health themes (nutrition, exercise, play, cooking)	Education; lifestyle change; interactive learning	L3–Exceeding: Implemented, outcomes observed	Awareness / Attitudes / Behaviours	Linked to engagement in interactive learning activities	Workshop feedback	NA	Positive response
	Motion detector	Interactive workshop with 5 rotating stations (sugar, food pyramid, portions, oral hygiene & cooking)	Active participation; experiential & interactive learning	L3–Exceeding: Implemented, outcomes observed	Awareness / Attitudes / Behaviours; Stakeholder / Community Satisfaction	High satisfaction with workshop activities	Stations feedback table	Likert scale	Positive ratings
	Ancient Olympia	Olympic-themed excursion to promote PA	Education; history learning; local adaptation	L3–Exceeding: Implemented, outcomes observed	Awareness / Attitudes / Behaviours	Contributes to educational engagement	Workshop feedback (proxy)	NA	Positive engagement
	Football cup	One-day football cup between schools	Active play; team bonding	L3–Exceeding: Implemented, outcomes observed	Stakeholder / Community Satisfaction	Linked to participatory engagement	Workshop feedback (proxy)	NA	Positive participation

Pilot Site/ Country	Action Title	Main Objective	Expected Outcome / Impact	Implementation Status (Maturity Level)	Linked Outcome Category (WP5)	Observed Outcome	Data Source	Quantitative Measure (if available)	Qualitative Insight / Feedback
	Movement city map	Health and sports map distributed in schools	Active mobility (walking); safe local pathways	L3–Exceeding: Implemented, outcomes observed	Awareness / Attitudes / Behaviours	Supports environments enabling PA	NA	NA	NA
	Annual conference	Knowledge exchange on childhood obesity and good practices	Education; knowledge exchange; communication with parents & professionals	L3–Exceeding: Implemented, outcomes observed	Awareness / Attitudes / Behaviours; Community Networks / Capacity	Contributes to communication and stakeholder interaction	NA	NA	NA
	Painting school grounds	Schoolyard drawing event to incentivize active commuting	Increased daily PA through active communiting & active play	L3–Exceeding: Implemented, outcomes observed	Infrastructure / Services / Environments	Supports environments enabling PA & active play	NA	NA	NA
	Summer Recipe	Healthy snack recipes for school summer break	Continued engagement during summer; digital communication (QR/social media)	L3–Exceeding: Implemented, outcomes observed	Supports environments enabling physical activity	Supports continued engagement beyond school	NA	NA	NA
	Nutrition days	Nutrition days with class talks	Active participation; healthy diet promotion; knowledge reinforcement	L3–Exceeding: Implemented, outcomes observed	Awareness / Attitudes / Behaviours	Linked to nutrition education engagement	Workshop feedback (proxy)	NA	Positive engagement
	Active breaks	Movement game playing with balloons on rainy days	PA during rainy days; student-led activity design	L3–Exceeding: Implemented, outcomes observed	Awareness / Attitudes / Behaviours	Supports physical activity engagement	NA	NA	NA
	Day workshop	Outdoors workshop with athletic activities	PA; education; sustainability	L3–Exceeding: Implemented, outcomes observed	Awareness / Attitudes / Behaviours; Stakeholder / Community Satisfaction	Linked to community engagement and satisfaction	Workshop feedback	NA	Positive experience

Pilot Site/ Country	Action Title	Main Objective	Expected Outcome / Impact	Implementation Status (Maturity Level)	Linked Outcome Category (WP5)	Observed Outcome	Data Source	Quantitative Measure (if available)	Qualitative Insight / Feedback
Maasmechelen mun., Belgium	Health Network	Intersectoral collaboration & local action plan	Joint understanding of causes & local action	L3–Exceeding: Implemented, outcomes observed	Awareness / Attitudes / Behaviours; Stakeholder / Community Satisfaction; Community Networks / Capacity	Linked to increased awareness, improved satisfaction, and strengthened health network	Interviews; meetings	2 groups; 1 network	Improved collaboration
	Safe School Routes	Promote active & safe school commuting	More active & safer school travel	L1–Approaching: Not implemented yet (planning stage)	NA	NA	NA	NA	NA
	Cooking workshops	Promote healthy family eating	Increased vegetable intake among children	L1–Approaching: Not implemented yet (planning stage)	NA	NA	NA	NA	NA
	New playground	Encourage active play	Increased physical activity among children	L1–Approaching: Not implemented yet (planning stage)	NA	NA	NA	NA	NA
	Agenda for Meerjarenplan	Integrate pilot insights into municipal planning	Sustained policy integration & local action	L1–Approaching: Not implemented yet (planning stage)	NA	NA	NA	NA	NA
Eeklo mun., Belgium	Health Network	Intersectoral collaboration & local action plan	Joint understanding of causes & local action	L3–Exceeding: Implemented, outcomes observed	Community Networks / Capacity; Awareness / Attitudes / Behaviours	Linked to increased awareness and sustained network	Interviews; meetings	12 members	NA
	Playground access	Improved access to safe play spaces	Promote active play	L1–Approaching: Not	NA	NA	NA	NA	NA

Pilot Site/ Country	Action Title	Main Objective	Expected Outcome / Impact	Implementation Status (Maturity Level)	Linked Outcome Category (WP5)	Observed Outcome	Data Source	Quantitative Measure (if available)	Qualitative Insight / Feedback
				implemented yet (planning stage)					
	School meal evaluation	Assess and improve school meal quality	Healthier, more balanced school meals	L1–Approaching: Not implemented yet (planning stage)	NA	NA	NA	NA	NA
	Open schoolgrounds	Expand community access to school spaces for PA	Increased physical activity & community use	L1–Approaching: Not implemented yet (planning stage)	NA	NA	NA	NA	NA
Obuda-Bekasmegyer dist., Hungary	Health Network	Intersectoral collaboration & local action plan	Coordinated local actions for health promotion	L3–Exceeding: Implemented, outcomes observed	Community Networks / Capacity; Awareness / Attitudes / Behaviours	Linked to strengthened collaboration and awareness	Photos, videos	NA	Strong engagement
	Cycling Camp	Increasing PA among students	Increase PA	L3–Exceeding: Implemented, outcomes observed	Awareness / Attitudes / Behaviours; Stakeholder / Community Satisfaction	Linked to increased participation in physical activity	Photos, videos	NA	High engagement
	Family Day	Promote family health, learning & active participation through fun, educational & sports activities	Increase health knowledge & engagement	L3–Exceeding: Implemented, outcomes observed	Awareness / Attitudes / Behaviours; Community Networks / Capacity	Linked to increased knowledge and family engagement	Photos	~80 participants	Strengthened relationships
	Cooking workshop (Munch foods) & lecture	Promote healthy eating knowledge	Increase knowledge on healthy eating	L2–Meeting: Implemented (no outcome data yet)	NA	NA	NA	NA	NA
	Cooking workshop (healthy snacks)	Expand knowledge & encourage healthy eating	Increase knowledge on healthy eating	L2–Meeting: Implemented (no outcome data yet)	NA	NA	NA	NA	NA

Pilot Site/ Country	Action Title	Main Objective	Expected Outcome / Impact	Implementation Status (Maturity Level)	Linked Outcome Category (WP5)	Observed Outcome	Data Source	Quantitative Measure (if available)	Qualitative Insight / Feedback
	Cooking workshop (Christmas)	Expand knowledge & encourage healthy eating	Increase knowledge on healthy eating	L2–Meeting: Implemented (no outcome data yet)	NA	NA	NA	NA	NA
	Outdoor PA	Laying the foundations for healthy exercise	Promote healthy physical development & improve childrens' mental health	L2–Meeting: Implemented (no outcome data yet)	NA	NA	NA	NA	NA
	Health & Sustainability Week	Expand children's knowledge of healthy eating	Increase knowledge on healthy eating	L2–Meeting: Implemented (no outcome data yet)	NA	NA	NA	NA	NA
	World Water Day	Raise awareness around water consumption & sustainability	Increased knowledge of sustainable water use & environmental impact	L2–Meeting: Implemented (no outcome data yet)	NA	NA	NA	NA	NA
	Family walk	Increase PA among schoolchildren & families	Increase PA	L2–Meeting: Implemented (no outcome data yet)	NA	NA	NA	NA	NA
	Closing Event & Annual Awards	Motivate participants to take part in the program	Increase PA knowledge & motivation	L3–Exceeding: Implemented, outcomes observed	Awareness / Attitudes / Behaviours; Stakeholder / Community Satisfaction	Linked to motivation and participation	Photos	NA	Positive engagement
Jászkarajenő mun., Hungary	Health Network	Intersectoral collaboration & local action plan	Coordinated local actions for health promotion	L3–Exceeding: Implemented, outcomes observed	Community Networks / Capacity	Linked to strengthened collaboration	Photos	NA	Community engagement
	Sports Day	Increase PA among schoolchildren & families	Learning new sports, increasing PA	L2–Meeting: Implemented (no outcome data yet)	NA	NA	NA	NA	NA

Pilot Site/ Country	Action Title	Main Objective	Expected Outcome / Impact	Implementation Status (Maturity Level)	Linked Outcome Category (WP5)	Observed Outcome	Data Source	Quantitative Measure (if available)	Qualitative Insight / Feedback
	Lecture (child obesity)	Expand families' knowledge	Better nutrition knowledge & engagement	L3–Exceeding: Implemented, outcomes observed	Awareness / Attitudes / Behaviours	Linked to improved nutrition knowledge	Photos	NA	Positive feedback
	Health Education Programs	Expand students' knowledge, implementing screening programs, increasing motivation	Expanding knowledge, increasing commitment to health	L3–Exceeding: Implemented, outcomes observed	Awareness / Attitudes / Behaviours	Linked to increased knowledge and commitment	Photos	NA	Engagement observed
	Mother-Dauther PA Day	Promote PA	Increased PA among community members	L2–Meeting: Implemented (no outcome data yet)	NA	NA	NA	NA	NA
	Mountain Hike	Just have fun!	Increase mental health of the children	L2–Meeting: Implemented (no outcome data yet)	NA	NA	NA	NA	NA
	Sports Demo	Increase PA among students & families	Learning new sports, increase PA	L2–Meeting: Implemented (no outcome data yet)	NA	NA	NA	NA	NA
	Family Day	Promote parent–child bonding through PA	Increase knowledge & PA, improve mental health	L2–Meeting: Implemented (no outcome data yet)	NA	NA	NA	NA	NA
	Hike at Nádirigó	Expanding children's knowledge of sustainability	Increase knowledge & PA	L2–Meeting: Implemented (no outcome data yet)	NA	NA	NA	NA	NA
	Race & Swimming	Increase PA among students & families	Learning new sports, increase PA	L3–Exceeding: Implemented, outcomes observed	Awareness / Attitudes / Behaviours; Stakeholder / Community Satisfaction	Linked to increased PA	Photos	NA	Positive engagement

Pilot Site/ Country	Action Title	Main Objective	Expected Outcome / Impact	Implementation Status (Maturity Level)	Linked Outcome Category (WP5)	Observed Outcome	Data Source	Quantitative Measure (if available)	Qualitative Insight / Feedback
	Horse Riding Camp	Increase PA among students & families	Learning new sports, increase PA	L2–Meeting: Implemented (no outcome data yet)	NA	NA	NA	NA	NA
	Closing Event & Annual Awards	Motivate participants to take part in the program	Increase PA knowledge & motivation	L3–Exceeding: Implemented, outcomes observed	Awareness / Attitudes / Behaviours; Stakeholder / Community Satisfaction	Linked to motivation and participation	Photos	NA	Positive feedback
Northern Harbour dist., Malta	Health Network	Consult team & map existing health assets	Optimize use of existing health assets & resources	L3–Exceeding: Implemented, outcomes observed	Community Networks / Capacity	Linked to improved coordination of local assets	Photos	NA	Community engagement
	Summer School	Educate on nutrition, wellbeing & PA	Improved knowledge & healthy behaviours	L3–Exceeding: Implemented, outcomes observed	Awareness / Attitudes / Behaviours	Linked to increased knowledge and behaviours	Survey	58%	Positive feedback
	Shop for Wellness	Learn to read food labels & choose healthier products	Increased food label literacy & healthier choices	L3–Exceeding: Implemented, outcomes observed	Awareness / Attitudes / Behaviours	Linked to improved food literacy	Materials distribution	~70 items	Positive learning
	Community Outreach	Engage underserved communities & raise project awareness	Improved knowledge for healthier lifestyle uptake	L3–Exceeding: Implemented, outcomes observed	Awareness / Attitudes / Behaviours; Community Networks / Capacity	Linked to outreach and engagement	Photos	~140 participants	Community appreciation
	"Power Up with a Perfect Plate"	Deliver nutrition and PA messages through a school play	Children empowered to adopt healthy habits	L3–Exceeding: Implemented, outcomes observed	Awareness / Attitudes / Behaviours	Linked to empowerment for healthy habits	Photos	NA	Positive engagement
	Health Programme	Parental guidance to promote healthy child weight	Improved cooking skills, food literacy & stress coping	L3–Exceeding: Implemented, outcomes observed	Awareness / Attitudes / Behaviours	Linked to improved skills and literacy	Feedback forms	NA	Positive reception

Pilot Site/ Country	Action Title	Main Objective	Expected Outcome / Impact	Implementation Status (Maturity Level)	Linked Outcome Category (WP5)	Observed Outcome	Data Source	Quantitative Measure (if available)	Qualitative Insight / Feedback
	Portion Size Leaflet	Educate parents on children's portion sizes	Improved portion-size knowledge	L1–Approaching: Not implemented yet (planning stage)	NA	NA	NA	NA	NA
El Raval nbhd., Spain	Health Network	Intersectoral collaboration & local action plan	Coordinated local actions for health promotion	L3–Exceeding: Implemented, outcomes observed	Community Networks / Capacity; Awareness / Attitudes / Behaviours	Linked to increased participation and collaboration	Meetings	20+ organisations	Inclusive engagement
	Cultural & community spaces	Organise intergenerational cultural & health activities	Increased community participation & cohesion	L2–Meeting: Implemented (no outcome data yet)	NA	NA	NA	NA	NA
	Weekly farmers market	Improve access to healthy food & support local economy	Better access to fruit & veg, stronger local economy	L1–Approaching: Not implemented yet (planning stage)	NA	NA	NA	NA	NA
	Community Sports	Increase PA across ages	Increased sports participation & improved wellbeing	L2–Meeting: Implemented (no outcome data yet)	NA	NA	NA	NA	NA
	Christmas Sports	Promote healthy lifestyles in children	Improved child health & lower obesity risk	L3–Exceeding: Implemented, outcomes observed	Community Networks / Capacity; Awareness / Attitudes / Behaviours	Linked to increased participation in PA	Attendance	40–50	Positive feedback
	School food environ.	Limit ultra-processed foods near schools	Healthier school environment	L1–Approaching: Not implemented yet (planning stage)	NA	NA	NA	NA	NA
	"Connectar Junts amb Salut"	Maintain mobilisation, review progress	Reinforce identity & visibility of actions	L3–Exceeding: Implemented, outcomes observed	Community Networks / Capacity; Awareness /	Linked to strengthened community identity	Meetings	NA	Positive perception

Pilot Site/ Country	Action Title	Main Objective	Expected Outcome / Impact	Implementation Status (Maturity Level)	Linked Outcome Category (WP5)	Observed Outcome	Data Source	Quantitative Measure (if available)	Qualitative Insight / Feedback
					Attitudes / Behaviours				
La Coma nbhd., Spain	Health Network	Intersectoral collaboration & local action plan	Coordinated local actions for health promotion	L3–Exceeding: Implemented, outcomes observed	Community Networks / Capacity	Linked to strengthened collaboration	Meetings	NA	Positive engagement
	Health literacy workshops	Promote health literacy & self-care skills	Community insight & trust built	L3–Exceeding: Implemented, outcomes observed	Awareness / Attitudes / Behaviours	Linked to improved health literacy	Survey	50%	Positive perception
	Health Routes	Promote PA (walking)	Safer spaces for PA, more active & connected community	L3–Exceeding: Implemented, outcomes observed	Community Networks / Capacity; Awareness / Attitudes / Behaviours	Linked to participation in health routes	Surveys	>50	Community cohesion
	Parenting Education	Provide families with knowledge, skills & resources for positive parenting	Stronger parenting & health access	L3–Exceeding: Implemented, outcomes observed	Awareness / Attitudes / Behaviours	Linked to improved parenting knowledge	Survey	NA	Positive feedback
	School Gardens	Promote healthy eating, sustainability & peer learning	Improved healthy eating & environmental awareness	L3–Exceeding: Implemented, outcomes observed	Infrastructure / Services / Environments; Awareness / Attitudes / Behaviours	Linked to school gardens and learning	Photos	2 gardens	Collaboration valued
	Healthy eating workshops	Promote healthy eating habits at home	Improved nutrition knowledge & habits	L2–Meeting: Implemented (no outcome data yet)	NA	NA	NA	NA	NA
Polígono Sur dist., Spain	Health Network	Intersectoral collaboration & local action plan	Coordinated local actions for health promotion	L3–Exceeding: Implemented, outcomes observed	Community Networks / Capacity	Linked to strengthened collaboration	Surveys	NA	Positive engagement
	Train the Trainers	Train professionals & community	Cascade workshops; foster equity &	L3–Exceeding: Implemented,	Infrastructure / Services / Environments;	Linked to increased knowledge and	Surveys	80–92%	Strong feedback

Pilot Site/ Country	Action Title	Main Objective	Expected Outcome / Impact	Implementation Status (Maturity Level)	Linked Outcome Category (WP5)	Observed Outcome	Data Source	Quantitative Measure (if available)	Qualitative Insight / Feedback
		agents to promote healthy eating	community engagement	outcomes observed	Awareness / Attitudes / Behaviours	behaviour change			
	Asset Mapping	Identify community assets to increase PA for children and adolescents	Knowledge of PA-promoting community resources	L1–Approaching: Not implemented yet (planning stage)	NA	NA	NA	NA	NA
	Youth Ideas Competition	Raise awareness & engagement in healthy lifestyles among youngsters	Creative engagement; social cohesion & health in culturally relevant arts	L3–Exceeding: Implemented, outcomes observed	Awareness / Attitudes / Behaviours; Stakeholder / Community Satisfaction	Linked to engagement and satisfaction	Survey	81.8%	High involvement
	“Momentos Dis-Fruta”	Promote healthy snack consumption in secondary schools	Encourage fruit & veg. intake in attractive school spaces	L1–Approaching: Not implemented yet (planning stage)	NA	NA	NA	NA	NA
	Time for a Healthy & Smile	Promote healthy eating & oral care in schools	Better diet & oral health; stronger school–family–health links	L3–Exceeding: Implemented, outcomes observed	Awareness / Attitudes / Behaviours; Stakeholder / Community Satisfaction	Linked to improved habits and satisfaction	Survey	0,75	Positive perception
Llevant Sud dist., Spain	Health Network	Intersectoral collaboration & local action plan	Coordinated local actions for health promotion	L3–Exceeding: Implemented, outcomes observed	Community Networks / Capacity; Awareness / Attitudes / Behaviours	Linked to strengthened collaboration	Interviews	NA	Positive coordination
	Active school grounds	Increase PA of children & families	Less sedentary time during school breaks	L2–Meeting: Implemented (no outcome data yet)	NA	NA	NA	NA	NA
	Cooking workshops	Promote healthy eating in the family	Promote family bonding through cooking	L1–Approaching: Not	NA	NA	NA	NA	NA

