

# Gender Learning Day 2021 - Group 1 PWAG - Gender, Covid-19 and WPS

ADVISORY SERVICES NOV 15, 2021 11:51AM

## WHAT: the main aim of your intervention?

**Safe small public spaces** where women can meet, network and establish new collective practices

**Women peace tables:** focus discussions on peace, consist of baselines for 2-3 years projects (01.2022 to start)

## WHY: the main issue/ core problem addressed?

**Women left behind and alone** in rural areas in E Ukraine, in economic, political, societal and security terms

**Women bearing the impact of war / conflict** - NAP is there, but women tend to be excluded and marginalized

**Women excluded from services' provision**, due to structural issues (beyond C-19)

## HOW: main strategies/actions taken?

**Go local** and select local knowledge to reach out to marginalized women

Working through **local organizations** to foster safe spaces, where safety / security issues **can be voiced** (in a trustful space).

Findings and recommendations on insecurity are **conveyed by PWAG for advocacy / communication** in more formal arenas (bottom-up approach from local to global).

## WHICH: structural barriers needed to be overcome?

**Economic safety, health and social safety are missing**, beyond the unsecurity stemming from conflict

Not some much WPS in terms of participation, but rather **economic and health services** that are priority. Women do not have time to participate in WPS as they have other priorities.

**Lack of investments in modernizing health centres / reduction of infrastructure in marginalized areas, with consequent impact on services**. Specific impact intersectionalities, on HIV / AIDS patients, PwD, food insecure and malnourished / undernourished, victims of domestic violence.

**Militarized society** is having an important impact on the spread domestic violence

**Stereotypes linked to conflict situation: women are left behind**

Issue of **non inclusive spaces** / lack of access to **public spaces** for women.

**Digitalization of services:** more outreach vs. lack of resources to implement these services.

**Corruption / militarization leads to lack of services:** social services (pensions), health and economic services are lacking.

**Failure of justice and police:** lack of responses when it comes to women

**Lack of men's presence** (in 90% populated villages by women): due to conflict (displacement, gone missing), outward migration

## **WHAT: opportunities and/or challenges did COVID present?**

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**COVID-19 as a key to get access to health services.** Pandemic accepted as a disease, therefore good reason to look for medical attention.

**Structural issues in terms of lack of services are aggravated by the COVID-19 pandemic** (e.g. access to vaccines, quality of outreach health system - SpiteX).

**Possibility: more availability of drugs,** as a result of C-19. International community (should be) paying more attention to marginalized areas in terms of health services provision?

**Health services declined -> impact on employment for women.** Poverty on the rise.

### **Opportunity:**

- 1- women getting together for collective action and strategies to respond to needs (e.g. outreach services - spiteX)?
- 2- Women voicing needs and issues.
- 3- gender budgeting to be implemented in municipalities (expertise is there / lack of political willingness).

### **Challenges of C-19:**

- 1- bad health conditions,
- 2- lack of vaccines and medicines,
- 3- Lack of access to services,
- 4- corrupt system,
- 5- trauma and lack of consequent psychosocial support.

## **WHICH are some key good practices and lessons learnt?**

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**Lessons learnt: preliminary assessment:** situation and problems in their communities in terms of safety (economically, socially, security-wise).

**Good practices: Peace tables:** collected a huge compilation of needs, data and information voiced by women. Feeding into the **instrument of small initiatives**, sort of mini-tenders to apply for small grants to develop their own projects to improve their daily lives. 7 are currently running.

Next step: longer term planning

### **Lessons learnt:**

- sensitivity of talking about conflict, war, insecurity for women.
- mobility and safety of movements not obvious.

## **Any other reflections?**

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**Selection of women / clients to the intervention:** IP is selecting the clients, through an expert (channels, local organizations, then women). 7 places, 7 groups, out of which 2 had officials' attendance (police / academia), otherwise members of communities and council / social workers.

Content of discussions:

- defining **what safety is** for women in the region.
- **patterns of exclusion**.
- **bring voices** to the table.

**Nationalism and militarization** issue: how does that manifest in peace tables? Polarization (witnessed or reported)?

- **militarization** is very pervasive: normalization of GBV / domestic violence.
- **nationalist narratives** are justifying and nourishing discrimination and exclusion.

Initiative resonates with **other contexts**:

- **LNOB**
- **localization** of intervention
- growing **militarization** and definition of security in absence of active conflict.
- **security** is made out of several factors, not only absence of active conflict, but also social / economic services.
- broader conversations on **WPS**

Findings on **security informing a wider cycle** / fora? If not, difficult to influence and advocate for change. Important to **give a voice to women in platforms where they do not have access**.

How to facilitate **local dynamics being conveyed at a (higher) national / regional / international levels**? link local to global / building profiles of women to be able to speak up, baring in mind do no harm and preserving safety.

**No negative impact** reported thus far.

**Decentralization** and consequent **empowering of municipalities** having an impact on women's situation in E UKR? Also, **is decentralization really inclusive and effective** in tackling needs of local marginalized women?

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