



EmpowerMed

Empowering women to take action against energy poverty in the Mediterranean

Specificities of the energy poverty in the Mediterranean

- Challenge to keep homes comfortable during summer
- Lack of warming and cooling systems in buildings
- Warming and cooling systems running on electricity, which results in higher costs
- Lack of insulation in buildings
- High rates of arrears, indebtedness and the risk of disconnection from basic utility services
- 'Hotspots' of tourism and economy-related low quality and precarious jobs
- Difficult access to housing due to tensions in real-estate markets between the locals and tourist demand



Energy poverty and gender issues (I)

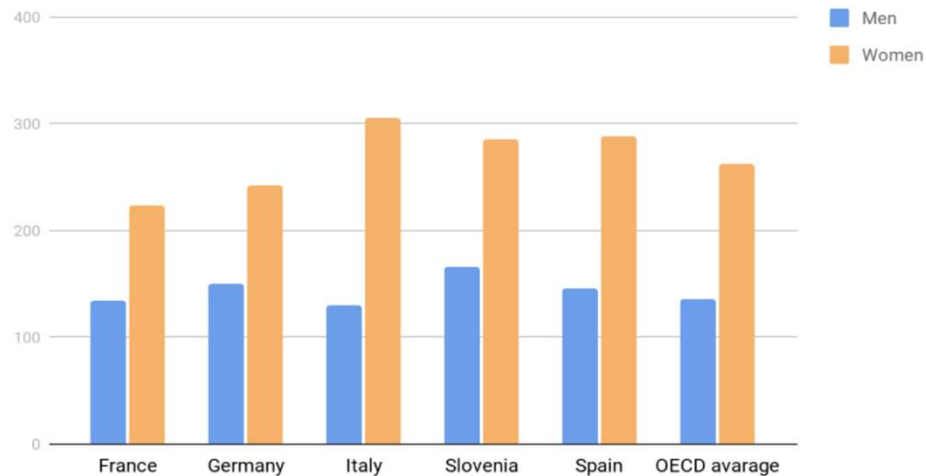
- Women and women-led households are disproportionately affected by energy poverty
- Age: higher share of women among elderly due to longer life expectancy; elderly women more likely to be poor than men if living alone (23% women, 17% man)
- Women are more heat and cold sensitive than men due to physiology (chronic temperature-related discomfort, heat and associated diseases)
- Gender pay gap: difference in earnings between men and women (in 2017, men were paid on average 16% more than women)
- Gender pension gap: elderly women get lower pensions than men; in 2018, their pension was on average 30% lower than that of men



Energy poverty and gender issues (II)

- Single-parent households: 48 % of lone mothers and 32 % of lone fathers are at risk of poverty or social exclusion; women make up almost 85 % of all one-parent families in the EU
- Less time for paid work: women are less likely to work full-time, more likely to be employed in lower-paid occupations, and less likely to progress in their careers
- Due to labour division, women tend to spend more time working at home and thus are more exposed to energy poverty and its consequences

Time spent in unpaid work, by sex in minutes (stats.oecd.org)



Women are a strong actor

- 'Gender myths' portray women in energy poverty as vulnerable, helpless or oppressed despite substantial evidence of women being autonomous agents of their lives and of change
- Women have the power and hence their agency is necessary in acting against energy poverty
- This is why we engage with women in EmpowerMed:
 - gender-just communication of project activities – language and visuals that give priority to women;
 - communication conducted through women-oriented channels, such as single mother's clubs, pensioner women knitting associations...
 - activities conscious of women's schedule and organised in a manner that women can participate carefree
 - use gender-disaggregated indicators and data for monitoring and reporting and reviews gender-targets regularly;
 - ensure that gender equality principles are respected when providing policy advice



Energy poverty and health

Physical health

- Increase in winter infections (colds, flu, etc.)
- Increase in cardiovascular disease
- Increase in respiratory diseases
- Increased poisoning

Mental health

- Increased stress
- Decreased sense of well-being and comfort
- Depression

Social health

- Hinder normal functioning in everyday areas such as work or study
- Decrease in social relations
- Risk of stigmatising



EmpowerMed objectives

Overall objective of **EmpowerMed** is to contribute to **energy poverty alleviation and health improvement** of people affected by energy poverty in Mediterranean countries, with a particular focus on women, through:

- implementing practical solutions to empower over **10,000** people affected by energy poverty in the Mediterranean
- assessing the impacts of those measures to formulate local, national and EU policy recommendations
- promoting policy solutions for tackling energy poverty at local, national and EU level among **220** decision-makers, **560** social actors, **100** utilities, **180** health experts and **100** energy poverty experts.



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Target groups and key actors



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- Households affected by energy poverty, especially women and women-led households and households with highlighted health issues; 4,200 households
- Social actors - social care services, social advisors...; over 560 social actors
- Health experts and practitioners; about 180
- Local, national and EU authorities and policy/decision-makers; 220 decision-makers
- Utilities; about 100 utilities
- Energy (poverty) experts; 100 experts



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Activities

Mobilisation
of key local
actors

Capacity
building of
key actors
and partners

Household
energy
visits

Collective
assemblies

Analysis and
design of
recommendations
for tackling
energy poverty

Advocacy of
gender-just
energy poverty
policy solutions

«Do It
Yourself»
workshops

Health
workshops



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Coverage



EmpowerMed partners



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EmpowerMed expected results and impacts



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- **10,200** people empowered to tackle energy poverty
- Engaging over **1000** key actors
- **6** pilot areas
- At least **60%** of women participants
- Contributions to policy: **8** policies or measures recommended
- Primary energy savings: **6.5 GWh/year**
- Reduction of CO2 emissions: **1,600 t CO2/year**
- Investments in sustainable energy: **160,000 €**
- Economic savings: **780,000 €**



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THANK YOU

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This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement N°847052. The sole responsibility for the content of this document lies with the authors. It does not necessarily reflect the opinion of the European Union. Neither the EASME nor the European Commission are responsible for any use that may be made of the information contained therein.