Pilot Site/ Country	Action Title	Main Objective	Expected Outcome / Impact	Implementation Status (Maturity Level)	Linked Outcome Category (WP5)	Observed Outcome	Data Source	Quantitative Measure (if available)	Qualitative Insight / Feedback
				implemented yet (planning stage)					
	Health Route–'The Magical Forest'	Promote PA & healthy eating in children & families	Agroecology-based & active approach; participation & empowerment	L2–Meeting: Implemented (no outcome data yet)	NA	NA	NA	NA	NA
	School Gardens	Promote school garden for healthy, sustainable eating	Community engagement & gardening skills	L3–Exceeding: Implemented, outcomes observed	Infrastructure / Services / Environments; Awareness / Attitudes / Behaviours	Linked to gardens and engagement	Observations	3 gardens	Inclusive benefits
Ponteareas mun., Spain	Health Network	Strengthen local health governance & collaboration	Intersectoral work & community engagement	L3–Exceeding: Implemented, outcomes observed	Community Networks / Capacity	Linked to strengthened collaboration	Meetings	12 meetings	Improved coordination
	Harvard Plate Wks	Encourage healthy eating habits	Improved knowledge of balanced meals	L3–Exceeding: Implemented, outcomes observed	Awareness / Attitudes / Behaviours	Linked to improved nutrition knowledge	Workshops	161 students	Positive feedback
	Wks nutrition labelling	Encourage healthy eating habits	Regional Health Department	L3–Exceeding: Implemented, outcomes observed	Awareness / Attitudes / Behaviours	Linked to improved nutrition knowledge	Workshops	NA	Positive learning
	School Assets Route	Strengthen connection with local health resources & assets	Increased awareness of local health assets	L3–Exceeding: Implemented, outcomes observed	Community Networks / Capacity; Awareness / Attitudes / Behaviours	Linked to awareness of local assets	Mapping	88 assets	Positive engagement
	Active Breaks	Promote PA during school hours	Increased PA & focus in class	L2–Meeting: Implemented (no outcome data yet)	NA	NA	NA	NA	NA
	Interactive Map	Empowering the community to recognise local health assets	Enhanced community participation & knowledge of	L3–Exceeding: Implemented, outcomes observed	Community Networks / Capacity	Linked to increased participation	Participatory tools	322 participants	High engagement

Pilot Site/ Country	Action Title	Main Objective	Expected Outcome / Impact	Implementation Status (Maturity Level)	Linked Outcome Category (WP5)	Observed Outcome	Data Source	Quantitative Measure (if available)	Qualitative Insight / Feedback
			local health resources						
	Games at the Square	Promote active leisure & intergenerational participation	Increased use of public spaces; intergenerational engagement	L3–Exceeding: Implemented, outcomes observed	Infrastructure / Services / Environments	Linked to environments enabling PA & active play	Activities	NA	Positive reception
Covadonga nbhd., Spain	Health Network	Intersectoral collaboration & local action plan	Coordinated local actions for health promotion	L3–Exceeding: Implemented, outcomes observed	NA	NA	NA	NA	NA
	Obesity Prevention Initiative	To provide teachers with tools, training, and knowledge to address childhood obesity in their classrooms	Raised obesity awareness & teacher knowledge	L2–Meeting: Implemented (no outcome data yet)	NA	NA	NA	NA	NA
	Cantabria Health Plan in Schools	To ensure schools understand and adapt the new Cantabria Health Plan to their own educational context	Health promotion integrated into schools & aligned with policy	L2–Meeting: Implemented (no outcome data yet)	NA	NA	NA	NA	NA
La Inmobiliaria nbhd., Spain	Health Network	Intersectoral collaboration & local action plan	Coordinated local actions for health promotion	L3–Exceeding: Implemented, outcomes observed	NA	NA	NA	NA	NA
	Obesity Prevention Initiative	To provide teachers with tools, training, and knowledge to address childhood obesity in their classrooms	Raised obesity awareness & teacher knowledge	L2–Meeting: Implemented (no outcome data yet)	NA	NA	NA	NA	NA

Pilot Site/ Country	Action Title	Main Objective	Expected Outcome / Impact	Implementation Status (Maturity Level)	Linked Outcome Category (WP5)	Observed Outcome	Data Source	Quantitative Measure (if available)	Qualitative Insight / Feedback
	Cantabria Health Plan in Schools	To ensure schools understand and adapt the new Cantabria Health Plan to their own educational context	Health promotion integrated into schools & aligned with policy	L2–Meeting: Implemented (no outcome data yet)	NA	NA	NA	NA	NA
Erandio mun., Spain	Health Network	Intersectoral collaboration & local action plan	Coordinated local actions for health promotion	L3–Exceeding: Implemented, outcomes observed	Community Networks / Capacity; Awareness / Attitudes / Behaviours	Linked to strong stakeholder commitment and sustained LHN	Surveys	50–70%	Positive perception
	Wks healthy eating	Promote healthy eating through activities, encouraging local food, intergenerational & cultural learning	Healthier food habits & stronger community engagement	L1–Approaching: Not implemented yet (planning stage)	NA	NA	NA	NA	NA
	Healthy breakfasts & menus	Regular healthy menu campaigns, workshops & events promoting balanced eating across schools & community	Improved family nutrition & daily routines through healthy menus, school & community activities	L1–Approaching: Not implemented yet (planning stage)	NA	NA	NA	NA	NA
	Inclusive sports in schools & public spaces	Promote inclusive, intergenerational PA through schools, families & community spaces; integrate active	Greater participation in inclusive PA, active classrooms, affordable access to sports, stronger	L1–Approaching: Not implemented yet (planning stage)	NA	NA	NA	NA	NA

Pilot Site/ Country	Action Title	Main Objective	Expected Outcome / Impact	Implementation Status (Maturity Level)	Linked Outcome Category (WP5)	Observed Outcome	Data Source	Quantitative Measure (if available)	Qualitative Insight / Feedback
		habits into daily life; & strengthen collaboration between sports, health & social sectors	intergenerational relationships						
	Youth wellbeing spaces	Provide safe, engaging spaces for youth to access mental health programs, social support, and well-being activities	Multiple youth activities & group sessions, supported by professionals, fostering well-being & safe, engaging spaces	L1– Approaching: Not implemented yet (planning stage)	NA	NA	NA	NA	NA
	Psychological support services	Provide accessible, preventive, & coordinated mental health support for children, adolescents, families & school staff	Early detection, coordinated care, improved access to mental health, wider coverage	L1– Approaching: Not implemented yet (planning stage)	NA	NA	NA	NA	NA
	Screen-time awareness campaigns	Raise awareness of healthy screen and device use for children and adults.	Reduced screen time & associated negative impacts (sleep, learning, attention)	L1– Approaching: Not implemented yet (planning stage)	NA	NA	NA	NA	NA
	Coach wellbeing-training	Increase awareness & capacitation of sports coaches, who are very close to children & adolescents	Improve wellbeing among children & adolescents	L1– Approaching: Not implemented yet (planning stage)	NA	NA	NA	NA	NA

Pilot Site/ Country	Action Title	Main Objective	Expected Outcome / Impact	Implementation Status (Maturity Level)	Linked Outcome Category (WP5)	Observed Outcome	Data Source	Quantitative Measure (if available)	Qualitative Insight / Feedback
Alter do chão mun., Portugal	Health Network	Establish intersectoral collaboration for sustainable health promotion	Strengthened intersectoral governance; better alignment of education, health, and local policies	L3–Exceeding: Implemented, outcomes observed	Community Networks / Capacity	Linked to strengthened governance	Meetings	14 members	Improved capacity
	Anthro. & Lifestyle Eval.	Baseline assessment of children's health behaviours	Evidence-based planning for health promotion; improved community awareness of children's needs	L3–Exceeding: Implemented, outcomes observed	Awareness / Attitudes / Behaviours	Linked to increased health literacy	Survey	72%	Behavioural change
	Teachers Training	Equip teachers with knowledge & skills to promote healthy lifestyles	Increased pedagogical capacity; teachers confident in supporting student health	L3–Exceeding: Implemented, outcomes observed	Awareness / Attitudes / Behaviours; Infrastructure / Services / Environments	Linked to improved teacher capacity	Survey	NA	Positive feedback
	Educational Assistants Training	Equip assistants with tools to support healthy school environments	Improved well-being support; enhanced engagement in health-promoting activities	L3–Exceeding: Implemented, outcomes observed	Awareness / Attitudes / Behaviours; Infrastructure / Services / Environments	Linked to improved assistant capacity	Survey	NA	Positive feedback
	Safe School Routes	Create safe, active, health-promoting routes to school	Safer, more active travel environ.; improved PA & health literacy	L3–Exceeding: Implemented, outcomes observed	Infrastructure / Services / Environments	Linked to safe routes and increased PA	Photos	1 route	Positive behaviour
	Interactive Playground	Transform school spaces into dynamic areas encouraging activity	Stimulated physical, cognitive & social development through play	L3–Exceeding: Implemented, outcomes observed	Infrastructure / Services / Environments	Linked to playground use	Photos	NA	Increased activity

Pilot Site/ Country	Action Title	Main Objective	Expected Outcome / Impact	Implementation Status (Maturity Level)	Linked Outcome Category (WP5)	Observed Outcome	Data Source	Quantitative Measure (if available)	Qualitative Insight / Feedback
Portalegre mun., Portugal	Health Network	Establish intersectoral collaboration for sustainable health promotion	Strengthened intersectoral governance; better alignment of education, health, and local policies	L3–Exceeding: Implemented, outcomes observed	Community Networks / Capacity	Linked to strengthened governance	Meetings	NA	Positive engagement
	Anthro. & Lifestyle Eval.	Baseline assessment of children's health behaviours	Evidence-based health promotion planning; improved community awareness	L3–Exceeding: Implemented, outcomes observed	Awareness / Attitudes / Behaviours	Linked to increased awareness	Survey	NA	Positive feedback
	Teachers Training	Equip teachers with knowledge & skills to promote healthy lifestyles	Increased pedagogical capacity; teachers confident in supporting student health	L3–Exceeding: Implemented, outcomes observed	Awareness / Attitudes / Behaviours; Infrastructure / Services / Environments	Linked to improved teacher capacity	Survey	NA	Positive feedback
	Educational Assistants Training	Equip assistants with tools to support healthy school environments	Improved well-being support; enhanced engagement in health-promoting activities	L3–Exceeding: Implemented, outcomes observed	Awareness / Attitudes / Behaviours; Infrastructure / Services / Environments	Linked to improved assistant capacity	Survey	NA	Positive feedback
	Safe School Routes	Create safe, active, health-promoting routes to school	Safer, more active travel environ.; improved PA & health literacy	L3–Exceeding: Implemented, outcomes observed	Infrastructure / Services / Environments	Linked to safer active environments	Photos	NA	Positive perception

A strong pattern emerges across pilots: the most robust and measurable achievements relate to community participation, cross-sector governance, and the strengthening of local capacities and networks. By contrast, improvements in structural determinants—such as changes to environments, services, or broader social determinants of health—appear more context-dependent and less consistently evidenced within the project timeframe.

This has important implications. Structural and environmental changes typically require longer implementation periods, sustained institutional commitment, and integration into local policy frameworks. The variability observed across pilots highlights the importance of embedding LAP actions within local governance structures (e.g., municipal plans, school policies, or public health strategies) to stabilise and consolidate gains. At the same time, the strengthening of community networks and intersectoral collaboration represents a key enabling condition for future structural change and longer-term impact.

Sustainability and programme legacy were core priorities of WP5 from the outset. The LAP approach was designed to operate through intersectoral collaboration, actively engaging local stakeholders (e.g., schools, municipalities, health services and community organisations) and progressively transferring ownership and leadership of actions beyond the project duration. As a result, several pilots have already initiated continuation mechanisms, including the integration of actions into local or regional planning processes, the maintenance of Local Health Networks (LHNs), and ongoing stakeholder engagement. These elements are further explored in the subsequent section on Sustainability and Legacy of the LAPs.

Level 3 – Impact on Community WB

This section presents the Level 3 outcomes reported by the 16 pilot sites, capturing the broader impact of the Local Action Plans (LAPs) on community well-being and progress toward sustainable, equity-focused childhood obesity prevention. Pilots conducted structured self-assessments using a standard template, reporting observed results across key impact areas, the evidence supporting these outcomes, the stakeholders involved, and the potential for sustainability or follow-up.

The impact areas assessed include:

- Improved access to health-promoting environments (e.g., new green or play areas, improved walkability)
- Reduction in health and social inequalities (e.g., increased access to healthy food for low-income families)
- Strengthened community capacity (e.g., more community-led events or initiatives)
- Cross-sector collaboration and governance (e.g., creation of intersectoral working groups)
- Participation and empowerment (e.g., involvement of youth or other target groups in planning actions)
- Knowledge transfer and scalability (e.g., adoption of approaches in other districts or neighborhoods)

Table 9 below synthesizes the impacts reported by each pilot, highlighting strategic effects and sustainability potential. It provides a structured overview of the key results, enabling comparison across sites and illustrating the contributions of the LAPs to long-term health promotion and childhood obesity prevention. Cells marked “NA” or “Not implemented” indicate that the specific impact area was not addressed, not applicable, or no measurable outcomes were reported during the pilot period.

Table 9. Summary of impacts resulting from the implementation of the Local Action Plans (LAPs) across the 16 pilot sites.

Partner	Pilot Site / Country	Impact Area	Key Results Observed	Evidence Source / Measurement	Key Stakeholders Involved	Sustainability Potential / Follow-Up
1. 6th HEALTH ADM & 1.1 UPAT (AE)	Patra, Greece	**Improved access to health-promoting environ.**	NA	NA	NA	NA
1. 6th HEALTH ADM & 1.1 UPAT (AE)	Psarofai dist., Patra, Greece	**Reduction in health & social inequalities**	NA	NA	NA	NA
1. 6th HEALTH ADM & 1.1 UPAT (AE)	Psarofai dist., Patra, Greece	**Strengthened community capacity**	NA	NA	NA	NA
1. 6th HEALTH ADM & 1.1 UPAT (AE)	Psarofai dist., Patra, Greece	**Cross-sector collaboration & governance**	NA	NA	NA	NA
1. 6th HEALTH ADM & 1.1 UPAT (AE)	Psarofai dist., Patra, Greece	**Participation & empowerment**	NA	NA	NA	NA
1. 6th HEALTH ADM & 1.1 UPAT (AE)	Psarofai dist., Patra, Greece	**Knowledge transfer & scalability**	NA	NA	NA	NA
2. Sciensano (BEN)	Maasmechelen mun., Flanders, Belgium	**Improved access to health-promoting environ.**	Assessment of needed upgrades & budget for new playgrounds in under-resourced nbhds	Interviews	Local gov.	Access considered sustainable
2. Sciensano (BEN)	Maasmechelen mun., Flanders, Belgium	**Reduction in health & social inequalities**	Exploration of options to increase access for residents in a food desert	Interviews	Local gov.	Access considered sustainable
2. Sciensano (BEN)	Maasmechelen mun., Flanders, Belgium	**Strengthened community capacity**	Direct communication channel established between community groups & local gov.	Researcher proposal	Community groups & local gov.	Follow-up with community groups
2. Sciensano (BEN)	Maasmechelen mun., Flanders, Belgium	**Cross-sector collaboration & governance**	LHN actively promotes cross-sector collaboration	Meeting records	HN partners	HN expected to continue operating
2. Sciensano (BEN)	Maasmechelen mun., Flanders, Belgium	**Participation & empowerment**	Youth advocacy groups mobilised for improvements in most deprived nbhds	Workshop initiation	Youth & youth orgs.	Potential support from local gov.
2. Sciensano (BEN)	Maasmechelen mun., Flanders, Belgium	**Knowledge transfer & scalability**	Toolbox developed for Maasmechelen with potential application to other local gov.	Toolbox	Experts & researchers	Toolbox finalised & available for wider use

Partner	Pilot Site / Country	Impact Area	Key Results Observed	Evidence Source / Measurement	Key Stakeholders Involved	Sustainability Potential / Follow-Up
2. Sciensano (BEN)	Eeklo mun., Flanders, Belgium	**Improved access to health-promoting environ.**	Openness toward joint-use agreements; new nbhd worker appointed to support changes	Interviews	Local gov. & schools	Long-term agreements possible
2. Sciensano (BEN)	Eeklo mun., Flanders, Belgium	**Reduction in health & social inequalities**	Increased access to subsidised school meals (in development)	Interviews	Local gov.	Depends on budget availability
2. Sciensano (BEN)	Eeklo mun., Flanders, Belgium	**Strengthened community capacity**	NA	NA	NA	NA
2. Sciensano (BEN)	Eeklo mun., Flanders, Belgium	**Cross-sector collaboration & governance**	LHN functions as a cross-sector collaboration platform	Meetings	All LHN partners	Expected to continue
2. Sciensano (BEN)	Eeklo mun., Flanders, Belgium	**Participation & empowerment**	NA	NA	NA	NA
2. Sciensano (BEN)	Eeklo mun., Flanders, Belgium	**Knowledge transfer & scalability**	Toolbox developed for Eeklo with potential use by other gov.	Toolbox; participant interviews	Researchers & participants	Toolbox will be available for all local gov.
3. NNGYK (BEN)	Obuda-Bekasmegyer dist. (one school), Budapest & Jászkarajenő mun. (one school), Pest, Hungary	**Improved access to health-promoting environ.**	Participants learned about local sports options; healthier cafeteria established in cooperation with local gov.	Report (school principal)	Municipality, school	Continued healthier cafeteria
3. NNGYK (BEN)	Obuda-Bekasmegyer dist. (one school), Budapest & Jászkarajenő mun. (one school), Pest, Hungary	**Reduction in health & social inequalities**	Programs/trips accessible for all; disadvantaged children could participate & leave home	Report (school principal)	School, parents	Similar programs could broaden children's perspectives
3. NNGYK (BEN)	Obuda-Bekasmegyer dist. (one school), Budapest & Jászkarajenő mun. (one school), Pest, Hungary	**Strengthened community capacity**	Activities strengthened family & community cohesion	Report (school principal)	Local health expert, families	Continue selected sports activities (e.g., mother–daughter yoga)
3. NNGYK (BEN)	Obuda-Bekasmegyer dist. (one school), Budapest & Jászkarajenő mun. (one school), Pest, Hungary	**Cross-sector collaboration & governance**	NA	NA	NA	NA
3. NNGYK (BEN)	Obuda-Bekasmegyer dist. (one school), Budapest & Jászkarajenő mun. (one school), Pest, Hungary	**Participation & empowerment**	Parent participation reached 30–40%	Report (school principal)	School, parents	Increased parental commitment to healthy lifestyles
3. NNGYK (BEN)	Obuda-Bekasmegyer dist. (one school), Budapest &	**Knowledge transfer & scalability**	Improved skills & knowledge of children/parents, esp. on	Report (school principal)	School, students, local health experts	Videos reusable in future classes

Partner	Pilot Site / Country	Impact Area	Key Results Observed	Evidence Source / Measurement	Key Stakeholders Involved	Sustainability Potential / Follow-Up
	Jászkarajenő mun. (one school), Pest, Hungary		healthy eating; broadened health knowledge			
6 MFH (BEN)	Northern Harbour dist., Hamrun, Malta	**Improved access to health-promoting environ.**	New roof garden; refurbished school grounds; new playground; support to local gov. for family fest incl. car-free main street for walking	Community feedback, photos	Hamrun LC, Planning Auth., Environ. & Resources Auth. (ERA), schools, Educ. Dept., Transport Malta	CCTV to prevent vandalism; maintenance of grounds; PA sessions in roof garden & LC areas; repeat family fest on multiple Sundays
6 MFH (BEN)	Northern Harbour dist., Hamrun, Malta	**Reduction in health & social inequalities**	Budget-friendly healthy cooking sessions; ↑ awareness of PH services among Non-Maltese residents	Photos	Parents/guardians, school, Health Promotion Directorate (HPD)	Repeat programmes & cooking sessions
6 MFH (BEN)	Northern Harbour dist., Hamrun, Malta	**Strengthened community capacity**	Residents engaged in participatory workshops (needs assessment & priority-setting); collaboration across stakeholders	Photos	Community groups, volunteers, educators, CG members	Train-the-trainer courses for underserved groups; community health forums to voice concerns & collaborate w/ NGOs
6 MFH (BEN)	Northern Harbour dist., Hamrun, Malta	**Cross-sector collaboration & governance**	Stronger links w/ schools & parents; involvement of Healthy Lifestyle Council (HLC); broad community awareness of project	Meeting records	Health dept., educ., HLC	HLC (inter-ministerial advisory body) formally committed to supporting health improvements incl. school food policies; monthly meetings ensure continuity post-project
6 MFH (BEN)	Northern Harbour dist., Hamrun, Malta	**Participation & empowerment**	Active involvement of Non-Maltese residents in planning actions	Participation records, testimonials, workshop inputs	Non-Maltese community, social workers	Migrant community reps supported through local policy
6 MFH (BEN)	Northern Harbour dist., Hamrun, Malta	**Knowledge transfer & scalability**	↑ engagement on MFH socials due to healthy posters shared via school channels	MFH social media analytics	MFH comms team, school comms team, local gov. comms team	Plan to submit abstract to upcoming Medical School conference
10. FISABIO (BEN) DGSP-CV (AE)	El Raval-St. Agustí nbhd., Cullera, Spain	**Improved access to health-promoting environ.**	Weekly local fresh produce market planned; sports activities (Christmas week,	Reports of implemented actions;	Municipal market services, sports	Medium–High – feasible and supported by Local

Partner	Pilot Site / Country	Impact Area	Key Results Observed	Evidence Source / Measurement	Key Stakeholders Involved	Sustainability Potential / Follow-Up
			youth events); cultural initiative "Healthy Melodies"	LHT low scores on food environ. (2.8)	technicians, cultural associations, schools	gov.; requires ongoing municipal commitment
10. FISABIO (BEN) DGSP-CV (AE)	El Raval-St. Agustí nbhd., Cullera, Spain	**Reduction in health & social inequalities**	Inclusion of Roma associations & vulnerable families in participatory spaces; focus on affordable access to healthy food & safe spaces	Assembly results (Dec 2024); Photovoice findings	Roma associations, social services, school staff	Medium – progress depends on scaling up structural measures (market, urban improvements)
10. FISABIO (BEN) DGSP-CV (AE)	El Raval-St. Agustí nbhd., Cullera, Spain	**Strengthened community capacity**	Annual event "Connectar Junts amb Salut" established; residents co-designed actions; Roma leaders actively engaged	Attendance lists, CG minutes, associations feedback	Local associations, Amamanta (breastfeeding support groups), neighbourhood leaders	High – community organisations committed to continue mobilisation & events
10. FISABIO (BEN) DGSP-CV (AE)	El Raval-St. Agustí nbhd., Cullera, Spain	**Cross-sector collaboration & governance**	CG meetings; engagement of ≥5 municipal departments; cooperation between schools, health centre & social services	CG records; councillor meetings (May 2024)	Local gov. (health, social, youth, sports, urbanism), schools, health centre	Medium–High – political support present; future depends on institutionalising collaboration
10. FISABIO (BEN) DGSP-CV (AE)	El Raval-St. Agustí nbhd., Cullera, Spain	**Participation & empowerment**	>25 participants in workshops, assemblies & events; families & children contributed to prioritisation; empowerment visible in Photovoice testimonies	LHT sessions (n≈146), Photovoice projects, assembly voting	Residents, children, families, Roma leaders	High – strong community ownership; sustained if assemblies & participatory tools continue annually
10. FISABIO (BEN) DGSP-CV (AE)	El Raval-St. Agustí nbhd., Cullera, Spain	**Knowledge transfer & scalability**	Tools (LHT, Photovoice, Create a Common Language) adapted locally; action factsheets created; experience shared with councillors & associations	Project documentation, meeting notes, evaluation summary	Facilitators (FISABIO), municipal technicians, CG members	Medium – tools transferable; requires training local facilitators & institutional embedding
10. FISABIO (BEN) DGSP-CV (AE)	La Coma nbhd., Paterna, Spain	**Improved access to health-promoting environ.**	Unused spaces repurposed; children learned to create & maintain school garden	Before-after observation, community feedback	Local gov., schools (teachers & students)	Integrated into annual school projects; reinforced healthy eating; budget provided by local gov.
10. FISABIO (BEN) DGSP-CV (AE)	La Coma nbhd., Paterna, Spain	**Reduction in health & social inequalities**	Maternal & child workshops w/ midwife increased awareness of pediatric checkups in the	Monitoring data, follow-up via midwife consultations	Local health services	Strengthened commitment of healthcare

Partner	Pilot Site / Country	Impact Area	Key Results Observed	Evidence Source / Measurement	Key Stakeholders Involved	Sustainability Potential / Follow-Up
			nbhd (now without pediatric services)			professionals to family-focused workshops
10. FISABIO (BEN) DGSP-CV (AE)	La Coma nbhd., Paterna, Spain	**Strengthened community capacity**	Nbhd residents included in work committees previously reserved for professionals	Requests recorded in meeting minutes	Two neighbourhood associations in steering group	Resident participation formalised; activities supported
10. FISABIO (BEN) DGSP-CV (AE)	La Coma nbhd., Paterna, Spain	**Cross-sector collaboration & governance**	CG created using intersectoral methodology	Meeting records, agreements signed	Health dept., education, planning, NGOs	Political commitment from local gov. & nbhd associative network
10. FISABIO (BEN) DGSP-CV (AE)	La Coma nbhd., Paterna, Spain	**Participation & empowerment**	CG for the Healthy Routes established; 2 nbhd associations participate	Participation records, satisfaction questionnaires	Nbhd residents, NGOs, local police	Supported by local gov., local police, NGOs & healthcare professionals
10. FISABIO (BEN) DGSP-CV (AE)	La Coma nbhd., Paterna, Spain	**Knowledge transfer & scalability**	Health4EUKids methodology disseminated to other nbhds in municipality	Two groups of City Council technicians trained	Working groups for healthy municipalities & children's rights	Knowledge-sharing events planned (work meetings, community meetings)
10.1 SAS (AE), 10.5 EASP (AE), 10.9 FPS (AE)	Polígono Sur dist., Seville, Spain	**Improved access to health-promoting environ.**	NA	NA	NA	NA
10.1 SAS (AE), 10.5 EASP (AE), 10.9 FPS (AE)	Polígono Sur dist., Seville, Spain	**Reduction in health & social inequalities**	NA	NA	NA	NA
10.1 SAS (AE), 10.5 EASP (AE), 10.9 FPS (AE)	Polígono Sur dist., Seville, Spain	**Strengthened community capacity**	Replication of the "shopping basket" workshops led by community members	EASP activity records	EASP, Polígono Sur Commissioner's Office	The training programme developed will be integrated into the 2026 RELAS (Local Health Network) Action Plan, enabling replication in disadvantaged neighbourhoods across Andalusia.
10.1 SAS (AE), 10.5 EASP	Polígono Sur dist., Seville, Spain	**Cross-sector collaboration & governance**	Strengthening of the Local Health Roundtable	Meeting minutes; signed agreements, including the *Protocol*	Polígono Sur Commissioner's Office; Andalusian Health	Technical structure formalised with an explicit mandate.

Partner	Pilot Site / Country	Impact Area	Key Results Observed	Evidence Source / Measurement	Key Stakeholders Involved	Sustainability Potential / Follow-Up
(AE), 10.9 FPS (AE)				*for Action of the Health Roundtable* at the Polígono Sur Commissioner's Office	Service (SAS); Seville City Council; Territorial Delegation of the Regional Ministry of Educational Development and Vocational Training	
10.1 SAS (AE), 10.5 EASP (AE), 10.9 FPS (AE)	Polígono Sur dist., Seville, Spain	**Participation & empowerment**	NA	NA	NA	NA
10.1 SAS (AE), 10.5 EASP (AE), 10.9 FPS (AE)	Polígono Sur dist., Seville, Spain	**Knowledge transfer & scalability**	The "shopping basket" training programme has been requested for replication in other dist./nbhds. The experience was presented in another city (Granada) during the *2025 Researchers' Night*	Participation records; 2026 RELAS Action Plan	RELAS – Regional Local Health Action Network; EASP; FPS; IBS Granada Research Institute	Course materials & toolkit developed; participation in knowledge-sharing events planned for late 2025, along with new activities at the regional level in 2026
10.2 IdISBa (AE)	Llevant Sud dist., Palma, Spain	**Improved access to health-promoting environ.**	Improved walkability around schools	Before-after observation, community feedback; mobility platform	Local gov., parents, schools	Integrated into urban planning documents
10.2 IdISBa (AE)	Llevant Sud dist., Palma, Spain	**Reduction in health & social inequalities**	Not specified in detail; linked to general municipal initiatives	Local gov. records	Local gov.	Not specified
10.2 IdISBa (AE)	Llevant Sud dist., Palma, Spain	**Strengthened community capacity**	Community-led events/initiatives (Fira d'entitats, Nit de ses Ànimes/Halloween, football cups)	Event records	Community Network Patronato Obrero	Monthly meetings to plan activities
10.2 IdISBa (AE)	Llevant Sud dist., Palma, Spain	**Cross-sector collaboration & governance**	Intersectoral working group created, which works as the LHN	Meeting records, agreements signed	Health dept., education, planning, NGOs	Governance body formalised with mandate
10.2 IdISBa (AE)	Llevant Sud dist., Palma, Spain	**Participation & empowerment**	Subcommittee created in Community Network Patronato Obrer; territory assessment conducted	Participation records, assessment results	Families, education staff, local entities	Active engagement through local committees

Partner	Pilot Site / Country	Impact Area	Key Results Observed	Evidence Source / Measurement	Key Stakeholders Involved	Sustainability Potential / Follow-Up
10.2 IdISBa (AE)	Llevant Sud dist., Palma, Spain	**Knowledge transfer & scalability**	Action Plan & Healthy Route developed; experience shared with new nbhd	Platform and project website	CG members	Applicable to other nbhds
10.3 CSG (AE)	Ponteareas mun., Spain	**Improved access to health-promoting environ.**	Creation of active play spaces (painted traditional games in public squares); integration of active breaks within schools	Pre-post observation; teacher reports; community feedback	Local gov., schools, youth associations	Low-cost, replicable; integrated into school programmes (*Plan Proxecta Nutriescolas*) and considered for uptake in other municipalities
10.3 CSG (AE)	Ponteareas mun., Spain	**Cross-sector collaboration & governance**	LHN established with political, health, education, & social actors	Meeting minutes; attendance records; members professional profiles	Local gov., health dept., education dept., NGOs, associations	LHN structure remains active; embedded into REGAPS for replication in other municipalities
10.3 CSG (AE)	Ponteareas mun., Spain	**Participation & empowerment**	Children engaged in participatory mapping & co-design; school staff selected final actions	Asset maps; LHT results; testimonials	Schools, teachers	Participatory culture strengthened; tools (*Atopa Saúde*, LHT) retained for future cycles
10.3 CSG (AE)	Ponteareas mun., Spain	**Knowledge transfer & scalability**	Development of reusable resources (Harvard plate, nutrition labelling workshops, active breaks guide/videos, reflective vests, balloons); portfolio of good practices created	Project materials; audiovisual resources; dissemination reports	Regional health authorities, REGAPS, schools	Portfolio introduces new model for scaling healthy habits across municipalities, universities, schools, & enterprises
10.3 CSG (AE)	Ponteareas mun., Spain	**Community awareness & behaviour change (additional impact area reported)**	Increased awareness of healthy eating & active lifestyles; improved teacher engagement in health promotion	Pre–post reflections; informal feedback; satisfaction forms	Students, teachers	Materials integrated into school curricula & *Plan Proxecta Nutriescolas*
10.4 IDIVAL (AE)	Covadonga & La Inmobiliaria nbhd., Torrelavega, Spain	**Improved access to health-promoting environ.**	NA	NA	NA	NA
10.4 IDIVAL (AE)	Covadonga & La Inmobiliaria nbhd., Torrelavega, Spain	**Reduction in health & social inequalities**	NA	NA	NA	NA

Partner	Pilot Site / Country	Impact Area	Key Results Observed	Evidence Source / Measurement	Key Stakeholders Involved	Sustainability Potential / Follow-Up
10.4 IDIVAL (AE)	Covadonga & La Inmobiliaria nbhd., Torrelavega, Spain	**Strengthened community capacity**	NA	NA	NA	NA
10.4 IDIVAL (AE)	Covadonga & La Inmobiliaria nbhd., Torrelavega, Spain	**Cross-sector collaboration & governance**	NA	NA	NA	NA
10.4 IDIVAL (AE)	Covadonga & La Inmobiliaria nbhd., Torrelavega, Spain	**Participation & empowerment**	NA	NA	NA	NA
10.4 IDIVAL (AE)	Covadonga & La Inmobiliaria nbhd., Torrelavega, Spain	**Knowledge transfer & scalability**	NA	NA	NA	NA
10.8 BIOSISTEMAK (AE)	Erandio mun., Spain	**Improved access to health-promoting environ.**	Not implemented	Not implemented	Not implemented	Not implemented
10.8 BIOSISTEMAK (AE)	Erandio mun., Spain	**Reduction in health & social inequalities**	Not implemented	Not implemented	Not implemented	Not implemented
10.8 BIOSISTEMAK (AE)	Erandio mun., Spain	**Strengthened community capacity**	Capacity-building activities implemented with municipal technicians & politicians	Urban Health Capacities Assessment Tool (WHO); training on community participation (Dept. of Health & OECD).	Municipal technicians & politicians; expert facilitators; community nurses	Leadership roles for sustaining LHN assigned within local gov.
10.8 BIOSISTEMAK (AE)	Erandio mun., Spain	**Cross-sector collaboration & governance**	Cross-sector collaboration initiated across local gov., healthcare, education, community associations, migrants' groups, social services	Commitment to CG (document); LHN meeting minutes	City Council technicians & councillors; primary & mental health professionals; educational community; sports, seniors, commerce & cultural associations; migrant collectives; social services	Continuation of LHN; development of Action Plan 2025–2028: "Erandio mugitzen ari da!"
10.8 BIOSISTEMAK (AE)	Erandio mun., Spain	**Participation & empowerment**	Significant involvement of children & youth in LHN	7 youth participants out of 36 in last LHN session (29/06/2025)	Children & youth	City Council (inc. local gov.) & facilitators committed

Partner	Pilot Site / Country	Impact Area	Key Results Observed	Evidence Source / Measurement	Key Stakeholders Involved	Sustainability Potential / Follow-Up
						to continued youth engagement
10.8 BIOSISTEMAK (AE)	Erandio mun., Spain	**Knowledge transfer & scalability**	Not implemented	Not implemented	Not implemented	Not implemented
11. MS (BEN)	Alter do chão mun. & Portalegre mun., Portugal	**Improved access to health-promoting environ.**	Improved accessibility to schools; encouraged active mobility	Community feedback	Local gov.; parents; schools	Integrated into urban planning documents
11. MS (BEN)	Alter do chão mun. & Portalegre mun., Portugal	**Reduction in health & social inequalities**	Improved access to healthy food for families in need	Monitoring data	NGOs; local health services; private & public institutions	Local & national funding secured for food programmes
11. MS (BEN)	Alter do chão mun. & Portalegre mun., Portugal	**Strengthened community capacity**	Investment in community-led actions & programmes	Quantity & nature of civic initiatives	NGOs; community leaders; volunteers	Knowledge transfer; ongoing engagement; strengthened local leadership
11. MS (BEN)	Alter do chão mun. & Portalegre mun., Portugal	**Cross-sector collaboration & governance**	Creation of an intersectoral team	Minutes; terms of agreement signed	Education & health sectors; NGOs; government entities	Formalised government structure
11. MS (BEN)	Alter do chão mun. & Portalegre mun., Portugal	**Participation & empowerment**	Formalised community structures with adaptive decision power	Participation data; personal reports	Health & education professionals; community leaders; social workers	Increased autonomy in decision-making; integration into permanent structures
11. MS (BEN)	Alter do chão mun. & Portalegre mun., Portugal	**Knowledge transfer & scalability**	Replication requests from other locations; methodology published & presented; KT events (workshops/webinars)	Network of partners validating & disseminating the programme	Academic & institutional partners; research networks	Institutional support for wider replication
11. MS (BEN)	Alter do chão mun. & Portalegre mun., Portugal	**Health literacy & education (additional impact area reported)**	Increased knowledge of nutrition & well-being	Pre-post workshop tests; qualitative feedback	Teachers; families; health professionals	Integration into school curricula & educational manuals
11. MS (BEN)	Alter do chão mun. & Portalegre mun., Portugal	**Mental health & wellbeing (additional impact area reported)**	Perceived reduction in stress; improved school climate	Focus groups; reports from students & teachers	School psychologists; teachers; parents	Establishment of regular emotional literacy programmes
11. MS (BEN)	Alter do chão mun. & Portalegre mun., Portugal	**Food environment improvement (additional impact area reported)**	Renovation of the primary school kitchen (Alter do Chão)	Direct observation; student satisfaction; menu reports	School nutritionists; school health services	Regulation & sustainable supplier contracts

Across the 16 pilot sites, the Local Action Plans (LAPs) generated substantial, multi-level progress in nearly all target impact areas, despite diverse local contexts and levels of maturity. A strong pattern emerges: most measurable achievements relate to community participation, cross-sector governance, and strengthened capacity, while improvements in health-promoting environments and reducing inequalities appear more context-dependent but still notable.

This pattern has important implications for the sustainability and scalability of LAP outcomes. While community participation, cross-sector governance, and capacity-building can be achieved within the project timeframe, structural and environmental changes require longer-term processes, including institutional integration, policy alignment, and sustained resource allocation.

Evidence across pilots indicates that the consolidation of these changes is strongly associated with three key conditions: (i) early institutional anchoring, particularly through engagement of local authorities and integration into existing services; (ii) sustained community engagement, supported by participatory approaches and Local Health Networks (LHNs); and (iii) supportive policy environments, addressing structural and commercial determinants of health.

Where these conditions were present (e.g., Erandio, Ponteareas, Alter do Chão, Portalegre), actions were more likely to be embedded into local planning processes and sustained beyond the project. In contrast, where institutional or political support was limited (e.g., Torrelavega), actions remained more programmatic and less structurally embedded. These findings reinforce the importance of designing LAPs not only as sets of interventions, but as locally anchored governance processes, capable of sustaining impact beyond the project duration.

Improved access to health-promoting environments

Although not implemented in all pilots, those that focused on this area achieved tangible environmental and behavioural changes. These include:

- creation of active play spaces, school gardens, and painted game circuits (La Coma, Spain; Ponteareas, Spain; Hamrun, Malta);
- improved walkability and safe school routes integrated into long-term urban planning (Llevant Sud, Palma, Spain; La Coma, Spain; Alter do Chão & Portalegre, Portugal);
- activation of underused public spaces for community play and events (Hamrun, Malta; Ponteareas, Spain).

These actions show that small, low-cost environmental adaptations can be rapidly adopted and scaled. Structural interventions, however, require significant organisational effort, permissions, coordination, and cross-sector collaboration, which may explain why certain pilots were unable to achieve this level of built-environment change within the project timeframe. Nevertheless, pilots that did implement structural improvements demonstrate that, although complex, such changes can be successfully realised with strong local governance and multi-stakeholder engagement.

Reduction of health and social inequalities

Several pilots implemented targeted responses to vulnerable groups, such as:

- parenting and child workshops improving access to paediatric guidance (La Coma, Spain),
- structured food assistance and healthy food provision backed by secured funding (Alter do Chão & Portalegre, Portugal),
- programmes bridging gaps in neighbourhoods with food deserts or fewer health or mobility services (Obuda-Bekasmegyer dist. & Jászkarajenő, Hungary; La Coma, Spain; Llevant Sud, Spain; Alter do Chão & Portalegre, Portugal).

Improving living environments aims not only to promote health but also to redistribute health benefits more equitably, ensuring that disadvantaged or underserved communities gain the same opportunities for physical activity, access to healthy food, and safe recreational spaces as more advantaged neighbourhoods. Results indicate that LAPs can help identify previously overlooked needs and mobilise local systems around inequity hotspots.

Strengthened community capacity

This is one of the strongest and clearest achievements. Across sites:

- community members were integrated into work committees, core groups, and steering structures that previously involved only professionals (Hamrun, Malta; La Coma, Spain; Erandio, Spain);
- residents organised or co-organised events, routes, and school activities (Cullera, Spain; Llevant Sud, Spain; Ponteareas, Spain; Erandio, Spain);
- many pilots report new leadership, especially youth involvement and neighbourhood associations La Coma, Spain; Hamrun, Malta; Erandio, Spain).

These outcomes reveal a shift from consultation to co-production, where community actors are not only consulted but take operational and leadership roles in planning, implementing, and sustaining health-promoting actions. Importantly, this aligns with one of the key impacts highlighted in the Grunau Moves best practice, which sought to develop a methodology based on community work to co-design bottom-up initiatives tailored to local needs and to empower residents' capacities to uphold and improve their own health.

Cross-sector collaboration and governance

A consistently high-impact result across almost all pilots. Common achievements include:

- creation or formalisation of Local Health Networks (LHN), Core Groups (CG), or intersectoral teams with health, education, urban planning, social services, and local NGOs and associations (all pilots);
- signed agreements and planning documents embedding collaboration into municipal structures (Hamrun, Malta; La Coma, Spain; Cullera, Spain; Polígono Sur dist., Spain; Ponteareas, Spain; Erandio, Spain);
- political commitment from local governments, enabling sustainability beyond the pilot (La Coma, Spain; Erandio, Spain; Alter do Chão & Portalegre, Portugal).

This constitutes a structural change, namely not only actions but new governance arrangements that remain active. It demonstrates how multi-stakeholder collaboration can support community co-design, coordinate resources across sectors, and empower local actors to sustain health-promoting initiatives over the long term.

Participation and empowerment

One of the most visible success areas. Notable practices include:

- participatory mapping with children and youth (all pilots),
- resident-led activity planning (almost all pilots),
- open community events with high attendance (almost all pilots),
- formalised community subcommittees or participatory bodies (Hamrun, Malta; La Coma, Spain; Polígono Sur dist., Spain; Erandio, Spain; Alter do Chão & Portalegre, Portugal).

Many pilots report increased motivation, improved mental well-being for youth involved, and stronger citizenship engagement. These outcomes demonstrate that the initiatives fostered shared ownership of health-promoting actions and empowered communities to actively shape their local health environment.

Knowledge transfer and scalability

Several pilots generated replicable materials and models:

- active breaks guides, nutrition infographics, videos, reflective vests, health-asset tools;
- methodologies disseminated to neighbouring municipalities;
- recognition by regional networks (e.g., REGAPS, RELAS in Galicia and Andalusia, respectively) and requests for replication.

This demonstrates the scalability of the LAP methodology, supported by concrete resources and institutional uptake that can support sustained implementation across contexts.

All in all, these findings provide a direct basis for understanding the sustainability and legacy of the LAPs. In particular, the consistent strengthening of community capacity, cross-sector governance, and participation represents a critical foundation for sustaining actions over time, while the more context-dependent nature of structural and environmental changes highlights the need for continued institutional support, policy alignment, and long-term investment. These aspects are further analysed in the following section on Sustainability and Legacy of the LAPs.

5. Sustainability and Legacy of the Local Action Plans (LAPs)

A key aspect of the evaluation concerns the long-term sustainability and legacy of the interventions implemented under the Local Action Plans (LAPs). Beyond short-term outcomes, this dimension assesses the extent to which the actions initiated through the Grünau Moves transfer are likely to persist, evolve, or influence local systems once project funding ends.

Sustainability is understood both as the continuation of specific activities and as the broader uptake of the approaches, tools, and partnerships developed during implementation. This includes their integration into existing municipal or community organisational structures, the mobilisation of local resources, and the establishment of governance or coordination mechanisms that ensure long-term ownership. This section presents an overview of how pilot sites have addressed these aspects, highlighting concrete strategies, enabling factors, and early signs of legacy building across contexts.

For the analysis, sustainability was grouped into five key components:

1. Integration into local policy/programs
2. Strengthening of community ownership & local capacity
3. Governance & institutional support
4. Resource mobilization & human resource planning
5. Knowledge transfer and management
6. External dissemination & communication
   (plus any additional aspects reported by partners)

Table 10 synthesizes sustainability measures, legacy-oriented actions, key actors, and planned follow-up across all participating pilots. Additional aspects (e.g., Policy Advocacy, Evaluation & Monitoring, Legacy), were included when partners highlighted them. The table provides an overview of institutional embedding, community engagement, resource allocation, and mechanisms for scaling and replicating project outputs in different local contexts.

In particular, several pilots demonstrate how LAP actions are being integrated into local and regional systems, including incorporation into policies and programmes (e.g., school programmes in Galicia, RELAS in Andalusia), the establishment of formal agreements and institutional commitments (e.g., Portugal), and the allocation of municipal or regional funding (e.g., Belgium, Spain). In addition, some pilots contributed to emerging policy-relevant outputs (e.g., nutrition environments in schools, local health planning tools), indicating potential for longer-term legislative or regulatory uptake. Together, these elements illustrate how LAPs can move beyond project-based interventions towards sustained integration within public systems.

Table 10. Summary of sustainability and legacy actions across the 16 pilot sites.

Partner	Pilot Site / Country	Sustainability Element	Actions Taken / Measures	Actors Involved	Planned Follow-up
1. 6th HEALTH ADM & 1.1 UPAT (AE)	Psarofai dist., Patra, Greece	**Integration into Local Policy / Programs**	NA	NA	NA
1. 6th HEALTH ADM & 1.1 UPAT (AE)	Psarofai dist., Patra, Greece	**Community Ownership & Local Capacity**	NA	NA	NA
1. 6th HEALTH ADM & 1.1 UPAT (AE)	Psarofai dist., Patra, Greece	**Governance and Institutional Support**	NA	NA	NA
1. 6th HEALTH ADM & 1.1 UPAT (AE)	Psarofai dist., Patra, Greece	**Resource Mobilization & Human Resource Planning**	NA	NA	NA
1. 6th HEALTH ADM & 1.1 UPAT (AE)	Psarofai dist., Patra, Greece	**Knowledge Transfer & Documentation**	NA	NA	NA
1. 6th HEALTH ADM & 1.1 UPAT (AE)	Psarofai dist., Patra, Greece	**External Dissemination & Communication**	NA	NA	NA
2. Sciensano (BEN)	Maasmechelen mun., Flanders, Belgium	**Integration into Local Policy / Programs**	Integrated into working plan from new government	Local gov.	5-year action plan
2. Sciensano (BEN)	Maasmechelen mun., Flanders, Belgium	**Community Ownership & Local Capacity**	Community working groups	Community groups	Keep in touch
2. Sciensano (BEN)	Maasmechelen mun., Flanders, Belgium	**Governance and Institutional Support**	Establishment of the LHN	All LHN members	—
2. Sciensano (BEN)	Maasmechelen mun., Flanders, Belgium	**Resource Mobilization & Human Resource Planning**	Allocation of funds for playspaces	Local gov.	Budget was available, check if this remains with new government
2. Sciensano (BEN)	Maasmechelen mun., Flanders, Belgium	**Knowledge Transfer & Documentation**	Creation of the toolbox from local gov.	Project team	Integration of different outputs of different projects into this toolbox
2. Sciensano (BEN)	Maasmechelen mun., Flanders, Belgium	**External Dissemination & Communication**	Report publication	Researchers	—
2. Sciensano (BEN)	Eeklo mun., Flanders, Belgium	**Integration into Local Policy / Programs**	NA	NA	NA
2. Sciensano (BEN)	Eeklo mun., Flanders, Belgium	**Community Ownership & Local Capacity**	NA	NA	NA
2. Sciensano (BEN)	Eeklo mun., Flanders, Belgium	**Governance and Institutional Support**	Establishment of the LHN	All LHN members	—
2. Sciensano (BEN)	Eeklo mun., Flanders, Belgium	**Resource Mobilization & Human Resource Planning**	NA	NA	NA
2. Sciensano (BEN)	Eeklo mun., Flanders, Belgium	**Knowledge Transfer & Documentation**	Creation of the toolbox for local gov.	Project team	Integration of different outputs of different projects into this toolbox

Partner	Pilot Site / Country	Sustainability Element	Actions Taken / Measures	Actors Involved	Planned Follow-up
2. Sciensano (BEN)	Eeklo mun., Flanders, Belgium	**External Dissemination & Communication**	Report publications	Researchers	—
3. NNGYK (BEN)	Obuda-Bekasmegyer dist. (one school), Budapest & Jászkarajenő mun. (one school), Pest, Hungary	**Integration into Local Policy / Programs**	Maintaining a healthy cafeteria	School board, municipality,	Continue the program post-project
3. NNGYK (BEN)	Obuda-Bekasmegyer dist. (one school), Budapest & Jászkarajenő mun. (one school), Pest, Hungary	**Community Ownership & Local Capacity**	Maintaining the community sport activities	Local health experts	Continue the programs post-project
3. NNGYK (BEN)	Obuda-Bekasmegyer dist. (one school), Budapest & Jászkarajenő mun. (one school), Pest, Hungary	**Governance & Institutional Support**	Professional methodological support for the community	School, National Center for Public Health and Pharmacy	If it is necessary
3. NNGYK (BEN)	Obuda-Bekasmegyer dist. (one school), Budapest & Jászkarajenő mun. (one school), Pest, Hungary	**Knowledge Transfer & Documentation**	Videos, materials are available for new students	School	Materials available through school platform
6 MFH (BEN)	Northern Harbour dist., Hamrun, Malta	**Integration into Local Policy / Programs**	Consulted Healthy Lifestyle Advisory Council (HLAC) for sustainability guidance; explored policy alignment under Act III/2016	HLAC members, public health, education execs	Explore train-the-trainer approaches; assess funding for professional support
6 MFH (BEN)	Northern Harbour dist., Hamrun, Malta	**Community Ownership & Local Capacity**	Engaged residents in project video and local health activities (PA sessions, cooking classes)	Residents, local council, Health Promotion Directorate	Continue community-led sessions and family engagement
6 MFH (BEN)	Northern Harbour dist., Hamrun, Malta	**Governance and Institutional Support**	Coordination with local council, schools, and Health Promotion Directorate to embed health actions	Local council, schools, NGOs	Maintain structured collaboration for future activities

Partner	Pilot Site / Country	Sustainability Element	Actions Taken / Measures	Actors Involved	Planned Follow-up
6 MFH (BEN)	Northern Harbour dist., Hamrun, Malta	**Resource Mobilization & HR Planning**	Delivered weight management programmes; leveraged nutritionists and school staff	Nutritionists, schools, residents	Monitor outcomes; plan for continued staff support
6 MFH (BEN)	Northern Harbour dist., Hamrun, Malta	**Knowledge Transfer & Documentation**	Documented project via video and school meetings for replication	WP4 leads, schools, parents	Use materials for training new facilitators and wider dissemination
6 MFH (BEN)	Northern Harbour dist., Hamrun, Malta	**External Dissemination & Communication**	Presented project to HLAC; video shared on project website	HLAC, public health authorities, project partners	Continue sharing results locally and internationally
10. FISABIO (BEN) DGSP-CV (AE)	El Raval-St. Agustí nbhd., Cullera, Spain	**Integration into Local Policy / Programs**	Pilot actions (market, community space, annual event) presented to councillors; discussed for inclusion in local agendas	Local gov. councillors (health, markets, culture, SS)	Explore formal integration into local gov. programs
10. FISABIO (BEN) DGSP-CV (AE)	El Raval-St. Agustí nbhd., Cullera, Spain	**Community Ownership & Local Capacity**	Annual event co-organised; Roma & neighbourhood groups led activities; action sheets co-created	Roma assocs., NB assoc., schools	Continue annual assemblies & expand CG/working groups
10. FISABIO (BEN) DGSP-CV (AE)	El Raval-St. Agustí nbhd., Cullera, Spain	**Governance & Institutional Support**	PH & facilitators supported process; local gov. staff handled logistics; assocs. volunteered	PH, FISABIO, local gov. staff, assocs.	Secure local gov. budget & assign liaison officer
10. FISABIO (BEN) DGSP-CV (AE)	El Raval-St. Agustí nbhd., Cullera, Spain	**Resource Mobilisation & HR Planning**	Tools adapted (LHT, Photovoice); actions documented	CG, facilitators, schools	Produce short manuals for wider use
10. FISABIO (BEN) DGSP-CV (AE)	El Raval-St. Agustí nbhd., Cullera, Spain	**Knowledge Transfer & Documentation**	Methods & actions documented in sheets & evaluations	FISABIO, LG teams	Share manuals with other NB / councils
10. FISABIO (BEN) DGSP-CV (AE)	El Raval-St. Agustí nbhd., Cullera, Spain	**External Dissemination & Communication**	Dissemination via local gov. social media, posters, local events	LG comms team, assocs., PH	Strengthen local press outreach
10. FISABIO (BEN) DGSP-CV (AE)	La Coma nbhd., Paterna, Spain	**Integration into Local Policy / Programs**	School garden integrated into school educational projects	Local gov. (Paterna), teachers, students	Include parents in future activities
10. FISABIO (BEN) DGSP-CV (AE)	La Coma nbhd., Paterna, Spain	**Community Ownership & Local Capacity**	Working committees formed incl. residents + technical staff	NB leaders, technical staff	Maintain NB leader involvement in decisions
10. FISABIO (BEN) DGSP-CV (AE)	La Coma nbhd., Paterna, Spain	**Governance & Institutional Support**	Intersectoral working group established; local gov. actively engaged	Health dept., Local gov., NGOs	Meetings planned for 2026

Partner	Pilot Site / Country	Sustainability Element	Actions Taken / Measures	Actors Involved	Planned Follow-up
10. FISABIO (BEN) DGSP-CV (AE)	La Coma nbhd., Paterna, Spain	**Resource Mobilisation & HR Planning**	Annual municipal/regional subsidies for CH actions	Local & regional health authorities	Funding applications in Q3 2025
10. FISABIO (BEN) DGSP-CV (AE)	La Coma nbhd., Paterna, Spain	**Knowledge Transfer & Documentation**	H4EUKids guide, materials & online maps available to community	CG members	Upload materials to LG online platform
10. FISABIO (BEN) DGSP-CV (AE)	La Coma nbhd., Paterna, Spain	**External Dissemination & Communication**	Activities shared via city social media & local radio; summaries circulated	LG comms team, partners	Ongoing dissemination via media channels
10.1 SAS (AE), 10.5 EASP (AE), 10.9 FPS (AE)	Polígono Sur dist., Seville, Spain	**Integration into Local Policy / Programs**	ToT course integrated into the Andalusian Local Health Network (RELAS) training contract	RELAS coordination, EASP, local gov., CG members	Review ToT implementation in at least one Andalusian municipality (end 2026)
10.1 SAS (AE), 10.5 EASP (AE), 10.9 FPS (AE)	Polígono Sur dist., Seville, Spain	**Community Ownership & Local Capacity**	ToT course prepares local actors and parents to facilitate workshops on healthy habits	Community leaders, NGOs, health professionals	Assess replication of workshops within PS (end 2026)
10.1 SAS (AE), 10.5 EASP (AE), 10.9 FPS (AE)	Polígono Sur dist., Seville, Spain	**Governance & Institutional Support**	CPS serves as an inclusive governance forum where community representatives present proposals and needs	Community Health Board (CPS), community reps	Continue CPS meetings during 2026
10.1 SAS (AE), 10.5 EASP (AE), 10.9 FPS (AE)	Polígono Sur dist., Seville, Spain	**Resource Mobilisation & HR Planning**	ToT approach develops local facilitators, reducing dependency on external staff	EASP, RELAS coordination, CG members	Monitor use of trained facilitators in community workshops
10.1 SAS (AE), 10.5 EASP (AE), 10.9 FPS (AE)	Polígono Sur dist., Seville, Spain	**Knowledge Transfer & Documentation**	ToT Course Program + Trainer's Manual produced to ensure replication of ToT and "From Basket to Your Table"	EASP, RELAS coordination, CG members	Materials hosted on the project website
10.1 SAS (AE), 10.5 EASP (AE), 10.9 FPS (AE)	Polígono Sur dist., Seville, Spain	**External Dissemination & Communication**	Pilot presented at RELAS 2025 meeting, EPHC 2025, SEE 2025, European Researchers' Night 2025; strong media coverage	RELAS coordination, CG members	Continue dissemination through institutional channels
10.2 IdISBa (AE)	Llevant Sud dist., Palma, Spain	**Integration into Local Policy / Programs**	School gardens will continue as part of school activities supported by a Regional Ministry of Health grant	Schools, Regional Ministry of Health	Maintain garden activities under the existing grant
10.2 IdISBa (AE)	Llevant Sud dist., Palma, Spain	**Community Ownership & Local Capacity**	No broader community empowerment (pilot not whole-community), but schools & partner	Schools, Rafa Nadal Foundation	Enable continued use of materials and support from partner organisations

Partner	Pilot Site / Country	Sustainability Element	Actions Taken / Measures	Actors Involved	Planned Follow-up
			organisations will continue specific actions		
10.2 IdISBa (AE)	Llevant Sud dist., Palma, Spain	**Governance & Institutional Support**	Actions supported through regional funding and cooperation with educational centres	Regional Ministry of Health, schools	Sustain collaboration through the 2025/26 school year
10.2 IdISBa (AE)	Llevant Sud dist., Palma, Spain	**Resource Mobilisation & Human Resource Planning**	Resources for the school gardens secured via regional grant; the "Magic Forest" materials distributed to multiple schools & the Rafa Nadal Foundation	Regional Ministry of Health, schools, Rafa Nadal Foundation	Monitor implementation in centres using the materials
10.2 IdISBa (AE)	Llevant Sud dist., Palma, Spain	**Knowledge Transfer & Documentation**	"Magic Forest" materials shared w/ schools for independent adaptation	Schools, Rafa Nadal Foundation	Promote continued internal use of shared materials
10.2 IdISBa (AE)	Llevant Sud dist., Palma, Spain	**External Dissemination & Communication**	"Magic Forest" materials distributed to schools & the Rafa Nadal Foundation for wider activity rollout	Schools, Rafa Nadal Foundation	Extend activities during the 2025/26 academic year
10.3 CSG (AE)	Ponteareas mun., Spain	**Integration into Local Policy / Programs**	Integration of project activities into school programs (*Plan Proxecta Nutriescolas*); use of audiovisual & participatory materials as teaching resources	Regional Ministry of Education, Directorate General of Public Health. Schools	Include project activities and resources in 25–26 and 26–27 school year factsheets; monitor implementation & gather feedback
10.3 CSG (AE)	Ponteareas mun., Spain	**Governance & Institutional Support (additional sustainability area reported)**	Establishment of intersectoral Local Health Network; alignment with REGAPS and municipal strategies; embedding healthy lifestyle promotion in municipal services	Local Health Network, municipal government, REGAPS, Ministry of Health	Schedule regular network meetings (2026); track number of prioritized and implemented actions; coordinate with regional authorities to align local programs with broader policies
10.3 CSG (AE)	Ponteareas mun., Spain	**Capacity Building & Stakeholder Engagement (additional sustainability area reported)**	Training sessions, participatory methods; documentation of roles and responsibilities	Schools, teachers, families, volunteers, Local Health Network	Maintain engagement via periodic meetings, follow-up workshops, and refresher trainings; ensure turnover of trained staff does not affect continuity

Partner	Pilot Site / Country	Sustainability Element	Actions Taken / Measures	Actors Involved	Planned Follow-up
10.3 CSG (AE)	Ponteareas mun., Spain	**Evaluation & Monitoring (additional sustainability area reported)**	Use of quantitative and qualitative indicators; lessons learned from European project; ongoing collection of data to assess impact	Directorate General of Public Health, project team, schools	Evaluate project outcomes during 2025–26 and 2027–28 school years; adjust actions based on results; integrate findings into regional health promotion planning
10.3 CSG (AE)	Ponteareas mun., Spain	**Resources & Tools (additional sustainability area reported)**	Development of audiovisual materials, guides, action factsheets, and participatory tools for schools and community; sharing via cloud folder and networks	Project team, schools, Local Health Network	Keep repository updated; distribute materials for use in other schools and municipalities; provide onboarding materials for new staff or schools
10.3 CSG (AE)	Ponteareas mun., Spain	**External Dissemination & Communication**	Public awareness via local media, municipal newsletter, stakeholder briefings; translation of materials for municipal use	Communication team, project partners	Ongoing dissemination via public channels; plan yearly calendar of awareness and training activities; maintain contact with Ministry of Health and FEGAMPS to promote healthy municipalities programs
10.3 CSG (AE)	Ponteareas mun., Spain	**Legacy**	Establishment of a functional Local Health Network; cultural shift in schools towards active breaks and health-promoting behaviours; documentation of tools for replication	Schools, Local Health Network, municipal government	Continue supporting network and schools; expand participatory methodologies to other municipalities; use lessons learned to inform regional strategies and future funding applications
10.4 IDIVAL (AE)	Covadonga & La Inmobiliaria nbhd., Torrelavega, Spain	**Integration into Local Policy / Programs**	NA	NA	NA
10.4 IDIVAL (AE)	Covadonga & La Inmobiliaria nbhd., Torrelavega, Spain	**Community Ownership & Local Capacity**	NA	NA	NA
10.4 IDIVAL (AE)	Covadonga & La Inmobiliaria nbhd., Torrelavega, Spain	**Governance and Institutional Support**	NA	NA	NA
10.4 IDIVAL (AE)	Covadonga & La Inmobiliaria nbhd., Torrelavega, Spain	**Resource Mobilization & Human Resource Planning**	NA	NA	NA

Partner	Pilot Site / Country	Sustainability Element	Actions Taken / Measures	Actors Involved	Planned Follow-up
10.4 IDIVAL (AE)	Covadonga & La Inmobiliaria nbhd., Torrelavega, Spain	**Knowledge Transfer & Documentation**	NA	NA	NA
10.4 IDIVAL (AE)	Covadonga & La Inmobiliaria nbhd., Torrelavega, Spain	**External Dissemination & Communication**	NA	NA	NA
10.8 BIOSISTEMAK (AE)	Erandio mun., Spain	**Integration into Local Policy / Programs**	Integration of LHN activities with ongoing municipal projects (Children's Council, Sports Council, Erandio Lagunkoia) to unify strategies and promote shared goals	Local gov. political and technical representatives, responsible persons from other participatory processes	Annual LHN meeting ("Erandio Mugitzen ari da!") to review Action Plan 2025–2028
10.8 BIOSISTEMAK (AE)	Erandio mun., Spain	**Community Ownership & Local Capacity**	Continuous capacity building of municipal public health technicians and politicians; direct involvement of community members in leading actions. Participation in international and national training programs	Mayor, LHN facilitators, community associations, schools, healthcare professionals, social services, volunteers	Regular meetings for each action group, with designated leaders; Technical Office monitors Action Plan activities
10.8 BIOSISTEMAK (AE)	Erandio mun., Spain	**Governance and Institutional Support**	CG integrated into broader LHN; ongoing identification of relevant agents; active Technical Secretariat ensures continuous coordination and decision-making	ocal gov., Public Health personnel, facilitating entity	LHN approves and oversees Action Plan 2025–2028
10.8 BIOSISTEMAK (AE)	Erandio mun., Spain	**Resource Mobilization & Human Resource Planning**	Two facilitators and two municipal technicians assigned to daily follow-up; municipal budget secured for Action Plan; materials and time allocated for implementation over 2025–2028	Local gov.	Biennial operational review (2025/26 & 2027/28) to assess execution, incorporate improvements, and adapt to context changes
10.8 BIOSISTEMAK (AE)	Erandio mun., Spain	**Knowledge Transfer & Documentation**	Project webpage maintained for visibility and updates; technical office and dedicated staff ensure continuity; community events serve as implementation guides	Project team, LHN	Compile and update all activities on the "Erandio Mugitzen ari da!" webpage

Partner	Pilot Site / Country	Sustainability Element	Actions Taken / Measures	Actors Involved	Planned Follow-up
10.8 BIOSISTEMAK (AE)	Erandio mun., Spain	**External Dissemination & Communication**	Recognizable branding and web presence; integration with other community projects; active involvement of healthcare professionals and local commerce to promote LHN activities	Mayor, local gov. communication department, LHN	Ongoing dissemination via municipal webpage and project channels
11. MS (BEN)	Alter do chão mun. & Portalegre mun., Portugal	**Integration into Local Policy / Programs**	Formal Collaboration Protocol signed between Alter do Chão & Portalegre municipalities and Local Health Unit (LHU) of Alto Alentejo to secure institutional commitment	Municipalities, LHU	Explore integration into local education & health plans
11. MS (BEN)	Alter do chão mun. & Portalegre mun., Portugal	**Community Ownership & Local Capacity**	Engaged teachers, educational assistants, parents, school leaders; developed Manual for School-Based Sessions to support future use & replication	Schools, municipal teams, families	Continued use of manual in school activities & community-led initiatives beyond project
11. MS (BEN)	Alter do chão mun. & Portalegre mun., Portugal	**Governance & Institutional Support**	Intersectoral working group established for coordination & joint planning; recognized as cross-sector forum; reinforced by signed protocol	Municipalities, LHU	Maintain structured coordination & joint initiatives via established institutional relationships
11. MS (BEN)	Alter do chão mun. & Portalegre mun., Portugal	**Resource Mobilization & HR Planning (additional sustainability area reported)**	Leveraged municipal & school resources; partners committed to maintain low-cost components post-funding	Municipalities, schools, local health professionals	Identify future funding & partnerships to sustain selected actions
11. MS (BEN)	Alter do chão mun. & Portalegre mun., Portugal	**Knowledge Transfer & Documentation**	Manual for School Sessions produced to ensure continuity & scalability	Project coordination team, schools	Manual available to schools & municipalities as open resource
11. MS (BEN)	Alter do chão mun. & Portalegre mun., Portugal	**External Dissemination & Communication**	Public results presentation attended by Ministry of Health, National Health in Schools Program, municipalities & schools to promote visibility & national scalability	Ministry of Health, National Health Program in Schools, municipalities, schools	Ongoing dissemination via national & local networks to support policy integration

Partner	Pilot Site / Country	Sustainability Element	Actions Taken / Measures	Actors Involved	Planned Follow-up
11. MS (BEN)	Alter do chão mun. & Portalegre mun., Portugal	**Policy Advocacy & Dialogue (additional sustainability area reported)**	Policy Brief & Policy Dialogue organized to promote evidence-based policymaking & integration into National Health in Schools Program	National/regional health authorities, policymakers, project partners	Continue policy engagement to support national adoption & replication

Sustainability in community-based action refers to the capacity to maintain over time the factors and activities that have a positive effect on the target population's health. It is not only about continuing the activities originally planned, but also about achieving the adoption, adaptation, and integration of developed methodologies, tools, and approaches into existing local structures. These elements support the co-creation of policies and practices that can endure beyond the life of the project. In practical terms, sustainability can be considered along several dimensions, reflected in the pilots.

Across the 16 pilots in six countries, sustainability measures show concrete efforts in multiple dimensions:

Integration into local structures and policy adoption

- Training of Trainers (ToT) courses in Polígono Sur, Andalusia, were embedded in the Andalusian Local Health Network (RELAS).
- Importantly, existing regional networks of municipalities for health—such as RELAS in Andalusia, REGAPS in Galicia, and XarxaSalut in the Valencian Region—provide supportive frameworks that facilitate coordination, knowledge exchange, and the integration of health promotion actions at local level. These networks also strengthen the potential for replication and scalability of effective practices, including the Grunau Moves best practice, through the established inter-municipal collaboration structures.
- School gardens and the "Magic Forest" programme in Palma, Balearic Islands, continue via regional grants and collaboration with partner organisations.
- Ponteareas, Galicia, integrated pilot activities into school programs and regional health promotion strategies.
- In Belgium, pilots in Maasmechelen and Eeklo linked actions to municipal working plans and Local Health Networks (LHN) were planned for continue advocacy, ensuring alignment with local policy priorities.
- In Portugal, Alter do Chão and Portalegre established formal protocols with municipalities and the Local Health Unit (LHU) to secure institutional commitment.
- In Malta, Northern Harbour coordinated with the Healthy Lifestyle Advisory Council (HLAC) and local schools to embed activities into existing municipal structures.

Strengthening local capacities and ownership

- Local actors, community leaders, parents, and health professionals were trained as facilitators in multiple pilots (Polígono Sur, Ponteareas, Malta, Belgium).
- Community working groups in Belgium, neighbourhood associations in Spain, and school staff in Hungary all contributed to sustaining activities and expanding participation.

Institutional commitment

- Municipalities in Spain, Belgium, Malta, and Portugal committed to continue supporting LHN and to provide technical or financial resources.
- Dedicated staff were often assigned to coordinate actions, for example in Erandio (Basque Country) and Maasmechelen (Belgium), demonstrating structural support for long-term continuity.

Resource mobilisation and human resource planning

- Secured funding and allocation of staff in multiple sites enabled continuation of programmes such as PA sessions, workshops, school activities, and nutrition initiatives.
- Several pilots integrated low-cost or volunteer-driven actions to ensure feasibility beyond project funding (e.g., Ponteareas, Flanders, Alter do Chão).

Knowledge transfer and documentation

- Manuals, toolkits, videos, and online repositories were created in most pilots, e.g., WP5 Implementation Guide, ToT manuals in Andalusia, Magic Forest materials in Palma, and local pilot videos in Malta.
- These resources allow replication in other schools, neighbourhoods, or municipalities.

External dissemination and communication

- Pilots shared results via municipal websites, social media, local events, and regional networks (e.g., Erandio, Ponteareas, Cullera, Polígono Sur, Malta).
- Local and national visibility has helped reinforce institutional adoption and public awareness of the actions.

The pilots focused on making sure actions could continue in the long term, not just as one-off activities but by embedding them into local schools, communities, and municipal structures. Most sites combined community involvement, technical support, and the use of tools or guides to help new staff and volunteers continue the work. Funding, staff, and partnerships were secured in many cases, and activities were documented and shared so they could be replicated or adapted elsewhere.

7. Conclusions

Altogether, 16 pilot experiences were carried out across six countries, covering both urban and rural settings, and each site developed and implemented a Local Action Plan (LAP). In total, 108 actions were co-designed—well above the project target—across three categories: 40 Social, Engagement & Community Capacity actions, 41 Programmatic actions (mainly educational/workshop-based), and 27 Structural actions modifying physical or organisational environments. Of these, 88 reached full or partial implementation (Levels 2–3), which is notable given the short timeframe and the diversity of contexts. This progress reflects strong community ownership, the feasibility of the actions, and the ability of partners to connect them with existing municipal, health, school, or community structures. In practice, this meant that most actions did not stay only on paper, but actually began to take shape in everyday community life, marking a clear step toward more empowering, sustainable and equity-focused childhood obesity prevention at local level.

What demonstrably worked. The strongest and most consistent achievements across pilots relate to community participation, cross-sector collaboration, local capacity, and changes in awareness, attitudes, and behaviours, as evidenced in Table 7. These outcomes were supported by qualitative feedback (e.g., engagement, satisfaction, perceived learning) and, where available, quantitative indicators. These results were driven by the establishment of Local Health Networks (LHNs) and Core Groups (CGs), enabling sustained intersectoral

collaboration, and by participatory approaches involving children, families, and community actors in co-design and implementation. Importantly, CGs progressively assumed leadership from project technical teams, supporting continuity beyond the project duration.

Although less widely implemented, structural interventions (e.g., school gardens, active school grounds, safe school/healthy routes, and the use of public spaces for play) showed particularly strong potential in terms of impact and equity, by modifying the environments in which behaviours take place. Evidence indicates that these actions can generate more sustained and inclusive benefits, especially for vulnerable populations, but require greater coordination, resources, and institutional support. In addition, capacity building and knowledge transfer (e.g., training models, practical tools, school integration) contributed to improved health literacy and behaviour-related outcomes. Pilots that combined these elements with institutional anchoring—such as integration into programmes, alignment with regional networks (e.g., RELAS, REGAPS, XarxaSalut), or formal agreements—showed stronger continuity and clearer outcome pathways.

What showed context-dependent effects. Results related to structural and environmental changes, as well as the scale of impact on inequalities, were more variable across sites. While many pilots implemented relevant actions, these were less frequently realised at Level 3, partly due to the longer timeframes required for consolidation and evaluation within the project period. Thus, outcome data remain limited despite their high potential impact. Importantly, evidence from several pilots shows that environmental/structural actions are not necessarily resource-intensive—often requiring only simple adaptations (e.g., painting schoolgrounds or public spaces) or better use of existing local assets (e.g., linking schools with vocational training in agro-gardening). However, their implementation depends on alignment with local structures and decision-making processes, and may also be influenced by a common misconception that structural changes are complex or resource-intensive, which is not supported by the pilot experience. This suggests that perceived resource constraints may act as a barrier to adoption, rather than actual cost.

On the other hand, many pilots successfully engaged vulnerable or hard-to-reach groups through participatory approaches, diverse stakeholder involvement in LHNs and CGs, and, in some cases, the use of cultural mediators. However, the depth and territorial reach of these actions varied across contexts. Larger-scale municipal or neighbourhood pilots were able to implement more comprehensive and inclusive approaches. Their efforts to reach diverse population groups and address local inequities are reflected in the composition and activity of LHNs and CGs (see Section 4 analysis on stakeholder engagement and community participation, and Annex 1 on pilots' CGs and LHNs compositions). Yet, some pilots had a smaller scope; in school-based pilots, the composition of these participatory structures was less diverse and more institutionally bounded, even if pupils themselves represented heterogeneous social backgrounds. This suggests that while approaches to address inequalities were implemented across pilots, their scope and potential impact were influenced by the scale and openness of the local implementation context.

Where evidence is limited. The strength of the evidence is uneven across actions and pilots. Outcome data are available primarily for actions that reached full implementation (Level 3), while actions at earlier stages (Levels 1–2) do not yet provide measurable results. In addition, the evaluation design did not systematically collect standardised quantitative data comparable across all pilots, but instead focused on reflecting the complex, multi-level and context-sensitive nature of the interventions implemented. As a result, findings are based on a

combination of quantitative indicators (where available) and qualitative insights, consistent with the WP5 evaluation approach.

The WP5 evaluation framework placed strong emphasis on process evaluation, using a coherent analytical structure that links the core components of Grünau Moves best practice (e.g., community-based approach, equity focus, participatory methods, and cross-sector collaboration) with the outcome categories assessed (awareness/behaviours, environments, satisfaction, networks and community capacity), and further with broader impact areas and sustainability dimensions. This integrated approach ensured consistency across the evaluation, allowing actions to be analysed not only in terms of immediate results, but also in relation to their contribution to structural change, equity, and long-term embedding within local systems.

Implications for future implementation and evaluation. Future implementations would benefit from more harmonised data collection approaches, including clearer baseline and follow-up measures, to strengthen the robustness of evidence. The evaluation design did not aim to produce standardised or comparable datasets across sites. As a result, gaps exist in areas such as response rates, population coverage (reach), and longitudinal follow-up, which limit the ability to assess sustained behavioural or structural change over time. Further strengthening of the evidence base would benefit from longer-term monitoring, more harmonised data collection frameworks, and dedicated evaluation resources aligned with local capacities.

At the same time, the results confirm that the transfer of the Grünau Moves best practice is most effective when understood not only as a set of actions, but as a methodology. This approach provides a robust understanding of implementation processes, contextual dynamics, and early outcomes, which are critical for evaluating complex community-based interventions and informing future scaling and policy integration. WP5 has successfully established key conditions for long-term impact, including participatory governance structures, strengthened local networks, and initial integration into local planning processes. Although population-level behavioural changes require longer timeframes, the foundations for sustainable, community-based prevention are now in place.

Beyond these results, several longer-term effects have begun to emerge. In many pilot sites, the process has strengthened community capacity, cross-sector collaboration, and participation. It is, however, still too early to observe population-level behavioural changes, which require longer timeframes, particularly when they depend on changes in the living environment and structural conditions of vulnerable groups to support healthier lifestyle choices. Nonetheless, the foundations for these long-term shifts are now in place. Besides expecting long-term effects at population level, the project also aimed to transfer a methodology—a way of working that supports bottom-up preventive actions. This includes a focus on upstream, structural factors that are known to be more effective in addressing health inequalities. As such, the project not only delivered actions, but also supported the adoption of participatory approaches that can guide future work.

Finally, these results were supported by a set of methodological and operational outputs developed within WP5. These include the D5.1 Methodological Guide, which provided the overall framework and process; the Healthy Living Tool, developed specifically for the situational analysis and needs assessment step (Step 2 in D5.1) and adapted from the Place Standard Tool for obesogenic environments (with four versions—adults, children, brief, and one tailored for illiterate populations—translated into all local languages); and a dedicated WP5 toolkit, containing interview guides, questionnaires, group model building (GMB) and Photovoice protocols, and other operational materials. These resources were supported by a

series of training sessions delivered by the best practice owners at IKPE (Prof. Dr. Ulrike Igel), with access to materials from the original best practice also provided. This was aimed at ensuring methodological consistency and strengthening local capacity across all pilot sites. Together, these elements form a transferable and scalable approach to community-based health promotion.

Annexes

A1 Pilot-by-Pilot Overview of Core Groups (CGs) and Local Health Networks (LHNs): Stakeholder Composition, Roles, and Levels of Engagement

1. 6th HEALTH ADM (COO) & 1.1 UPAT (AE) Patras, 2nd district, Prefecture of Achaia (Greece)

1.1 Core Group Members – Who is In

Stakeholder/ Organisation	Role/Title	Sector (e.g., Health, Education)	Relevance to Project (High/Medium/Low)	Main Contribution/ Functions
UPAT Technical Personnel	Technical Coordinator	Health	High	Coordination
Pediatrician	Pediatrician	Health	High	Health expertise
Dietitian	Dietitian	Health	High	Nutrition expertise
Health Visitor	Health Visitor	Health	High	Community health support
6th Health ADM	Director/Authority	Health	High	Institutional leadership
School Directors	Directors	Education	High	School coordination
Local representative	Representative	Community	High	Local authority
Parents' representatives	Representatives	Community	High	Family engagement
Pediatrician (year 2)	Doctor	Health	High	Support
Dietitian (year 2)	Dietitian	Health	High	Support

1.2 Health Network of Stakeholders – Who is In

Stakeholder/ Organisation	Type of Organisation	Sector	Relevance to Project	Involvement Type
University Hospital of Patras (Paediatric Department)	Public health institution	Health	High	Partner
Medical School, University of Patras	Academic institution	Health	High	Partner
Municipality of Patras, Health Division	Local government	Health	High	Partner
Ministry of Education	Government	Education	High	Partner
Ministry of Health	Government	Health	High	Partner
Regional Directorate of Primary Education	Government	Education	High	Partner
President of Regional Directorate of Primary Education	Government	Education	High	Partner
Parents and Guardians representatives	Community	Civil society	High	Partner

2. Sciensano (BEN) Maasmechelen municipality, Flanders (Belgium)

1.1 Core Group Members – Who is In

Stakeholder/ Organisation	Role/Title	Sector (e.g., Health, Education)	Relevance to Project (High/Medium/Low)	Main Contributions/ Functions
Sciensano	Research team	Public Health	High	Health expertise, management
Local government	Head of well-being and society	Government	High	Local leadership
Gezondheidsmakers	Health promotor	Flemish government	High	Secures collaborations and provides expertise

1.2 Health Network of Stakeholders – Who is In

Stakeholder/ Organisation	Type of Organisation	Sector	Relevance to Project (High/Medium/ Low)	Involvement Type (e.g., partner, supporter, informant)
Sciensano	Research team	Public Health	High	Partner
Local government	Head of well-being and society	Government	High	Partner
Gezondheidsmakers	Health promotor	Flemish government	High	Partner
Local government	Coordinator of poverty	Government	High	Partner
Huis van het Kind	Organisation targeting children (and their families)	Collaborating organisation	High	Partner
VZW Thebe	Youth social workers	Social work	High	Partner
School nurse	School & health	School	High	Partner
Health insurance representative	Health insurance	Public	High	Partner
School doctors and nurses	Health sector	Public linked to schools	High	Partner

2. Sciensano (BEN) Eeklo municipality, Flanders (Belgium)

1.1 Core Group Members – Who is In

Stakeholder/ Organisation	Role/Title	Sector (e.g., Health, Education)	Relevance to Project (High/Medium/Low)	Main Contributions/ Functions
Sciensano	Research team	Public Health	High	Health expertise, management
Local government	Head of well-being and society	Government	High	Local leadership

Gezondheidsmakers	Health promotor	Flemish government	High	Secures collaborations and provides expertise

1.2 Health Network of Stakeholders – Who is In

Stakeholder/ Organisation	**Type of Organisation**	**Sector**	**Relevance to Project (High/Medium/ Low)**	**Involvement Type (e.g., partner, supporter, informant)**
Sciensano	Research team	Public Health	High	Partner
Local government	Division of Diversity and Health	Government	High	Partner
Gezondheidsmakers	Health promotor	Flemish government	High	Partner
Local government	Coordinator of environment	Government	High	Partner
Local government	Coordinator local social policy	Government	High	Partner
Local government	Coordinator youth and sports	Government	High	Partner
School	Teachers	Education	High	Partner
Dietician	Health	Health	High	Partner
Health insurance representative	Health insurance	Public	High	Partner
MOEV	Physical activity in collaboration with school	Public	High	Partner

3. NNGYK (BEN) Budapest district III – Obuda-Bekasmegyer, one school (Pest, Hungary)

1.1 Core Group Members – Who is In

Stakeholder/ Organisation	**Role/Title**	**Sector (e.g., Health, Education)**	**Relevance to Project (High/Medium/Low)**	**Main Contributions/ Functions**
National Center for Public Health and Pharmacy	Head of Department/ Public Health Expert	Health	High	Health expertise, local leadership
School principals	Head of the schools	Education	High	Local Leadership
Government agencies and public health institutes	Local Public Health Offices	Health	High	Health expertise, local leadership
GP and health visitors	Doctors and health visitors	Health	High	Professional support

1.2 Health Network of Stakeholders – Who is In

Stakeholder/ Organisation	**Type of Organisation**	**Sector**	**Relevance to Project (High/Medium/Low)**	**Involvement Type (e.g., partner, supporter, informant)**

Municipality of Óbuda-Békásmegyer	Municipality	Public	High	Partner
Óbuda Health Promotion Office	Local Health Promotion Offices	Public	Medium	Supporter
Óbuda School District Centre	Educational District Centre	Public	Medium	Supporter
Pizza Paradise Restaurant	Local Sole proprietorship	Private	Medium	Supporter

3. NNGYK (BEN) Jászkarajenő municipality (Hungary)

1.1 Core Group Members – Who is In

Stakeholder/ Organisation	Role/Title	Sector (e.g., Health, Education)	Relevance to Project (High/Medium/Low)	Main Contributions/Functions
National Center for Public Health and Pharmacy	Head of Department/ Public Health Expert	Health	High	Health expertise, local leadership
István Széchenyi Primary School of Jászkarajenő	Head of the schools	Education	High	Local Leadership
District GP	General Practitioner (GP) for the district	Health	High	Professional support
Health visitors	District Health Visitor	Health	High	Professional support

1.2 Health Network of Stakeholders – Who is In

Stakeholder/Organisation	Type of Organisation	Sector	Relevance to Project (High/Medium/Low)	Involvement Type (e.g., partner, supporter, informant)
Mayor of the Municipality of Jászkarajenő	Municipality	Public	High	partner
Cegled Health Promotion Office	Local Health Promotion Offices	Public	Medium	supporter
Cegled School District Centre	Educational District Centre	Public	Medium	supporter
Mini Major Equestrian Centre	Local Sole proprietorshi p	Privat	Medium	supporter
Jaszkarajeno Newspaper	Local Press	Public /privat	High	partner

6 MFH (BEN) Northern Harbour district, Hamrun (Malta)

1.1 Core Group Members – Who is In

Stakeholder/ Organisation	Role/Title	Sector (e.g., Health, Education)	Relevance to Project	Main Contributions/Functions

			(High/Medium/Low)	
Local Council	Executive secretary local council	Community	High	Updates on what is happening in locality e.g. new roof garden, new open space near police station. Sustainability of the project
Immaculate Conception Band club (related to patron feast and teach children to play instruments especially during the feast which is celebrated yearly)	Band club secretary	Culture	High	They encounter kids as they teach musical instruments to kids
Foundation for Social Welfare Services (FSWS-Appogg)	Senior social worker	Social	High	Expertise regarding residents living in the area and help vulnerable populations within the area
Church priest	Priest	Religious	High	Has contact with young kids who attend catechism lessons. Most of the children are catholic in Malta and they attend religious classes regularly
Catechism teachers	Teachers	Religious	High	Has contact with young kids who attend catechism lessons. Most of the children are catholic in Malta and they attend religious classes regularly
Football club Spartans	President football club	Sports	High	Has contact with children who attend football training. In Malta football is one of the most favourite sports among boys and even among girls

1.2 Health Network of Stakeholders – Who is In

Stakeholder /Organisation	Type of Organisation	Sector	Relevance to Project (High/Medium/Low)	Involvement Type (e.g., partner, supporter, informant)
Public health doctor	Health	Civil	High	Co-design of activities
Nutritionist	Health	Civil	High	Co-design of activities
School nurse	Primary education	Education	High	Has contact with the two Primary schools in Hamrun as they do certain checks (BMI, scoliosis) in certain age groups

10. FISABIO (BEN) & DGSP-CV (AE) La Coma nbhd, Paterna (Valencia, Spain)

1.1 Core Group Members – Who is In

Stakeholder/ Organisation	Role/Title	Sector (e.g., Health, Education)	Relevance to Project (High/Medium/Low)	Main Contributions/Functions
IES Pesset Aleixandre (high school)	Secondary school teacher (professionals)	Education	High	Experience in education, adolescents, and contact with families
CEIP Antonio Ferrandis and CEIP La Coma (primary schools)	Primary school teacher (professionals)	Education	High	Experience in education, childhood, and contact with families
City Council, Health Department	Technical staff (professionals)	Municipal sector	High	Provides institutional support
Roma community NGO (Fundación Secretariado Gitano)	Technical staff (professionals)	NGO sector	High	Experience in community work
La Coma Neighbourhood Association	Neighbours	Neighbourhood association sector	High	Local Leadership, Knowledge of the Neighbourhood Situation.
Mas del Rosari Neighbourhood Association	Neighbours	Neighbourhood association sector	High	Local Leadership, Knowledge of the Neighbourhood Situation.
DGSP-CV/ Fisabio	Public Health Research Technician	Health Sector	High	Experience in Health Promotion Projects and Community Work.
La Coma Primary Health Center	Midwife (professionals)	Health sector	High	Health expertise, local leadership with mothers.

1.2 Health Network of Stakeholders – Who is In

Stakeholder/ Organisation	Type of Organisation	Sector	Relevance to Project (High/Medium/Low)	Involvement Type (e.g., partner, supporter, informant)
Youth Play Centre	Community-based Organisation	Civil Society	Medium	Supporter, informant
Municipal Social Services	Social Resources	Civil Society	High	Co-design of activities, mobilization
Local Police of Paterna	Municipal Security Forces	Police	High	Co-design of Health Routes and Community Meetings, partner
EPA School for Adults	Educational sector	Civil Society	High	Co-design of activities, mobilization
Caritas Association	Catholic Church NGO	NGO sector	Medium	Supporter, informant
Jovesólides Spain	Community-based Organisation	Civil Society	Medium	Supporter, informant
Fent Camí Association (GBV women's shelter NGO)	Community-based Organisation	Civil Society	High	Partner, Co-design of activities, mobilization
Kali-Yag Association	Community-based Organisation	Civil Society	High	Co-design of activities, mobilization

Kumpania Project	Community-based Organisation	Civil Society	Medium	Supporter, informant

10. FISABIO (BEN) & DGSP-CV (AE) El Raval-St. Agustí, Cullera (Valencia, Spain)

1.1 Core Group Members – Who is In

Stakeholder/ Organisation	**Role/Title**	**Sector (e.g., Health, Education)**	**Relevance to Project (High/Medium/Low)**	**Main Contributions/Functions**
PHC paediatrician	Primary Health Care Provider	Health	High	Health expertise, local leadership
Local Health Councillor	Councillor	Municipality	High	Institutional facilitation, logistics
Public Health	Nurse	Health	High	Coordination, training
Primary Care	Health coordinator	Health	High	Technical support, link to healthcare teams
TAPIS Association (occupational and social support service)	Representative	Social Services	High	Link with vulnerable families
La Roca, Romí Calí, Raval en Acció, Gitano Bishopric	Roma community NGOs	Civil society	High	Community mobilisation
CEIP Sant Agustí (Primary School)	Teachers, PE teacher, school counsellor	Education	High	School-based activities, pupil involvement
DGSP-CV/ Fisabio	Facilitator	Facilitation	High	Planning, participatory methods
Pharmacy	Pharmacist	Private	Medium-High	Communication, outreach
Amamanta	Breastfeeding Association & Support Group	Civil society	Medium-High	Communication, outreach
Youth technicians	Community NGOs	Civil society	Medium-High	Communication, outreach

1.2 Health Network of Stakeholders – Who is In

Stakeholder/ Organisation	**Type of Organisation**	**Sector**	**Relevance to Project (High/Medium/ Low)**	**Involvement Type (e.g., partner, supporter, informant)**
El Raval Neighbourhood Association	Community-based organisation	Civil society	High	Partner (mobilisation, participation)
Roma associations (La Roca, Romí Calí, Raval en Acció, Gitano Bishopric)	Roma community NGOs	Civil society	High	Partners (community engagement, co-design of actions)

Falla El Raval & Falla Alboraya	Cultural associations	Culture / Community	Medium	Supporters (community mobilisation, event organisation)
Amamanta (breastfeeding support group)	Breastfeeding Association & Support Group	Civil society	Medium–High	Partner (family engagement, support for healthy behaviours)
CEIP Sant Agustí (primary school; teachers, families association)	Educational institution	Education	High	Partner (school-based activities, host for workshops)
IES Llopis Marí (secondary school)	Educational institution	Education	Medium	Supporter (students from Raval neighbourhood)
Local shopkeepers & bakery owners	Private sector	Food environment	Medium	Supporters (potential collaboration for healthy food offers)
Local pharmacy	Private sector / health-related	Health	Medium	Informant & supporter (health advice, outreach to families)
Municipal Council – Health Dept.	Local government	Health / policy	High	Partner (policy support, logistics, coordination)
Municipal Council – Social Services	Local government	Social	High	Partner (link with vulnerable families, social support)
Municipal Council – Youth & Sports	Local government	Leisure / sport	High	Partner (implementation of sports promotion actions)
Municipal Council – Urban Planning & Equality	Local government	Infrastructure / policy	Medium	Supporter (potential alignment with urban design, equity policies)
Cultural Centre of Cullera	Municipal / public facility	Culture / community	Medium	Supporter (meeting space, event hosting)
Primary Care Center	Public health service	Health	High	Partner (technical expertise, monitoring, link to families)
Public Health Unit (Alzira area)	Regional health authority	Health	High	Partner (advice, integration with regional health strategy)
TAPIS (occupational and social support service)	Social service	Social inclusion	Medium–High	Partner (connection to vulnerable groups, youth in need)
Police / Civil Protection	Municipal service	Safety / community	Medium	Supporter (logistics, safe space for activities)

10.2 IdISBa (AE) Llevant Sud district, 3 nbhd, Palma (Balearic Islands, Spain)

1.1 Core Group Members – Who is In

Stakeholder/ Organisation	Role/Title	Sector (e.g., Health, Education)	Relevance to Project (High/Medium/ Low)	Main Contributions/Functions

Education Centers (All Primary & Secondary schools)	Primary & Secondary schools	Education	High	High engagement with children
Childhood and Family Commission	Family Commission	Education	Low	Occasional participation in community network meetings
Health Education Commission & Pediatric commission	Primary Care Centre	Health	Medium	Participation in the design of the Magical Forest trail, attracting families, and supervising activities.

1.2 Health Network of Stakeholders – Who is In

Stakeholder/ Organisation	**Type of Organisation**	**Sector**	**Relevance to Project (High/Medium/ Low)**	**Involvement Type (e.g., partner, supporter, informant)**
Primary Care Centres: CS Son Gotleu & CS Emili Darder	Primary Care Centres	Public / Health	High	Co-design of activities, mobilization
Education Centers (All Primary & Secondary schools)	Local Administration / Primary & Secondary schools	Public / Education	High	Co-design of activities, mobilization
Representative of education centers (families)	Community representatives	Education (families)	High	Partner
Neighbourhood Community project (Patronato obrero)	Community-based organisation	Civil society	High	Partner
Social Services	Public services	Social	Medium	Partner
Fundación Rafa Nadal	Private Foundation	Private / Health	Low	Supporter

10.3 CSG (AE) Ponteareas, Galicia (Spain)

1.1 Core Group Members – Who is In

The Core Group was formed in November 2023, with the following members:

Regional Ministry of Health. Public Health representatives:

- Head of the Regional Health Department in Pontevedra.
- Technician of the Regional Health Department in Pontevedra.
- Representatives of the Department of Public Health of Galicia.

Local representatives:

- Councillor for Social Welfare, Equality, Health and Consumption of Ponteareas and Head of Service of the Ponteareas Primary Health Centre.
- Councillor for Sports and Culture of the City Council of Ponteareas.

Families representative:

- Family Educator of the City Council of Ponteareas.

School representative:

- Education counsellor.
- School counsellor of CEIP Bouza Brey.

*Community associations were represented through the social educator, who acted as a liaison to incorporate them into the Local Health Network.

Stakeholder/ Organisation	Role/Title	Sector (e.g., Health, Education)	Relevance to Project (High/Medium/Low)	Main Contributions/Functions
Ponteareas City Council	Councillor for Social Welfare, Equality, Health and Consumption & Head of Service of Ponteareas Primary Health Centre	Health	High	Head of the Core Group and Local Health Network. Local project leader. Involves other health professionals (nutritionist, nurses, pediatricians). Provides health expertise
Ponteareas City Council	Education Councillor	Education	High	Main contact with schools for implementing project actions with pupils and families. Local project leader. Provides educational expertise.
Ponteareas City Council	Councillor of Sports and Culture	Sports	High	Did not actively participate in the group, despite representing sports clubs and managing local sports resources.
Ponteareas City Council	Family Educator	Social	High	Representative of local NGOs and social entities. Provides expertise on social needs and priorities. Contact with vulnerable families.
CEIP Bouza Brey (Primary School)	School Councillor and School Mentor at the school of "CEIP Bouza Rey"	Education	High	Represents *Associations of Mothers and Fathers of Pupils (AMPA)*. School contact and representative. Provides guidance on personal, social, or psychological issues of children. Contributes to needs assessment for children, families, and teachers.
Regional Ministry of Health – General Directorate of Public Health	Head of Healthy Lifestyles Service & Head of Galician Local Health Promotional Network (REGAPS)	Public Health	High	Provides leadership at the European level. Coordinates, implements, disseminates, evaluates, and reports the project at regional and European levels. Participates in all European meetings.
Regional Ministry of Health –	Galician Local Health	Public Health	High	Coordinates local project activities,

General Directorate of Public Health	Promotional Network (REGAPS)			provides leadership, implements actions, disseminates information, and serves as local contact for all groups in the Local Health Network.
Regional Ministry of Health – General Directorate of Public Health	Galician Local Health Promotional Network (REGAPS) Coordinator	Public Health	High	Facilitates coordination between local project coordinators and European coordinator. Collects and analyses project data. Participates in European meetings.
Regional Ministry of Health – Territorial Department of Health, Pontevedra	Head of the Regional Health Department (Pontevedra)	Public Health	Low	Provides political support for project implementation. Assisted in initial launch and presenting the initiative to the municipality. Delegated ongoing functions to territorial technicians. .
Regional Ministry of Health – Territorial Department of Health, Pontevedra	Technician of the Regional Health Department (Pontevedra)	Public Health	High	Delegated representation of Head of Regional Health Department. Acts as local contact, proposes activities, develops content, and facilitates involvement of peers from other territorial departments in Galicia for good practice transfer.

1.2 Health Network of Stakeholders – Who is In

Apart from the **Core Group members** this group was finally composed by the following local actors:

- Representative of the Town Council (Town Planning).
- Representative of the Community Local Association ‘Familias Azuis’.
- Representative of the Community Local Association ‘COGAMI’.
- Representative of the Red Cross NGO ‘Cruz Vermella’.
- Representative NGO ‘Aldeas Infantís’.
- Representative NGO ‘Cáritas’.
- Representative Youth Association ‘Mentes Novas’.

Stakeholder/Organisation	**Type of Organisation**	**Sector**	**Relevance to Project (High/Medium/Low)**	**Involvement Type (e.g., partner, supporter, informant)**
Town Planning Councillor	Local territorial	Town Planning	High	Supporter; provides guidance on urban space adaptations for active play and health-promoting environments

	entity of the public sector			
'Mentes Novas'	Community Local Youth Association	Young population	High	Informant and Partner; co-design of activities, mobilization, engagement of children and adolescents
'Familias Azuis'	Community Local Association	Family	High	**Informant** about needs, barriers, realities of vulnerable families, as they work directly with them **Community bridge/connector** **Facilitator** with volunteers, awareness campaigns, and assistance in the distribution of information. **Partner**, actively participating in the design, implementation and evaluation of health actions.
'Red Cross', 'Aldeas Infantís' & 'Cáritas'	NGOs	Civil Society Vulnerable population Children and their families	High	
Community Local Association 'COGAMI'	Community Local Association	Disability and vulnerable population, Family	Medium	Informant; provides input on needs of people with disabilities and supports accessibility considerations

10.4 IDIVAL (AE) Covadonga nbhd, Torrelavega, Cantabria (Spain)

1.1 Core Group Members – Who is In

Stakeholder / Organisation	Role / Title	Sector	Relevance	Main Contributions / Functions
Torrelavega City Council	Municipal officer	Health & Social Services	High	Institutional coordination, liaison with municipal services, support for local implementation.
Scout Covadonga	Youth organisation representative	Health & Social Services	Medium	Community mobilisation, activities with children and families.
Cantabrian Health Service (scsalud); one technician	Health professional	Health & Social Services	High	Technical health input, identification of community health needs.
Neighbourhood Association	Community representative	Health & Social Services	Medium	Community engagement, dissemination, and mobilisation of residents.
Cantabrian Health Service (scsalud); one technician	Health professional	Health & Social Services	High	Support in community health assessment and coordination with health centres.
Fundación Amigó	Social intervention professional	Humanitarian & Charitable Organisations	High	Work with vulnerable families, psychosocial support.

Education community representative	Education community representative	Education	Medium	Identification of school needs and coordination with educational settings.
CEIP Ramón Menéndez Pidal (Primary School)	Teacher / School leadership	Education	High	Implementation of school-based actions and family engagement.
Community Leader	Community volunteer / liaison	Humanitarian & Charitable Organisations	Medium	Logistical support and community outreach.
Cáritas	Social programme coordinator	Humanitarian & Charitable Organisations	High	Support to vulnerable families, community social intervention.

10.4 IDIVAL (AE) La Inmobiliaria nbhd, Torrelavega, Cantabria (Spain)

1.1 Core Group Members – Who is In

Stakeholder / Organisation	Role / Title	Sector	Relevance	Main Contributions / Functions
Cruz Roja (Red Cross)	Social intervention technician	Humanitarian & Charitable Organisations	High	Coordination with social programmes, support to vulnerable families.
OMI Torrelavega	Municipal officer	Humanitarian & Charitable Organisations	Medium	Liaison with municipal community programmes.
Cantabrian Health Service (scsalud); one technician	Health professional	Health & Social Services	High	Technical health expertise, coordination with health centres.
Fundación Amigó	Social intervention technician	Humanitarian & Charitable Organisations	High	Work with children and families, psychosocial support.
Cantabrian Health Service (scsalud); one technician	Health professional	Health & Social Services	High	Identification of health needs and technical support.
Private primary school (CC Mayer)	Teacher / Education staff	Education	High	Implementation of school-based actions and coordination with families.
CEIP José María Pereda (Primary School)	Teachers / School leadership	Education	High	Educational coordination and family engagement.
Torrelavega City Council, Municipal Social Services	Social services professional	Health & Social Services	Medium	Community support and

				coordination with social services.
Torrelavega City Council, Health & Social Services Dpt.	Municipal officer	Health & Social Services	High	Institutional coordination and operational support.
Torrelavega City Council	Municipal officer	Local Government & Administration	High	Strategic support and liaison with local administration.

10.1 SAS (AE), 10.5 EASP (AE), 10.9 FPS (AE) Polígono Sur district, 6 nbhd, Seville (Andalusia, Spain)

Tabla 1.1 Core Group Members – Who is In (Total: 9)

Stakeholder / Organisation*	Role/Title	Sector	Relevance	Main Contributions/Functions
Pablo García-Cubillana de la Cruz – Andalusian Health Service	Director of the Andalusian Strategy for Healthy Living	Health / Public Health	High	Coordination support; implementation of best practice; institutional coordination; needs assessment; monitoring & reporting; dissemination
Guadalupe Longo Abril – SAS	Childhood Obesity Plan Advisor	Health / Public Health	High	Project coordination; implementation; institutional alignment; monitoring & evaluation; needs assessment; training development; reporting; dissemination
Mauricio Lozano Navarrete – Sevilla Health District	Public Health Technician	Health	Medium	Local representation; participation in coordination; intervention design & implementation support
Francisco Javier Peso Moreno – CPS (Comisariado Polígono Sur)	Health Representative	Health / Institutional	High	Institutional coordination; stakeholder engagement; implementation support; adaptation to local context; monitoring; sustainability
Jaime Jiménez Pernett – Andalusian School of Public Health	Public Health Expert / Project Manager	Health	High	Coordination; needs assessment; training design; capacity building; monitoring & evaluation; reporting; dissemination; scientific output
Amparo Lupiañez Castillo – Andalusian School of Public Health	Technical Project Support	Health	High	Needs assessment; training coordination; capacity building; monitoring & evaluation;

				reporting; dissemination; scientific output
Olga Leralta Piñán – Andalusian School of Public Health	Health Promotion Expert	Health	High	Training design & development; capacity building; dissemination; reporting; scientific output
Silvia Toro Cárdenas – Andalusian School of Public Health	Health Promotion Expert	Health	High	Needs assessment; training delivery; capacity building; dissemination; reporting; scientific output
Rafael Rodríguez Acuña – Progress and Health Foundation	Technical Coordinator / Researcher	Health	High	Technical support; implementation; data collection & analysis; resource development; reporting; dissemination

Notes: (*) All individuals listed are official project members as declared in the Grant Agreement (GA) and associated Reporting Periods (RPs); therefore, personal names are exceptionally retained.

Tabla 1.2 Health Network of Stakeholders – Who is In (Total: 9)

Stakeholder/ Organisation	**Type of Organisation**	**Sector**	**Relevance to Project (High/Medium/Low)**	**Involvement Type (e.g., partner, supporter, informant)**
Territorial Delegation of the Regional Ministry of Health and Consumer Affairs of Andalusia: representatives of the Public Health Service – Programs Section.	Public entity belonging to the regional government.	Health	Medium	**Partner**: Co-design of activities, mobilization
Health District 'Sevilla' of the Andalusian Health Service (SAS): representatives of the Public Health Clinical Management Unit, 'Polígono Sur' Healthcare Center, and 'Letanías' Healthcare Center.	Public entity belonging to the regional government.	Health	High	**Partner**: Co-design of activities, mobilization. Taking direct actions in schools through the school nursing and social work teams.
'Virgen del Rocío' University Hospital (SAS): representatives of the Social Work Unit of the Children's Hospital.	Public entity belonging to the regional government.	Health	Medium	**Supporter**: Co-design of activities.
Seville City Council: representatives of the Health Promotion Section, Addiction Prevention and Care Section, and Community Social Services of 'Polígono Sur'.	Public entity; local government.	Health; Social Services	High	**Partner**: Co-design of activities, mobilization. Taking direct actions in schools and other municipal and civil society entities through the health promotion team (comprising medical, nursing and social education professionals).
Territorial Delegation of the Regional Ministry of	Public entity belonging to	Education	High	**Partner**:

Educational Development and Vocational Training: representatives of the 'Polígono Sur' Educational Guidance Team.	the regional government.			Co-design of activities, mobilization. Coordination with the management teams of the schools. Promotion and support of the activities carried out in schools.
Polígono Sur Commissioner: representatives of the Health Department and the Education Team.	Joint public body, were the local, regional and national governments work together.	Health; Social Services; Education	High	**Partner**: Coordination of the Health Network and the Health4EUKids project in the target area. Promotion of activities in the media and direct communication with all entities involved in the activities. Coordination with the management teams of educational centres. Promotion of activities among collaborating schools. Monitoring activities carried out.
'Entre Amigos' Association	Community-based Organisation	Civil Society	High	**Partner**: Providing neighbourhood information, co-designing activities and participating in their prioritisation, and disseminating activities. Collaboration in promoting activities in schools through social workers and support teachers. Direct action by the organisation's workers in various project activities, both with children and families of the target area.
Pharmacies (e.g. Farmacia '3M')	Community pharmacy (privately owned, publicly regulated health establishment under Spanish law)	Health	Medium	**Partner:** Providing neighbourhood information and dissemination. Previous collaboration in vaccination campaigns in "Los Marrones" sector. Direct involvement in the "Training of trainers" action, having delivered a 'Cesta de la Compra' workshop.
Fundación de Odontología Social 'Luis Seiquer'	Non-profit foundation	Health	High	**Partner:** Actively engaged in the SONRÍEME action, providing a dedicated team of dentists and dental hygienists and donating dental care kits for over 500 schoolchildren.

10.8 BIOSISTEMAK (AE) Erandio municipality, Basque Country (Spain)

1.1 Core Group Members – Who is In

Stakeholder/ Organisation	Role/Title	Sector (e.g. Health, Education)	Relevance to Project (High/Medium/Low)	Main Contributions/Functions
City Mayor	City Council	Local Government	High	Political commitment, support and leadership
Counselor of Sports and Healthy Habits	City Council	Local Government	High	Local expertise area: support
Counselor of Social Services	City Council	Local Government	High	Local expertise area: support
Counselor of Education	City Council	Local Government	High	Local expertise area: support
Social worker on childhood	Social worker	Local Government	High	Technical expertise area: knowledge of the community and public resources
Public Health Technician	Municipal technician	Local Government	High	Technical expertise area: knowledge of the community and public resources
Director of Sports	Municipal Technician	Local Government	High	Technical expertise area: knowledge of the community and public resources
Sirimiri Leisure Time Association for children	Social Educator	Social Services-Education	High	Technical expertise area: knowledge of the community and needs
Head of Caritas Bizkaia-Erandio	Social worker	Social Services	High	Technical expertise area: knowledge of the community and needs
CEIP Goikolanda HLHI	Director of Primary School	Education	High	Technical expertise area: knowledge of the community and needs
CEIP Altzaga Ikastola	Director of Primary School	Education	High	Technical expertise area: knowledge of the community and needs
Jado Ikastetxea	Director of Primary School	Education	High	Technical expertise area: knowledge of the community and needs
CEIP Ignacio Aldekoa	Director of Primary School	Education	High	Technical expertise area: knowledge of the community and needs
AMPA Goikolanda	Head of the Parents Association of Primary School	Parents and families	High	Representatives of families
AMPA Altzaga	Head of the Parents Association of Primary School	Parents and families	High	Representatives of families
AMPA Jado	Head of the Parents Association of Primary School	Parents and families	High	Representatives of families

AMPA Ignacio Aldekoa	Head of the Parents Association of Primary School	Parents and families	High	Representatives of families
President of Astrabudua FT	Representative of Sports club	Sports clubs and associations	High	Expertise on childhood and sports
Paediatricians from Altzaga and Astrabudua Primary Healthcare Centers	Paediatricians	Osakidetza, Basque Health Service	High	Technical expertise area: knowledge of the community and needs
Community Nurse	Community Nurse implementing the Community Health Strategy	Osakidetza, Basque Health Service	High	Connector between the community and Osakidetza, Basque Health Service
Public Health area representatives	Public Health technicians	Directorate of Public Health. Dpt. Of Health	High	Supervision of the community process
Biosistemak Researcher	Health Systems Researcher	Institute for Health Systems Research	High	Supervision of the community process
Facilitators	Facilitator experts	Facilitation entity working with the City Council	High	Facilitation of the community process; expertise on the community and needs

1.2 Health Network of Stakeholders – Who is In

The **Local Health Network comprises the Core Group members and is further expanded** with the following additional community stakeholders and entities:

Stakeholder/ Organisation	Type of Organisation	Sector	Relevance to Project (High/Medium/Low)	Involvement Type (e.g. partner, supporter, informant)
Social Services Technician	Social worker	Local Government	High	Technical expertise area: knowledge of the community and public resources
Education Counselor	Secondary School	Education	High	Technical expertise area: knowledge of the community and public resources
Coordinator of Primary School	Primary School	Education	High	Technical expertise area: knowledge of the community and public resources
Family doctors in Primary Healthcare Centers from Altzaga and Astrabudua	Primary Healthcare professionals	Public Health Service Osakidetza	High	Technical expertise area: knowledge of the community and needs

Childhood and adolescents Psychiatrist in the CSM Uribe	Mental Health Network professionals	Public Health Service Osakidetza	High	Technical expertise area: knowledge of the community and needs
Community nurses from the Primary Healthcare Center of Erandio	Primary Healthcare professionals	Public Health Service Osakidetza	High	Technical expertise area: knowledge of the community and needs
Altzaga Basketball Club	Representative of Sports club	Sports clubs and associations	High	Expertise on childhood and sports
Representatives from Seniors Associations in Altzaga and Astrabudua	Community based organization	Civil Society	High	Expertise on the needs of senior population
Representative from the Local Commerce Association of Altzaga	Local Commerce	Civil Society	High	Perspective of the private sector, specifically food establishments
Representatives of private health establishments (center of Psychology and Audition Center)	Local Commerce	Civil Society	High	Perspective of the private sector in the health area
Representatives from migrant collectives	Local Commerce and migrant collective	Civil Society	High	Perspective of the private sector, specifically food outlets, and the needs by migrant population groups from Latin-American origin.
Representatives from childhood and adolescents of Erandio (7 boys and girls)	Childhood and adolescents	Civil Society	High	Target population. It is Important to know their feelings and suggestions.

11. MS (BEN) Alter do chão municipality (rural pilot) & Portalegre municipality (urban pilot), Alto Alentejo (Portugal)

For the Alto Alentejo region (Portugal), the two pilots implemented in Alter do Chão (rural IA) and Portalegre (urban IA) share the same Core Group (CG) and Local Health Network (LHN). Both structures include members from the two municipalities and are therefore jointly established, reflecting the use of a common pool of stakeholders operating across both intervention areas.

1.1 Core Group Members – Who is In

Stakeholder/ Organisation	Role/Title	Sector (e.g., Health, Education)	Relevance to Project (High/Medium/Low)	Main Contributions/Functions
Alter do Chão Municipality	Council Member	Local Government	High	Provided local leadership and expertise about the community; coordinated local implementation; facilitated intersectoral collaboration and

				integration of health promotion into school and community settings.
Portalegre Municipality	Council Member	Local Government	High	Provided local leadership and expertise about the community; coordinated local implementation; facilitated intersectoral collaboration and integration of health promotion into school and community settings.
Local Health Unit of Alto Alentejo	Executive Board Member	Health	High	Ensured alignment with public health priorities and integration with the local health system; supported monitoring and evaluation; and promoted synergies between municipal, school, and health sector actions.
Health Promotion Specialist	Technical Expert	Health / Education	High	Provided technical guidance in child health promotion, lifestyle interventions, and methodological support across all stages of project implementation.

1.2 Health Network of Stakeholders – Who is In

Stakeholder/ Organisation	Type of Organisation	Sector	Relevance to Project (High/Medium/Low)	Involvement Type (e.g., partner, supporter, informant)
Nutritionist, Municipality of Alter do Chão	Municipal Service	Local Government/ Health	High	Partner – supported nutritional education and school-based interventions.
Psychologists, Municipality of Alter do Chão	Municipal Service	Local Government/ Health	High	Partner – supported mental health promotion, psychosocial well-being, and integration of emotional literacy activities.
Head of the Division for Culture, Youth, Sports, Social Affairs, Education, and Tourism, Portalegre City Council	Municipal Service	Local Government/ Education	Medium	Partner – coordinated educational and community engagement components.
Director of Assentos Basic School – José Régio School Group	Educational Institution	Education	High	Partner – coordinated school-level implementation and mobilized staff and families.

Director of Alter do Chão School Group	Educational Institution	Education	High	Partner – coordinated school-level implementation and mobilized staff and families.
Teachers from both schools	Educational Institution	Education	High	Participants – took part in certified training sessions, contributed to activity planning, and supported the dissemination of health-promoting practices within the school context.
Educational Assistants from both schools	Educational Institution	Education	High	Participants – Contributed to the implementation of interactive health-promotion activities and supported student participation. Participated in certified training sessions, assisted with implementation logistics, and helped foster student engagement in project initiatives.
Healthcare professionals from the Local Health Unit	Health Institution	Health	High	Partners – collaborated in planning, provided technical input, and ensured alignment with local health priorities.
Security Forces (GNR/PSP)	Public Authority	Safety / Community	Medium	Supporters – Advised on safety measures and children's mobility to school.
Community Associations and Local NGOs	Community-Based Organisations	Civil Society	Medium	Informants / Supporters – Helped disseminate project objectives and mobilize local participation.

A2 Template for the Pilot Implementation Final Report (linked to D5.3)

HEALTH4EUkids

Your Kids' Health, Our Priority

FUNDACION PARA EL FOMENTO DE LA INVESTIGACION SANITARIA Y BIOMEDICA DE LA COMUNITAT VALENCIANA (FISABIO)

CONSELLERIA DE SANIDAD GENERALITAT VALENCIANA (DGSP-CV), linked to FISABIO

D5.3 Pilot Implementation Final Report

HEALTH4EUKids

Date: 01/06/2025
Doc. version: 1.1
Template version: 3.0.1

Co-funded by the European Union

HaDEA Health and Digital Executive Agency

HEALTH4EU kids
Your Kids' Health, Our Priority

Co-funded by the European Union

HaDEA Health and Digital Executive Agency

Document Control Information:

Project Acronym	HEALTH4EUKids
Dissemination Level	Private
Nature of Document	Milestone
Title of Document	Pilot Implementation Final Report
Reference Number	D5.3
Work Package	WP5
Version	v0.1
Expected Delivery Date	July 2025 [31/07/2025]
Date	
Partner Responsible	
Authors (Name & Organization)	

Executive Summary:

This document details the outcomes, processes, and key findings of the Pilot Implementation Final Report, summarizing the objectives, methodologies, stakeholder involvement, and performance metrics observed during the pilot phase. It outlines lessons learned, identifies challenges encountered, and provides recommendations for future scaling or full implementation based on the pilot's results.

Document History:

Version	Date	Changes/Approval	Authors

*This project has received funding from the European Union's **EU4HEALTH** Programme under Grant Agreement no. **101082462***

Disclaimer:

Funded by the European Union.

This publication reflects only the author's view. It does not represent the view of the European Commission and the European Commission is not responsible for any use that may be made of the information it contains.

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Final Implementation Reporting

Partner name	
Partner number and short name	
Country	
BP implemented	WP5 Grünau Moves

Pilot Summary

Provide a brief overview of the implementation plan, including pilot intervention area, settings, target population, goals, objectives, main outcomes, and project legacy. [250 words]

Item	Description
Country:	
City / Region:	
Pilot Area Name:	(e.g., neighbourhood, district)
Geographic Scope:	(e.g., small urban area, rural village, etc.)
Setting(s):	(e.g., family, school, day care centre, neighbourhood)
Target population:	
Main aim and objectives:	
General description:	(Brief narrative description of the pilot and implementation plan)
Continuation strategy:	

Self-Assessment of Key Elements Transferred from Grünau Moves

Please indicate whether each of the following key elements from the original Grünau Moves best practice has been implemented in your pilot. Use the self-assessment scale provided and briefly describe how the element has been adapted or applied.
Scale:

1. *Fully applied*
2. *Partially applied*
3. *Not applied*
4. *Not aplicable*

Key Element from Grünau Moves	**Self-Assessment (1–4 scale)**	**Brief Description of Application / Adaptation**
1. Use of a structured, community-based, participatory approach (e.g., Community Action for Health)		
2. Focus on disadvantaged or vulnerable urban areas		
3. Target population: children (4–12 years) and their families		
4. Emphasis on reducing health inequalities by tackling key social determinants of health		
5. Setting-based approach (e.g., schools, neighbourhoods, public spaces)		
6. Combined behavioural and environmental strategies for obesity prevention (e.g., improving access to healthy food, active spaces)		
7. Conducted a participatory needs assessment involving diverse community groups (e.g. understanding relationships, recognizing needs, leveraging potential)		
8. Community empowerment and co-design of actions with local residents		
9. Networking and collaboration among local actors and institutions to coordinate actions		
10. Long-term vision for change (e.g., sustainability, legacy building)		

Step 0: Exploring and Describing the Intervention Area

Provide an overview of the internal and external context relevant to the pilot. Describe the selected zones, neighbourhoods, or locations, outlining the rationale for their choice based on how well they meet the criteria for a successful intervention.
Criteria:

- ***Socioeconomic indicators:*** *education level, occupation, employment, household income, wealth, and composite indices of socioeconomic status (SES).*
- ***Opportunity indicators:*** *political will, previous community work, strong social fabric, local or community health projects, platforms, and participation forums.*

A description of health indicators—particularly the prevalence of childhood overweight and obesity, as well as physical activity levels—is highly relevant. Please include any available health data specific to the intervention area. If direct data is not accessible, it is important to identify the main sources of secondary data that are disaggregated by factors such as socioeconomic status (SES), gender and age group, and available at small-area geographic levels.

0.1 Rationale for Area Selection

Brief narrative (max 300 words) explaining **why** this area was chosen, referring to:

- Key socioeconomic characteristics
- Opportunity indicators (e.g., political support secured, active community engagement)
- Strategic relevance to the project's objectives

0.2 Criteria-Based Assessment

Criteria Category	Indicator / Description	Available Data / Evidence	Source / Reference
Socioeconomic Status (SES)	Education levels, employment, income, deprivation indices	Yes / No + data excerpt or summary	Source name + year
Opportunity Indicators	Prior projects, community engagement, institutional support, etc.	Narrative description	Project reports / local gov.

0.3 Health Indicators (if available)

(Please fill in with the locally specific data available. If unavailable, explain in notes.)

Health Indicator	Value / Range at t_0 (start) and t_1 (end)	Disaggregated by (Y/N)	If Yes, by...	Source	Year
Childhood overweight prevalence (%)		Yes / No	SES / Gender / Age Group		
Childhood obesity prevalence (%)		Yes / No	SES / Gender / Age Group		
Physical activity levels (children)		Yes / No	SES / Gender / Age Group		
Other relevant indicators (specify)					

0.4 Data Sources and Gaps

(Please add as many rows as needed. Use the "Notes on Limitations" column to explain any data gaps or limitations.)

Data Source	Type (survey, admin, etc.)	Geographic Level	Disaggregation Available	Accessibility	Notes on Limitations

STEP 1: ESTABLISH A 'CORE GROUP' AND A 'HEALTH NETWORK'

The setting approach calls for a high degree of participation from target groups and the establishment of a Health Network and a Core Group of key stakeholders (i.e., change facilitators). These actors should be actively involved throughout the process of developing, implementing, monitoring, and evaluating health-promotion initiatives.
In this section, please describe:

- *Who is currently involved in the **Core Group** and **Health Network**.*
- *Which relevant stakeholders are **missing** and how you plan to engage them.*
- *Your **stakeholder engagement strategy**, including how you communicate, consult, collaborate, and build capacity among actors.*
- ***Barriers and facilitators** in stakeholder engagement, with a particular focus on hard-to-reach social groups (e.g., families with low socioeconomic status, migrant communities, adolescents), and **key lessons** to improve future strategies.*

1.1 Core Group Members – Who is In

(Please list key stakeholders who are actively part of the core group and supporting the development of the Health Network and the sustainability of the intervention.)

Stakeholder/ Organisation	Role/Title	Sector (e.g., Health, Education)	Relevance to Project (High/Medium/Low)	Main Contributions/Functions
e.g., PHC paediatrician	Primary Health Care Provider	Health	High	Health expertise, local leadership

1.2 Health Network of Stakeholders – Who is In

(List stakeholders who are involved in the wider Health Network, beyond the core group.)

Stakeholder/Organisation	Type of Organisation	Sector	Relevance to Project (High/Medium/Low)	Involvement Type (e.g., partner, supporter, informant)
e.g., Youth Association	Community-based Organisation	Civil Society	High	Co-design of activities, mobilization

1.3 Missing but Relevant Stakeholders (Core Group or Network)

(Identify key stakeholders who are not yet engaged but are important to involve.)

Missing Stakeholder/Organisation	Why Important	Engagement Actions Planned
e.g., Local Press	Public visibility and communication reach	Press tour, media kit, propose local media partnership

1.4 Stakeholder Engagement Strategy

(Use this framework to outline how you engaged stakeholders and built long-term collaboration.)

Engagement Area	Description
Map stakeholder interests/concerns	What are the main interests, expectations, and concerns of your key stakeholders? How have you identified or assessed them (e.g., interviews, surveys)?
Communication channels	Through which channels do you communicate with stakeholders (e.g., meetings, email, WhatsApp, other)? Are these effective and inclusive?
Consultation & feedback mechanisms	How do you gather stakeholder feedback? How often do you consult them, and how is their input integrated into the planning or implementation process?
Collaboration & partnership	In what ways do you collaborate with stakeholders? Are there any shared decision-making processes or co-implementation practices?
Capacity building	Have you provided any training, resources toolkit, or support to stakeholders to strengthen their role in the project? What were the key needs?
Monitoring & evaluation	How do you assess monitor participation and satisfaction over time?

1.5 Barriers and Facilitators in Stakeholder Engagement

Please describe the main barriers (challenges) and facilitators (enablers) you encountered in engaging stakeholders for your pilot intervention. Consider both the Core Group and the wider Health Network.
Reflect on:

- *Which social groups, institutions, or settings were **difficult** to involve and why;*
- *Which were **easy** to engage and what supported their involvement;*
- *Contextual or structural factors (e.g., time constraints, institutional support, political climate, communication culture) that either **hindered or enabled** participation.*

You may want to use the table below or describe it in narrative form.

Stakeholder or Group	Barrier or Facilitator	Type (e.g., structural, relational, contextual)	Brief Description
e.g., local schools	Facilitator	Relational	Strong existing relationship with schools helped secure early engagement
e.g., parents of young children	Barrier	Contextual	Hard to reach due to work hours and lack of childcare

1.6 Lessons Leaned

Reflect on your experience engaging stakeholders so far. What have you learned that might help improve current or future health-promotion initiatives—both in your area and in other pilot sites? Please describe:

- *What approaches worked well in engaging stakeholders, and why.*
- *What did not work as expected, and what could be improved.*
- *Key insights related to timing, communication, coordination, motivation, or trust-building.*

You may want to use the table below or describe it in narrative form.

Aspect	What Worked Well	What Didn't Work / Could Be Improved	Key Takeaway or Recommendation

e.g., initial stakeholder outreach	Early meetings with trusted intermediaries built momentum	Generic emails were ignored by key actors	Use personal contacts and community connectors when possible
e.g., communication	WhatsApp groups kept partners engaged between meetings	Long formal reports were not an option for community groups	Use short, accessible formats tailored to each audience

Step 2: Conduct a Participatory Needs Assessment of the Obesogenic Environment and Map Health Assets

Please describe how you conducted the participatory needs assessment in your intervention area, and how you began to map local health assets. This process should actively involve both the target population and relevant stakeholders.

Report on:

- *The **tools and methods** used (qualitative or quantitative).*
- *The **groups involved** (e.g. children, parents, schools, local institutions, community associations, NGOs).*
- *How you collected and analysed **data.***
- *The main **needs, concerns, and existing resources** identified.*

You may also describe outputs such as:

- ***"Subjective Map of Health Concerns, Needs, and Resources"** —summarizing issues, priorities, and assets identified by participants.*
- ***"Living Healthy Wheel"** (from the Living Healthy Tool, LHT)— outlining the place-based, behavioural, and social determinants of child obesity.*
- ***"Health Asset Map,"** co-created with community input to visualise existing opportunities in the area.*
- ***Logic model of the health problem** (if developed)**,** highlighting key behavioural and environmental determinants identified during the assessment.*

Any additional information you wish to report may be included in the Appendices as supplementary material.

2.1 Tools and Methods

Describe the participatory tools and data collection methods used (e.g. focus groups, community walks, photovoice, surveys, Living Healthy Tool workshops). Specify whether these tools captured environmental, behavioural, or social aspects of child obesity.

2.2 Sample

Outline the composition of your sample. Who participated in the needs assessment (e.g., families, educators, local leaders)? How were they selected? Include details on representativeness and diversity, especially with regard to the target population and stakeholders.

Please use a simple descriptive table, such as the one provided in this example:

Participant Group	Number of Participants	Recruitment Method	Representativeness / Notes
Families (low SES)		e.g., through schools	e.g., underrepresented in first round
Educators			
Local health professionals			
Community leaders			
Youth / Adolescents			e.g., recruited via youth club
Other (specify)			

2.3 Analysis

Briefly describe how data were analysed. Indicate whether qualitative, quantitative, or mixed methods were used. Note any frameworks, software, or coding strategies applied.

2.4 Results

Summarize key findings, including:

- *Identified needs, concerns, and priorities that will inform co-designed actions.*
- *Environmental, behavioural, or social determinants contributing to child obesity.*
- *Existing community strengths and resources.*

Please complete the following summary table to ensure results are clearly documented and comparable across pilots:

Category	Main Findings	Source / Evidence Tool Used
Key Needs & Priorities	e.g., lack of safe play areas, poor diet access	Focus groups, Living Healthy Tool workshops, surveys
Environmental Determinants	e.g., low walkability, food deserts	Community walks, (subjective) mapping
Behavioural Determinants	e.g., high screen time, limited PA routines	Photovoice, surveys
Social Determinants	e.g., parental stress, cultural barriers	Interviews, Living Healthy Tool workshops
Community Assets	e.g., active parent group, school kitchen available	Health Asset Mapping

STEP 3: CO-DESIGN, PRIORITIZATION AND IMPLEMENTATION OF LOCAL ACTIONS TO TACKLE CHILD OBESITY DETERMINANTS

Provide an overview on how actions were co-designed with stakeholders and community members, how priorities were set, and how the local action plan was developed and implemented. Emphasis should be placed on alignment with the identified needs and determinants, level of participation, and feasibility within the intervention timeframe. Please note that each pilot was expected to implement a minimum of four actions.

You are encouraged to use the ***Multi-Dimensional Readiness Framework*** *(i.e., maturity matrix) developed within WP5 to classify and register local actions. The framework includes three levels of maturity:*

- ***Level 1: Approaching*** *— early stages of development or planning*
- ***Level 2: Meeting*** *— implemented and functioning as intended*
- ***Level 3: Exceeding*** *— fully implemented, showing early results or under evaluation for impact or scalability*

3.1 Prioritization of Actions

Describe the process used to prioritize the actions (e.g., community workshops, voting exercises, stakeholder meetings). Indicate the criteria used for prioritization (e.g., impact, feasibility, community interest, resources). Explain who participated in this process and how the final set of actions was selected.

You may use the table below to summarize the prioritization process:

Proposed Action	Raised by (e.g., families, schools)	Priority Criteria (e.g., feasibility, impact)	Selected? (Y/N)	Reason for Selection/Exclusion
Create safe walking routes to school	Parents, teachers	High feasibility, strong impact	Y	Aligned with environmental determinants
Organize cooking workshops for families	Community centre staff, school kitchen staff	Medium feasibility, high interest	Y	Builds family-level behavioural change
Build a new playground in the neighbourhood	Local children	High impact, low feasibility	N	Budget and timeline constraints

3.2 Local Action Plan

Present your final set of selected actions. Indicate how they were co-designed, who is responsible for their implementation, expected outcomes, and timelines. Please note that each pilot was expected to implement a minimum of four actions.

Please complete the following action plan table:

Action Title	Main Objective	Target Group(s)	Responsible Actor(s)	Timeline	Expected Outcome / Impact	Maturity Level
Safe Routes to School	Encourage active mobility and road safety	Primary school children, parents	Local transport & school board	Q3–Q4 2025	Increased walking/cycling to school	Meeting
Family Cooking Workshop	Promote healthy eating habits at home	Parents and children	Community kitchen + volunteers	Monthly, ongoing	Better nutrition knowledge & engagement	Exceeding
School Garden	Strengthen connection to healthy food sources	Students and teachers	School + local NGO	Spring–Fall 2025	Increased vegetable intake among children	Meeting

Note: Maturity Level Definitions are as follows — Level 1: Approaching – Early stages of development or planning; Level 2: Meeting – Implemented and functioning as intended; Level 3: Exceeding – Fully implemented, showing early results or under evaluation for impact or scalability.

Step 4: Evaluation

4.1 Process Evaluation

Please refer to the document [WP5 Evaluation Framework (v. 04.04.2025)] for guidance. Include the results from the evaluation questionnaires completed by Core Group members in Appendix 4 – Step 4: Core Group Evaluation Questionnaires.

A. Population Context

What is the ethnic and cultural composition of the target population in your intervention area?
If exact data is not available, you may use information from national or regional health surveys that reflect the situation of a comparable social group or geographic area. If no relevant data exists, please explain its absence and provide your informed perception of the population's diversity.

Minorities:

Indicator	Value
Individuals from different ethnic groups in the community (%)	
Individuals belonging to minority social groups within the community (%)	

Origin:

Indicator	Value
Population with foreign origin (%)	
Most commonly represented countries of origin:	

B. Educational Level and Health Literacy

If precise data are not available, you may refer to national or regional health or education surveys that reflect the situation of a population similar to your intervention area. If such data sources are unavailable, please explain and provide a perceived estimation based on your knowledge and experience.

Always indicate the source of your data or perception.

Average Educational Level
How would you describe the average educational level in the neighbourhood, municipality, or setting where your pilot takes place?

From data sources (%):

Education Level	**%**
Did not complete compulsory education	
Compulsory (primary / lower secondary)	
General upper secondary (e.g., high school)	
Vocational / technical secondary education	
University education	
Total	**100,00%**

Source and indicator(s) used: ________________________________
☐ Data not available

Perceived estimate (tick one):

1 Very low (no formal education) ☐ 2 ☐ 3 ☐ 4 ☐ 5 Very high (university education) ☐

To what extent do you think the general local population is aware of the health risks associated with overweight and obesity? *(Perceived awareness)*

Perceived estimate (tick one):
☐ NO 1 Poor awareness ☐ 2 ☐ 3 ☐ 4 ☐ 5 High awareness ☐

How would you assess the health literacy related to overweight and obesity among families of school-age children and adolescents in your pilot? *(Specific Health Literacy—Understanding of causes, consequences, and actions)*

Perceived estimate (tick one):
1 Very low (little to no understanding of obesity or its health effects) ☐ 2 ☐ 3 ☐ 4 ☐ 5 Very high (strong understanding, proactive health behaviours) ☐

Average Socioeconomic Level of the Target Population
What is the average socioeconomic level (e.g., income, ability to meet basic needs) of the target population?

From data sources:
Average household income (€): _______________________________
Source and indicator(s) used: ________________________________
☐ Data not available

Perceived estimate (tick one):

1 Very low (struggles to meet basic needs) ☐ 2 ☐ 3 ☐ 4 ☐ 5 Very high (strong purchasing power, access to high-quality goods/services) ☐

B. Structural Indicators of the Obesogenic Environment

Indicator	Data / Description	Source	Measurement Unit
Availability of sports facilities	e.g., number of public sports facilities per 10,000 people	e.g., Municipal data	Facilities per 10,000 people
Availability of green spaces	e.g., total m² of green space per capita	e.g., Urban planning records	m² per capita
Access to fast-food restaurants	e.g., number within 500m of schools	e.g., Local mapping	Count / Density
Share of foods with recognised health symbol (e.g., Nutri-Score, Keyhole)	e.g., % of labelled products in school canteens	e.g., Food audits	%
Nutrition quality of meals in restaurants and schools	e.g., average meal score using a quality index	e.g., School meal assessments	Qualitative/score
Share of schools with a ban on the sale of soft drinks	e.g., % of schools implementing this policy	e.g., School admin records	%
Nutrition guidelines in schools & compliance	e.g., % of schools following official nutrition guidelines	e.g., Ministry of Education	%

C. Political Context

Has the intervention received political support from key decision-makers? Y/N

Has the intervention received commitment from key decision-makers? Y/N

What is the level of acceptability of the 'Grünau Moves' approach among community stakeholders?

Perceived estimate (tick one):

1 Very low (strong resistance or lack of interest) ☐ 2 ☐ 3 ☐ 4 ☐ 5 Very high (widely embraced and actively supported) ☐

4.2 Output/Outcome Evaluation

This subsection focuses on evaluating both the outputs (what was produced) and outcomes (what was achieved) of your local intervention.

***Outputs** refer to the tangible and intangible deliverables resulting from your project activities, such as tools, resources, and implemented actions.*

***Outcomes** reflect the short- and medium-term benefits that these outputs have generated for the target groups and the broader community.*

A. Outputs

List and describe the main products and deliverables generated in your pilot:

- Tools and participatory methods adapted or developed.
- Manuals, guidelines, toolkits, or educational materials created.
- Local Actions — Actions Factsheets including action evaluation results.

Indicators from WP3, *D3.1 Evaluation Plan*:

Indicator	Value
Number of actions implemented	
Number of participants engaged	
Number of tools/resources created	

B. Outcomes:

Describe the observable benefits or changes that resulted from the intervention:

- Changes in awareness, attitudes, or behaviours among participants.
- Changes infrastructure, services, or living environments resulting from actions that enable/promote healthy behaviours.
- Stakeholder or community satisfaction levels.
- Strengthened community networks or capacities.
- Initial results from action evaluations (qualitative or quantitative).

You may report both qualitative insights (quotes, stories, feedback) and quantitative measures.

Outcome Category	Observed Change / Result	Data Source / Evidence	Quantitative Measure (if available)	Qualitative Insight / Feedback
Awareness, Attitudes or Behaviours	e.g., increased knowledge of healthy eating among parents	Post-intervention survey	68% reported improved understanding	“Now I read labels when buying snacks.”
Infrastructure / Services / Environments	e.g., new walking trail developed	Action factsheet / Photos	1 trail created (1.2 km)	“The path helps me walk my kids to school safely.”
Stakeholder / Community Satisfaction	e.g., high satisfaction with cooking workshops	Satisfaction forms	85% rated 4+ out of 5	“It was fun and easy to follow recipes.”
Community Networks / Capacity	e.g., new parent support group initiated	Meeting records / Interviews	12 active members	“We now meet weekly to share tips.”

4.3 Impact Evaluation

Impact: higher-level, strategic outcomes achieved.

The following impact areas are key, but you may also report other relevant actions or effects that contributed to the project’s broader impact or legacy.

Impact Area	Key Results Observed	Evidence Source / Measurement	Relevant Stakeholders Involved	Sustainability Potential / Follow-Up
Improved access to health-	e.g., new green or play areas; improved	Before-after observation,	Local authorities,	Integrated into urban planning documents

promoting environments	walkability around schools	community feedback	parents, schools	
Reduction in health and social inequalities	e.g., increased access to healthy food for low-income families	Monitoring data, targeted outreach participation rates	NGOs, local health services	Local funding secured for food programmes
Strengthened community capacity	e.g., more community-led events or local initiatives	Number/type of initiatives led by citizens	Community groups, volunteers	Continued training and leadership roles assigned
Cross-sector collaboration and governance	e.g., new intersectoral working group created	Meeting records, agreements signed	Health dept, education, planning, NGOs	Governance body formalised with mandate
Participation and empowerment	e.g., high involvement of migrant youth in planning actions	Participation records, testimonials	Youth organisations, social workers	Youth councils supported through local policy
Knowledge transfer and scalability	e.g., other districts/nbhd adopting similar approaches	Requests for replication, presentations to other cities	Regional networks, research institutions	Toolkit developed; knowledge sharing events planned

STEP 5: SUSTAINABILITY AND LEGACY OF THE PROGRAM

Please provide an overview of how your pilot has addressed the long-term sustainability and potential legacy of the intervention. Focus on the measures taken to ensure that your local actions and their impacts can continue beyond the lifespan of the funded project.

Sustainability refers to both the continuation of project activities and the broader adoption of the approaches, tools, or knowledge developed. This may involve integrating the intervention into existing policies or programs, securing stakeholder commitment, mobilizing resources, or creating systems that enable long-term ownership and adaptation by the community.

Use the summary table below to report on the most relevant elements of your sustainability strategy. You are encouraged to report any other relevant activities supporting sustainability, scalability, or legacy — especially if they involve innovation or novel practices not covered in the table.

Sustainability Element	Actions Taken / Measures	Actors Involved	Planned Follow-up
Integration into Local Policy / Programs	e.g., integrated into school curriculum or local health plan	School board, municipality,	Include in next year's education plan
Community Ownership & Local Capacity	e.g., trained local coordinators, parent facilitators	Community leaders, CSOs	Continue community-led sessions post-project
Governance and Institutional Support	e.g., established intersectoral working group	Health department, local government	Meetings scheduled for 2026

Resource Mobilization & Human Resource Planning	e.g., allocated municipal funds, applied for regional health grant	Local health authority	Application submitted Q4 2025
Knowledge Transfer & Documentation	e.g., created intervention manual, onboarding materials for new staff	Project team, school network	Materials available through local platform
External Dissemination & Communication	e.g., local media coverage, municipal newsletter, stakeholder briefings	Communication team, partners	Ongoing dissemination via public channels

Appendix 1 – Step 2: Supplementary Materials

Appendix 2 – Step 3: Supplementary Materials

Appendix 3 – Step 4: Actions Factsheets

Appendix 4 – Step 4: Core Group Evaluation Questionnaires

Appendix 5 – Step 5: Sustainability & Legacy